LEGISLATION COMMITTEE

May 7, 2015
10:30 A.M.
651 Pine Street, Room 101, Martinez

Agenda

Supervisor Karen Mitchoff, Chair
Supervisor Federal D. Glover, 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. **REVIEW and APPROVE Record of Action from the April 2, 2015 meeting.**

4. **CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 662 (Bonilla): Expanding Access for Individuals with Physical Disabilities, as recommended by Employment and Human Services Director.**

5. **CONSIDER recommending a position of "Oppose" to the Board of Supervisors for AB 1223 (O'Donnell) Emergency Medical Services: Noncritical Cases, as recommended by the Emergency Medical Services Director.**

6. **CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 1321 (Ting): Nutrition Incentive Matching Grant Program, as recommended by the Agricultural Commissioner.**

7. **CONSIDER recommending a position of "Oppose" to the Board of Supervisors for SB 239 (Hertzberg) Local Services: Contracts: Fire Protection Services, as recommended by the Contra Costa Fire Chief.**

8. **CONSIDER recommending a position of "Support" to the Board of Supervisors for SB 120 (Anderson) Sales and Use Taxes: First Responder Equipment, as recommended by the Contra Costa Fire Chief.**

9. **CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 1436 (Burke) In-Home Support Services: Authorized Representatives, as recommended by Employment and Human Services Department.**

10. **CONSIDER recommending a position of "Support" on AB 1262 (Wood): Telecommunications: Universal Service, a bill that would modify existing limits on funds allocated from the California Advanced Services Fund (CASF) to the Rural and Urban Regional Broadband Consortia Grant Account and the Broadband Infrastructure Revolving Loan Account, to promote ubiquitous broadband deployment and to advance broadband adoption in unserved and underserved areas throughout the state.**

11. **CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 762 (Mullin) Day Care Centers: Integrated Licensing, as recommended by the Director of Community Services.**

12. **CONSIDER recommending a position of "Support" to the Board of Supervisors for SB 238 (Mitchell) Foster Care: Psychotropic Medication, as recommended by the Employment and Human Services Department Director.**

13. **ACCEPT the report on Federal Issues and provide direction to staff, as needed.**

14. ACCEPT the report "Bills of Interest to Contra Costa County" and provide direction to staff, as needed.

15. The next meeting is currently scheduled for June 4, 2015.

16. Adjourn

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:	05/07/2015
Subject:	Record of Action
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	N/A
Referral Name:	Record of Action
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting. Any handouts or printed copies of testimony distributed at the meeting will be attached to this meeting record.

Referral Update:

Attached for the Committee's consideration is the Record of Action for its April 2, 2015 meeting.

Recommendation(s)/Next Step(s):

APPROVE Record of Action from the April 2, 2015 meeting with any necessary corrections.

Attachments

Record of Action 04.02.15
Handouts 04.02.15

LEGISLATION COMMITTEE
RECORD OF ACTION
April 2, 2015
10:30 A.M.
651 Pine Street, Room 101, Martinez

Agenda

Supervisor Karen Mitchoff, Chair
Supervisor Federal D. Glover, Vice Chair

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

Present: Karen Mitchoff, Chair

Absent: Federal D. Glover, Vice Chair

Staff Present: Dr. William Walker, Health Services Director
Dr. Erika Jensen, Health Services
Dr. Wendel Brunner, Health Services
Philip Kader, Probation Chief
Lindy Lavender, District IV Representative
David Fraser, District V Representative
Lia Bristol, District IV Representative
Tomi Riley, District III Representative
Vana Tran, County Administrator's Office
Lara DeLaney, Senior Deputy County Administrator

Attendees: Amy Van Linge
Victoria Van Linge
Brent Tryner
Ryan Tryner
Joshua Tryner
Michelle Tryner
Nancy Michelli
Kristen Branch

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).

No public comment.

AYE: Chair Karen Mitchoff

Passed

3. APPROVE Record of Action from the Februrary 5, 2015 meeting with any necessary corrections.

The Record of Action was approved as submitted.

AYE: Chair Karen Mitchoff

Passed

4. CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 203 (Obernolte) State Responsibility Areas: Fire Prevention Fees.

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

AYE: Chair Karen Mitchoff

Passed

5. CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 546 (Gonzalez) Peace Officers: Basic Training Requirements.

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

AYE: Chair Karen Mitchoff

Passed

6. CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 637 (Campos) Physician Orders for Life Sustaining Treatment.

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

AYE: Chair Karen Mitchoff

Passed

7. CONSIDER recommending a position of "Support" to the Board of Supervisors for SB 266 (Block) Probation and Mandatory Supervision: Incarceration.

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

AYE: Chair Karen Mitchoff

Passed

8. CONSIDER recommending to the Board of Supervisors a position of "Support" on SB 277 (Pan) Public Health: Vaccinations, as recommended by Dr. William Walker.

The Committee voted unanimously to refer the item to the Board of Supervisors for consideration and action.

AYE: Chair Karen Mitchoff

Passed

9. CONSIDER recommending to the Board of Supervisors support for a State Budget item related to the restoration and COLA increase of SSI/SSP funding, as recommended by the IHSS Public Authority Advisory Committee.

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

AYE: Chair Karen Mitchoff

Passed

10. ACCEPT the report on Federal Issues and provide direction to staff, as needed.

The Committee accepted the report as given.

11. The next meeting is currently scheduled for May 7, 2015.

The Committee confirmed the date of the next meeting.

12. Adjourn

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

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Background and Frequently Asked Questions
SB 277(Pan/Allen) Public Health – School Vaccinations

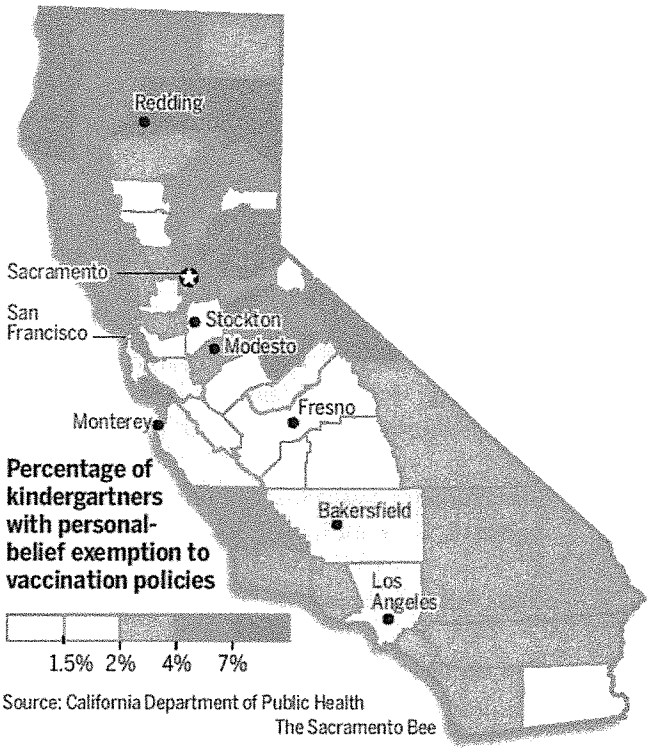
What will this bill [SB 277 Pan / Allen] do?

SB 277 will eliminate the personal beliefs exemption option from school immunization law and also require the governing board of a school district to notify parents or guardians of a school's immunization rates.

Why do we need this law?

Children who have not been vaccinated pose a risk to both the individual child and to others in their school and community.

Rising rates of personal beliefs exemptions (PBE) leave California children at risk for disease and communities at risk for outbreaks. In 2000, the PBE rate was less than 1%. In 2014 the number rose to 3.15%. In certain pockets of California, exemption rates are as high as 21% which places our communities at risk for a resurgence of preventable diseases. Given the highly contagious nature of diseases such as measles, vaccination rates of up to 95% are necessary to preserve herd immunity and prevent future outbreaks.



Individuals who exempt their children from vaccinations due to their personal beliefs place other children at risk of catching and spreading preventable diseases and put our community immunity at risk. When the threshold of immunity gets too low, all of us become more vulnerable to diseases.

What is Community Immunity?

Vaccination doesn't just protect one child. When parents vaccinate, their children become a key part of their community's defense against vaccine-preventable diseases (known as *herd* or *community immunity*). Put simply, the more children that undergo on-time vaccination in a community, the less chance an infectious disease has to "jump" from person to person.

Vaccinating your child protects your child and those at significant risk of infection, including:

- Babies too young to be vaccinated;
- Children left intentionally unvaccinated by their parents;
- Individuals with medical conditions that preclude vaccination; and
- Individuals for whom the vaccine did not "take," or whose immunity has worn off.

Community immunity is the best – and perhaps, the *only* – protection they have against vaccine-preventable disease.

Background and Frequently Asked Questions
SB 277(Pan/Allen) Public Health – School Vaccinations

What about children who cannot be vaccinated because of a medical condition?

The bill leaves the current medical exemption untouched. Children who have already had the diseases of measles, mumps, rubella or chickenpox may also receive exemptions from the associated vaccines if authorized by their physicians.

What are California's immunization rates for children?

According to the 2013 National Immunization Survey, California is at 69%, slightly below the national average for completion of the full series of recommended vaccines for children 19-35 months. However, once children have started Kindergarten, the numbers of vaccinated children increase thanks to school vaccination laws. In 2013, 90% of Kindergarten students were up to date on required vaccinations.

If most children are vaccinated already, why should we worry about a small number of unvaccinated children?

Vaccine coverage in the United States is at an all time high, but there are pockets of communities where vaccination rates have fallen. The recent measles outbreak that began at Disneyland theme parks in California during December 2014 highlights the contagious nature of diseases such as measles and the impact on the community.

High vaccine coverage, particularly at the community level, is extremely important for people who cannot be vaccinated, including infants who are too young to be vaccinated; individuals who have medical contraindications to vaccination; individuals who have weakened immune systems and the elderly.

Protecting the individual and the community from communicable diseases such as measles, mumps, and pertussis, is a core function of public health.

Does this law force parents to vaccinate?

This bill does not take away a parent's rights to make decisions about their children's healthcare. It only requires that children be vaccinated in order to attend school to protect the health of other students, teachers, staff and our community.

Does this law affect both private and public childcare and K-12 schools?

Yes.

Isn't a religious exemption necessary?

No. The Supreme Court has determined that religious exemptions are not constitutionally required. Only nineteen other states have a personal beliefs exemption, and in enacting this law, California would join two other states that provide only a medical exemption to required vaccines.

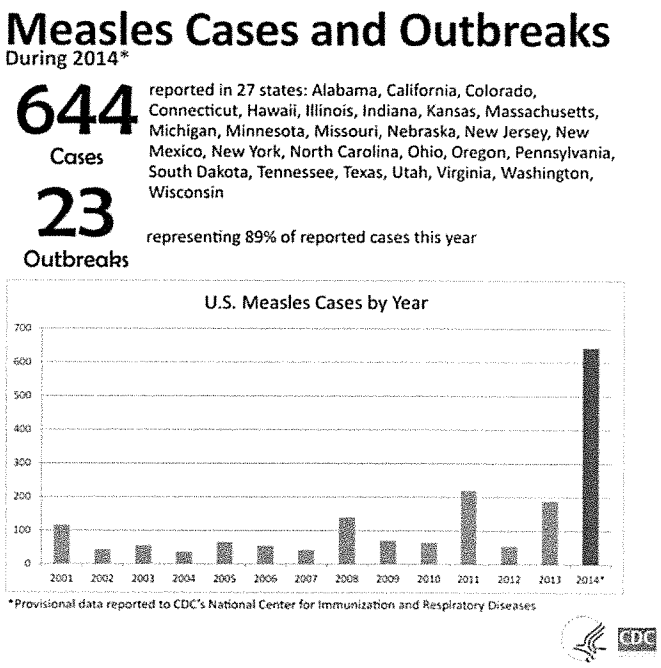
Background and Frequently Asked Questions
SB 277(Pan/Allen) Public Health – School Vaccinations

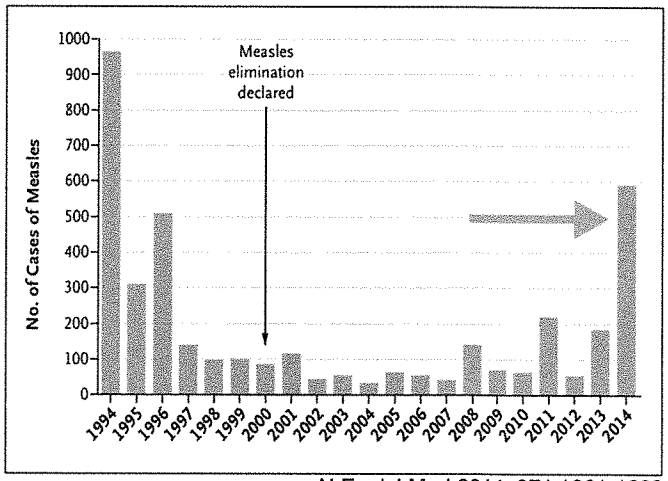
Why do we still vaccinate against diseases we rarely see?

These diseases are still with us.

Vaccines have literally transformed the landscape of medicine over the course of the 20th century. Before vaccines, parents in the United States could expect that every year:

- Polio would paralyze 10,000 children.
- Rubella (German measles) would cause birth defects and mental retardation in as many as 20,000 newborns.
- Measles would infect about 4 million children, killing about 500.
- Diphtheria would be one of the most common causes of death in school-aged children.
- A bacterium called *Haemophilus influenzae* type b (Hib) would cause meningitis in 15,000 children, leaving many with permanent brain damage.
- Pertussis (whooping cough) would kill thousands of infants.
- Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few generations before. For most Americans today, vaccines are a routine part of healthcare.





N Engl J Med 2014; 371:1661-1663

Measles

Measles is a highly contagious virus. When one person has measles, 90% of the people they come into close contact with will become infected if they are not immune. According to the CDC, for every 1,000 children who get the measles, one or two will die even with the best care. Measles has reached epidemic proportions in many developed countries such as Germany, where an unvaccinated toddler recently died.

Polio

Polio has not been eliminated yet. California is an international tourist destination.

In the absence of effective control programs with polio vaccine, 1 out of every 200 children would develop paralytic disease and 5-10% of patients with paralytic disease die.

Background and Frequently Asked Questions
SB 277(Pan/Allen) Public Health – School Vaccinations

Pertussis

Pertussis, or whooping cough, is highly contagious. It is particularly dangerous for babies. In 2010, California broke a record held since the pre-DTP vaccine era in the 1940's of over 9,100 cases of pertussis with 10 infant deaths. In 2014, California exceeded that number with nearly 10,000 cases of confirmed pertussis.

One death in 1,000 may not sound like much to some people, but it was a profound loss to those ten families who went home from the hospital without their child, due to a preventable illness.

Fast Facts

- **Serious diseases that were previously thought to be eradicated in the US, such as measles and pertussis, are returning.**
- **In the United States, the recommended childhood immunization schedule now includes vaccines to protect against 16 diseases, including seasonal influenza.**
- **Thanks to widespread vaccination programs, many of these diseases have been brought under control in the United States and throughout the world.**
- **Vaccines save lives. Vaccines offer the best known protection against a number of devastating illnesses.**
- **No credible scientific study has ever found a link between autism and vaccines.**

Contacts

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FIRST 5
ASSOCIATION
OF CALIFORNIA

1115 Atlantic Avenue
Alameda, CA 94501
P 510 227 6967
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first5association.org

25 March 2015

Honorable Richard Pan
California State Capitol
Sacramento, CA 95814

Re: Support for SB 277

Dear Dr. Pan:

The First 5 Association of California is writing to support your bill, SB 277, which will address the personal exemption for childhood vaccinations. As champions for the health and safety of California's youngest children, we support this effort to educate parents about the need to fully vaccinate children against dangerous diseases and to ensure that all families enrolling in public school have the information they need about vaccination rates.

Your earlier effort on the vaccination issue, which required parents to talk with their health care provider before obtaining a personal exemption waiver has led to a dramatic 20 percent decrease in parents opting out of vaccinating their kindergarteners, reversing a decade-long trend. However, in too many communities across the state, immunization rates are still below 90 percent – the critical "herd immunity" threshold. When a community has lost heard immunity protection, many people are at risk of becoming infected including people who cannot be immunized such as infants, chemotherapy patients and those with HIV or other conditions.

First 5s provide information about vaccination safety and schedules in the New Parent Kits provided to all new mothers and fathers, and we stand ready to assist with this effort. As we have learned this year, there is a need to consider new approaches to educating parents about the importance of childhood vaccinations, and support the effort to close the personal exemption loophole.

Thank you for your leadership on this important challenge.

Sincerely,

Moira Kenney

Moira Kenney, PhD
Executive Director

CDPH California Department of PublicHealth

FACT SHEET

IMMUNIZATION BRANCH • CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
850 Marina Bay Parkway, Building P • Richmond, CA 94804 • www.getimmunizedca.org

August 2014

How Is California Doing on the National Immunization Survey?

Vaccination coverage in California is at or near all-time high levels. California's goal for the year 2020 is 90% coverage for all individual vaccines and 80% coverage for all childhood vaccine series by 19-35 months of age. The Immunization Branch, local health departments, and physicians are working together to get more children vaccinated on time and to protect them from vaccine-preventable diseases.

ESTIMATED PERCENT OF CALIFORNIA CHILDREN AGE 19–35 MONTHS VACCINATED, BY VACCINE AND SERIES[1]

Year of Survey	2009	2010	2011	2012	2013
Time of Birth	Jan 2006-July 2008	Jan 2007-July 2009	Jan 2008-July 2009	Jan 2009-July 2009	Jan 2009-July 2009
4+DTaP	83.4 (±4.7)	79.7 (±5.5)	87.7 (±3.9)	81.6 (±6.6)	83.1 (±6.4)
3+Polio	91.8 (±3.5)	91.0 (±3.6)	94.1 (±2.5)	92.0 (±3.7)	90.5 (±5.4)
1+MMR	89.8 (±3.7)	91.4 (±3.5)	91.0 (±3.7)	91.5 (±4.3)	90.7 (±5.3)
3+Hib[2]	-	64.4 (±6.5)	81.9 (±4.5)	81.6 (±5.8)	90.9 (±5.3)
3+HepB	90.3 (±3.7)	90.1 (±3.8)	90.3 (±3.2)	89.1 (±4.2)	91.1 (±5.2)
1+Var	90.4 (±3.7)	88.9 (±4.4)	91.8 (±2.8)	90.8 (±4.3)	90.4 (±5.3)
4+PCV[3]	79.8 (±5.1)	83.5 (±4.8)	86.1 (±4.0)	81.3 (±5.7)	79.1 (±7.1)
4:3:1:3:3:1[4]	74.9 (±5.2)	71.3 (±6.2)	80.4 (±4.7)	71.8 (±7.1)	81.9 (±6.4)
4:3:1:3:3:1:4[5]	68.7 (±5.7)	68.6 (±6.3)	77.4 (±5.0)	66.8 (±7.5)	72.6 (±7.6)

1. The National Immunization Survey (NIS) provides national and state estimates of vaccination coverage–including new vaccines as they are licensed and recommended for use (www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis). Numbers preceeding vaccine indicate the number of doses. Abbreviations are: DTaP for any diphtheria and tetanus toxoids and pertussis vaccines; Polio for any poliovirus vaccine; MMR for measles-mumps-rubella vaccine; Hib for *Haemophilus influenzae* type b vaccine; HepB for hepatitis B vaccine; Var for varicella vaccine; and PCV for pneumococcal conjugate vaccine.
2. Full series Hib: ≥3 or ≥4 doses of Hib vaccine depending on product type received (includes primary series plus the booster dose)
3. Four or more doses of PCV.
4. Four or more doses of DTaP, three or more doses of Polio, one or more doses of MMR, three or more doses of Hib, three or more doses of HepB, and one or more doses of Var.
5. Four or more doses of DTaP, three or more doses of Polio, one or more doses of MMR, three or more doses of Hib, three or more doses of HepB, one or more doses of Var., and 4 or more doses of pnuemococcal conjugate vaccine (PCV).

The Unvaccinated are Not Causing Outbreaks or Disease

"Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding 75,000 dollars, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children."
Study: Who Doesn't Vaccinate, Pediatrics, July 2004

Facts About the Unvaccinated Population:

- Unvaccinated kids have no more germs or disease than their vaccinated peers. In fact studies have shown unvaccinated children tend to be healthier than their vaccinated counterparts.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057555/

- The CDC itself has stated "Our unvaccinated and under-vaccinated population did not appear to contribute significantly to the increased rate of clinical pertussis. Surprisingly, the highest incidence of disease was among previously vaccinated children."
http://cid.oxfordjournals.org/content/54/12/1730.full.pdf

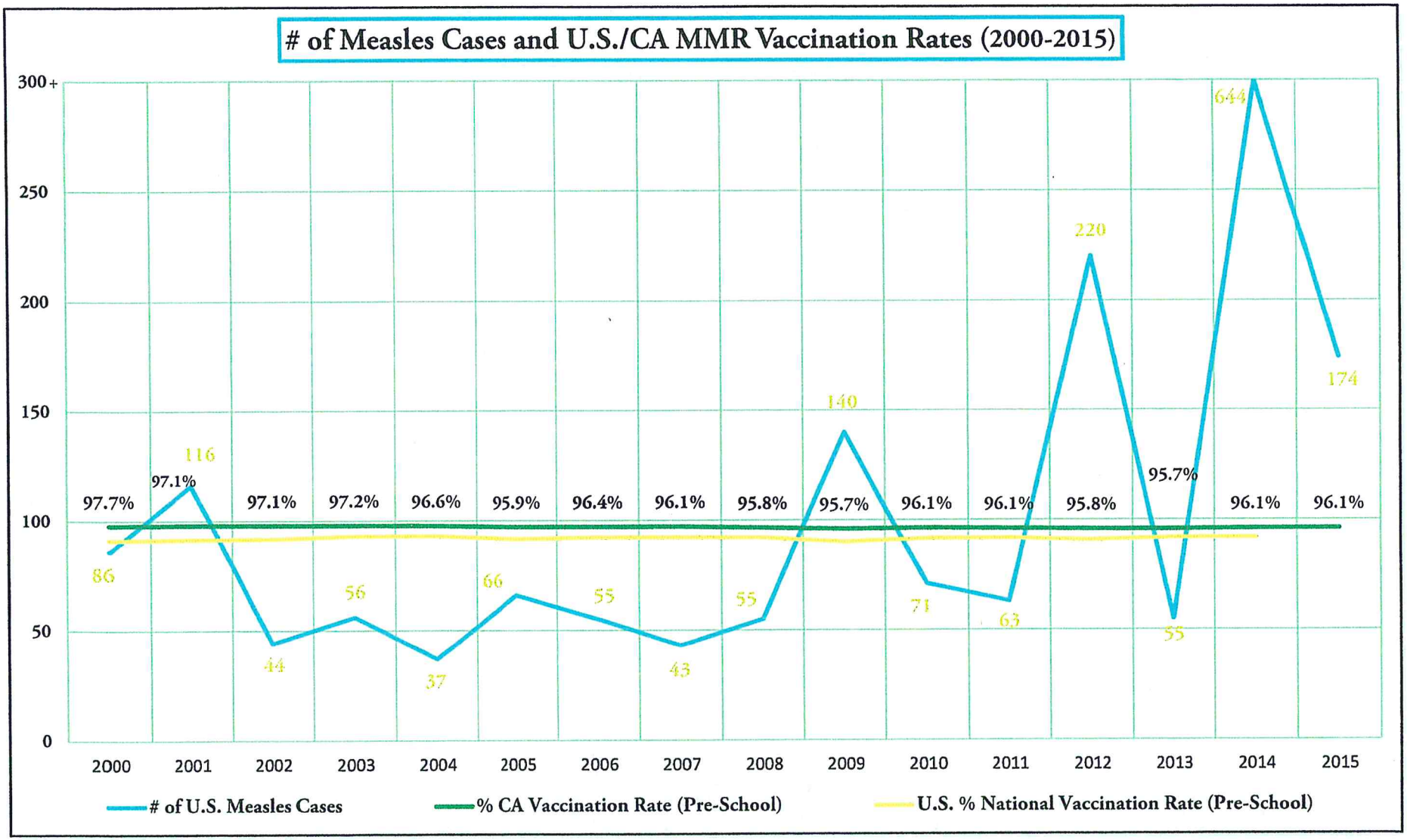
- The majority of cases of diseases are occurring in people who are fully vaccinated. In California 80% of pertussis patients were vaccinated. In Washington 75.8% were fully vaccinated for pertussis. In Ohio 113 of 116 who got mumps were vaccinated.
http://www.kpbs.org/news/2014/jun/12/immunized-people-getting-whooping-cough/
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a1.htm
http://www.reuters.com/article/2014/04/01/us-usa-health-ohio- mumps-idUSBREA301YO20140401

- New evidence is showing that the vaccine itself is actually spreading certain viruses as many vaccines shed for up to 28 days. This means that a newly vaccinated person, although showing no symptoms themselves, can spread the disease to others. It has been noted that the overuse of the pertussis vaccine has caused the disease to mutate from B. pertussis, which the vaccine protects against, to B. parapertussis, which it does not cover.
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm

Facts About Herd Immunity

Herd immunity theory states that we need 95% of our population to be fully vaccinated to keep diseases from developing and spreading. This theory only applies to naturally acquired immunity not vaccine induced immunity. When vaccines were first implemented we lived for 30-40 years believing that people had lifelong immunity from vaccines. The fact is that immunity from most vaccines wears off in 2-10 years, which is why they developed booster shots. During these 30-40 years we had less than 50% of the population with vaccine immunity and yet disease rates continued to remain low. Even now the majority of adults, even those who were fully vaccinated as children, are no longer immune meaning we are far from the 95% vaccine rate needed to protect us with "herd immunity" and still maintain low disease rates.
Forced Vaccinations, Government, and the Public Interest, Dr. Russell Blaylock, December 2009.

There has NEVER been a study comparing the health of vaccinated to unvaccinated. It is vaccine failure and vaccine shedding that are the true causes of disease spreading, not unvaccinated children.



http://www.cdph.ca.gov/programs/immunize/pages/immunizationlevels.aspx
http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/
http://www.cdc.gov/measles/cases-outbreaks.html

The graph clearly shows **NO CORRELATION** between vaccination rate (shown as a percent) and number of measles cases in the U.S. over a 15 year period. CA has also remained HIGHER in MMR coverage than the U.S. national average for ALL 15 years.

for more information:
OUR KIDS OUR CHOICE

Pertussis Report

January 7, 2015

California is currently experiencing a pertussis epidemic. Pertussis is cyclical and peaks every 3-5 years as the numbers of susceptible persons in the population increases due to waning of immunity following both vaccination and disease. The last epidemic in California occurred in 2010, however, the overall incidence of pertussis has increased since the 1990s. One reason for the increase is the use of acellular pertussis vaccines, which cause fewer reactions than the whole-cell vaccines that preceded them, but do not protect as long. Young infants are at greatest risk of hospitalization and death from pertussis, therefore pregnant women are encouraged to receive pertussis vaccine (Tdap) during the 3rd trimester of every pregnancy. Pertussis antibodies are transferred from vaccinated mothers to their infants and will help protect them until they are old enough to be vaccinated. The primary DTaP vaccine series is essential for reducing severe disease in young infants and should not be delayed. DTaP can be given to infants at an accelerated schedule with the first dose given as early as 6 weeks of age. Even one dose of DTaP may offer some protection against severe pertussis disease in infants.

10,831 cases with onset in 2014 have been reported to CDPH for a state rate of 28.35 cases per 100,000 population (Table 1). Data for 2014 are still preliminary.

- Pertussis activity is widespread throughout California (Figure 1).
- Pertussis incidence is higher than was reported in 2010 (Figures 2-3)
- 376 cases have been hospitalized; 85 (23%) of these required intensive care.
  - 227 (60%) of hospitalized patients were infants <4 months of age.
- Two deaths have been reported with disease onset in 2014; both were infants who were ≤ 5 weeks old at time of disease onset.
  - Two additional deaths occurring in 2014 but with disease onset in 2013 have been reported. These cases will be attributed to 2013. Both infants were ≤2 months of age at disease onset.
- Of the 243 (53%) cases <4 months of age whose mothers vaccination history was available, 38 (16%) reported receiving Tdap during the third trimester of pregnancy between 27-36 weeks gestation, as is recommended by ACIP and ACOG.
- The majority of cases with known age have occurred in infants and children <18 years of age (8,223; 89%) and the peak ages are <1 year and 15 years old (Figure 4).
  - 659 (8%) of pediatric cases were infants <6 months of age.
  - 5,285 (64%) of pediatric cases were children/adolescents 7-16 years of age.
  - Among 7,081 (85%) of pediatric cases with vaccination history information, 720 (10%) had never received any doses of pertussis-containing vaccine. only 90% vaccinated
- Elementary, middle and high school outbreaks have been reported from counties all over California.
- Overall pertussis rates are highest for infants <1 year of age and older children and adolescents and teens 10-17 years of age. Rates by race/ethnicity are highest for Hispanic infants <1 year of age and White, non-Hispanic adolescents and teens aged 10-17 years of age (Figure 5).

Pertussis Report

February 12, 2015

California is currently experiencing a pertussis epidemic. Pertussis is cyclical and peaks every 3-5 years as the numbers of susceptible persons in the population increases due to waning of immunity following both vaccination and disease. The last epidemic in California occurred in 2010, however, the overall incidence of pertussis has increased since the 1990s. One reason for the increase is the use of acellular pertussis vaccines, which cause fewer reactions than the whole-cell vaccines that preceded them, but do not protect as long. Young infants are at greatest risk of hospitalization and death from pertussis, therefore pregnant women are encouraged to receive pertussis vaccine (Tdap) during the 3rd trimester of every pregnancy. Pertussis antibodies are transferred from vaccinated mothers to their infants and will help protect them until they are old enough to be vaccinated. The primary DTaP vaccine series is essential for reducing severe disease in young infants and should not be delayed. DTaP can be given to infants at an accelerated schedule with the first dose given as early as 6 weeks of age. Even one dose of DTaP may offer some protection against severe pertussis disease in infants.

- **441 cases with onset in 2015** have been reported to CDPH.
  - More than 300 cases were reported occurring in January. While this is lower than the peak in May 2014, it remains above the interepidemic levels seen in 2013.
  - One death has been reported in an infant that was <3 weeks of age at the time of disease onset.

- **11,114 cases with onset in 2014** have been reported to CDPH for a state rate of 29.1 cases per 100,000 population (Table 1, Figure 1-3). Data for 2014 are still preliminary.
  - 383 cases have been hospitalized; 88 (23%) of these required intensive care.
    - 232 (61%) of hospitalized patients were infants <4 months of age.
  - Three deaths have been reported with disease onset in 2014; all were infants who were ≤ 5 weeks old at time of disease onset.
    - Two additional deaths occurring in 2014 but with disease onset in 2013 have been reported. These cases will be attributed to 2013. Both infants were ≤2 months of age at disease onset.
  - Of the 252 (53%) cases <4 months of age whose mothers vaccination history was available, 42 (17%) reported receiving Tdap during the third trimester of pregnancy between 27-36 weeks gestation, as is recommended by ACIP and ACOG.
  - The majority of cases with known age have occurred in infants and children <18 years of age (8,441; 89%) and the peak ages are <1 year and 15 years old (Figure 4).
    - 679 (8%) of pediatric cases were infants <6 months of age.
    - 5,419 (64%) of pediatric cases were children/adolescents 7-16 years of age.
    - Among 7,298 (86%) of pediatric cases with vaccination history information, 744 (10%) had never received any doses of pertussis-containing vaccine.
  - Overall pertussis rates are highest for infants <1 year of age and older children and adolescents and teens 10-17 years of age. Rates by race/ethnicity are highest for Hispanic and African American infants <1 year of age and White, non-Hispanic adolescents and teens aged 10-17 years of age (Figure 5).

Pertussis Report

March 18, 2015

California experienced a pertussis epidemic in 2014. Pertussis is cyclical and peaks every 3-5 years as the numbers of susceptible persons in the population increases due to waning of immunity following both vaccination and disease. The last epidemic in California occurred in 2010, however, the overall incidence of pertussis has increased since the 1990s. One reason for the increase is the use of acellular pertussis vaccines, which cause fewer reactions than the whole-cell vaccines that preceded them, but do not protect as long. Young infants are at greatest risk of hospitalization and death from pertussis, therefore pregnant women are encouraged to receive pertussis vaccine (Tdap) during the 3rd trimester of every pregnancy. Pertussis antibodies are transferred from vaccinated mothers to their infants and will help protect them until they are old enough to be vaccinated. The primary DTaP vaccine series is essential for reducing severe disease in young infants and should not be delayed. DTaP can be given to infants at an accelerated schedule with the first dose given as early as 6 weeks of age. Even one dose of DTaP may offer some protection against severe pertussis disease in infants.

- **1,210 cases with onset in 2015** have been reported to CDPH.
  - More than 300 cases were reported occurring in each of the months of January and February. While this is lower than the peak in May 2014, it remains above the interepidemic levels seen in 2013.
  - 31 cases have been hospitalized; 9 (29%) of these required intensive care
    - 24 (77%) of hospitalized patients were infants <4 months of age.
  - One death has been reported in an infant that was <3 weeks of age at the time of disease onset.

- **11,164 cases with onset in 2014** have been reported to CDPH for a state rate of 29.2 cases per 100,000 population (Table 1, Figure 1-3). Data for 2014 are still preliminary.
  - 391 cases have been hospitalized; 91 (23%) of these required intensive care.
    - 234 (60%) of hospitalized patients were infants <4 months of age.
  - Three deaths with disease onset in 2014 have been reported; all were infants who were ≤ 5 weeks old at time of disease onset.
    - Two additional deaths occurring in 2014 but with disease onset in 2013 have been reported. These cases will be attributed to 2013. Both infants were ≤2 months of age at disease onset.
  - Of the 253 (54%) cases <4 months of age whose mothers vaccination history was available, 41 (16%) reported receiving Tdap during the third trimester of pregnancy between 27-36 weeks gestation, as is recommended by ACIP and ACOG.
  - The majority of cases with known age have occurred in infants and children <18 years of age (8,753; 89%) and the peak ages are <1 year and 15 years old (Figure 4).
    - 679 (8%) of pediatric cases were infants <6 months of age.
    - 5,642 (64%) of pediatric cases were children/adolescents 7-16 years of age.
    - Among 7,627 (87%) of pediatric cases with vaccination history information, 759 (10%) had never received any doses of pertussis-containing vaccine.
  - Overall pertussis rates are highest for infants <1 year of age and older children and adolescents and teens 10-17 years of age. Rates by race/ethnicity are highest for Hispanic and African American infants <1 year of age and White, non-Hispanic adolescents and teens aged 10-17 years of age (Figure 5).

April 1, 2015

Dear Ms. DeLaney,

I have already contacted my local representatives regarding Senate Bill 277 ("SB 277"), but as this is legislation that would profoundly affect all of California, I now reach out to you. SB 277 would require mandatory vaccinations for every child in public school, private school, home school and daycare. As an "all or nothing" mandate, there would be no exemption for religious or philosophical belief, no ability to follow a selective or delayed schedule, and no informed consent about a serious and permanent medical procedure.

If SB 277 becomes law, childhood vaccination will become a "one size fits all" program. California would become one of the most restrictive jurisdictions regarding vaccines in the United States. Currently, 48 of 50 states offer non-medical vaccine exemption to their citizens.

This is ultimately not an issue of pro-vaccine or anti-vaccine. It is an issue of basic human rights: bodily integrity, civil liberty, parental choice, religious freedom, informed consent, and right to education.

SB 277 is detrimental to all of the above because it forces a parent to choose between three extreme options:

(1) Fully vaccinate a child against personal or religious belief.

(2) Refuse to fully vaccinate. Be denied all school access. Face truancy charges, CPS intrusion, and forced vaccination.

(3) Move out of California, uprooting one's life and family.

What is the imminent threat to human life requiring this drastic measure? The impetus for SB 277 is a small measles outbreak consisting of 174 total reported cases (only 51 of which are actually lab confirmed), with no injuries, complications, or deaths.[1] 51 lab confirmed cases in a country of 320 million people cannot be construed as a public health emergency justifying invasive and permanent medical intervention on every child in California and the abrogation of civil liberties.

Even if California were faced with a true public health crisis, SB 277 is a disproportionate remedy. SB 277 mandates that all children be vaccinated against measles. It further mandates that all children be vaccinated against the mumps, rubella, chicken pox, polio, tetanus, pertussis, diphtheria, and hepatitis B. Many of these diseases are exceedingly rare (no cases of polio in the US since 1979, hepatitis B almost exclusively spread through needles and intercourse, diphtheria is basically unheard of), some are typically very mild (chicken pox, mumps, rubella), and one isn't even contagious (tetanus). SB 277 doesn't require just one shot against each of these diseases – it requires multiple. Many of the vaccines are a multiple dose series. SB 277 would require parents to subject their children to all doses of each vaccine - omitting even one does of one vaccine would be unacceptable.

[1]http://emergency.cdc.gov/han/han00376.asp

http://www.cdc.gov/measles/cases-outbreaks.html

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6406a5.htm?s_cid=mm6406a5_w **(CDC states that out of 110 California cases, 45 people were unvaccinated. The remainder of people were vaccinated, or had "unknown or undocumented vaccination status..")**

[2] http://www.phrma.org/sites/default/files/pdf/Vaccines_2013.pdf

[3] http://www.huffingtonpost.ca/lawrence-solomon/merck-whistleblowers_b_5881914.html

[4] http://www.forbes.com/sites/erikakelton/2013/07/29/is-big-pharma-addicted-to-fraud/

[5] http://www.supremecourt.gov/opinions/10pdf/09-152.pdf

DOSES of VACCINES for U.S. CHILDREN from BIRTH- 6 YEARS

1983

DTP (2 months)
OPV (2 months)
DTP (4 months)
OPV (4 months)
DTP (6 months)
MMR (15 months)
DTP (18 months)
OPV (18 months)
DTP (48 months)
OPV (48 months)

2015

Influenza (Pregnancy)
DTaP (Pregnancy)
Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
DTaP (2 months)
HIB (2 months)
PCV (2 months)
IPV (2 months)
Rotavirus (4 months)
DTaP (4 months)
HIB (4 months)
PCV (4 months)
IPV (4 months)
Hep B (6 months)
Rotavirus (6 months)
DTaP (6 months)
HIB (6 months)
PCV (6 months)
IPV (6 months)
Influenza (6 months)
HIB (12 months)
PCV (12 months)
MMR (12 months)
Varicella (12 months)
Hep A (12 months)
DTaP (18 months)
Influenza (18 months)
Hep A (18 months)
Influenza (30 months)
Influenza (42 months)
DTaP (48 months)
IPV (48 months)
MMR (48 months)
Varicella (48 months)
Influenza (60 months)
Influenza (72 months)

DTP- Diptheria, Tetanus, Pertussis (whole cell)
OPV- Oral Polio
MMR- Measles, Mumps, Rubella
Hep B- Hepatitis B
DTaP- Diptheria, Tenatus, Pertussis (acellular)
HIB- Haemophilus influenzae Type B
PCV- Pneumococcal
IPV- Inactivated Polio
Varicella- Chicken Pox

NUMBER OF CHILDREN IN CALIFORNIA (Kindergarten and Child Care) & NUMBER OF EXEMPTIONS (Medical and Personal Belief)

2003-2015

http://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx

2014-2015
K: 535,234 students
0.19% ME, 2.54% PBE
CC: 486,634 students
0.56% ME, 2.67% PBE

2013-2014
K: 533,680 students
0.19% ME, 3.15% PBE
CC: 486,526 students
0.29% ME, 2.94% PBE

2012-2013
K: 530,418 students
0.17% ME, 2.79% PBE
CC: 484,413students
0.27% ME, 2.91% PBE

2011-2012
K: 529,400 students
0.16% ME, 2.39% PBE
CC: 517,745 students
0.22% ME, 2.60% PBE

2010-2011
K: 509,849 students
0.19% ME, 2.33% PBE
CC: 489,082 students
0.17% ME, 2.44% PBE

2009-2010
K: 507,199 students
0.20% ME, 2.03% PBE
CC: 488,488 students
0.23% ME, 2.00% PBE

2008-2009
K: 501,046 students
0.19% ME, 1.90% PBE
CC: 515,675 students
0.17% ME, 1.67% PBE

2007-2008
K: 499,301 students
0.18% ME, 1.56% PBE
CC: 512,490 students
0.17% ME, 1.44% PBE

2006-2007
K: 503,160 students
0.16% ME, 1.40% PBE
CC: 511,103 students
0.17% ME, 1.38% PBE

2005-2006
K: 512,733 students
0.15% ME, 1.33% PBE
CC: 498,860 students
0.18% ME, 1.38% PBE

2004-2005
K: 510,074 students
0.15% ME, 1.24% PBE
CC: 487,738 students
0.21% ME, 1.26% PBE

2003-2004
K: 513,519 students
0.13% ME, 1.16% PBE
CC: 456,675 students
0.25% ME, 1.35% PBE

2014- 2015 Kindergarten Immunization Assessment Results
California Department of Public Health, Immunization Branch

Introduction

The annual kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization Law. Results from this assessment are used to measure immunization coverage among students entering kindergarten. Under Assembly Bill 2109 (2012), California Health and Safety Code Section 120335 modified the process of obtaining a personal beliefs exemption (PBE) to immunization and requires documentation that health care practitioners have informed parents about vaccines and diseases. A religious exemption option was added when the bill was signed. This report summarizes the assessment of kindergarten immunization requirements based on reporting from California schools. The attached tables present immunization rates by county.

Methods

Staff from 7,738 of California's 8,170 schools with kindergartners (95%, Table 2) submitted immunization assessment reports to local health departments and CDPH Immunization Branch. Changes to this year's report include several new PBE measures. Pursuant to the new PBE law, in addition to the standard PBE totals measure, students with PBEs were placed into one of three new PBE subcategories (see Tables 3, 4, and 5): 1) students who enrolled in kindergarten prior to January 2014 ('pre-Jan PBE') who were not subject to the new requirements (i.e., 2nd year students in a two year kindergarten program), 2) students whose parents received documented vaccine counseling from a qualified health care practitioner with the last 6 months ('Health Care Practitioner Counseled' PBE), or 3) students whose parents declared an objection to seeking medical advice or treatment from authorized health care practitioners ('Religious' PBE).

Results and Discussion

Table 1 shows the results from this fall's kindergarten assessment for the state as a whole and by school type. This year 90.4% of the 535,332 students enrolled in reporting kindergartens received all required immunizations (4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician-documented varicella disease), a 0.2% increase from last year. In addition, the percentage of conditional entrants increased by 0.4% from last year. The percentage of students with permanent medical exemptions (PMEs) stayed the same at 0.19%. There was also a 0.61% decrease in students with PBEs compared with last year. Immunization coverage remained above 92% for each vaccine for all schools since last year.

Table 1: Kindergarten Immunization Assessment, 2013-2014 and 2014-2015 School Years*

	2013-14			2014-15		
	All	Public	Private	All	Public	Private
Number of Schools	7,684	5,852	1,832	7,738	5,895	1,843
Number of Students	533,680	491,905	41,775	535,234	494,636	40,598
All Required Immunizations	90.2%	90.6%	85.4%	90.4%	90.7%	86.6%
Conditional Entrants	6.5%	6.3%	8.5%	6.9%	6.8%	7.8%
Permanent Medical Exemptions	0.19%	0.18%	0.29%	0.19%	0.19%	0.29%
Personal Belief Exemptions	3.15%	2.92%	5.88%	2.54%	2.31%	5.33%
Pre-January 2014	-	-	-	0.38%	0.27%	1.67%
Health Care Practitioner Counseled	-	-	-	1.64%	1.54%	2.85%
Religious	-	-	-	0.52%	0.49%	0.80%
4+ DTP	92.2%	92.5%	88.6%	92.4%	92.6%	89.2%
3+ Polio	92.6%	93.0%	88.5%	93.0%	93.3%	89.5%
2+ MMR	92.3%	92.7%	87.6%	92.6%	92.9%	88.8%
3+ Hep B	94.8%	95.0%	91.8%	94.9%	95.1%	92.0%
1+ Vari (or physician-documented disease)	95.3%	95.5%	92.1%	95.4%	95.7%	92.5%

*Individual antigen status is unavailable for students with PBEs. Therefore, individual antigen immunization coverage may be underestimated; anecdotal evidence suggests a small percentage of students may have some but not all required immunizations.

Compared with private schools, public schools had a higher percentage of students with all required immunizations (Table 1 and Figure 1) as well as students immunized with each vaccine series (Figure 2). The highest percentages of students were up-to-date for the 1-dose varicella requirement, followed by the 3-dose Hepatitis B series.

Figure 1: Percentage of California Kindergarten Students with All Required Immunizations By School Type, 2014-15 School Year

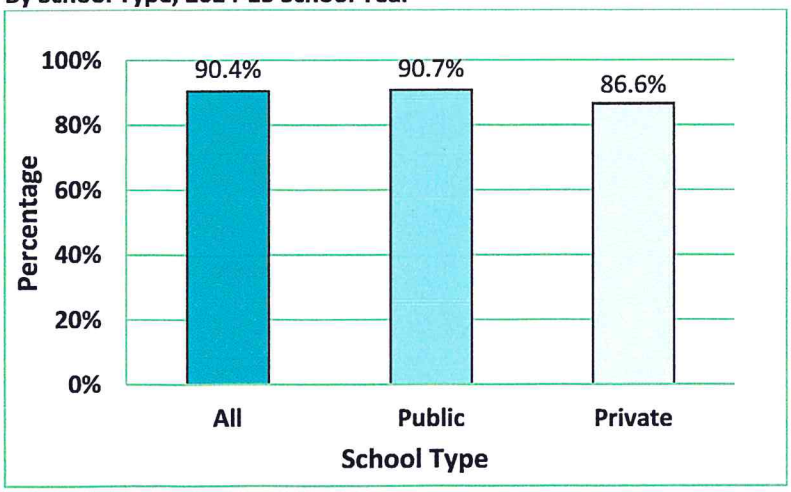
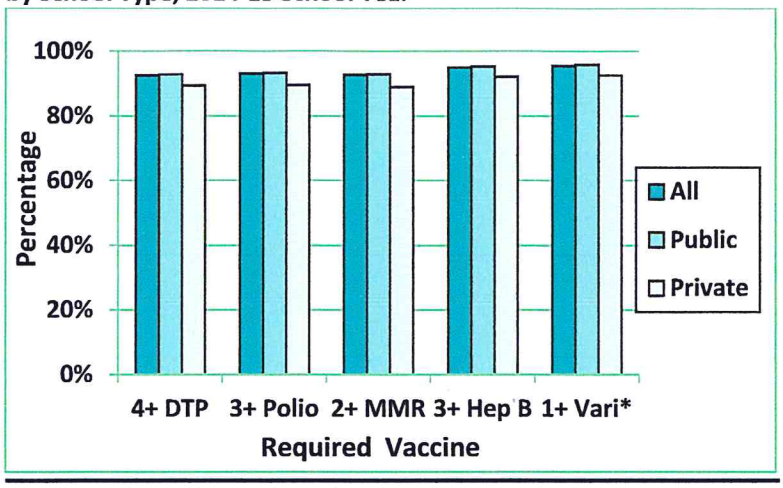


Figure 2: Percentage of California Kindergarten Students Completing Required Vaccine Series by School Type, 2014-15 School Year



*1 or more doses of varicella or physician-documented disease

In addition, compared with kindergarten students in private schools, public school Kindergarten students had a lower percentage of 'Conditional' entrants (Figure 3), students with PMEs (Figure 4), and students with PBEs (Figure 5). The percentage of 'Conditional' entrants in public schools this year was 1% lower than the percentage in private schools. Also, the percentage of public school PBEs was 3% lower than the percentage of PBEs in private schools. Compared to last year, the reduction in the percentage of PBE students in public schools (-0.61%) was larger than the reduction in private schools (-0.55%). Of the new PBEs taken in 2014-15, the majority of students took a Health Care Practitioner Counseled Exemption (77%) compared with a Religious Exemption (23%). This approximately 3 to 1 ratio of 'Counseled' to 'Religious' PBEs was similar in both public and private schools (Figure 6).

Figure 3: Percentage of Conditional Entrants Among California Kindergarten By School Type, 2014-15 School Year

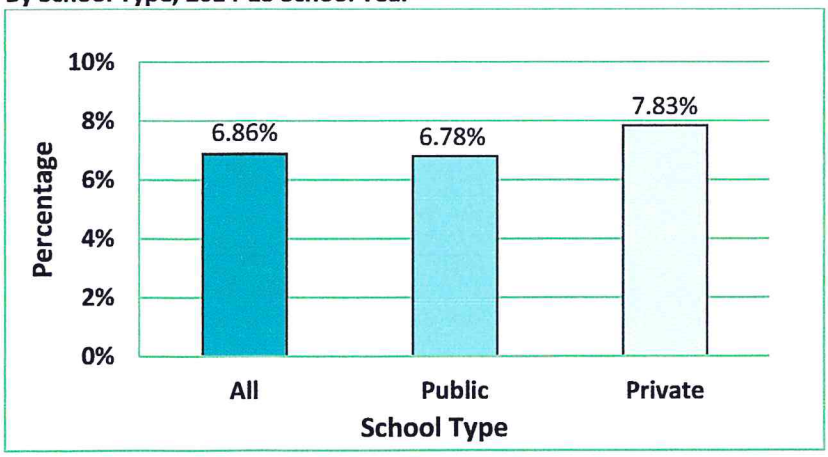


Figure 4: Percentage of California Kindergarten Students with a Permanent Medical Exemption By School Type, 2014-15 School Year

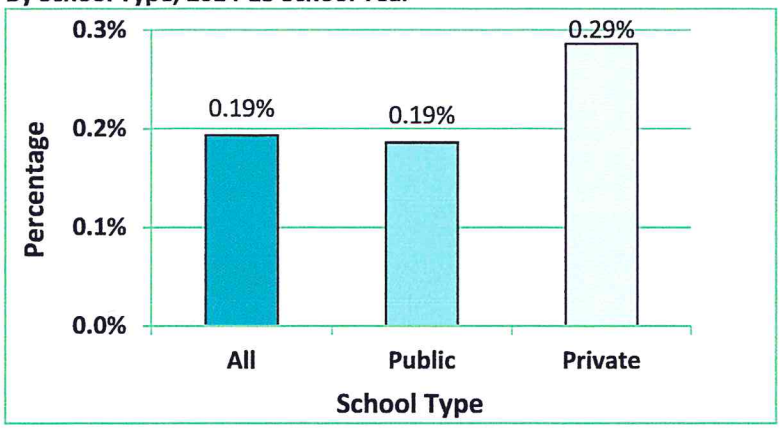


Figure 5: Percentage of California Kindergarten Students with a Personal Beliefs Exemption By School Type, 2014-15 School Year

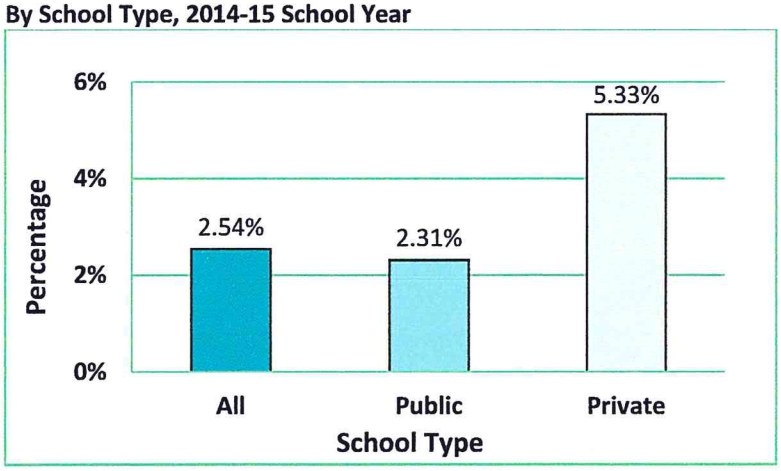
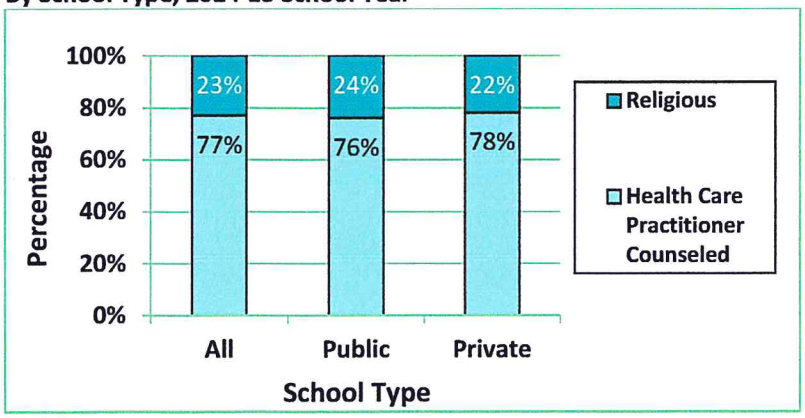
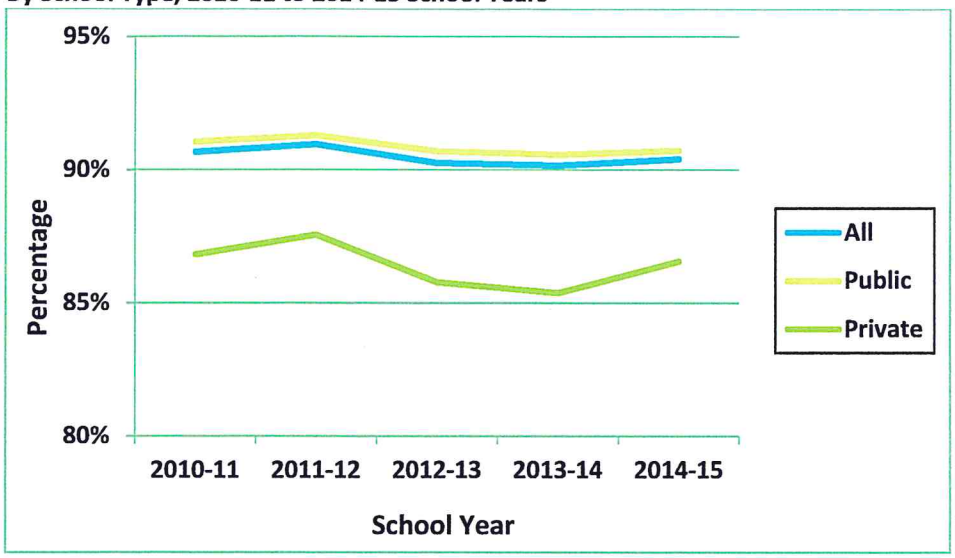


Figure 6: Percentage of California Kindergarten Students with a Health Care Practitioner Counseled or Religious Exemption By School Type, 2014-15 School Year



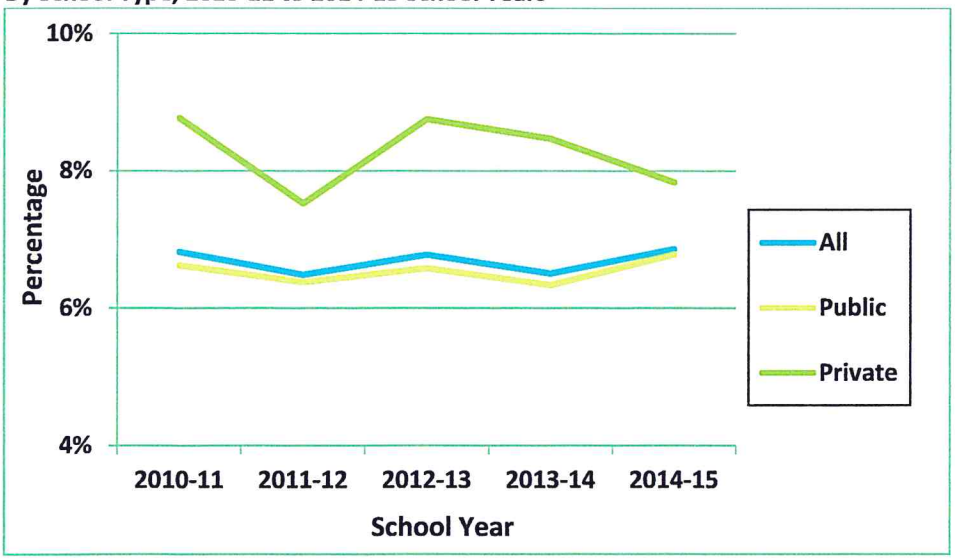
Over the past five years, students with all required immunizations in all reporting schools has decreased very slightly from 90.7% in the 2010-11 school year to 90.4% in the 2014-15 school year (Figure 7). Public school students have had on average a 4 percent higher percentage of all required immunizations compared with private school students.

Figure 7: Percentage of California Kindergartners with All Required Immunizations, By School Type, 2010-11 to 2014-15 School Years



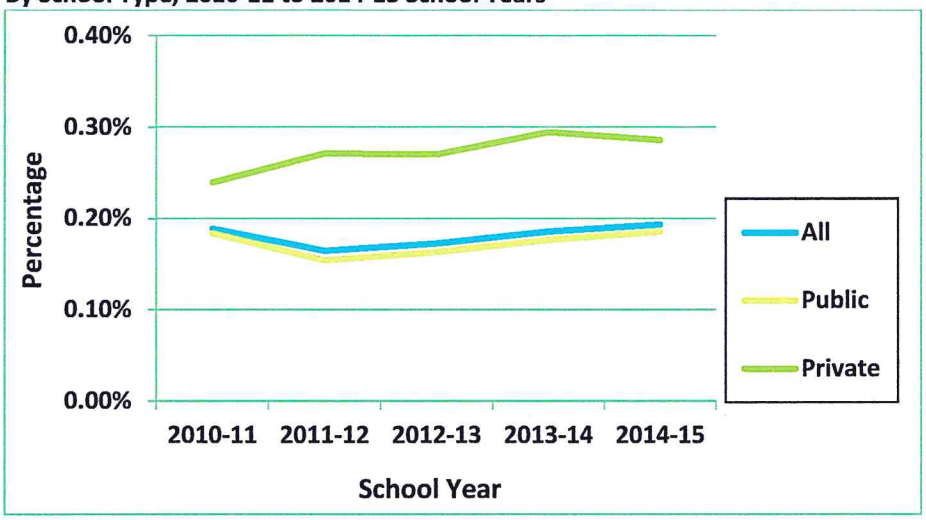
The percentage of 'Conditional' entrants in all schools has overall tended to remain stable over the past five years (Figure 7). Public schools have consistently had a lower percentage of 'Conditional' entrants than private schools, though the gap is lessening.

Figure 7: Percentage of Conditional Entrants Among California Kindergartners By School Type, 2010-11 to 2014-15 School Years



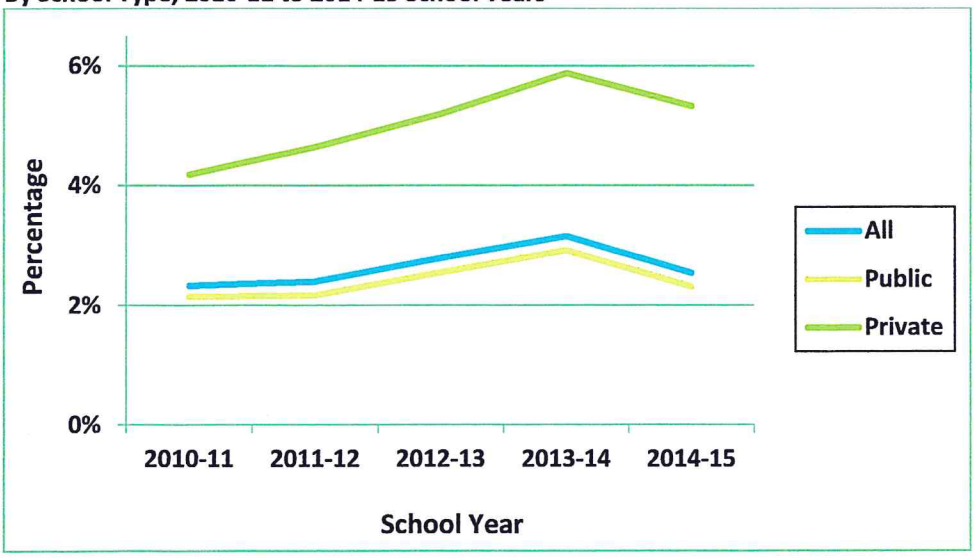
The percentage of students with a PME has increased slightly among all reporting schools including both public and private schools over the past five years (Figure 8).

Figure 8: Percentage of California Kindergartners with Permanent Medical Exemptions, By School Type, 2010-11 to 2014-15 School Years



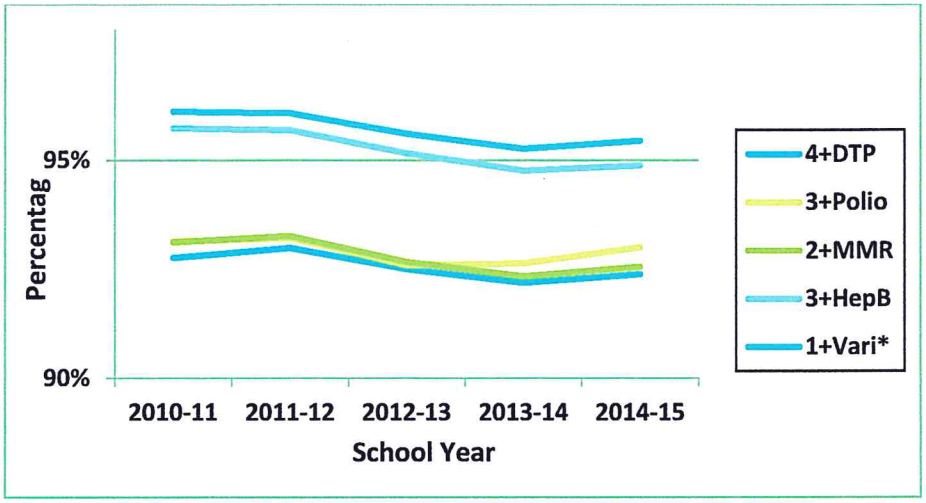
The percentage of PBE students had consistently increased annually among all reporting schools until this year (Figure 9), when there was a 19% decrease in the percentage of PBE students compared with last year. While public school PBE rates decreased by 21% (from 2.92% to 2.31%), private school PBE rates decreased only 9% (from 5.88% to 5.33%). Over the past five years, public schools consistently reported a lower percentage of PBE students than private schools. In addition, until this year, private school PBE rates were increasing at a faster rate than public school PBE rates.

Figure 9: Percentage of California Kindergartners with Personal Beliefs Exemptions, By School Type, 2010-11 to 2014-15 School Years



Over the past 5 years, the percentage of students completing each of the required vaccines has declined steadily (Figure 10). Moreover, the percentage of students completing the required 4-dose DTP series, the 3-dose Polio series, and 2-dose MMR vaccines have been consistently two to three percent lower than students completing the 1-dose Varicella or the 3-dose Hepatitis B series.

Figure 10: Percentage of California Kindergartners Completing Required Vaccines 2010-11 to 2014-15 School Years



*1 or more doses of varicella or physician-documented disease

Description of Attached Tables

Enclosed is a full set of tables showing this year's results. Table 2 shows the number and percentage of schools reporting by county and type (public or private). Table 3 shows total enrollment and admission status by county. Table 4 shows the number and percentage of students taking a PBE by county compared with the previous school year. Table 5 shows total exemption status (i.e, PME and PBE status) by county compared with the previous school year. Table 6 shows students immunized for each vaccine by county.

For further information, please contact Teresa Lee at (510) 620-3746 or Teresa.Lee2@cdph.ca.gov at the California Department of Public Health, Immunization Branch.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™
Morbidity and Mortality Weekly Report (*MMWR*)

Vaccination Coverage Among Children in Kindergarten — United States, 2013–14 School Year

Weekly
October 17, 2014 / 63(41);913-920

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State and local vaccination requirements for school entry are implemented to maintain high vaccination coverage and protect schoolchildren from vaccine-preventable diseases (*1*). Each year, to assess state and national vaccination coverage and exemption levels among kindergartners, CDC analyzes school vaccination data collected by federally funded state, local, and territorial immunization programs. This report describes vaccination coverage in 49 states and the District of Columbia (DC) and vaccination exemption rates in 46 states and DC for children enrolled in kindergarten during the 2013–14 school year. Median vaccination coverage was 94.7% for 2 doses of measles, mumps, and rubella (MMR) vaccine; 95.0% for varying local requirements for diphtheria, tetanus toxoid, and acellular pertussis (DTaP) vaccine; and 93.3% for 2 doses of varicella vaccine among those states with a 2-dose requirement. The median total exemption rate was 1.8%. High exemption levels and suboptimal vaccination coverage leave children vulnerable to vaccine-preventable diseases. Although vaccination coverage among kindergartners for the majority of reporting states was at or near the 95% national *Healthy People 2020* targets for 4 doses of DTaP, 2 doses of MMR, and 2 doses of varicella vaccine (*2*), low vaccination coverage and high exemption levels can cluster within communities.* Immunization programs might have access to school vaccination coverage and exemption rates at a local level for counties, school districts, or schools that can identify areas where children are more vulnerable to vaccine-preventable diseases. Health promotion efforts in these local areas can be used to help parents understand the risks for vaccine-preventable diseases and the protection that vaccinations provide to their children.

Federally funded immunization programs assess vaccination coverage among children entering kindergarten each school year. Health departments, school nurses, or school personnel assess the vaccination and exemption status, as defined by state and local school requirements, of a census or sample of kindergartners enrolled in public and private schools. Among the 49 states and DC reporting vaccination coverage data, 42 used their immunization information system (IIS) as at least one source of data for their school assessment. The type of school survey varied among the 49 states and DC reporting either vaccination coverage or exemption: 38 reported using a census of kindergartners; nine a sample of schools, kindergartners, or both; one a voluntary response of schools; and two a mix of methods. Two states used a sample to collect vaccination coverage data and a census to collect exemption data. Four states changed their type of survey from the previous school year.† Data from the public and private school vaccination assessments were aggregated by state and DC immunization programs and sent to CDC.§ Vaccination coverage data were provided for 4,252,368 kindergartners included in reports from 49 states and DC, and exemption data were provided for 3,902,571 kindergartners included in reports from 46 states and DC.

All estimates of coverage and exemption rates were adjusted based on the type of survey conducted and response rates, using data aggregated at school or county level as appropriate and available, unless otherwise noted.¶ Vaccination requirements for school entry, as reported to CDC by the federally funded immunization programs, varied.** Kindergartners were considered up-to-date for any single vaccine if they had received all of the doses of that vaccine required for school entry in their jurisdiction. Nine states considered kindergartners up-to-date only if they had received all of the doses for all vaccines required for school entry in their jurisdiction.†† Of the 49 states and DC reporting vaccination coverage, 13 met CDC standards for school assessment methods in 2013–14.§§

Among the 49 states and DC that reported 2013–14 school vaccination coverage, median 2-dose MMR vaccination coverage was 94.7% (range = 81.7% in Colorado to ≥99.7% in Mississippi); 23 reported coverage ≥95% (Table 1), and eight reported coverage <90% (Table 1, Figure). Median local requirement for DTaP vaccination coverage was 95.0% (range = 80.9% in Colorado to ≥99.7% in Mississippi); 25 reported coverage ≥95%. Median 2-dose varicella vaccination coverage among the 36 states and DC requiring and reporting 2 doses was 93.3% (range = 81.7% in Colorado to ≥99.7% in Mississippi); nine reported coverage ≥95%.

Among the 46 states plus DC reporting 2013–14 school vaccination exemption data, the percentage of kindergartners with an exemption was <1% for eight states and ≥4% for 11 states (range = <0.1% in Mississippi to 7.1% in Oregon), with a median of 1.8% (Figure; Table 2). Two states reported increases over the previous school year of ≥1.0 percentage point: Kansas (1.5 percentage points) and Maine (1.2 percentage points). One state reported a decrease of ≥1.0 percentage points: West Virginia (1.0 percentage point). Where reported separately, the median rate of medical exemptions was 0.2% (range = <0.1% in eight states [Alabama, Arkansas, Colorado, Delaware, Georgia, Hawaii, Mississippi, and Nevada] to 1.2% [Alaska and Washington]). Where allowed and reported separately, the median rate of nonmedical exemptions was 1.7% (range = 0.4% in Virginia and DC to 7.0% in Oregon).

Discussion

Most federally funded immunization programs continued to report high vaccination coverage and stable exemption rates among kindergartners during the 2013–14 school year compared with the 2012–13 school year, although 26 states and DC did not report meeting the *Healthy People 2020* target of 95% coverage for 2 doses of MMR vaccine. Although high levels of vaccination coverage by state are reassuring, vaccination exemptions have been shown to cluster geographically (*3,4*), so vaccine-preventable disease outbreaks can still occur where unvaccinated persons cluster in schools and communities (*5*).

School vaccination coverage assessment is used to assess state or local-level school vaccination requirements. Eighteen states provide local-level data online, helping to strengthen immunization programs, guide vaccination policies, and inform the public.¶¶ Local-level school vaccination and exemption data can be used by health departments and schools to focus vaccine-specific interventions and health communication efforts in a school or local area with documented low vaccination coverage or high exemption rates. Where expanded health communication strategies or other interventions are implemented, continued assessment and reporting can be used to facilitate program improvement.

To be most effective, accurate and reliable estimates of vaccination coverage and exemptions are needed. Use of appropriate sampling and survey methods can improve the usefulness of data for local use and comparability of estimates across school, local area, state, and national levels to accurately assess vaccination coverage and track progress toward *Healthy People 2020* targets.

School vaccination coverage reporting can be labor intensive, involving education systems at the start of the school year, when they are busiest. School vaccination assessment systems can be linked to an IIS, allowing schools to review the vaccination status of individual children. During the 2013–14 school year, 36 of the 50 states and DC reported that they allowed schools to obtain provider-reported vaccination data from their IIS, and 14 reported using an IIS algorithm to determine vaccination status for at least some of the students in their school vaccination assessment. An example of how an IIS can be used to simplify school vaccination assessment is Tennessee's Immunization Certificate Validation Tool, which compares a child's record in the state IIS against Tennessee vaccination requirements for pre-school or school attendance, allowing vaccination providers and school nurses to quickly assess a schoolchild's vaccination status. It produces an official Tennessee Immunization Certificate or a detailed failure report. Tools linking school vaccination assessment systems to IIS data provide access to provider-reported information, reduce the documentation burden on parents and vaccination providers, and lessen the workload required by the assessment process on schools and health departments.

The findings in this report are subject to at least six limitations. First, not every state reported vaccination and exemption data. Second, vaccination and exemption status reflected the child's status at the time of assessment. Reports might not be updated when parents submit amended school vaccination records after the required vaccines are received or an exemption is claimed. Third, a child with an exemption is not necessarily unvaccinated. More than 99% of the 2008–2009 birth cohorts who became kindergartners in 2013–14 received at least one vaccine in early childhood (*6*). An exemption might be provided for all vaccines even if a child missed a single vaccine dose or vaccine, or different exemptions might be provided for different vaccinations. A parent or guardian might choose to complete the required exemption paperwork if that is more convenient than having a child vaccinated or documenting a kindergartner's vaccination history at school enrollment, which might be the reason for up to 25% of nonmedical exemptions (*7–9*).*** Fourth, methodology varied by reporting program or between school years for the same program. Methods and times for data collection differed, as did requirements for vaccinations and exemptions. Fifth, some programs (Delaware, Houston, Virginia, and Puerto Rico) were unable to provide detailed information needed to weight and analyze their data in the most statistically appropriate way, limiting the validity of their reported estimates. Finally, in adjusting data collected using school or student census methods to account for nonresponse, it was assumed that nonresponders and responders of the same school type had similar vaccination coverage and exemption rates.

State and local school vaccination assessments might detect local areas of undervaccination where disease transmission is more likely to occur. These data are most useful when the assessment is accurate and reliable. Use of statistically

appropriate sampling methods and access to provider-reported vaccination data in an IIS can streamline the data collection process while providing accurate local-level data, allowing health departments to appropriately direct vaccination efforts during outbreaks of vaccine-preventable disease and identify schools and communities potentially at higher risk for vaccine-preventable disease transmission. Accurate local-level data can also be used by health departments and schools to focus health communication and other interventions that protect children and the community at large against vaccine-preventable diseases.

Acknowledgments

Seth A. Meador, Leidos; Amanda R. Bryant, Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC.

1Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC; 2Carter Consulting, Inc. (Corresponding author: Ranee Seither, rseither@cdc.gov, 404-639-8693)

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* *Healthy People 2020* objective IID-10.1 is based on 4 doses of DTaP vaccine. This report describes compliance with state regulations of 3, 4, or 5 doses of DTaP vaccine. Of the 49 states and DC, only Nebraska, New York, and Pennsylvania report <4 doses of DTaP vaccine. IID-10.2 sets a target of 95% of kindergartners receiving ≥2 doses of MMR vaccine. IID-10.5 sets a target of 95% of kindergartners receiving ≥2 doses of varicella vaccine.

† Alaska, Georgia, Missouri, and North Dakota.

§ Data from one local area (Houston) were reported separately and included in the data for the state of Texas. Oregon estimates included vaccination coverage and exemption data for children enrolled in public online homeschools. Pennsylvania included homeschool students in their public school data.

¶ Most of the programs that used complex sample surveys provided CDC with data aggregated at the school or county level for weighted analysis. Coverage and exemption data based on a reported census were adjusted for nonresponse using the inverse of the response rate, stratified by school type. For data collected using a complex sample design and with sufficient data provided, weights were calculated to account for sample design and adjusted for nonresponse. Where sufficient data were not available to account for the use of a stratified two-stage cluster sample design, data were analyzed as a stratified simple random sample (Delaware, Houston, Virginia, and Puerto Rico).

** Among the 49 reporting states and DC, all programs required 2 doses of a measles-containing vaccine, of which MMR is the only one available in the United States. For local requirements for DTaP vaccine, two required 3 doses, 27 required 4 doses, 20 required 5 doses, and one state did not require pertussis. For varicella vaccine, 13 required 1 dose, 36 required 2 doses, and 1 did not require varicella vaccination.

†† States reporting estimates based on receiving all doses of all vaccines required for school entry might have actual antigen-specific coverage estimates at least as high as the coverage for all required vaccines.

§§ CDC standards include use of a census or random sample of public and private schools or students, assessment using number of doses recommended by the Advisory Committee on Immunization Practices, assessment of vaccination status before December 31, collection of data by health department personnel or school nurses, validation if data are collected by school administrative staff, and documentation of vaccination from a health-care provider.

¶¶ Information available, by state, at the following websites: Alabama, http://www.adph.org/immunization/index.asp?id=761 ; Arizona, http://www.azdhs.gov/phs/immunization/statistics-reports.htm ; California, http://www.cdph.ca.gov/programs/immunize/pages/immunizationlevels.aspx ; Florida, http://www.floridahealth.gov/reports-and-data/immunization-coverage-surveys-reports/state-surveys.html ; Illinois, http://www.isbe.state.il.us/research/htmls/immunization.htm#immu ; Iowa, http://www.idph.state.ia.us/immtb/immunization.aspx?prog=imm&pg=audits ; Kansas, http://www.kdheks.gov/immunize/kindergarten_coverage.htm ; Kentucky, http://chfs.ky.gov/dph/epi/annual+immunization+school+and+childcare+survey.htm ; Michigan, http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4914_68361-321114--,00.html ; Minnesota, http://www.health.state.mn.us/divs/idepc/immunize/stats/school/index.html ; New Jersey, http://www.state.nj.us/health/cd/stats.shtml ; North Dakota, www.ndhealth.gov/immunize/rates; Oregon, http://public.health.oregon.gov/preventionwellness/vaccinesimmunization/gettingimmunized/pages/schresources.aspx ; Texas, https://www.dshs.state.tx.us/immunize/coverage/default.shtm ; Utah, http://www.immunize-utah.org/statistics/utah%20statistics/immunization%20coverage%20levels/index.html ; Vermont, http://www.healthvermont.gov/hc/imm/immsurv.aspx ; Virginia, http://www.vdh.state.va.us/epidemiology/immunization/datamanagement/sisreports.htm ; Washington, http://www.doh.wa.gov/dataandstatisticalreports/schoolimmunization/datareports.aspx .

*** Tools are available to help parents manage vaccination records for their family; additional information available at http://www.cdc.gov/vaccines/parents/record-reqs/immuniz-records-child.html.

What is already known on this topic?

To protect school children from vaccine-preventable disease, annual school vaccination assessments indicate vaccination coverage and exemptions from state vaccination requirements. Although state vaccination coverage is high and exemptions are low, undervaccination and exemptions cluster at a local level, where vaccine-preventable diseases might be easily transmitted.

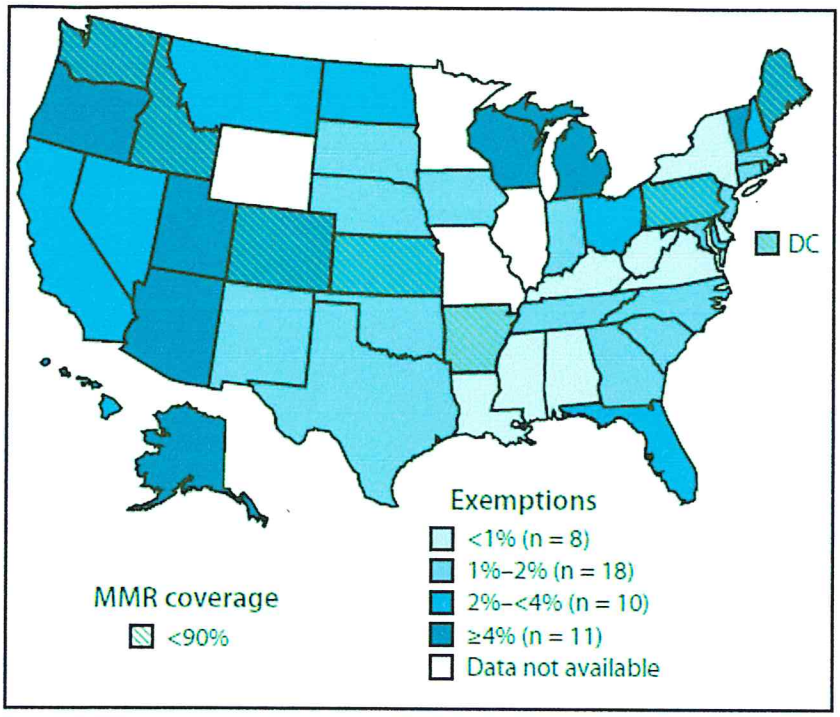
What is added by this report?

In 49 states and the District of Columbia (DC), median vaccination coverage for three vaccines was 94.7% for the measles, mumps, and rubella vaccine, 95.0% for varying local requirements for the diphtheria, tetanus toxoid, and acellular pertussis vaccine, and 93.3% for varicella vaccine among states with a 2-dose requirement. Of the 49 states and DC reporting vaccination coverage estimates, 27 did not report meeting the *Healthy People 2020* target of 95% coverage for 2 doses of measles, mumps, and rubella vaccine. Median exemption levels continue to be low overall (1.8%).

What are the implications for public health practice?

Local data are essential to controlling the spread of vaccine-preventable disease. Accurate and reliable school vaccination assessments can provide a unique opportunity for school and health departments to identify local areas of undervaccination, even at a school or classroom level, where the potential for disease transmission is higher. Health departments can use these data to identify schools and communities at higher risk for outbreaks and provide health communication interventions to protect school children and the community at large against vaccine-preventable diseases.

FIGURE. Estimated percentage of children enrolled in kindergarten who have been exempted from receiving one or more vaccines* and with <90% coverage with 2 doses of measles, mumps, and rubella (MMR) vaccine — United States, 2013–14 school year



* Exemptions might not reflect a child's vaccination status. Children with an exemption who did not receive any vaccines are indistinguishable from those who have an exemption but are up-to-date for one or more vaccines.

Alternate Text: The figure above is a map of the United States showing the estimated percentage of children enrolled in kindergarten who have been exempted from receiving one or more vaccines and with <90% coverage with 2 doses of measles, mumps, and rubella (MMR) vaccine in the United States during the 2013–14 school year. Among the 49 states and DC that reported 2013–14 school vaccination coverage, median 2-dose MMR vaccination coverage was 94.7% (range = 81.7% in Colorado to ≥99.7% in Mississippi); 23 reported coverage ≥95%, and eight reported coverage <90%. The percentage of kindergartners with an exemption was <1% for eight states and ≥4% for 11 states (range = <0.1% in Mississippi to 7.1% in Oregon), with a median of 1.8%.

TABLE 1. Estimated vaccination coverage,* by state/area and vaccination among children enrolled in kindergarten — United States, 2013–14 school year

State/Area	Kindergarten population†	Total surveyed	Proportion surveyed (%)	Type of survey conducted§	MMR¶	DTaP**	Varicella 1 dose	Varicella 2 doses
					(%)	(%)	(%)	(%)
Alabama††	76,927	76,927	100.0	Census	≥92.0	≥92.0	≥92.0	NReq
Alaska§§	10,222	946	9.3	Stratified 2-stage cluster sample	94.4	96.0		92.5
Arizona	89,606	85,861	95.8	Census	93.9	94.3	96.4	NReq
Arkansas	42,649	41,068	96.3	Census	86.5	83.3		85.4
California¶¶	548,606	533,680	97.3	Census	92.3	92.2	95.3	NReq
Colorado	69,904	350	0.5	Random sample	81.7	80.9		81.7
Connecticut††	40,978	40,978	100.0	Census	96.9	97.0		96.7

Delaware	11,997	1458	12.2	Stratified 2-stage cluster sample	≥96.4	≥96.4		≥96.4
District of Columbia††	7,856	7,856	100.0	Census	89.0	88.7		88.8
Florida†††***	233,797	233,797	100.0	Census	≥93.2	≥93.2		≥93.2
Georgia††	143,988	143,988	100.0	Census	≥94.0	≥94.0		≥94.0
Hawaii	20,056	1,074	5.4	Stratified 2-stage cluster sample	98.7	99.0	99.2	NReq
Idaho††	23,934	23,934	100.0	Census	88.2	88.0		86.5
Illinois††	163,316	163,316	100.0	Census	94.7	95.0	96.6	NReq
Indiana††	87,193	61,336	70.3	Census	92.9	81.8		90.2
Iowa	43,728	41,349	94.6	Census	≥91.0	≥91.0		≥91.0
Kansas§§¶¶	41,107	11,931	29.0	Stratified 1-stage sample (Public), Census (Private)	86.9	87.6		85.5
Kentucky††	57,857	57,857	100.0	Census	92.6	93.9		91.9
Louisiana††	63,976	63,976	100.0	Census	96.8	98.3		96.1
Maine	15,441	12,716	82.4	Census	89.9	94.4	93.8	NReq
Maryland¶¶	75,659	73,349	96.9	Census	97.6	99.0	99.0	NReq
Massachusetts	79,894	78,188	97.9	Census	95.1	93.0		93.9
Michigan††	120,297	120,297	100.0	Census	97.5	94.8		93.0
Minnesota¶¶	72,087	70,972	98.5	Census	93.4	96.6		92.6
Mississippi††	45,719	45,719	100.0	Census	≥99.7	≥99.7		≥99.7
Missouri††	78,140	78,140	100.0	Census	95.5	96.0		94.6
Montana	12,855	12,259	95.4	Census	93.7	94.8		NReq
Nebraska¶¶	27,000	26,282	97.3	Census	96.6	96.8		94.9
Nevada	35,782	1,114	3.1	Stratified 2-stage cluster sample	95.6	94.4		93.6
New Hampshire††	13,240	13,240	100.0	Census	≥94.7	≥94.7		≥94.7
New Jersey	123,085	117,477	95.4	Census	≥96.8	≥96.8	≥96.8	NReq
New Mexico¶¶	30,725	830	2.7	Stratified 2-stage cluster sample	95.9	97.4		93.4
New York¶¶	240,318	240,318	100.0	Census	96.8	98.1	98.2	NReq
North Carolina	126,084	123,192	97.7	Census	98.8	98.7	99.7	NReq

North Dakota	9,780	9,397	96.1	Census (public) Stratified 2-stage cluster sample (private)	90.0	90.2		89.4
Ohio	150,000	138,820	92.5	Census	96.2	96.1		95.7
Oklahoma	57,377	40,929	71.3	Voluntary response	96.4	96.1		98.0
Oregon††	47,649	47,649	100.0	Census	93.2	93.3	94.3	NReq
Pennsylvania††¶¶	151,253	151,253	100.0	Census	85.3	NReq†††		84.0
Rhode Island	11,521	11,421	99.1	Census	95.1	96.0		94.7
South Carolina	61,661	6,771	11.0	1-stage stratified sample	96.8	97.3	94.4	NReq
South Dakota††	12,566	12,566	100.0	Census	96.6	96.7		95.3
Tennessee	80,212	80,079	99.8	Census	≥94.9	≥94.9		≥94.9
Texas§§ (including Houston)	409,255	397,262	97.1	Census	97.5	97.2		97.2
Houston, Texas	36,254	1,856	5.1	2-stage cluster sample, nonrandom schools selection	91.9	90.4		90.4

TABLE 1. (*Continued*) Estimated vaccination coverage,* by state/area and vaccination among children enrolled in kindergarten — United States, 2013–14 school year

State/Area	Kindergarten population†	Total surveyed	Proportion surveyed (%)	Type of survey conducted§	MMR¶	DTaP**	Varicella 1 dose	Varicella 2 doses
					(%)	(%)	(%)	(%)
Utah††	54,779	54,779	100.0	Census	98.5	98.1	99.6	NReq
Vermont††	6,771	6,771	100.0	Census	91.2	92.0		89.4
Virginia	105,692	4,287	4.1	2-stage cluster sample	93.1	98.3		91.3
Washington	89,165	78,924	88.5	Census	89.7	90.3		88.4
West Virginia	22,814	19,313	84.7	Census	96.1	96.5		95.5
Wisconsin¶¶	71,363	1,990	2.8	Stratified 2-stage cluster sample	92.6	96.3		91.2
Wyoming	NA	NA	NA	Not conducted				
Median§§§					*94.7*	*95.0*	*96.6*	*93.3*
American Samoa	NA	NA	NA	Not conducted				
				Stratified 2-stage				

Guam	2,935	1,235	42.1	cluster sample	88.4	92.8	NReq
Marshall Islands	NA	NA	NA	Not conducted			
Micronesia	NA	NA	NA	Not conducted			
N. Mariana Islands	725	725	100.0	Census	96.0	94.3	92.3
Palau	402	NA	NA	Not conducted			NReq
Puerto Rico	39,170	6,789	17.3	Stratified 2-stage cluster sample	94.3	91.3	91.4
U.S. Virgin Islands	1,612	731	45.3	Stratified 2-stage cluster sample	90.5	91.0	87.9

Abbreviations: MMR = measles, mumps, and rubella vaccine; DTaP = diphtheria and tetanus toxoids and acellular pertussis vaccine; NA = not available;
NReq = not required for school entry.

* Estimates are adjusted for nonresponse and weighted for sampling where appropriate, except where complete data were unavailable. Percentages for Delaware, Houston, Virginia, and Puerto Rico are approximations. Estimates based on a completed vaccine series (i.e., not antigen-specific) are designated by use of the ≥ symbol.

† The kindergarten population is an approximation provided by each state/area.

§ Sample designs varied by state/area: census = all schools (public and private) and all children within schools were included in the assessment; simple random = a simple random sample design was used; mixed design = a census was conducted among public schools, and a random sample of children within the schools were selected; 1-stage or 2-stage cluster sample = schools were randomly selected, and all children in the selected schools were assessed (1-stage) or a random sample of children within the schools were selected (2-stage); voluntary response = a census among those schools that submitted assessment data.

¶ Most states require 2 doses; Alaska, California, New York, and Oregon require 2 doses of measles, 1 dose of mumps, and 1 dose of rubella vaccine.

** Pertussis vaccination coverage might include some DTP (diphtheria and tetanus toxoids and pertussis vaccine) vaccinations if administered in another country or if a vaccination provider continued to use DTP after 2000. Most states require 4 doses of DTaP vaccine; 5 doses are required for school entry in Colorado, District of Columbia, Hawaii, Idaho, Indiana, Iowa, Kansas, Massachusetts, Minnesota, New Jersey, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, Tennessee, Texas, Utah, Vermont, Washington, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands; 3 doses are required by Nebraska and New York. Pertussis vaccine is not required in Pennsylvania.

†† The proportion surveyed is probably <100%, but is shown as 100% based on incomplete information about the actual current enrollment.

§§ Kindergarten coverage data were collected from a sample, and exemption data were collected from a census of kindergartners.

¶¶ Counts the vaccine doses received regardless of Advisory Committee on Immunization Practices recommended age and time interval; vaccination coverage rates shown might be higher than those for valid doses.

*** Does not include nondistrict-specific, virtual, and college laboratory schools, or private schools with fewer than 10 students.

††† Pertussis is not required in Pennsylvania; coverage for diphtheria and tetanus was 88.3%.

§§§ The median is the center of the estimates in the distribution. The median does not include Houston, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

SB277 is being promoted with the false assertions that vaccination rates are dropping, that Personal Belief Exemptions use is high and rising, and that parents are abusing a too easily exercised exemption.

Actually- vaccination rates are rising, PBE use is dropping, and a parent must schedule, attend and pay for a Vaccine Risk Benefit Consultation with a CA State Approved Health Care Provider. No parent is recklessly using an exemption, to imply that is insulting to taxpaying citizens.

There is no reason for Contra Costa to attach themselves to this legislation.

Please see the attachments from CDPH

LEGISLATION COMM

Meeting Date: 04/02/201
Subject: SB 277 (Pan):
Submitted For: LEGISLA
Department: County Ac
Referral No.: 2015-05
Referral Name: SB 277 (P
Presenter: L. DeLane

Information

Referral History:
This bill was referred to the Legislation Committee for consideration by Supervisor Mary N. Piepl

Referral Update:
California is suffering from an outbreak of measles that, as of March 2, 2015, has sickened 131 people statewide, and sent 19 people to the hospital. Almost one quarter of those infected with measles are children younger than five. Last year, whooping cough (pertussis) struck over 11,000 Californians, killing three infants. As of February 12, 2013, California has recorded over 441 pertussis cases and one infant has died, who was less than three weeks old when sickened. Contra Costa has thus far seen one case of measles in 2015.

The Measles Outbreak is over, no connection to CA Schools or Exemptions

Pertussis Infections due to failing vaccine

Both measles and pertussis are highly infectious and can cause serious complications, including death. Those most at risk are babies too young to get immunized and adults and children who, due to medical reasons including chemotherapy and auto-immune disorders, cannot get vaccinated. Both are preventable by the use of vaccines.

Recently vaxxed are a threat to Immune Compromised.

Experts and health officials attribute the return of these diseases to the falling rates of vaccination. ?
Too many parents have chosen not to vaccinate their children due to misunderstanding of both the risks of vaccination and the seriousness of these preventable diseases, and not all adults are fully vaccinated. Those who decline to vaccinate are risking the health and lives of their children, neighbors and classmates. Data collected by the California Department of Public Health shows that many elementary schools in the County have measles vaccination rates well below 94 percent (the rate needed to prevent the spread of the virus), with some schools, both public and private, with rates below 50 percent.

Rates are up!

Vaccination Rates up, PBE's are down, CDPH does not collect complete vaccination info

Evidence from other states shows that that the best way to increase vaccination rates is to require immunizations for school attendance.

Therefore, staff recommends that th

1. encourage all residents to ens
2. support and urge passage of S
   Health & Safety Code section
   for those exempted for medic

CA already requires vaccination for school attendance and has excellent rates- SB277 addresses Personal Belief Exemption Rules (PBE).
The PBE rate in CA is 2.54%- 100% ideal rate minus 2.54% = 97.46%
Rates below 97.46% are unrelated to the Personal Exemption Rate.
Contra Costa PBE use is lower, only 1.9%.
100% ideal rate minus 1.9% PBE = 98.1%.
Personal Belief Exemptions are not a threat to Contra Costa vaccination

If enacted, California would join only two other states -- Mississippi and West Virginia -- that permit only medical exemptions as legitimate reasons to sidestep vaccinations.Currently, California is one of 19 states that allow exemptions based purely on parents' personal or religious beliefs.

The opposition to SB 277 has been increasingly vocal and has been showing up at County meetings to oppose resolutions about the bill. It has been a contentious issue where it has come up (Santa Cruz, Alameda, Berkeley City Council, a few school districts). Alameda County did vote to support the bill, however, as did Santa Cruz County. Santa Clara will also likely be sending a letter of support.

Introduced: 02/19/2015
Disposition: Pending
Committee: Senate Health Committee
Hearing: 04/08/2015 1:30 pm, John L. Burton Hearing Room (4203)

Recommendation(s)/Next Step(s):
CONSIDER recommending to the Board of Supervisors a position of "Support" on SB 277 (Pan) Public Health: Vaccinations, as recommended by Dr. William Walker.

Attachments

Attachment 1: Bill Text
Attachment 2: Mercury News Story

CA has superior vaccination rates to Mississippi and West Virginia in all but one measure. California health outcomes are superior in all categories. See Attached UHF comparison.

This sentence is offensive to parents with vaccine concerns:

"...that permit only medical exemptions as legitimate reasons to sidestep vaccinations",

This is an inaccurate, derogatory, and prejudicial inference that all other exemptions are frivolous and without merit.

Does the CC Board really want to go on the record sending the message to Contra Costa Citizen Parents that the BOS considers their sincerely held Personal Belief Exemptions as "Illegitimate"?

The Nation's Health
thenationshealth.aphapublications.org
The Nation's Health October 2010 vol.

States take on pertussis as disease cases resurge around the nation: Cases are cyclical

Kim Krisberg

Reports of pertussis have reached startling numbers in communities around the nation in recent months, leading to renewed attention to the common infectious disease.

Several states are currently reporting pertussis outbreaks, from California to Michigan to South Carolina. California's caseload has caught the most attention, as the state is home to epidemic proportions of the disease. As of late August, California health officials reported more than 3,300 confirmed, probable and suspected pertussis cases — a seven-fold increase from the previous year — as well as at least eight deaths.

Despite the resurgence, public health workers caution that such outbreaks are not unexpected and should serve as important immunization reminders.

Reported cases of the highly communicable disease have been on the rise since the 1980s. Pertussis outbreaks usually occur in three- to five-year cycles, with the last pertussis peak occurring in 2005, with more than 25,600 cases, according to the Centers for Disease Control and Prevention. In 2009, about 16,900 cases were reported to CDC. For 2010, about 10,400 cases had been reported as of Aug. 28.

Controlling pertussis, commonly known as whooping cough, comes with a number of common public health challenges, such as gathering representative case data and encouraging people to keep their immunizations up to date. However, new and emerging tools, such as the 2005 arrival of a new vaccine that immunizes adolescents and adults against pertussis, could make a dent in the disease's natural cycle. "While pertussis and its prevention is complex, speculations that current outbreaks may be due to vaccine refusal do not hold up," said CDC spokesman Jeff Dimond.

"The numbers don't support that argument," Dimond said. "There's no cause and effect relationship there."

Instead, waning immunity may be part of the problem. To confront the disease, CDC and health departments nationwide are urging residents to get immunized, especially adults who come in contact with infants and young children. Infants are routinely vaccinated against pertussis, with children ideally receiving five doses of the diphtheria, tetanus and pertussis vaccine, or DTaP vaccine, by age 6. Another similar vaccine, know as Tdap, is recommended for people ages 11 through 64. Unlike some vaccines, the pertussis vaccine's protection eventually wears off, as does any immunity gained from contracting the disease.

In Michigan, where public health officials have been monitoring a general increase in pertussis over the past two decades, the majority of recent cases are among residents 10 years of age and older, according to Joel Blostein, MPH, a vaccine-preventable disease epidemiologist with the Michigan Department of Community Health.

"Part of the cycle is the number of susceptible people in the population that builds up over time," Blostein said. "Eventually, there's enough susceptible people that the bug will much more readily transmit and gain a foothold, and we'll get an explosive number of cases."

Pertussis cases in Michigan began an upward tick in late 2008, Blostein said, with 902 cases in 2009 and 610 cases as of mid-August. He cautioned that case numbers over the years may not be completely representative, as better diagnostics and efforts to look for the disease in nontraditional age groups are likely factors in changing case numbers. The current outbreak is being reported in "all corners of the state...across all strata of socioeconomic status," Blostein noted.

In response, Michigan health workers are working to raise awareness among clinicians that pertussis is more than a childhood disease and stressing the

"While pertussis and its prevention is complex, speculations that current outbreaks may be due to vaccine refusal do not hold up. "The numbers don't support that argu-ment," Dimond said. "There's no cause and effect relationship there."" **CDC Spokesman Jeff Dimond.**

Meeting of the Board of Scientific Counselors, Office of Infectious Diseases
Centers for Disease Control and Prevention
Tom Harkins Global Communication Center
Atlanta, Georgia

December 11-12, 2013

A 1½ day, open public meeting of the Board of Scientific Counselors (BSC), Office of Infectious Diseases (OID), was held on December 11-12, 2013, at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. In addition to Board members and CDC staff, the meeting was attended by representatives of several public health partner organizations (Appendix).

The meeting included updates from OID, the Influenza Coordination Unit (ICU), the Center for Global Health (CGH), and CDC's three infectious disease national centers: the National Center for Emerging and Zoonotic Diseases (NCEZID); the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP); and the National Center for Immunization and Respiratory Diseases (NCIRD). Each update was followed by discussion. Reports were also provided by the two BSC/OID working groups. The Food Safety Modernization Act (FSMA) Surveillance Working Group presented its annual report for Board approval, and the Antimicrobial Resistance Working Group provided information regarding their discussions on prevention and control of carbapenem-resistant Enterobacteriaceae (CRE) and on a subset of public health actions to improve antimicrobial use (Antimicrobial Stewardship).

Presentations were also made on five topical issues: 1) changes in immunization programs at the state level; 2) a new government-wide initiative on Global Health Security; 3) polio eradication efforts; 4) CDC's school-based surveillance systems and NCHHSTP's Division of Adolescent and School Health (DASH) prevention programs; and 5) the FY 2014 Advanced Molecular Detection (AMD) initiative. The AMD presentation included information about the new BSC Infectious Disease Laboratory Working Group, whose establishment was approved at the May 2013 BSC meeting.

DAY 1: DECEMBER 11

➢ OPENING REMARKS

BSC Chair Dr. Ruth Berkelman, Rollins Professor, Emory University, called the meeting to order and was joined in welcoming participants and facilitating introductions by Dr. Rima Khabbaz, CDC Deputy Director for Infectious Diseases, and Robin Moseley, the OID/BSC Designated Federal Official. Dr. Berkelman welcomed two new BSC members: Dr. Susan Sharp, Kaiser Permanente Northwest: and Dr. Jose Montero, New Hampshire Department of Health and Human Services. Dr. Berkelman also welcomed Dr. Judith Bossé, Assistant Deputy Minister, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada (PHAC), who is replacing Dr. Rainer Engelhardt, as PHAC's liaison representative to the Board.

➢ OID UPDATES

Dr. Khabbaz provided updates on the following topics:

- **The Government Shutdown.** The U.S. government was closed for the first 16 days in October, due to the absence of Congressional appropriations. At CDC, operations were limited to addressing emergency situations, defined as "imminent threats to life or property." Two-thirds of CDC staff were furloughed, and most disease surveillance and laboratory activities were halted. However, members of the Commissioned Corp remained at work, and certain functions supported by mandatory

funding continued. For infectious diseases, these included the World Trade Center Health Program (http://www.cdc.gov/wtc/index.html), the President's Emergency Plan for AIDS Relief (PEPFAR; http://www.pepfar.gov), and the Vaccines for Children program (VFC; http://www.cdc.gov/vaccines/programs/vfc/index.html).

One week into the shutdown, CDC was allowed to recall 30 staff members to respond to a foodborne disease outbreak of *Salmonella* Heidelberg (see below), as well as to address specific issues related to influenza, TB, polio, and drug resistance.

- **The Budget.** The Continuing Resolution (CR) continues through February 15. If the FY2014 budget is passed before that date, the CR will expire. Under the CR, CDC grants to states and cities cover about 30% of FY2013 amounts, and CDC has limited abilities to hire and to host (or send attendees to) conferences. If sequestration continues in 2014, CDC will be subject to additional formula-based cuts. The deadline for a new agreement by Congress is December 13, with January 15 the deadline for enactment.

- **OID Staff News.**
  - Jan Nicholson, OID Senior Advisor for Laboratory Science, is retiring at the end of December. OID will hold a retirement celebration for her on December 16. Michael Shaw, Associate Director of Laboratory Science in NCIRD's Influenza Division, has agreed to fill in for Dr. Nicholson until a replacement is found.
  - Joanne Cono, OID Special Officer for Science Integration, is on detail to the Office of the Associate Director for Science as Acting Director of the Office of Science Quality.
  - Tonya Martin, OID Senior Advisor for Informatics, is on detail to the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) as Acting Director, Division of Health Informatics and Surveillance.
  - In conjunction with the Council of State and Territorial Epidemiologists (CSTE), Alexandra Levitt, OID Special Advisor for Strategic Information Assessment, has published *Deadly Outbreaks*, a book on outbreaks investigations (written as an "outside activity" with permission from the CDC Ethics Office). In addition, Polyxeni Potter, former managing editor, *Emerging Infectious Diseases,* has published *Art in Science, Selections from Emerging Infectious Diseases*—a compilation of *EID* cover art and accompanying essays. Proceeds from the EID cover book benefit the CDC Foundation.

DISCUSSION: OID UPDATES

A suggestion about issuing an official BSC statement regarding the public health and safety issues caused by the government shutdown generated the following responses:

- Dr. Khabbaz said that CDC was able to recall furloughed employees to respond to a multistate outbreak of *Salmonella* Heidelberg associated with chicken (see page 12. Although the recall caused some delays, state and local health departments kept CDC informed about the *Salmonella* outbreak and other emergencies.
- Dr. Beth Bell, NCEZID Director, said that in some cases state and local public health workers did not inform CDC about local health issues because they thought CDC was closed. It was also difficult to make plans without knowing how long the shutdown would last.
- Dr. Anne Schuchat, NCIRD Director, said that, like many academic and business institutions, CDC has a Continuity of Operations Plan (COOP) that is periodically updated and exercised. However, the shutdown presented special administrative difficulties, requiring the re-interpretation of laws and regulations to figure out what could be done under these unique circumstances.

- Dr. Jesse Goodman, Deputy Commissioner for Science and Public Health, Food and Drug Administration (FDA), said that a significant part of the year was "eaten up" by the shutdown. Many ongoing processes, including contracts and collaborative projects, were put on hold or otherwise disrupted.

Following this discussion, BSC members concluded that:
- The BSC should use its "political arrows" wisely, focusing on funding as the more pressing issue.
- CDC should be commended for continuing to support state and local partners during the shutdown.

➢ ICU UPDATE

Dr. Steve Redd, ICU Director, provided updates on human cases of avian influenza A(H7N9) in China and on avian influenza A(H5N1) around the world:

- **Avian Influenza A(H7N9).** At the time of the May BSC meeting, the spring outbreak of avian influenza A(H7N9) in China was nearly over, although that was not clear at the time. The first wave ended at the end of April, after health authorities closed live bird markets in affected locations. The outbreak affected 8 contiguous provinces in eastern China, two municipalities (Beijing and Shanghai), and Taiwan—an area that includes about 10% of the world's population. At the time of the BSC meeting, 143 human cases were reported, of whom 47 (about one-third) died.

  Only a few human cases of H7N9 occurred over the summer, but 7 cases were reported in the fall, also associated with live bird markets. Fortunately, sustained human-to-human transmission has not been detected. The spring outbreak included five possible instances of one generation of human-to-human transmission or common-source or simultaneous infection, but without ongoing transmission. Current efforts are directed towards disease surveillance and monitoring.

- **Avian Influenza A(H5N1).** Since its re-emergence in 2003, 648 human cases of avian influenza A(H5N1) have been reported in 15 countries (mostly in Asia and the Middle East); 384 (59%) were fatal. More cases occur during the winter months than during the summer, with exposure to poultry remaining the predominant risk. There is no evidence of sustained human-to-human transmission. In 2013, cases were reported in 5 countries: Cambodia, China, Egypt, Indonesia, and Vietnam.

  Cambodia, which has reported a few H5N1 cases each year since 2005, experienced 26 cases in 2013, across 11 provinces; 23 people were hospitalized and 14 (54%) died. The increased number of cases might reflect a greater number of exposures to infected birds and/or improved disease surveillance. Previously, an H5N1 strain belonging to the 2.3.2.1 clade had been circulating in the Mekong Delta area; however, the strain detected in Cambodia in 2013 has HA and NA genes from clade 1.1 and internal genes from the 2.3.2.1 clade. It is possible that this reassortant virus is more transmissible in poultry, resulting in increased human exposure.

- **Pandemic Preparedness.** Three guidance documents are under revision to incorporate lessons learned during the H1N1 pandemic:
  1) *Stockpiling antiviral drugs*. The former guidance document recommended that businesses and other institutions consider stockpiling antiviral drugs for prophylaxis, post-exposure prophylaxis (PEP), and treatment. The new document will recommend stockpiling antivirals for PEP only, in situations where people are likely to be exposed.

2) *Allocating vaccine during a pandemic.* Changes include incorporating a new tool to measure pandemic severity (the Pandemic Severity Assessment Framework [PSAF][1]) and placing greater emphasis on the need to tailor response activities to the actual situation.
3) *Community mitigation.* The 2007 *Community Mitigation Strategy* (http://www.flu.gov/planning-preparedness/community/community_mitigation.pdf) is being revised to incorporate the PSAF, as well as research findings on the effectiveness of non-pharmaceutical interventions (NPIs) implemented during the H1N1 pandemic.

DISCUSSION: ICU UPDATES

H7N9 Exposure in Live Bird Markets. The avian H7N9 virus is difficult to track in birds. The virus has low pathogenicity in birds, so they do not become ill. Thus, human (rather than avian) disease implicates live bird markets in the spread of H7N9 influenza. One intervention might be to close the markets during the time of year when outbreaks are most likely to occur. Others might be to close the markets periodically; to designate one day every week when no new birds are accepted; or to ensure that birds are not moved from one market to another (the "one-way path" intervention). Better disinfection of bird stalls is also important. Because interventions need to be sustained over time and be economically viable, permanent closure of affected markets is not a viable option. The virus appears to be more transmissible among market birds (chickens, quail) than among wild birds. The route of transmission appears to be respiratory rather than fecal.

Dual-Use Research. In regard to research at CDC to identify biological determinants of influenza virus transmission to humans ("gain-of-function experiments"), Dr. Redd noted that CDC has protocols for intensive review of "dual use' experiments and for implementation of biosafety controls. Dr. Nancy Cox, Director, Influenza Division, said that CDC is no longer doing gain-of function work. However, the results obtained to date have provided a road map for molecular surveillance that is being used by a CDC Epi-AID team in Cambodia working to ascertain the reason for the recent increase in human H5N1 cases in that country (see page 3). Dr. Carole Heilman, Director, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), said that work on influenza gain-of-function experiments has slowed in the United States (not only at CDC). However, it is ongoing in laboratories in other countries that may or may not employ optimal biosafety and biosecurity measures.

Stockpiling Influenza Vaccines. Dr. Redd reported that the National Strategic Stockpile currently includes about 20 million vaccines for use against different clades of H5N1. The current plan (still under discussion) is to use these vaccines if and when human-to-human H5N1 transmission is detected. In the future, other uses of stockpiled vaccine might be considered (e.g., to vaccinate persons with potential occupational risk for exposure to H5N1, such as laboratory workers or CDC staff working in Cambodia).

H7N9 Vaccines. Development and planning for the production of H7N9 vaccines is ongoing, with the expectation that H7N9 vaccines will be stockpiled along with H5N1 vaccines. The H7N9 vaccine currently under development might require administration in two doses, with adjuvant. Although much has been learned about rapid production of influenza vaccines, a two-dose regimen will be challenging, and it is not clear how long immunity will last.

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[1] Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. Emerg Infect Dis 2013;19(1):85-91.

➢ NCIRD UPDATE

Dr. Anne Schuchat, Director, NCIRD, reported on activities that address three health priorities identified by CDC Director Thomas Frieden (http://www.cdc.gov/about/leadership/director.htm:

1) **Improving health security at home and around the world**

Health security challenges addressed between May and December 2013 included:

- **Middle East Respiratory Syndrome (MERS).** The ongoing outbreak of MERS that began in April 2012 (caused by the coronavirus MERS-CoV) has affected 164 people, killing 71. Most cases were reported in Saudi Arabia between April and November 2013. Other affected countries include Qatar, the United Arab Emirates, Jordan, Oman, and Kuwait. In addition, travel-associated cases have been reported in France, Italy, Tunisia, and the United Kingdom.

  CDC has developed a real-time reverse transcriptase polymerase chain reaction (rRT-PCR) assay for detection of MERS-CoV that has been deployed to public health facilities around the world. These include diagnostic laboratories in 19 countries in the WHO Eastern Mediterranean Region (WHO/EMRO); 3 countries in the WHO African Region (WHO/AFRO); and 5 countries in the Americas (through PAHO). The rRT-PCR assay has also been provided to 9 laboratories operated by the Department of Defense (DOD) Global Emerging Infections Surveillance group (GEIS) and to 6 CDC Global Disease Detection (GDD) Centers. The MERS-CoV assay was created and validated in collaboration with affected countries, and reagents were provided to public health laboratories through the Laboratory Response Network (www.bt.cdc.gov/lrn/). Dr. Schuchat thanked Dr. David Swerdlow, NCIRD Associate Director for Epidemiologic Science, for leading the CDC effort.

- **U.S. Outbreaks of Legionnaires Disease.** Over the past 6 months, NCIRD has confirmed 9 travel-associated clusters of Legionnaires disease (LD) and consulted with state and local partners on 11 additional clusters and outbreaks. As part of these efforts, NCIRD has conducted field investigations in Ohio (39 cases in a retirement community, associated with water in a contaminated cooling tower); Georgia (3 cases in a hotel, associated with a contaminated whirlpool spa); and Alabama (15 cases in a long-term care facility, with no source identified). The reasons for the increased LD burden are unknown, but might be related to weather, flooding, or improved local disease surveillance.

- **Meningococcal B Disease at Universities.** Between 2008 and 2012, CDC was consulted on five clusters and outbreaks of meningococcal serogroup B disease, including three that occurred at Ohio University (13 cases), the University of Pennsylvania (3 cases), and Lehigh University (2 cases). Between March and November 2013, an outbreak involving 8 confirmed, (non-fatal) cases (7 undergraduates and one visiting high school student) was reported at Princeton University. All of the undergraduates lived in dormitories. All 8 isolates exhibited the same subtype using pulsed-field gel electrophoresis (PFGE).

  Vaccines against meningococcal B disease are not yet licensed in the United States but are currently approved for use in Australia, England, and Canada. Once evidence of sustained transmission was obtained (with additional cases detected after the summer break), CDC worked with FDA to provide meningococcal B vaccine under an Investigational New Drug (IND) protocol for expanded access.

Vaccination was offered to about 5750 persons at Princeton, including undergraduates, students living in dormitories, and persons with high-risk conditions such as asplenia and complement component deficiency. The first dose was given in December; the second one is scheduled for February. CDC (including the Immunization Safety Office) worked with Princeton, Novartis, and the FDA to develop a vaccine safety surveillance plan. The vaccination effort—which received considerable positive media attention—required major collaborative efforts by the state health department, the vaccine manufacturer, the university, and CDC.

A second university cluster of meningococcal B disease—involving 4 cases—occurred in November among undergraduates living in dormitories at the University of California, Santa Barbara. The causative strain was not the strain detected at Princeton. At the present time, CDC field investigators are reviewing the epidemiology of the outbreak and assessing the potential benefits a vaccination campaign might offer.

- **Resurgence of Pertussis.** As reported at the May 2013 BSC meeting, the recent resurgence in pertussis cases has been associated with waning immunity over time in persons who received the acellular pertussis vaccine (which is administered as the pertussis component of DTaP vaccine). However, a recent study suggests another explanation for decreased vaccine effectiveness: an increase in *Bordetella pertussis* isolates that lack pertactin (PRN)--a key antigen component of the acellular pertussis vaccine. A study that screened *B. pertussis* strains isolated between 1935 and 2012 for gene insertions that prevent production of PRN found significant increases in PRN-deficient isolates throughout the United States.[2] The earliest PRN-deficient strain was isolated in 1994; by 2012, the percentage of PRN-deficient isolates was more than 50%.

  To assess the clinical significance of these findings, CDC used an IgG anti-PRN ELISA and other assays (PCR amplification, sequencing, and Western blots) to characterize 752 *B. pertussis* strains isolated in 2012 from six Enhanced Pertussis Surveillance Sites[3] and from epidemics in Washington and Vermont. Findings indicated that 85% of the isolates were PRN-deficient and vaccinated patients had significantly higher odds than unvaccinated patients of being infected with PRN-deficient strains. Moreover, when patients with up-to-date DTaP vaccinations were compared to unvaccinated patients, the odds of being infected with PRN-deficient strains increased, suggesting that PRN-bacteria may have a selective advantage in infecting DTaP-vaccinated persons.

- **Severe Respiratory Disease in Puerto Rico.** CDC assisted the Puerto Rican Health Department in a mass influenza vaccination campaign conducted in response to an outbreak of severe respiratory disease that turned out to be influenza. Puerto Rico has low influenza vaccine coverage rates, due to financial and policy issues.

Updates on responses to global health security challenges related to avian influenza and polio were addressed by Dr. Steve Redd (pages 3-4) and Dr. Steven Wassilak (pages 36-38), respectively.

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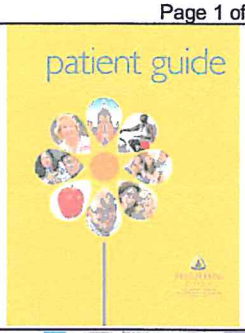
[2]Pawloski LC, Queenan AM, Cassiday PK, et al. Prevalence and molecular characterization of pertactin-deficient *Bordetella pertussis* in the United States. Clin Vaccine Immunol 2014;21(2):119-25.

[3]To investigate and monitor the increased number of pertussis cases, CDC is partnering with seven states in the Emerging Infections Program network (CO, CT, GA, MN, NM, NY, and OR) that have established Enhanced Pertussis Surveillance Sites (http://www.cdc.gov/pertussis/surv-reporting.html).

Johns Hopkins warns that the vaccinated are a threat to the immunocompromised

The Johns Hopkins Hospital Patient Information

Care at Home for the Immunocompromised Patient



What can I do to prevent infection?

- Hand washing is the **best way** to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer
  - -before and after you use the bathroom
  - -before and after preparing or eating food
  - -after touching pets or animals
  - -after contact with someone who has an infection such as a cold or the flu
  - -after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)

Should an IC child really be in the uncontrolled environment of a public school or other public spaces?

Do I need to wear a mask?

- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Close all car windows and turn on the re-circulate button of your ventilation system.
- Avoid crowds if possible. An area is crowded if you are within an arm's length of other people.
- Avoid closed spaces if possible.

Can I have visitors?

- Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.

Are there any precautions I

- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- ou should wear a medical alert bracelet that identifies you s a cancer patient or bone marrow transplant patient at risk r bleeding or infection.
- **eep a current medication list with you at all times.**
- o not take any herbal products.
- void grapefruit juice, which interacts with many medications.

Are schools currently notifying IC families when fellow students have been recently vaccinated with live viruses?

100% Ideal Vaccination Rate - 2.54% PBE = 97.46% Any rates below 97.46% are unrelated to PBE- mostly due to "Conditional Entrants" who have incomplete vaccine series or lack records

2014- 2015 KINDERGARTEN IMMUNIZATION ASSESSMENT RESULTS
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, IMMUNIZATION BRANCH

PBE Use is Falling! Vaccination Rates are Rising! What is the Emergency?

Table 1: Kindergarten Immunization Assessment, 2013-2014 and 2014-2015 School Years*

	2013-14			2014-15		
	All	Public	Private	All	Public	Private
Number of Schools	7,684	5,852	1,832	7,738	5,895	1,843
Number of Students	533,680	491,905	41,775	535,234	494,636	40,598
All Required Immunizations	90.2%	90.6%	85.4%	90.4%	90.7%	86.6%
Conditional Entrants	6.5%	6.3%	8.5%	6.9%	6.8%	7.8%
Permanent Medical Exemptions	0.19%	0.18%	0.29%	0.19%	0.19%	0.29%
Personal Belief Exemptions	3.15%	2.92%	5.88%	2.54%	2.31%	5.33%
Pre-January 2014				0.38%	0.27%	1.67%
Health Care Practitioner Counseled				1.64%	1.54%	2.85%
Religious				0.52%	0.49%	0.80%
4+ DTP	92.2%	92.5%	88.6%	92.4%	92.6%	89.2%
3+ Polio	92.6%	93.0%	88.5%	93.0%	93.3%	89.5%
2+ MMR	92.3%	92.7%	87.6%	92.6%	92.9%	88.8%
3+ Hep B	94.8%	95.0%	91.8%	94.9%	95.1%	92.0%
1+ Vari (or physician-documented disease)	95.3%	95.5%	92.1%	95.4%	95.7%	92.5%

PBE Dropping! 2014/15 down .61% (19%) below 2013/14

*Individual antigen status is unavailable for students with PBEs. Therefore, individual antigen immunization coverage may be underestimated; anecdotal evidence suggests a small percentage of students may have some but not all required immunizations.

Vaccination Rates are Rising! 2014 /15 rates UP .1% to .4% for All Vaccines over 2013/14

http://www.cdph.ca.gov/programs/immunize/pages/immunizationlevels.aspx

Exemptions are filed when a child is missing one or more doses of any mandated vaccine. Exemptions do not mean a person is completely unvaccinated.

CDC Statement, **"...a child with an exemption is not necessarily Unvaccinated". http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm**

AMERICA'S HEALTH RANKINGS®
UNITED HEALTH FOUNDATION®

Immunization - Adolescents
California
Rank: 10

Immunization - Children
California
Rank: 28

CA is only 5.6 pts out of Top Ten

Immunization Dtap
California
Rank: 8

Immunization MCV4
California
Rank: 16

http://www.americashealthrankings.org/CA

California has Excellent Vaccination Rates

The United Health Foundation ranks the 50 states every year using CDC NIS (National Immunization Survey) Data. Note CA's High Rankings.

2 states offer ONLY Medical Exemptions- Mississippi and West Virginia. CA exceeds vaccination rates for both MS and WV in all but one category, even though CA's population (37 Mil) is over 7 times larger than MS (>3 mil) & WV (>2 mil) combined. More importantly CA outcomes are drastically superior, eclipsing both states.

Overall Health Ratings

California is 17th

West Virginia is 44th

Mississippi is 50th

UNITED HEALTH FOUNDATION®

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

Partnership for Prevention
Shaping Policies • Improving Health

CA vs. MS & CA vs. WV

Measures	CA Rank	MS Rank	CA Value	MS Value
Immunization - Adolescents	10	50	72.6	45.2
Immunization - Children	28	11	69.3	74.6
Infant Mortality	4	50	4.6	9.1

Measures	CA Rank	WV Rank	CA Value	WV Value
Immunization - Adolescents	10	29	72.6	64.1
Immunization - Children	28	43	69.3	65.5
Infant Mortality	4	38	4.6	7

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **4.**

Meeting Date: 05/07/2015

Subject: AB 662 (Bonilla) Expanding Access for Individuals with Physical Disabilities

Submitted For: LEGISLATION COMMITTEE,

Department: County Administrator

Referral No.: 2015-08

Referral Name: AB 662 (Bonilla) Expanding Access for Individuals with Physical Disabilities

Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

This bill was referred to the Legislation Committee by Employment and Human Services Director Kathy Gallagher.

Referral Update:

Assembly Bill (AB) 662 would expand public restroom accommodations to meet the health and safety needs of individuals with physical disabilities. This bill requires newly constructed commercial places of public amusement including auditoriums, convention centers, exhibition halls, sports arenas, and theaters that serve over 1, 000 people on a daily basis to install an adult changing station for people with physical disabilities. This requirement applies to all new construction as of January 1, 2019. AB 662 also requires that renovations of restrooms in commercial places of public amusement to install an adult changing station. This requirement would go into effect on January 1, 2029.

Status: 04/14/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on BUSINESS AND PROFESSIONS.

Background:

Currently, there is a lack of adequate restroom accommodations for individuals with physical disabilities including cerebral palsy, spina bifida, traumatic brain injury, and multiple sclerosis.

According to the California Department of Developmental Services, there are approximately 52,850 individuals with physical disabilities that would benefit from the assistance of an accessible changing station that includes a changing table. The additional assistance would result in increased health and safety benefits.

The inclusion of people with disabilities in our community and their participation in activities

such as sporting events, concerts, and other forms of entertainment enhances their quality of life. However, participation in these activities may require adequate restroom accommodations. By expanding public restroom accommodations in large occupancy buildings such as auditoriums, convention centers, exhibition halls, sports arenas, and theaters we are ensuring that individuals with physical disabilities and their families are given the dignity and basic human right to maintain their health.

Specifically, this bill:

- Requires all newly constructed commercial places of public amusement including auditoriums, convention centers, exhibition halls, sports arenas, and theaters that serve over 1,000 people on a daily basis to install an adult changing station for individuals with a physical disability. This applies to all new construction as of January 1, 2019.
- Requires all renovations of restrooms in commercial places of public amusement that serve over 1,000 people to install an adult changing station for individuals with a physical disability as of January 1, 2029.
- An adult changing station is defined as an adult changing table placed within an enclosed restroom facility.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 662 (Bonilla): Expanding Access for Individuals with Physical Disabilities.

Attachments

Bill Text

Sample Support Letter

AMENDED IN ASSEMBLY APRIL 14, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 662

Introduced by Assembly Member Bonilla

February 24, 2015

An act to amend Section 19954.5 of, and to add Section 19952.5 to, the Health and Safety Code, relating to public accommodation.

LEGISLATIVE COUNSEL'S DIGEST

AB 662, as amended, Bonilla. Public accommodation: disabled adults: changing facilities.

The federal Americans with Disabilities Act of 1990 and the California Building Standards Code require that specified buildings, structures, and facilities be accessible to, and usable by, persons with disabilities. Existing law requires, among others, any person who owns or manages a place of public amusement and resort to provide seating or accommodations for physically disabled persons in a variety of locations within the facility, as specified. Existing law authorizes the district attorney, the city attorney, the Attorney General or, in certain instances, the Department of Rehabilitation acting through the Attorney General, to bring an action to enjoin a violation of prescribed requirements relating to access to buildings by disabled persons.

This bill would require a commercial place of public amusement that ~~serves over 1,000 people on a daily basis~~ *is required by regulation to have more than 13 water closets installed that is* constructed on or after January 1, ~~2019,~~ *2020,* or that renovates a bathroom on or after January 1, 2029, to install and maintain at least one adult changing station, as defined, for a person with a physical disability, as specified. The bill would also make conforming changes.

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

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

SECTION 1. Section 19952.5 is added to the Health and Safety Code, to read:

19952.5. (a) (1) A commercial place of public amusement that ~~serves over 1,000 people on a daily basis~~ *is required by regulation to have more than 13 water closets installed to meet public health and safety requirements,* shall install and maintain at least one adult changing station for persons with a physical disability that is accessible to both men and women ~~if~~ *when* the facility is open to the public. Each station shall include signage at or near the entrance to the station indicating the location of the adult changing station. If there is a central directory identifying, for the benefit of the public, the location of offices, restrooms, and other facilities in the building, that central directory shall indicate the location of the adult changing station.

(2) ~~Subdivision (a)~~ *This section* applies to all new construction on or after January 1, ~~2019,~~ *2020,* and to all renovations of bathrooms on or after January 1, 2029, if a permit has been obtained or the estimated cost of the renovation is ten thousand dollars ($10,000) or more.

(b) For purposes of this section, the following shall apply:

(1) "A commercial place of public amusement" includes an auditorium, convention center, cultural complex, exhibition hall, permanent amusement park structure, sports arena, or theater or movie house.

(2) "Adult changing station" means an adult changing table placed within an enclosed restroom ~~facility.~~ *facility that is for use by persons with physical disabilities who need help with diapering.*

(3) "Physical disability" means a mental or physical disability, as described in Section 12926 of the Government Code.

SEC. 2. Section 19954.5 of the Health and Safety Code is amended to read:

19954.5. If a violation of Section 19952, 19952.5, 19953, or 19954 is alleged or the application or construction of any of these sections is in issue in any proceeding in the Supreme Court of California, a state court of appeal, or the appellate division of a

superior court, each party shall serve a copy of the party's brief or petition and brief, on the State Solicitor General at the Office of the Attorney General. A brief may not be accepted for filing unless the proof of service shows service on the State Solicitor General. Any party failing to comply with this requirement shall be given a reasonable opportunity to cure the failure before the court imposes any sanction and, in that instance, the court shall allow the Attorney General reasonable additional time to file a brief in the matter.

O

[Date]

The Honorable Assemblymember Susan A. Bonilla
State Capitol, Room 4140
Sacramento, CA 95814

SUBJECT: AB 662 (Bonilla) – Expanding Access for Individuals with Physical Disabilities - **Support**

Dear Assemblymember Bonilla:

[Your name or organization] strongly supports your bill, Assembly Bill (AB) 662. This bill expands public restroom accommodations to meet the health and safety needs of individuals with physical disabilities. This bill requires newly constructed commercial places of public amusement including auditoriums, convention centers, exhibition halls, sports arenas, and theaters that serve over 1, 000 people on a daily basis to install an adult changing station for people with physical disabilities. This requirement applies to all new construction as of January 1, 2019. AB 662 also requires that renovations of restrooms in commercial places of public amusement to install an adult changing station. This requirement would go into effect on January 1, 2029.

Currently, there is a lack of adequate restroom accommodations for individuals with physical disabilities including cerebral palsy, spina bifida, traumatic brain injury, and multiple sclerosis.

[Please tell your organization's story or experience here.]

The inclusion of people with disabilities in our community and their participation in activities such as sporting events, concerts, and other forms of entertainment enhances their quality of life. However, participation in these activities requires adequate restroom accommodations.

By expanding public restroom accommodations to include an adult changing table in large occupancy buildings such as auditoriums, convention centers, exhibition halls, sports arenas, and theaters we are ensuring that individuals with physical disabilities and their families are given the dignity and basic human right to maintain their health.

For these reasons, **[your organization]** supports AB 662. If you have any questions about our position, please contact **[name, title]**, at **[phone/email]**.

Sincerely,

[Name]

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **5.**

Meeting Date:	05/07/2015
Subject:	AB 1223 (O'Donnell) Emergency Medical Services: Noncritical Cases
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-09
Referral Name:	AB 1223 (O'Donnell) Emergency Medical Services: Noncritical Cases
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

This bill was referred to the Legislation Committee by Emergency Medical Services Director Pat Frost.

Referral Update:

Assembly Bill (AB) 1223 would expand the facilities which are eligible for reimbursement from the Maddy Emergency Medical Services Fund to include any licensed clinic or mental health facility and approved paramedic receiving stations for treatment of emergency patients. The bill would require a local emergency medical services agency to include in policies and procedures criteria relating to ambulance patient offload time, and for the transport of a patient to an alternative emergency department or facility, for reporting such patient offload time.

Status: 04/14/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on HEALTH.

Background: Existing law establishes the Maddy Emergency Medical Services (EMS) Fund, and authorizes each county to establish an emergency medical services fund for reimbursement of costs related to emergency medical services. Existing law limits payments made from the fund to claims for care rendered by physicians to patients who are initially medically screened, evaluated, treated, or stabilized in specified facilities, including a site that was approved by a county prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients.

This bill would expand those specified facilities to include any licensed clinic or mental health facility, and any site approved by a county as a paramedic receiving station for the treatment of emergency patients. This bill would make conforming changes.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to develop an emergency medical services program. The act further authorizes a local emergency medical services (EMS) agency to develop and submit a plan to the Emergency Medical Services Authority for an emergency medical services system, and requires the local EMS agency, using state minimum standards, to establish policies and procedures to assure medical control of the emergency medical services system that may require basic life support emergency medical transportation services to meet any medical control requirements, including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

This bill would require a local EMS agency to include in those policies and procedures specified policies, including the establishment and enforcement of criteria relating to ambulance patient offload time, as defined, and for the transport of a patient to an alternate emergency department or facility under specified circumstances. The bill would require the authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Oppose" to the Board of Supervisors for AB 1223 (O'Donnell) Emergency Medical Services: Noncritical Cases.

Fiscal Impact (if any):

No impact.

Attachments

Bill Text

"Oppose" Letter from EMSAAC

AMENDED IN ASSEMBLY APRIL 14, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 1223

Introduced by Assembly Member O'Donnell

February 27, 2015

An act to amend ~~Section~~ *Sections 1797.98a, 1797.98e, and* 1797.220 ~~of~~ *of, and to add Section 1797.120 to,* the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1223, as amended, O'Donnell. Emergency medical services: noncritical cases.

Existing law establishes the Maddy Emergency Medical Services (EMS) Fund, and authorizes each county to establish an emergency medical services fund for reimbursement of costs related to emergency medical services. Existing law limits payments made from the fund to claims for care rendered by physicians to patients who are initially medically screened, evaluated, treated, or stabilized in specified facilities, including a site that was approved by a county prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients.

This bill would expand those specified facilities to include any licensed clinic or mental health facility, and any site approved by a county as a paramedic receiving station for the treatment of emergency patients. This bill would make conforming changes.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to develop an emergency medical services program. The act further authorizes a local emergency medical services (EMS) agency

to develop and submit a plan to the Emergency Medical Services Authority for an emergency medical services system, and requires the local EMS agency, using state minimum standards, to establish policies and procedures *to assure medical control of the emergency medical services system* that may require basic life support emergency medical transportation services to meet any medical control ~~requirements~~ *requirements,* including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

This bill would ~~authorize the policies and procedures to allow for the transportation of a noncritical case that cannot be immediately admitted to a hospital emergency room to another appropriate medical treatment facility, including, but not limited to, a clinic, as defined, or a doctors' office.~~ *require a local EMS agency to include in those policies and procedures specified policies, including the establishment and enforcement of criteria relating to ambulance patient offload time, as defined, and for the transport of a patient to an alternate emergency department or facility under specified circumstances. The bill would require the authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.*

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

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

SECTION 1. Section 1797.98a of the Health and Safety Code is amended to read:

1797.98a. (a) The fund provided for in this chapter shall be known as the Maddy Emergency Medical Services (EMS) Fund.

(b) (1) Each county may establish an emergency medical services fund, upon the adoption of a resolution by the board of supervisors. The moneys in the fund shall be available for the reimbursements required by this chapter. The fund shall be administered by each county, except that a county electing to have the state administer its medically indigent services program may also elect to have its emergency medical services fund administered by the state.

(2) Costs of administering the fund shall be reimbursed by the fund in an amount that does not exceed the actual administrative

costs or 10 percent of the amount of the fund, whichever amount is lower.

(3) All interest earned on moneys in the fund shall be deposited in the fund for disbursement as specified in this section.

(4) Each administering agency may maintain a reserve of up to 15 percent of the amount in the portions of the fund reimbursable to physicians and surgeons, pursuant to subparagraph (A) of, and to hospitals, pursuant to subparagraph (B) of, paragraph (5). Each administering agency may maintain a reserve of any amount in the portion of the fund that is distributed for other emergency medical services purposes as determined by each county, pursuant to subparagraph (C) of paragraph (5).

(5) The amount in the fund, reduced by the amount for administration and the reserve, shall be utilized to reimburse physicians and surgeons and hospitals for patients who do not make payment for emergency medical services and for other emergency medical services purposes as determined by each county according to the following schedule:

(A) Fifty-eight percent of the balance of the fund shall be distributed to physicians and surgeons for emergency services provided by all physicians and surgeons, except those physicians and surgeons employed by county hospitals, in general acute care hospitals that provide basic, comprehensive, or standby emergency services pursuant to paragraph ~~(3)~~ *(4)* or ~~(5)~~ *(6)* of subdivision (f) of Section 1797.98e up to the time the patient is stabilized.

(B) Twenty-five percent of the fund shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services.

(C) Seventeen percent of the fund shall be distributed for other emergency medical services purposes as determined by each county, including, but not limited to, the funding of regional poison control centers. Funding may be used for purchasing equipment and for capital projects only to the extent that these expenditures support the provision of emergency services and are consistent with the intent of this chapter.

(c) The source of the moneys in the fund shall be the penalty assessment made for this purpose, as provided in Section 76000 of the Government Code.

(d) Any physician and surgeon may be reimbursed for up to 50 percent of the amount claimed pursuant to subdivision (a) of

Section 1797.98c for the initial cycle of reimbursements made by the administering agency in a given year, pursuant to Section 1797.98e. All funds remaining at the end of the fiscal year in excess of any reserve held and rolled over to the next year pursuant to paragraph (4) of subdivision (b) shall be distributed proportionally, based on the dollar amount of claims submitted and paid to all physicians and surgeons who submitted qualifying claims during that year.

(e) Of the money deposited into the fund pursuant to Section 76000.5 of the Government Code, 15 percent shall be utilized to provide funding for all pediatric trauma centers throughout the county, both publicly and privately owned and operated. The expenditure of money shall be limited to reimbursement to physicians and surgeons, and to hospitals for patients who do not make payment for emergency care services in hospitals up to the point of stabilization, or to hospitals for expanding the services provided to pediatric trauma patients at trauma centers and other hospitals providing care to pediatric trauma patients, or at pediatric trauma centers, including the purchase of equipment. Local emergency medical services (EMS) agencies may conduct a needs assessment of pediatric trauma services in the county to allocate these expenditures. Counties that do not maintain a pediatric trauma center shall utilize the money deposited into the fund pursuant to Section 76000.5 of the Government Code to improve access to, and coordination of, pediatric trauma and emergency services in the county, with preference for funding given to hospitals that specialize in services to children, and physicians and surgeons who provide emergency care for children. Funds spent for the purposes of this section, shall be known as Richie's Fund. This subdivision shall remain in effect until January 1, 2017, and shall have no force or effect on or after that date, unless a later enacted statute, that is chaptered before January 1, 2017, deletes or extends that date.

(f) Costs of administering money deposited into the fund pursuant to Section 76000.5 of the Government Code shall be reimbursed from the money collected in an amount that does not exceed the actual administrative costs or 10 percent of the money collected, whichever amount is lower. This subdivision shall remain in effect until January 1, 2017, and shall have no force or effect

on or after that date, unless a later enacted statute, that is chaptered before January 1, 2017, deletes or extends that date.

SEC. 2. Section 1797.98e of the Health and Safety Code is amended to read:

1797.98e. (a) It is the intent of the Legislature that a simplified, cost-efficient system of administration of this chapter be developed so that the maximum amount of funds may be utilized to reimburse physicians and surgeons and for other emergency medical services purposes. The administering agency shall select an administering officer and shall establish procedures and time schedules for the submission and processing of proposed reimbursement requests submitted by physicians and surgeons. The schedule shall provide for disbursements of moneys in the Emergency Medical Services Fund on at least a quarterly basis to applicants who have submitted accurate and complete data for payment. When the administering agency determines that claims for payment for physician and surgeon services are of sufficient numbers and amounts that, if paid, the claims would exceed the total amount of funds available for payment, the administering agency shall fairly prorate, without preference, payments to each claimant at a level less than the maximum payment level. Each administering agency may encumber sufficient funds during one fiscal year to reimburse claimants for losses incurred during that fiscal year for which claims will not be received until after the fiscal year. The administering agency may, as necessary, request records and documentation to support the amounts of reimbursement requested by physicians and surgeons and the administering agency may review and audit the records for accuracy. Reimbursements requested and reimbursements made that are not supported by records may be denied to, and recouped from, physicians and surgeons. Physicians and surgeons found to submit requests for reimbursement that are inaccurate or unsupported by records may be excluded from submitting future requests for reimbursement. The administering officer shall not give preferential treatment to any facility, physician and surgeon, or category of physician and surgeon and shall not engage in practices that constitute a conflict of interest by favoring a facility or physician and surgeon with which the administering officer has an operational or financial relationship. A hospital administrator of a hospital owned or operated by a county of a population of 250,000 or more as of

January 1, 1991, or a person under the direct supervision of that person, shall not be the administering officer. The board of supervisors of a county or any other county agency may serve as the administering officer. The administering officer shall solicit input from physicians and surgeons and hospitals to review payment distribution methodologies to ensure fair and timely payments. This requirement may be fulfilled through the establishment of an advisory committee with representatives comprised of local physicians and surgeons and hospital administrators. In order to reduce the county's administrative burden, the administering officer may instead request an existing board, commission, or local medical society, or physicians and surgeons and hospital administrators, representative of the local community, to provide input and make recommendations on payment distribution methodologies.

(b) Each provider of health services that receives payment under this chapter shall keep and maintain records of the services rendered, the person to whom rendered, the date, and any additional information the administering agency may, by regulation, require, for a period of three years from the date the service was provided. The administering agency shall not require any additional information from a physician and surgeon providing emergency medical services that is not available in the patient record maintained by the entity listed in subdivision (f) where the emergency medical services are provided, nor shall the administering agency require a physician and surgeon to make eligibility determinations.

(c) During normal working hours, the administering agency may make any inspection and examination of a hospital's or physician and surgeon's books and records needed to carry out this chapter. A provider who has knowingly submitted a false request for reimbursement shall be guilty of civil fraud.

(d) Nothing in this chapter shall prevent a physician and surgeon from utilizing an agent who furnishes billing and collection services to the physician and surgeon to submit claims or receive payment for claims.

(e) All payments from the fund pursuant to Section 1797.98c to physicians and surgeons shall be limited to physicians and surgeons who, in person, provide onsite services in a clinical

setting, including, but not limited to, radiology and pathology settings.

(f) All payments from the fund shall be limited to claims for care rendered by physicians and surgeons to patients who are initially medically screened, evaluated, treated, or stabilized in any of the following:

(1) A basic or comprehensive emergency department of a licensed general acute care hospital.

(2) A licensed clinic or mental health facility.

~~(2)~~

(3) A site that ~~was~~ *is* approved by a county ~~prior to January 1, 1990,~~ as a paramedic receiving station for the treatment of emergency patients.

~~(3)~~

(4) A standby emergency department that was in existence on January 1, 1989, in a hospital specified in Section 124840.

~~(4)~~

(5) For the 1991–92 fiscal year and each fiscal year thereafter, a facility which contracted prior to January 1, 1990, with the National Park Service to provide emergency medical services.

~~(5)~~

(6) A standby emergency room in existence on January 1, 2007, in a hospital located in Los Angeles County that meets all of the following requirements:

(A) The requirements of subdivision (m) of Section 70413 and Sections 70415 and 70417 of Title 22 of the California Code of Regulations.

(B) Reported at least 18,000 emergency department patient encounters to the Office of Statewide Health Planning and Development in 2007 and continues to report at least 18,000 emergency department patient encounters to the Office of Statewide Health Planning and Development in each year thereafter.

(C) A hospital with a standby emergency department meeting the requirements of this paragraph shall do both of the following:

(i) Annually provide the State Department of Public Health and the local emergency medical services agency with certification that it meets the requirements of subparagraph (A). The department shall confirm the hospital's compliance with subparagraph (A).

(ii) Annually provide to the State Department of Public Health and the local emergency medical services agency the emergency

department patient encounters it reports to the Office of Statewide Health Planning and Development to establish that it meets the requirement of subparagraph (B).

(g) Payments shall be made only for emergency medical services provided on the calendar day on which emergency medical services are first provided and on the immediately following two calendar days.

(h) Notwithstanding subdivision (g), if it is necessary to transfer the patient to a second facility providing a higher level of care for the treatment of the emergency condition, reimbursement shall be available for services provided at the facility to which the patient was transferred on the calendar day of transfer and on the immediately following two calendar days.

(i) Payment shall be made for medical screening examinations required by law to determine whether an emergency condition exists, notwithstanding the determination after the examination that a medical emergency does not exist. Payment shall not be denied solely because a patient was not admitted to an acute care facility. Payment shall be made for services to an inpatient only when the inpatient has been admitted to a hospital from an entity specified in subdivision (f).

(j) The administering agency shall compile a quarterly and yearend summary of reimbursements paid to facilities and physicians and surgeons. The summary shall include, but shall not be limited to, the total number of claims submitted by physicians and surgeons in aggregate from each facility and the amount paid to each physician and surgeon. The administering agency shall provide copies of the summary and forms and instructions relating to making claims for reimbursement to the public, and may charge a fee not to exceed the reasonable costs of duplication.

(k) Each county shall establish an equitable and efficient mechanism for resolving disputes relating to claims for reimbursements from the fund. The mechanism shall include a requirement that disputes be submitted either to binding arbitration conducted pursuant to arbitration procedures set forth in Chapter 3 (commencing with Section 1282) and Chapter 4 (commencing with Section 1285) of Part 3 of Title 9 of the Code of Civil Procedure, or to a local medical society for resolution by neutral parties.

(*l*) Physicians and surgeons shall be eligible to receive payment for patient care services provided by, or in conjunction with, a properly credentialed nurse practitioner or physician's assistant for care rendered under the direct supervision of a physician and surgeon who is present in the facility where the patient is being treated and who is available for immediate consultation. Payment shall be limited to those claims that are substantiated by a medical record and that have been reviewed and countersigned by the supervising physician and surgeon in accordance with regulations established for the supervision of nurse practitioners and physician assistants in California.

SEC. 3. Section 1797.120 is added to the Health and Safety Code, to read:

1797.120. The authority shall develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

~~SECTION 1.~~

SEC. 4. Section 1797.220 of the Health and Safety Code is amended to read:

1797.220. (a) The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control ~~requirements~~ *requirements,* including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

(b) The policies and procedures adopted pursuant to subdivision (a) ~~may allow for the transportation of a noncritical case that cannot be immediately admitted to a hospital emergency room to another appropriate medical treatment facility, including, but not limited to, a clinic as defined in Section 1200 or an establishment owned or leased and operated as a clinic or office by one or more licensed health care practitioners and used as an office for the practice of their profession.~~ *shall include the following:*

(1) A policy that uses the authority's standard methodology for calculating ambulance patient offload time to establish and enforce compliance with criteria for the offloading of a patient transported by ambulance.

(2) Criteria for the reporting of and quality assurance followup for a "never event," as defined in subdivision (c).

(3) A policy that allows a patient the right to request transport to another emergency department if the patient is subject to extended ambulance patient offload time.

(4) A policy that allows a patient with a minor medical injury or illness to be transported, as approved by a licensed physician under direct medical control of the patient, to a county-approved or state-approved receiving facility, including a clinic, stand-alone emergency department, mental health facility, or sobering center.

(c) For the purposes of this section, a "never event" occurs when the ambulance patient offload time for a patient exceeds one hour.

(d) For the purposes of this section, "ambulance patient offload time" is defined as the interval between the arrival of an ambulance patient transported by the local EMS agency at an emergency department and the time that the emergency department assumes responsibility for care of the patient following the transfer of the patient to a stretcher utilized by the emergency department.

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EMSAAC
EMERGENCY MEDICAL SERVICES ADMINISTRATORS' ASSOCIATION OF CALIFORNIA

EMDAC
EMS Medical Directors Association of California

Alameda
Central California
Coastal Valleys
Contra Costa
El Dorado
Imperial
Inland Counties
Kern
Los Angeles
Marin
Merced
Monterey
Mountain-Valley
Napa
North Coast
Northern California
Orange
Riverside
Sacramento
San Benito
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Sierra-Sac Valley
Solano
Tuolumne
Ventura
Yolo

April 15, 2015

The Honorable Patrick O'Donnell
California State Assembly
State Capitol, Room 4166
Sacramento, CA 95814

RE: AB 1223/O'Donnell (as amended 4/14/15) – Oppose

Dear Assembly Member O'Donnell:

The Emergency Medical Services Administrators Association of California (EMSAAC) and the Emergency Medical Directors Association of California (EMDAC) have taken an oppose position on your AB 1223, which would allow local emergency medical services agencies (LEMSAs) to permit the transportation of noncritical patients to alternate locations.

The extraordinary delays being experienced within EMS system in transferring patient care from ambulances to emergency department threatens patient safety and the ability of EMS resources to respond to medical emergencies. While EMSAAC and EMDAC are very interested in working to mitigate ambulance offload delays we can support AB 1223's approach to addressing this issue.

In addition, recent amendments make the bill even more problematic. The Maddy Fund was established to provide critically needed funds to physicians, surgeons and hospitals providing uncompensated emergency services. Maddy Funds serve as an important funding source for emergency services; however, the funds collected are limited, and do not cover the true cost of treating the uninsured in our emergency departments. While seeking treatment for patients in less-costly alternate locations is a laudable goal, tapping Maddy Funds to do so would reduce available funding for ER physicians and hospitals, jeopardizing desperately needed emergency services particularly in for California's urban and rural emergency departments.

EMSAAC represents the 33 local emergency medical services (EMS) agency administrators representing all of California's 58 counties. The mission of the Emergency Medical Directors Association of California, Inc. (EMDAC) is to provide leadership and expert opinion in the medical oversight, direction and coordination of Emergency Medical Services for the people of the State of California.

If you should have any questions, please contact EMSAAC's Legislative Chair Dan Burch at (209) 468-6818.

Sincerely,

Dan Lynch
EMSAAC President

Greg H. Gilbert, MD
EMDAC President

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **6.**

Meeting Date:	05/07/2015
Subject:	AB 1321 (Ting) Nutrition Incentive Matching Grant Program
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-10
Referral Name:	AB 1321 (Ting) Nutrition Incentive Matching Grant Program
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:
This bill was referred to the Legislation Committee by Agricultural Commissioner Chad Godoy.

Referral Update:
Assembly Bill (AB) 1321 would establish the Nutrition Incentive Matching Grant Program in the Office of Farm to Fork, and would create the Nutrition Incentive Matching Grant Account in the Farm to Fork Account to collect matching funds received from a specified federal grant program and funds from other public and private sources to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program.

Status: 03/23/2015 To ASSEMBLY Committee on AGRICULTURE.

Background: The California Market Match program was launched in 2009 to encourage low-income families receiving nutrition benefits to purchase fresh, locally-grown fruits and vegetables at farmers' markets. The program "matches" or doubles the amount of nutrition benefits these families can spend and has expanded operations to over 140 farmers' markets across California and increased the spending power of 37,000 families.

The program benefits low-income families and local farmers. Studies have demonstrated that Market Match increases redemption of CalFresh and other nutrition benefits at participating markets from 132% to 700%, and generates a six-fold return on investment in farmers' market sales. As a result of Market Match, 69% of farmers report that they have new shoppers and 67% of farmers report that they earned more income.

Strong demand for Market Match often outstrips available funding for the program. However, the 2014 federal Farm Bill included $100 million in grant funding for programs such as Market Match that incentivize healthier eating amongst SNAP recipients. In order to best position local programs to receive these federal grants, AB 1321 creates a state Nutrition Incentive Matching Grant Program to apply for federal funds and award them to local Market Match programs with a proven record of success. Establishing a state framework to oversee funding of Market Match

programs would leverage state resources to streamline local program administration, and expand Market Match programs across a more equitable cross-section of communities that lack access to fresh produce.

California is uniquely positioned to benefit from greater proliferation of programs such as Market Match. California grows over 400 commodities and produces nearly half of US-grown fruits, nuts and vegetables. We have approximately 700 certified Farmers' Markets and 2,200 certified producers. We also have a large persistent poverty problem to solve. 24% of Californians live in poverty and we rank 50th in the rate of participation in SNAP. Scaling up Market Match programs would create an incentive for more families to utilize their SNAP benefits and ensure more Californians can afford to eat what we grow.

Specifically, this bill would enact the California Nutrition Incentives Act, creating the Nutrition Incentive Matching Grant Program within the Office of Farm to Fork at the California Department of Food and Agriculture. The program would award grants to certified farmers' markets that double the amount of nutrition benefits available to low-income consumers when purchasing California fresh fruits, nuts, and vegetables. The program would also allow up to one-third of grant funds to be awarded to small businesses that provide such matching nutrition incentives, in order to reach low-income Californians residing in food deserts with limited access to farmers' markets. Grants would be prioritized in disadvantaged communities with a high prevalence of diabetes and obesity to ensure a focus on expanding access to fresh, healthy food.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 1321 (Ting): Nutrition Incentive Matching Grant Program.

Attachments

Bill Text

Fact Sheet

ASSEMBLY BILL No. 1321

Introduced by Assembly Member Ting
(Principal coauthor: Assembly Member Bonta)
(Principal coauthor: Senator Wolk)
(Coauthors: Assembly Members Levine and Perea)

February 27, 2015

An act to add Chapter 13 (commencing with Section 49010) to Division 17 of the Food and Agricultural Code, relating to food and agriculture.

LEGISLATIVE COUNSEL'S DIGEST

AB 1321, as introduced, Ting. Nutrition Incentive Matching Grant Program.

Existing law establishes the Office of Farm to Fork within the Department of Food and Agriculture, and requires the office, to the extent that resources are available, to work with various entities, including, among others, the agricultural industry and other organizations involved in promoting food access, to increase the amount of agricultural products available to underserved communities and schools in the state. Existing law requires the office to, among other things, identify urban and rural communities that lack access to healthy food, and to coordinate with local, state, and federal agencies to promote and increase awareness of programs that promote greater food access. Existing law creates the Farm to Fork Account in the Department of Food and Agriculture Fund that would consist of money made available from federal, state, industry, and other sources, and would continuously appropriate the money deposited in the account without regard to fiscal years to carry out the purposes of the Office of Farm to Fork.

This bill would establish the Nutrition Incentive Matching Grant Program in the Office of Farm to Fork, and would create the Nutrition Incentive Matching Grant Account in the Farm to Fork Account to collect matching funds received from a specified federal grant program and funds from other public and private sources to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program. The bill would require that moneys in the Nutrition Incentive Matching Grant Account be awarded in the form of grants to qualified entities, as defined, for consumer incentive programs, as defined, subject to an appropriation in the annual Budget Act and in accordance with certain priorities. The bill would require the Office of Farm to Fork to establish minimum standards, funding schedules, and procedures for awarding grants, as specified.

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

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

SECTION 1. Chapter 13 (commencing with Section 49010) is added to Division 17 of the Food and Agricultural Code, to read:

Chapter 13. Nutrition Incentive Matching Grant Program

49010. This chapter shall be known, and may be cited, as the California Nutrition Incentives Act.

49011. The Nutrition Incentive Matching Grant Program is hereby established in the Office of Farm to Fork for purposes of encouraging the purchase and consumption of California fresh fruits, nuts, and vegetables by directly linking California fresh fruit, nut, and vegetable producers with nutrition benefit clients.

49012. For purposes of this article, the following definitions shall apply:

(a) "Nutrition benefit client" means a person who receives services or payments through any of the following:

(1) California Special Supplemental Food Program for Women, Infants, and Children, as described in Section 123280 of the Health and Safety Code.

(2) CalWORKS program, as described in Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code.

(3) CalFresh, as described in Section 18900.2 of the Welfare and Institutions Code.

(4) Implementation of the federal WIC Farmers' Market Nutrition Act of 1992 (Public Law 102-314).

(5) The Senior Farmers' Market Nutrition Program, as described in Section 3007 of Title 7 of the United States Code.

(6) Supplemental Security Income or State Supplementary Payment, as described in Section 1381 et seq. of Title 42 of the United States Code.

(b) "Qualified entity," for purposes of this article, means either of the following:

(1) A certified farmers' market, as described in Section 47004, an association of certified producers, or a nonprofit organization representing a collective or association of certified producers that is authorized by the United States Department of Agriculture to accept federal Supplemental Nutrition Assistance Program (Chapter 51 (commencing with Section 2011) of Title 7 of the United States Code) benefits from recipient purchasers at a farmers' market. Certified producers shall be certified by the county agricultural commissioner pursuant to Section 47020.

(2) A small business, as defined in Section 14837 of the Government Code, that sells California grown fresh fruits, nuts, and vegetables and that is authorized to accept nutrition benefits from any of the programs listed in paragraphs (1) to (6), inclusive, of subdivision (a).

(c) "Consumer incentive program" means a program administered by a qualified entity that doubles the purchasing value of a nutrition benefit client's benefits when the benefits are used to purchase California fresh fruits, nuts, and vegetables.

49013. The Nutrition Incentive Matching Grant Account is hereby created in the Farm to Fork Account to collect matching funds from the federal Food Insecurity Nutrition Incentives Grant Program (7 U.S.C. Sec. 7517), and other public and private sources, to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program in accordance with all of the following:

(a) Subject to the regulations adopted by the National Institute of Food and Agriculture in the United States Department of Agriculture in accordance with the federal Agricultural Act of 2014 (Public Law 113-79) and an appropriation in the annual Budget Act, moneys in the Nutrition Incentive Matching Account shall be awarded in the form of grants to qualified entities for consumer incentive programs.

(b) (1) The Office of Farm to Fork shall establish minimum standards, funding schedules, and procedures for awarding grants in consultation with the United States Department of Agriculture and other interested stakeholders, including, but not limited to, the State Department of Public Health, State Department of Social Services, organizations with expertise in nutrition benefit programs or consumer incentive programs, small business owners that may qualify as a qualified entity, and certified farmers' market operators.

(2) The department shall not use more than one-third of the Nutrition Incentive Matching Grant Program funds for consumer incentive programs with entities described in paragraph (2) of subdivision (b) of Section 49012.

(c) Priority in the awarding of grants by the department to qualified entities shall be based on, but not limited to, the following:

(1) The degree of the existence of the following demographic conditions and the character of the communities in which sales of California grown fresh fruits, nuts, and vegetables are made to the public by authorized vendors operating in conjunction with a qualified entity:

(A) The number of people who are eligible for, or receiving, nutrition benefit program services.

(B) The prevalence of diabetes, obesity, and other diet-related illnesses.

(C) The availability of access to fresh fruits, nuts, and vegetables.

(2) Demonstrated efficiency in the administration of a consumer incentive program.

(3) The service of an area of population currently not being served by a consumer incentive program.

O

AB 1321

California Nutrition Incentives Act

Assemblymember Phil Ting 19TH DISTRICT

SUMMARY

Diet is the foundation for good health, and despite our unparalleled agricultural bounty, at least 4 million Californians struggle with food insecurity. AB 1321 would increase access to healthy California grown produce by doubling the purchasing power of low-income Californians at farmers markets across the state. The 2014 federal Farm Bill set aside $100 million in grants for programs that increase fruit and vegetable purchases among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. This bill sets up a state framework to help draw down those federal grants for local nutrition incentive programs that alleviate poverty and food insecurity, maximize access to fresh healthy foods, and stimulate economic growth in both agricultural and urban communities.

BACKGROUND

The California Market Match program was launched in 2009 to encourage low-income families receiving nutrition benefits to purchase fresh, locally-grown fruits and vegetables at farmers' markets. The program "matches" or doubles the amount of nutrition benefits these families can spend and has expanded operations to over 140 farmers' markets across California and increased the spending power of 37,000 families.

The program benefits low-income families and local farmers. Studies have demonstrated that Market Match increases redemption of CalFresh and other nutrition benefits at participating markets from 132% to 700%, and generates a six-fold return on investment in farmers' market sales. As a result of Market Match, 69% of farmers report that they have new shoppers and 67% of farmers report that they earned more income.

Strong demand for Market Match often outstrips available funding for the program. However, the 2014 federal Farm Bill included $100 million in grant funding for programs such as Market Match that incentivize healthier eating amongst SNAP recipients. In order to best position local programs to receive these federal grants, AB 1321 creates a state Nutrition Incentive Matching Grant Program to apply for federal funds and award them to local Market Match programs with a proven record of success. Establishing a state framework to oversee funding of Market Match programs would leverage state resources to streamline local program administration, and expand Market Match programs across a more equitable cross-section of communities that lack access to fresh produce.

California is uniquely positioned to benefit from greater proliferation of programs such as Market Match. California grows over 400 commodities and produces nearly half of US-grown fruits, nuts and vegetables. We have approximately 700 certified Farmers' Markets and 2,200 certified producers. We also have a large persistent poverty problem to solve. 24% of Californians live in poverty and we rank 50th in the rate of participation in SNAP. Scaling up Market Match programs would create an incentive for more families to utilize their SNAP benefits and ensure more Californians can afford to eat what we grow.

THIS BILL

AB 1321 would enact the California Nutrition Incentives Act, creating the Nutrition Incentive Matching Grant Program within the Office of Farm to Fork at the California Department of Food and Agriculture. The program would award grants to certified farmers' markets that double the amount of nutrition benefits available to low-income consumers when purchasing California fresh fruits, nuts, and vegetables. The program would also allow up to one-third of grant funds to be awarded to small businesses that provide such matching nutrition incentives, in order to reach low-income Californians residing in food deserts with limited access to farmers' markets. Grants would be prioritized in disadvantaged communities with a high prevalence of diabetes and obesity to ensure a focus on expanding access to fresh, healthy food.

SUPPORT

Ecology Center (co-sponsor)
Latino Coalition for a Healthy California (co-sponsor)
Public Health Institute (co-sponsor)
Roots of Change (co-sponsor)
American Heart Association
American Stroke Association
Ashland Cherryland Food Policy Council
Building Healthy Communities: Long Beach
California Alliance of Farmers' Markets
California Association of Food Banks
California Certified Organic Farmers
California Food Policy Advocates
California Hunger Action Coalition
California Rural Legal Assistance Foundation

Center for Food Safety
City of Santa Monica's Farmers Market Program
Coastside Farmers' Markets
Community Food and Justice Coalition
CUESA
Enrich LA
Feeding America San Diego
Food Chain Workers Alliance
Hunger Action Los Angeles
Hunger Advocacy Network
Jewish Family Service of Los Angeles
Los Angeles Community Action Network
Los Angeles Food Policy Council
Orange County Food Access Coalition
Plumas-Sierra Community Food Council
Prevention Institute
Project Angel Food
San Diego Hunger Coalition
San Francisco Food Security Task Force
San Francisco Urban Agriculture Alliance
Santa Barbara Food Alliance
SF-Marin Food Bank
SPUR
St. Anthony Foundation
Strategic Alliance for Healthy Food & Activity Environments
Sustainable Economic Enterprises of Los Angeles
Sustainable Economies Law Center
The Farmers Guild
UC San Diego, Department of Pediatrics Center for Community Health
United Way of Kern County
Urban & Environment Policy Institute
Volunteers of East Los Angeles
Wellington Square Certified Farmers Market
Western Center on Law & Poverty
Women Organizing Resources, Knowledge & Services
Yolo County Ag & Food Alliance

STAFF CONTACT

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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **7.**

Meeting Date:	05/07/2015
Subject:	SB 239 (Hertzberg) Local Services: Contracts: Fire Protection Services
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-11
Referral Name:	SB 239 (Hertzberg) Local Services: Contracts: Fire Protection Services
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

This bill was referred to the Legislation Committee by Fire Chief Jeff Carman.

Referral Update:

Senate Bill (SB) 239 would establish local agency formation commission proceedings to consider the exercise of new or extended fire protection services outside a public agency's current service area by contract or agreement. The bill seeks to require a related resolution. Relates to State agency proposals. Provides procedures regarding the processing of such proposals. Relates to proposals for a change of organization that involves the exercise of new or extended fire protection services.

Status: 04/23/2015 In SENATE. Read second time and amended. Re-referred to Committee on GOVERNANCE AND FINANCE.

Background:

Existing law prescribes generally the powers and duties of the local agency formation commission in each county with respect to the review approval or disapproval of proposals for changes of organization or reorganization of cities and special districts within that county. Existing law permits a city or district to provide extended services, as defined, outside its jurisdictional boundaries only if it first requests and receives written approval from the local agency formation commission in the affected county. Under existing law, the commission may authorize a city or district to provide new or extended services outside both its jurisdictional boundaries and its sphere of influence under specified circumstances.

This bill would permit a public agency to exercise new or extended services outside the public agency's current service area pursuant to a fire protection reorganization contract, as defined, only if the public agency receives written approval from the local agency formation commission in the affected county. The bill would require that the legislative body of a public agency that is not a state agency adopt a resolution of application and submit the resolution along with a plan for services, as provided, and that a proposal by a state agency be initiated by the director of the agency with the approval of the Governor. The bill would require, prior to adopting the resolution or submitting the proposal, the public agency to enter into a written agreement for the performance of new or extended services pursuant to a fire protection reorganization contract with each affected public agency and recognized employee organization representing firefighters in the affected area and to conduct a public hearing on the resolution.

The bill would require the commission to approve or disapprove the proposal as specified. The bill would require the commission to consider, among other things, a comprehensive fiscal analysis prepared by the executive officer in accordance with specified requirements.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Oppose" to the Board of Supervisors for SB 239 (Hertzberg) Local Services: Contracts: Fire Protection Services.

Attachments

Bill Text

AMENDED IN SENATE APRIL 23, 2015

AMENDED IN SENATE MARCH 23, 2015

SENATE BILL No. 239

Introduced by Senator Hertzberg

February 17, 2015

An act to amend Sections ~~56021, 56654, 56824.10, and 56824.12~~ *56017.2 and 56133* of, *and* to add Section ~~56800.5~~ *56134* to, ~~and to add Article 1.6 (commencing with Section 56824.20) to Chapter 5 of Part 3 of Division 3 of Title 5 of,~~ the Government Code, relating to local services.

LEGISLATIVE COUNSEL'S DIGEST

SB 239, as amended, Hertzberg. Local services: contracts: fire protection services.

Existing law prescribes generally the powers and duties of the local agency formation commission in each county with respect to the review approval or disapproval of proposals for changes of organization or reorganization of cities and special districts within that county. Existing law ~~establishes commission proceedings to consider the exercise of new or different functions or services, or the divestiture of the power to provide particular functions or services, by special districts.~~ *permits a city or district to provide extended services, as defined, outside its jurisdictional boundaries only if it first requests and receives written approval from the local agency formation commission in the affected county. Under existing law, the commission may authorize a city or district to provide new or extended services outside both its jurisdictional boundaries and its sphere of influence under specified circumstances.*

This bill would ~~establish commission proceedings to consider the~~ *permit a public agency to* exercise ~~of~~ new or extended ~~fire protection~~ services outside ~~a~~ *the* public agency's current service area ~~by contract or agreement.~~ *pursuant to a fire protection reorganization contract, as defined, only if the public agency receives written approval from the local agency formation commission in the affected county.* The bill would require *that* the legislative body of a public agency ~~to~~ *that is not a state agency* adopt a resolution *of application* and submit the resolution along with a plan for services, as ~~provided. The bill would require~~ *provided, and* that a proposal by a state agency be initiated by the director of the agency with the approval of the Governor. The bill would require, prior to adopting the resolution or submitting the proposal, the public agency to enter into a written agreement for the performance of new or extended ~~fire protection~~ services *pursuant to a fire protection reorganization contract* with each affected public agency and recognized employee organization representing firefighters in the affected area and to conduct a public hearing on the resolution. ~~The bill would provide that a proposal for a change of organization that involves the exercise of new or extended fire protection services outside a public agency's current service area by contract or agreement may be initiated only by these proceedings.~~

The bill would require the commission to approve or disapprove the proposal as specified. The bill would require the commission to consider, among other things, ~~to review~~ a comprehensive fiscal analysis prepared by the executive officer in accordance with specified requirements.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

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

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

~~SECTION 1. Section 56021 of the Government Code is amended to read:~~

~~56021. "Change of organization" means any of the following:~~

~~(a) A city incorporation.~~
~~(b) A district formation.~~
~~(c) An annexation to a city.~~
~~(d) An annexation to a district.~~
~~(e) A detachment from a city.~~
~~(f) A detachment from a district.~~
~~(g) A disincorporation of a city.~~
~~(h) A district dissolution.~~
~~(i) A consolidation of cities.~~
~~(j) A consolidation of special districts.~~
~~(k) A merger of a city and a district.~~
~~(*l*) Establishment of a subsidiary district.~~
~~(m) The exercise of new or different functions or classes of services, or divestiture of the power to provide particular functions or classes of services, within all or part of the jurisdictional boundaries of a special district as provided in Article 1.5 (commencing with Section 56824.10) of Chapter 5 of Part 3 of this division.~~
~~(n) The exercise of new or extended fire protection services outside a public agency's current service area by contract or agreement, as authorized by Chapter 4 (commencing with Section 55600) of Part 2 of Division 2 of Title 5 of this code or Article 4 (commencing with Section 4141) of Chapter 1 of Part 2 of Division 4 of the Public Resources Code, as provided in Article 1.6 (commencing with Section 56824.20) of Chapter 5 of Part 3 of Division 3 of Title 5 of this code.~~
~~SEC. 2. Section 56654 of the Government Code is amended to read:~~
~~56654. (a) A proposal for a change of organization or a reorganization may be made by the adoption of a resolution of application by the legislative body of an affected local agency, except as provided in subdivision (b).~~
~~(b) (1) Notwithstanding Section 56700, a proposal for a change of organization that involves the exercise of new or different functions or classes of services, or the divestiture of the power to provide particular functions or classes of services, within all or part of the jurisdictional boundaries of a special district, shall only be initiated by the legislative body of that special district in accordance with Article 1.5 (commencing with Section 56824.10) of Chapter 5.~~

~~(2) Notwithstanding Section 56700, a proposal for a change of organization that involves the exercise of new or extended services outside a public agency's current service area by contract or agreement, as defined in subdivision (n) of Section 56021, shall only be initiated in accordance with Article 1.6 (commencing with Section 56824.20) of Chapter 5.~~

~~(c) At least 21 days before the adoption of the resolution, the legislative body may give mailed notice of its intention to adopt a resolution of application to the commission and to each interested agency and each subject agency. The notice shall generally describe the proposal and the affected territory.~~

~~(d) Except for the provisions regarding signers and signatures, a resolution of application shall contain all of the matters specified for a petition in Section 56700 and shall be submitted with a plan for services prepared pursuant to Section 56653.~~

~~SEC. 3. Section 56800.5 is added to the Government Code, to read:~~

~~56800.5. For a proposal for a change of organization that involves the exercise of new or extended services outside a public agency's current service area by contract or agreement, as defined in subdivision (n) of Section 56021, the executive officer shall prepare, or cause to be prepared by contract, a comprehensive fiscal analysis. This analysis shall become part of the report required pursuant to Section 56665. Data used for the analysis shall be from the most recent fiscal year for which data are available, preceding the issuance of the certificate of filing. When data requested by the executive officer in the notice of affected agencies are unavailable, the analysis shall document the source and methodology of the data used. The analysis shall review and document each of the following:~~

~~(a) The costs to the public agency that has proposed to provide new or extended services during the three fiscal years following a public agency entering into a contract to provide new or extended services outside its current service area by contract or agreement, in accordance with the following requirements:~~

~~(1) The executive officer shall include all direct and indirect cost impacts to the existing service provider in the affected territory.~~

~~(2) The executive officer shall review how the costs of the existing service provider compare to the costs of services provided~~

~~in service areas with similar populations and of similar geographic size that provide a similar level and range of services and shall make a reasonable determination of the costs expected to be borne by the public agency providing new or extended services.~~

~~(b) The revenues of the public agency that has proposed a new or extended service outside its current service area during the three fiscal years following the effective date of a contract or agreement with another public agency to provide a new or extended service.~~

~~(c) The effects on the costs and revenues of any affected public agency, including the public agency proposing to provide the new or extended service, during the three fiscal years that the new or extended service will be provided.~~

~~(d) Any other information and analysis needed to make the findings required by Section 56824.24.~~

~~SEC. 4. Section 56824.10 of the Government Code is amended to read:~~

~~56824.10. Commission proceedings for the exercise of new or different functions or classes of services or divestiture of the power to provide particular functions or classes of services, within all or part of the jurisdictional boundaries of a special district, pursuant to paragraph (1) of subdivision (b) of Section 56654, may be initiated by a resolution of application in accordance with this article.~~

~~SEC. 5. Section 56824.12 of the Government Code is amended to read:~~

~~56824.12. (a) A proposal by a special district to provide a new or different function or class of services or divestiture of the power to provide particular functions or classes of services, within all or part of the jurisdictional boundaries of a special district, pursuant to paragraph (1) of subdivision (b) of Section 56654, shall be made by the adoption of a resolution of application by the legislative body of the special district and shall include all of the matters specified for a petition in Section 56700, except paragraph (6) of subdivision (a) of Section 56700, and be submitted with a plan for services prepared pursuant to Section 56653. The plan for services for purposes of this article shall also include all of the following information:~~

~~(1) The total estimated cost to provide the new or different function or class of services within the special district's jurisdictional boundaries.~~

~~(2) The estimated cost of the new or different function or class of services to customers within the special district's jurisdictional boundaries. The estimated costs may be identified by customer class.~~

~~(3) An identification of existing providers, if any, of the new or different function or class of services proposed to be provided and the potential fiscal impact to the customers of those existing providers.~~

~~(4) A written summary of whether the new or different function or class of services or divestiture of the power to provide particular functions or classes of services, within all or part of the jurisdictional boundaries of a special district, pursuant to paragraph (1) of subdivision (b) of Section 56654, will involve the activation or divestiture of the power to provide a particular service or services, service function or functions, or class of service or services.~~

~~(5) A plan for financing the establishment of the new or different function or class of services within the special district's jurisdictional boundaries.~~

~~(6) Alternatives for the establishment of the new or different functions or class of services within the special district's jurisdictional boundaries.~~

~~(b) The clerk of the legislative body adopting a resolution of application shall file a certified copy of that resolution with the executive officer. Except as provided in subdivision (c), the commission shall process resolutions of application adopted pursuant to this article in accordance with Section 56824.14.~~

~~(c) (1) Prior to submitting a resolution of application pursuant to this article to the commission, the legislative body of the special district shall conduct a public hearing on the resolution. Notice of the hearing shall be published pursuant to Sections 56153 and 56154.~~

~~(2) Any affected local agency, affected county, or any interested person who wishes to appear at the hearing shall be given an opportunity to provide oral or written testimony on the resolution.~~

~~SEC. 6. Article 1.6 (commencing with Section 56824.20) is added to Chapter 5 of Part 3 of Division 3 of Title 5 of the Government Code, to read:~~

~~Article 1.6. Fire Protection Services~~

~~56824.20. Commission proceedings pursuant to paragraph (2) of subdivision (b) of Section 56654 may be initiated in accordance with this article.~~

~~56824.22. (a) A proposal for a change of organization that involves the exercise of new or extended services outside a public agency's current service area by contract or agreement, as defined in subdivision (n) of Section 56021, shall be made by the adoption of a resolution of application as follows:~~

~~(1) In the case of a public agency that is not a state agency, the proposal shall be initiated by the adoption of a resolution of application by the legislative body of the public agency proposing to provide new or extended services outside the public agency's current service area.~~

~~(2) In the case of a public agency that is a state agency, the proposal shall be initiated by the director of the state agency proposing to provide new or extended services outside the agency's current service area and be approved by the Governor.~~

~~(b) Prior to submitting a resolution of application pursuant to this article to the commission, the legislative body of a public agency or the director of a state agency shall do all of the following:~~

~~(1) Obtain and submit with the resolution a written agreement validated and executed by each affected public agency and recognized employee organization that represents firefighters of the existing and proposed service providers consenting to the proposed change of organization.~~

~~(2) Conduct a public hearing on the resolution. Notice of the hearing shall be published pursuant to Sections 56154 and 56156. The legislative body of the public agency or the director of the state agency shall provide an affected public agency or an interested person who wishes to appear at the hearing the opportunity to present oral or written testimony on the resolution.~~

~~(c) A proposal for a change of organization submitted pursuant to this article shall be submitted with a plan for services prepared pursuant to Section 56653. The plan for services shall include all of the following information:~~

~~(1) The total estimated cost to provide the new or extended services in the affected territory.~~

~~(2) The estimated cost of the new or extended services to customers in the affected territory.~~

~~(3) An identification of existing service providers, if any, of the new or extended services proposed to be provided and the potential fiscal impact to the customers of those existing providers.~~

~~(4) A plan for financing the exercise of the new or extended services in the affected territory.~~

~~(5) Alternatives for the exercise of the new or extended services in the affected territory.~~

~~(d) The clerk of the legislative body of a public agency or the director of a state agency adopting a resolution of application pursuant to this article shall file a certified copy of the resolution with the executive officer. The commission shall process resolutions of application adopted pursuant to this chapter in accordance with Section 56824.24.~~

~~56824.24. (a) The commission shall review and approve or disapprove a proposal for a change of organization as defined in subdivision (n) of Section 56021 after a public hearing called and held for that purpose. The commission shall not consider or approve a proposal that does not comply with the requirements of subdivision (b) of Section 56824.22.~~

~~(b) (1) The commission shall not approve a proposal for a change of organization as defined in subdivision (n) of Section 56021 unless the commission determines that the public agency will have sufficient revenues to carry out the exercise of the new or extended services outside its current area, except as specified in paragraph (2).~~

~~(2) The commission may approve a proposal for a change of organization as defined in subdivision (n) of Section 56021 where the commission has determined that the public agency will not have sufficient revenue to provide the proposed new or different functions or class of services, if the commission conditions its approval on the concurrent approval of sufficient revenue sources pursuant to Section 56886. In approving a proposal, the commission shall provide that if the revenue sources pursuant to Section 56886 are not approved, the authority of the public agency to provide new or extended services shall not be exercised.~~

~~(c) Notwithstanding Section 56375, the commission shall not approve a proposal for a change of organization as defined in~~

~~subdivision (n) of Section 56021 unless the commission finds, based on the entire record, all of the following:~~

~~(1) The proposed exercise of new or extended services outside a public agency's current service area is consistent with the intent of this division, including, but not limited to, the policies of Sections 56001 and 56300.~~

~~(2) The commission has reviewed the comprehensive fiscal analysis prepared pursuant to Section 56800.5.~~

~~(3) The commission has reviewed the executive officer's report and recommendation prepared pursuant to Section 56665 and any testimony presented at the public hearing.~~

~~(4) The proposed affected territory is expected to receive revenues sufficient to provide public services and facilities and a reasonable reserve during the three fiscal years following the effective date of the contract or agreement between the public agencies to provide a new or extended service.~~

~~(d) At least 21 days prior to the date of the hearing, the executive officer shall give mailed notice of that hearing to each affected local agency or affected county, and to any interested party who has filed a written request for notice with the executive officer. In addition, at least 21 days prior to the date of that hearing, the executive officer shall cause notice of the hearing to be published in accordance with Section 56153 in a newspaper of general circulation that is circulated within the territory affected by the proposal proposed to be adopted and shall post the notice of the hearing on the commission's Internet Web site.~~

~~(e) The commission may continue from time to time any hearing called pursuant to this section. The commission shall hear and consider oral or written testimony presented by any affected local agency, affected county, or any interested person who appears at any hearing called and held pursuant to this section.~~

SECTION 1. Section 56017.2 of the Government Code is amended to read:

56017.2. "Application" means any of the following:

(a) A resolution of application or petition initiating a change of organization or reorganization with supporting documentation as required by the commission or executive officer.

(b) A request for a sphere of influence amendment or update pursuant to Section 56425.

(c) A request by a city or district for commission approval of an extension of services outside the agency's jurisdictional boundaries pursuant to Section ~~56133.~~ *56133 or 56134.*

SEC. 2. Section 56133 of the Government Code is amended to read:

56133. (a) A city or district may provide new or extended services by contract or agreement outside its jurisdictional boundaries only if it first requests and receives written approval from the commission in the affected county.

(b) The commission may authorize a city or district to provide new or extended services outside its jurisdictional boundaries but within its sphere of influence in anticipation of a later change of organization.

(c) The commission may authorize a city or district to provide new or extended services outside its jurisdictional boundaries and outside its sphere of influence to respond to an existing or impending threat to the public health or safety of the residents of the affected territory if both of the following requirements are met:

(1) The entity applying for the contract approval has provided the commission with documentation of a threat to the health and safety of the public or the affected residents.

(2) The commission has notified any alternate service provider, including any water corporation as defined in Section 241 of the Public Utilities Code, or sewer system corporation as defined in Section 230.6 of the Public Utilities Code, that has filed a map and a statement of its service capabilities with the commission.

(d) The executive officer, within 30 days of receipt of a request for approval by a city or district of a contract to extend services outside its jurisdictional boundary, shall determine whether the request is complete and acceptable for filing or whether the request is incomplete. If a request is determined not to be complete, the executive officer shall immediately transmit that determination to the requester, specifying those parts of the request that are incomplete and the manner in which they can be made complete. When the request is deemed complete, the executive officer shall place the request on the agenda of the next commission meeting for which adequate notice can be given but not more than 90 days from the date that the request is deemed complete, unless the commission has delegated approval of those requests to the executive officer. The commission or executive officer shall

approve, disapprove, or approve with conditions the contract for extended services. If the contract is disapproved or approved with conditions, the applicant may request reconsideration, citing the reasons for reconsideration.

(e) This section does not apply to ~~contracts~~ *any of the following:*

(1) Contracts or agreements solely involving two or more public agencies where the public service to be provided is an alternative to, or substitute for, public services already being provided by an existing public service provider and where the level of service to be provided is consistent with the level of service contemplated by the existing service provider. ~~This section does not apply to contracts~~

(2) Contracts for the transfer of nonpotable or nontreated water. ~~This section does not apply to contracts~~

(3) Contracts or agreements solely involving the provision of surplus water to agricultural lands and facilities, including, but not limited to, incidental residential structures, for projects that serve conservation purposes or that directly support agricultural industries. However, prior to extending surplus water service to any project that will support or induce development, the city or district shall first request and receive written approval from the commission in the affected county. ~~This section does not apply to an~~

(4) An extended service that a city or district was providing on or before January 1, 2001. ~~This section does not apply to a~~

(5) A local publicly owned electric utility, as defined by Section 9604 of the Public Utilities Code, providing electric services that do not involve the acquisition, construction, or installation of electric distribution facilities by the local publicly owned electric utility, outside of the utility's jurisdictional boundaries.

(6) A fire protection reorganization contract, as defined in subdivision (a) of Section 56134.

SEC. 3. Section 56134 is added to the Government Code, to read:

56134. (a) (1) For the purposes of this section, "fire protection reorganization contract" means a contract or agreement for the exercise of new or extended fire protection services outside a public agency's current service area, as authorized by Chapter 4 (commencing with Section 55600) of Part 2 of Division 2 of Title 5 of this code or by Article 4 (commencing with Section 4141) of

Chapter 1 of Part 2 of Division 4 of the Public Resources Code, that does either of the following:

(A) Transfers responsibility for providing services in more than 25 percent of the service area of any public agency affected by the contract or agreement.

(B) Changes the employment status of more than 25 percent of the employees of any public agency affected by the contract or agreement.

(2) A contract or agreement for the exercise of new or extended fire protection services outside a public agency's current service area, as authorized by Chapter 4 (commencing with Section 55600) of Part 2 of Division 2 of Title 5 of this code or Article 4 (commencing with Section 4141) of Chapter 1 of Part 2 of Division 4 of the Public Resources Code, that, in combination with other contracts or agreements, would produce the results described in subparagraph (A) or (B) of paragraph (1), shall be deemed a fire protection reorganization contract for the purposes of this section.

(b) Notwithstanding Section 56133, a public agency may provide new or extended services pursuant to a fire protection reorganization contract only if it first requests and receives written approval from the commission in the affected county pursuant to the requirements of this section.

(c) A request by a public agency for commission approval of services provided under a fire protection reorganization contract shall be made by the adoption of a resolution of application as follows:

(1) In the case of a public agency that is not a state agency, the application shall be initiated by the adoption of a resolution of application by the legislative body of the public agency proposing to provide new or extended services outside the public agency's current service area.

(2) In the case of a public agency that is a state agency, the application shall be initiated by the director of the state agency proposing to provide new or extended services outside the agency's current service area and be approved by the Governor.

(d) The legislative body of a public agency or the director of a state agency shall not submit a resolution of application pursuant to this section unless both of the following occur:

(1) The public agency obtains and submits with the resolution a written agreement validated and executed by each affected public

agency and recognized employee organization that represents firefighters of the existing and proposed service providers consenting to the proposed change of organization.

(2) The public agency conducts an open and public hearing on the resolution, conducted pursuant to the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) Part 1 Division 2 Title 5) or the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) Chapter 1 Part 1 Division 3 Title 2), as applicable.

(e) A resolution of application submitted pursuant to this section must be submitted with a fire services reorganization contract plan that conforms to the requirements of Section 56653. The plan shall include all of the following information:

(1) The total estimated cost to provide the new or extended fire protection services in the affected territory.

(2) The estimated cost of the new or extended fire protection services to customers in the affected territory.

(3) An identification of existing service providers, if any, of the new or extended services proposed to be provided and the potential fiscal impact to the customers of those existing providers.

(4) A plan for financing the exercise of the new or extended fire protection services in the affected territory.

(5) Alternatives for the exercise of the new or extended fire protection services in the affected territory.

(f) The applicant shall cause to be prepared by contract an independent comprehensive fiscal analysis to be submitted with the application pursuant to this section. The analysis shall review and document:

(1) The costs to the public agency that has proposed to provide new or extended fire protection services during the three fiscal years following a public agency entering into a fire protection reorganization contract, in accordance with the following requirements:

(A) The analysis must include all direct and indirect cost impacts to the existing service provider in the affected territory.

(B) The analysis must review how the costs of the existing service provider compare to the costs of services provided in service areas with similar populations and of similar geographic size that provide a similar level and range of services and shall make a reasonable determination of the costs expected to be borne

by the public agency providing new or extended fire protection services.

(2) The revenues of the public agency that has proposed a new or extended fire protection services outside its current service area during the three fiscal years following the effective date of a contract or agreement with another public agency to provide a new or extended service.

(3) The effects on the costs and revenues of any affected public agency, including the public agency proposing to provide the new or extended fire protection services, during the three fiscal years that the new or extended fire protection services will be provided.

(4) Any other information and analysis needed to support the findings required by subdivision (j).

(g) The clerk of the legislative body of a public agency or the director of a state agency adopting a resolution of application pursuant to this section shall file a certified copy of the resolution with the executive officer.

(h) (1) The executive officer, within 30 days of receipt of a public agency's request for approval of a fire protection reorganization contract, shall determine whether the request is complete and acceptable for filing or whether the request is incomplete. If a request does not comply with the requirements of subdivision (d), the executive officer shall determine that the request is incomplete. If a request is determined not to be complete, the executive officer shall immediately transmit that determination to the requester, specifying those parts of the request that are incomplete and the manner in which they can be made complete. When the request is deemed complete, the executive officer shall place the request on the agenda of the next commission meeting for which adequate notice can be given but not more than 90 days from the date that the request is deemed complete.

(2) The commission shall approve, disapprove, or approve with conditions the contract for extended services following the hearing at the commission meeting, as provided in paragraph (1). If the contract is disapproved or approved with conditions, the applicant may request reconsideration, citing the reasons for reconsideration.

(i) (1) The commission shall not approve an application for approval of a fire protection reorganization contract unless the commission determines that the public agency will have sufficient

revenues to carry out the exercise of the new or extended fire protection services outside its current area, except as specified in paragraph (2).

(2) The commission may approve an application for approval of a fire protection reorganization contract where the commission has determined that the public agency will not have sufficient revenue to provide the proposed new or different functions or class of services, if the commission conditions its approval on the concurrent approval of sufficient revenue sources pursuant to Section 56886. In approving a proposal, the commission shall provide that, if the revenue sources pursuant to Section 56886 are not approved, the authority of the public agency to provide new or extended fire protection services shall not be exercised.

(j) The commission shall not approve an application for approval of a fire protection reorganization contract unless the commission finds, based on the entire record, all of the following:

(1) The proposed exercise of new or extended fire protection services outside a public agency's current service area is consistent with the intent of this division, including, but not limited to, the policies of Sections 56001 and 56300.

(2) The commission has reviewed the comprehensive fiscal analysis prepared pursuant to subdivision (f).

(3) The commission has reviewed any testimony presented at the public hearing.

(4) The proposed affected territory is expected to receive revenues sufficient to provide public services and facilities and a reasonable reserve during the three fiscal years following the effective date of the contract or agreement between the public agencies to provide a new or extended fire protection services.

(k) At least 21 days prior to the date of the hearing, the executive officer shall give mailed notice of that hearing to each affected local agency or affected county, and to any interested party who has filed a written request for notice with the executive officer. In addition, at least 21 days prior to the date of that hearing, the executive officer shall cause notice of the hearing to be published in accordance with Section 56153 in a newspaper of general circulation that is circulated within the territory affected by the proposal proposed to be adopted and shall post the notice of the hearing on the commission's Internet Web site.

(l) The commission may continue from time to time any hearing called pursuant to this section. The commission shall hear and consider oral or written testimony presented by any affected local agency, affected county, or any interested person who appears at any hearing called and held pursuant to this section.

~~SEC. 7.~~

SEC. 4. The Legislature finds and declares that Section ~~6~~ *3* of this act, which adds Section ~~56824.22~~ *56134* to the Government Code, furthers, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act provides for notice *to the public* in accordance with existing provisions of the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 and will ensure that the right of public access to local agency meetings is protected.

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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **8.**

Meeting Date: 05/07/2015
Subject: SB 120 (Anderson) Sales and Use Taxes: First Responder Equipment
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2015-12
Referral Name: SB 120 (Anderson) Sales and Use Taxes: First Responder Equipment
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:
This bill was referred to the Legislation Committee by Fire Chief Jeff Carman.

Referral Update:
Senate Bill (SB) 120 would, in the sale of any public safety first responder vehicle that is purchased by a local public agency and in the sale of any equipment required on a public safety first responder vehicle that is purchased by a local public agency, exclude from the terms "gross receipts" and "sales price," amounts of the gross receipts or sales price in excess of $300,000.

Status: 04/07/2015 Re-referred to SENATE Committee on GOVERNANCE AND FINANCE.

Background: Existing sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state, or on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state, measured by sales price. The Sales and Use Tax Law defines the terms "gross receipts" and "sales price."

The Bradley-Burns Uniform Local Sales and Use Tax Law authorizes counties and cities to impose local sales and use taxes in conformity with the Sales and Use Tax Law, and existing law authorizes districts, as specified, to impose transactions and use taxes in accordance with the Transactions and Use Tax Law, which generally conforms to the Sales and Use Tax Law. Amendments to state sales and use taxes are incorporated into these laws.

Section 2230 of the Revenue and Taxation Code provides that the state will reimburse counties and cities for revenue losses caused by the enactment of sales and use tax exemptions.

This bill would provide that, notwithstanding Section 2230 of the Revenue and Taxation Code, no appropriation is made and the state shall not reimburse any local agencies for sales and use tax revenues lost by them pursuant to this bill.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for SB 120 (Anderson) Sales and Use Taxes: First Responder Equipment.

Attachments

Bill Text

AMENDED IN SENATE MARCH 26, 2015

SENATE BILL No. 120

Introduced by Senator Anderson
(Coauthor: Assembly Member Jones)

January 15, 2015

An act to ~~amend Section 6051 of~~ *add Section 6012.4 to* the Revenue and Taxation Code, relating to taxation, *to take effect immediately, tax levy*.

LEGISLATIVE COUNSEL'S DIGEST

SB 120, as amended, Anderson. Sales and use ~~taxes.~~ *taxes: exclusion: public safety first responder vehicle and equipment.*

Existing sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state, or on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state, measured by sales price. The Sales and Use Tax Law defines the terms "gross receipts" and "sales price."

This bill would, in the sale of any public safety first responder vehicle that is purchased by a local public agency and in the sale of any equipment required on a public safety first responder vehicle that is purchased by a local public agency, exclude from the terms "gross receipts" and "sales price," amounts of the gross receipts or sales price in excess of $300,000.

The Bradley-Burns Uniform Local Sales and Use Tax Law authorizes counties and cities to impose local sales and use taxes in conformity with the Sales and Use Tax Law, and existing law authorizes districts, as specified, to impose transactions and use taxes in accordance with

the Transactions and Use Tax Law, which generally conforms to the Sales and Use Tax Law. Amendments to state sales and use taxes are incorporated into these laws.

Section 2230 of the Revenue and Taxation Code provides that the state will reimburse counties and cities for revenue losses caused by the enactment of sales and use tax exemptions.

This bill would provide that, notwithstanding Section 2230 of the Revenue and Taxation Code, no appropriation is made and the state shall not reimburse any local agencies for sales and use tax revenues lost by them pursuant to this bill.

This bill would take effect immediately as a tax levy, but its operative date would depend on its effective date.

~~A provision of the Sales and Use Tax Law imposes a state sales tax at a rate of 4¾% of the gross receipts of the retail sale of tangible personal property in the state.~~

~~This bill would make technical, nonsubstantive changes to that provision.~~

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

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

SECTION 1. Section 6012.4 is added to the Revenue and Taxation Code, to read:

6012.4. (a) (1) For purposes of this part, "gross receipts" and "sales price" shall not include amounts of the gross receipts or sales price in excess of three hundred thousand dollars ($300,000) from the sale in this state of, and the storage, use, or other consumption in this state of, any public safety first responder vehicle purchased by a local public agency.

(2) For purposes of this part, "gross receipts" and "sales price" shall not include the gross receipts or sales price above three hundred thousand dollars ($300,000) from the sale in this state of, and the storage, use, or other consumption in this state of, any equipment required on a public safety first responder vehicle, that is purchased by a local public agency.

(b) "Local public agency" means any city, county, municipal corporation, district, or public authority located within this state that provides or may provide first responder emergency services.

SEC. 2. Notwithstanding Section 2230 of the Revenue and Taxation Code, no appropriation is made by this act and the state shall not reimburse any local agency for any sales and use tax revenues lost by it under this act.

SEC. 3. This act provides for a tax levy within the meaning of Article IV of the Constitution and shall go into immediate effect. However, the provisions of this act shall become operative on the first day of the first calendar quarter commencing more than 90 days after the effective date of this act.

~~SECTION 1. Section 6051 of the Revenue and Taxation Code is amended to read:~~

~~6051. For the privilege of selling tangible personal property at retail, a tax is imposed upon all retailers at the rate of 4 ¾ percent of the gross receipts of any retailer from the sale of all tangible personal property sold at retail in this state.~~

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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **9.**

Meeting Date: 05/07/2015
Subject: AB 1436 (Burke) In-Home Support Services: Authorized Representatives
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2015-13
Referral Name: AB 1436 (Burke) In-Home Support Services: Authorized Representatives
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:
This bill was referred to the Legislation Committee by Assistant Director of Policy and Planning for Employment and Human Services Department, Paul Buddenhagen.

Referral Update:
Assembly Bill (AB) 1436 would authorize an applicant for, or recipient of, in-home supportive services to designate an individual to act as his or her authorized representative for purposes of the In-Home Supportive Services program.

STATUS:
Introduced: 02/27/2015
Disposition: Pending
Committee: Assembly Human Services Committee
Hearing: 04/28/2015 1:30 pm, State Capitol, Room 437

BACKGROUND:

Specifically, this bill:

1) Defines "authorized representative" to mean an individual who is appointed by an In-Home Supportive Services (IHSS) applicant or recipient in order to represent that applicant or recipient for purposes related to the IHSS program, as specified.
2) Allows an IHSS applicant or recipient to designate an authorized representative.
3) Specifies that an IHSS applicant or recipient shall determine the duties to be provided by the authorized representative and that these duties may be changed or revoked at any time by the applicant or recipient.
4) Requires the authorized representative to have a legal responsibility to act in the client's best interest.
5) States that legal documentation of authority to act on behalf of the applicant or recipient under state law, including but not limited to a court order establishing legal guardianship or a valid

power of attorney to make health care decisions, shall serve in place of an IHSS applicant's or recipient's written appointment of an authorized representative.
6) Permits the authorized representative, if so instructed by the IHSS recipient, to sign timesheets for services rendered on behalf of the recipient, but disallows the authorized representative who is a care provider from signing his or her own timesheet unless the provider has legal custody over a minor recipient, as specified, or the provider is legally authorized to act on the applicant's or recipient's behalf per state law.
7) Specifies that an individual with legal authority to act on behalf of an IHSS applicant or recipient may designate someone other than him or herself to act on behalf of the applicant or recipient.
8) Prohibits anyone prevented from being an IHSS provider due to past criminal convictions, as well as individuals granted certain exemptions to serve as a provider despite past criminal convictions, as specified, from serving as an authorized representative.
9) Prohibits anyone found to have perpetuated a substantiated report of abuse or neglect against a child, elder, or dependent adult from serving as an authorized representative.
10) Directs the Department of Social Services, in consultation with stakeholders, as specified, to develop a standardized statewide form, as specified, and procedures related to the designation of an authorized representative.

EXISTING LAW:

1) Establishes the IHSS program to provide supportive services, including domestic, protective supervision, personal care, and paramedical services as specified, to individuals who are aged, blind, or living with disabilities, and who are unable to perform the services themselves or remain safely in their homes without receiving these services. (WIC 12300 et seq.)
2) Specifies requirements regarding IHSS provider timesheets, including that both provider and recipient must sign the timesheet to verify the accuracy of information. (WIC 12301.25)
3) States that counties may choose to contract with a nonprofit consortium or establish a public authority for the provision of IHSS services. Requires nonprofit consortia and public authorities to, among other things, establish a registry to assist recipients in locating IHSS providers, and to investigate the background and qualifications of potential providers, as specified. (WIC 12301.6)
4) Maintains an IHSS recipient's right to hire, fire, and supervise the work of any IHSS provider, regardless of the employer responsibilities of a public authority or nonprofit consortium, as specified. (WIC 12301.6 and 12302.25)
5) Requires counties to perform a background check on individuals applying to become IHSS providers, and stipulates circumstances under which individuals shall be excluded from becoming an IHSS provider, as well as circumstances under which such an exclusion might be waived, as specified. (WIC 12305.86 and 12305.87)

FISCAL EFFECT: Unknown

COMMENTS:

In-Home Supportive Services: The IHSS program enables low-income individuals who are at least 65 years old, living with disabilities, or blind to remain in their own homes by paying for care providers to assist with personal care services (such as toileting, bathing, and grooming), domestic and related services (meal preparation, housecleaning, and the like), paramedical services, and protective supervision. Approximately 470,000 Californians receive IHSS, with approximately 99% receiving it as a Medicaid benefit.

When an individual is determined eligible for IHSS services by a county social worker, he or she is authorized for a certain number of hours of care. IHSS recipients are responsible for hiring, firing, directing, and supervising their IHSS workers. These responsibilities include some administrative duties, such as scheduling and signing timesheets; however, the state handles payroll. There are currently about 409,000 IHSS providers in the state; approximately 73% are relatives and an estimated 52% are live-in. Providers must complete an enrollment process, including submitting fingerprint images for a criminal background check and participating in a provider orientation prior to receiving payment for services.

Authorized representatives: A number of programs administered by the state allow for, and set forth definitions and designation procedures regarding, authorized representatives in order to facilitate recipients' full participation in programs. These authorized representatives are permitted, within specified limits, to act on behalf of program applicants and participants typically for purposes of applying for services and other required program activities.

For example, Welfare and Institutions Code 14014.5 defines "authorized representative" for purposes of the Medi-Cal program and directs the Department of Health Care Services and the California Health Benefit Exchange to implement policies and prescribe materials to ensure the protection and privacy of applicants and recipients who appoint such a representative. Additionally, DSS Manual of Policies and Procedures Section 63.402-6 outlines rules and processes regarding the appointment of authorized representatives by applicants for and recipients of CalFresh food stamp benefits.

Need for this bill: According to the author, the authorized representative function is critical in that it provides applicants and recipients with a self-directed pathway to receive needed assistance with complex rules and requirements of these programs. IHSS program applicants and recipients may struggle with increasingly complex and changing program rules; yet, while they may have family members and friends who are able to provide support, there is no formal process to designate these individuals as authorized representatives.

Additionally, the author points out, DSS has at times issued IHSS forms and All-County letters that reference "authorized representatives," despite the lack of definition, explanation of duties and limitations, or formal designation process. As a result, counties have often developed ad hoc internal processes for designating authorized representatives for purposes of the IHSS program.

The author states that, "IHSS program recipients are the employer of their care provider for purposes of hiring/firing, training, supervising, scheduling and signing their timesheet. Similarly, whether to designate an authorized representative and who to designate would be their decision. For consumers who struggle with the maze of programmatic rules and complex paperwork, allowing them to designate an authorized representative to work on their behalf will give them the support they need to continue to direct services in their own homes and remain independent."

This bill, according to the author, provides flexibility for an IHSS applicant or recipient to determine the duties of the authorized representative, and makes it clear that the authorized representative has a legal responsibility to act in the client's best interest.

According to the County Welfare Directors Association of California (CWDA), the sponsor of this bill, it creates "an authorized representative function for IHSS in statute. Whether to designate

an authorized representative would be the decision of an individual recipient. Who to designate would also be his or her choice, with a few exceptions that mirror other protections in current law. For example, the bill would provide that an individual who could not meet a criminal background check to become a provider of services in IHSS could not be named as an authorized representative unless they were otherwise legally authorized to act on behalf of the recipient (such as the parent of a child recipient or a conservator.) Also, an individual found to have perpetrated abuse or neglect against a child or adult would be barred from serving as an authorized representative. As the IHSS program continues to grow, it is vital to create a standardized structure for designating an authorized representative to assist an applicant for or recipient of these services."

Recommended amendments: *For purposes of clarity, committee staff recommends the following technical amendment to paragraph (b)(2) beginning on page 3 of the bill:*

12 (2) For purposes of this section, an individual having legal
13 authority to act on behalf of an applicant or recipient may also
14 ~~designate the authorized representative to~~ specify an individual
15 other than himself or herself to act on behalf of the applicant or
16 recipient if that individual elects to do so.

REGISTERED SUPPORT / OPPOSITION:

Support

County Welfare Directors Association of CA (CWDA) –sponsor
California Association of Public Authorities (CAPA) – co-sponsor
American Federation of State, County and Municipal Employees (AFSCME)
California State Association of Counties (CSAC)
Ventura County Board of Supervisors
UDW/AFSCME Local 3930

Opposition

None on file

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 1436 (Burke) In-Home Support Services: Authorized Representatives.

Fiscal Impact (if any):

No impact.

Attachments

Bill Text
Fact Sheet

ASSEMBLY BILL No. 1436

Introduced by Assembly Member Burke

February 27, 2015

An act to add Section 12300.3 to the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1436, as introduced, Burke. In-home supportive services: authorized representative.

Existing law provides for the In-Home Supportive Services program, under which qualified aged, blind, or disabled persons are provided with supportive services in order to permit them to remain in their own homes and avoid institutionalization. Existing law specifies that supportive services include, among other things, domestic services, personal care services, and paramedical services that make it possible for the recipient to establish and maintain an independent living arrangement.

This bill would authorize an applicant for, or recipient of, in-home supportive services to designate an individual to act as his or her authorized representative for purposes of the In-Home Supportive Services program. The bill would define an authorized representative to mean an individual who is appointed in writing, on a form designated by the State Department of Social Services, by a competent person who is an applicant for or recipient of in-home supportive services, to act in place or on behalf of the applicant or recipient for purposes related to the program, including, but not limited to, accompanying, assisting, or representing the applicant in the application process, or the recipient in directing the services received, as specified. The bill would require the

duties to be provided by the authorized representative to be specified by the applicant or recipient and would provide that those duties may be changed or revoked at any time by the applicant or recipient. The bill would also provide that the authorized representative has a legal responsibility to act in the client's best interest. The bill would exclude certain persons from serving as an authorized representative, including a person who is found to have perpetrated a substantiated report of abuse or neglect against a child or an elder or dependent adult. The bill would require the department, in consultation with specified parties, including representatives of applicants for, and recipients of, services, to develop a form for this purpose, as specified.

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

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

SECTION 1. Section 12300.3 is added to the Welfare and Institutions Code, to read:

12300.3. (a) For purposes of this section, an "authorized representative" means an individual who is appointed in writing, on a form designated by the department, by a competent person who is an applicant for or recipient of in-home supportive services pursuant to this article, to act in place or on behalf of the applicant or recipient for purposes related to the program, including, but not limited to, accompanying, assisting, or representing the applicant in the application process, or the recipient in directing the services received, and in the redetermination of eligibility process.

(b) An applicant for, or recipient of, services pursuant to this article may designate an individual to act as his or her authorized representative for purposes of the in-home supportive services program.

(1) (A) The duties to be provided by the authorized representative shall be specified by the applicant or recipient and may be changed or revoked at any time by the applicant or recipient. The authorized representative shall have a legal responsibility to act in the client's best interest.

(B) Legal documentation of authority to act on behalf of the applicant or recipient under state law, including, but not limited to, a court order establishing legal guardianship or a valid power

of attorney to make health care decisions, shall serve in place of a written appointment by the applicant or recipient.

(C) The authorized representative may sign timesheets for services rendered on the recipient's behalf, if specified to do so by the recipient. However, an authorized representative who is the provider of services for the recipient may not sign his or her own timesheet unless one of the following applies:

(i) The provider is a parent, guardian, or other person having legal custody of a minor recipient.

(ii) The provider is legally authorized to act on behalf of the applicant or recipient under state law.

(2) For purposes of this section, an individual having legal authority to act on behalf of an applicant or recipient may also designate the authorized representative to specify an individual other than himself or herself to act on behalf of the applicant or recipient if that individual elects to do so.

(3) An individual who is prevented from being a provider of services in the program pursuant to Section 12305.86 shall not serve as an authorized representative for an applicant or recipient.

(4) An individual who has been granted an exemption to serve as a provider of services pursuant to Section 12305.87 and who is not described in clause (i) or (ii) of subparagraph (C) of paragraph (1), shall not serve as an authorized representative for an applicant or recipient.

(5) An individual shall not serve as an authorized representative if he or she is found to have perpetrated a substantiated report of abuse or neglect against a child or an elder or dependent adult.

(c) (1) The department, in consultation with the State Department of Health Care Services, the County Welfare Directors Association of California, representatives of applicants for and recipients of services under this article, and representatives of providers of services under this article, shall develop a standardized statewide form and procedures for effectuating the designation of an authorized representative pursuant to this section.

(2) The standard agreement form shall include a notification regarding the requirements of this subdivision and a statement that by signing the agreement, the individual named as an authorized representative agrees to abide by those requirements.

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AB 1436 (Burke)
In-Home Supportive Services – Authorized Representative

SUMMARY

AB 1436 allows an applicant for, or recipient of, In-Home Supportive Services (IHSS) to designate an authorized representative to act on their behalf for various program requirements.

BACKGROUND

A number of programs overseen by the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) have processes in place allowing their applicants and recipients to identify an "authorized representative" who can act on their behalf for purposes of applying for services and other required program activities with which the applicant/recipient may require assistance. These programs include Medi-Cal, CalFresh, and CalWORKS, as well as the administrative appeal process. The authorized representative function is critical as it provides applicants and recipients with a self-directed pathway to receive needed assistance with the complex rules and requirements of these programs.

In contrast, IHSS has not had the benefit of this function as a formal part of the statute or regulations governing the program, except for conservators or parents of a minor child. As a result, some IHSS program applicants/recipients, who are elderly, blind or disabled, have struggled without this assistance. IHSS applicant/recipient family members and friends often provide support, but there is no formal process to designate them as the authorized representative. Without the statutory authority, they cannot legally be included directly in any program communications. This creates an irregular and sometimes dangerous situation for IHSS applicants/recipients. As IHSS program rules and requirements have become more complex, the lack of this function has presented greater challenges.

Additionally, the state has at times issued IHSS forms and All-County Letters referencing "authorized representatives," but CDSS has never defined who an authorized representative is, or established a process for an IHSS applicant or recipient to designate one. Forms that have space for an authorized representative to sign have required counties to develop internal processes for designating a representative, which may vary by county.

This legislation would provide the statutory authority for a standardized framework, reducing inconsistencies from the current process and providing guidance and protection for applicants and recipients of IHSS services.

AB 1436

AB 1436 specifically allows an applicant for, or recipient of, IHSS services to appoint an authorized representative to act on their behalf. The bill provides flexibility for the applicant/recipient to specify the duties of the authorized representative, and makes it clear that the individual has a legal responsibility to act in the client's best interest.

IHSS program recipients are the employer of their care provider for purposes of hiring/firing, training, supervising, scheduling and signing their timesheet. Similarly, whether to designate an authorized representative and who to designate would be their decision. For those aged, blind or disabled clients who struggle with programmatic rules and complex paperwork, and could benefit from the formal designation of an authorized representative, it is critical that this function be established in law.

SUPPORT

- County Welfare Directors Association of California (Sponsor)

STAFF CONTACT

Allison Ruff, Capitol Director
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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **10.**

Meeting Date:	05/07/2015
Subject:	AB 1262 (Wood) Telecommunications: Universal Service
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-14
Referral Name:	AB 1262 (Wood) Telecommunications: Universal Service
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

A request to support this bill was received from the Executive Director of Contra Costa Economic Partnership, Kristin B. Connelly.

Referral Update:

In 2007, the CPUC created the California Advanced Services Fund (CASF) to help promote the deployment of broadband infrastructure in unserved areas of the state. Assembly Bill (AB) 1262 would require that of the moneys collected for the CASF on and after a specified date, a specified amount is to be deposited into the Rural and Urban Regional Broadband Consortia Grant Account and used for specified purposes and a specified amount is to be deposited into the Broadband Infrastructure Revolving Loan Account and used for specified purposes.

STATUS: 04/20/2015 From ASSEMBLY Committee on UTILITIES AND COMMERCE: Do pass to Committee on APPROPRIATIONS.

Hearing: 04/29/2015 9:00 am, State Capitol, Room 4202

SUMMARY: This bill modifies existing limits on funds allocated into from the California Advanced Services Fund (CASF) to the Rural and Urban Regional Broadband Consortia Grant Account and the Broadband Infrastructure Revolving Loan Account, as specified. Specifically, this bill:

a) Increases an existing $10 million limit to $15 million for monies collected for the CASF for and allocated to the Rural and Urban Regional Broadband Consortia Grant Account.

b) Decreases and existing $15 million limit to $10 million for monies collected for the CASF and allocated to the Broadband Infrastructure Revolving Loan Account.

EXISTING LAW:

1) Establishes the CASF in the State Treasury, and requires that monies in those funds are the proceeds of rates and held in trust for the benefit of ratepayers, and to compensate telephone corporations for their costs of providing universal service, and expended only to accomplish specified telecommunications universal service programs, upon appropriation in the annual Budget Act or upon supplemental appropriation. (Public Utilities Code Section 270)

2) Requires the California Public Utilities Commission (CPUC) to develop, implement, and administer the CASF to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and substantial social benefits of advanced information and communications technologies, as provided in specific decisions of the CPUC and in the CASF statute. (Public Utilities Code Section 281)

3) Requires that $190 million, collected by a surcharge authorized by the CPUC, after

January 1, 2011, is to be deposited into the Broadband Infrastructure Account. (Public Utilities Code Section 281)

4) Requires that $10 million, collected by a surcharge authorized by the CPUC, after January 1, 2011, is to be deposited into the Rural and Urban Regional Broadband Consortia Grant Account. (Public Utilities Code Section 281)

5) Require that $15 million, collected by a surcharge authorized by the CPUC, after January 1, 2011, to be deposited into the Broadband Infrastructure Revolving Loan Account. (Public Utilities Code Section 281)

6) Requires the CPUC to transfer to the Broadband Public Housing Account $20 million from the Broadband Infrastructure Grant Account and $5 million from the Broadband Revolving Loan Account. Any moneys in the Broadband Public Housing Account that have not been awarded by December 31, 2016, shall be transferred back to the Broadband Infrastructure Grant Account and Broadband Infrastructure Revolving Loan Account in proportion to the amount transferred from the respective accounts. (Public Utilities Code Section 281)

7) Authorizes the CPUC to collect an additional sum not to exceed $215 million after January 1, 2011, for a sum of total moneys collected through the surcharge not to exceed $315 million. (Public Utilities Code Section 281)

8) Authorizes the CPUC to collect the additional sum through the 2020 calendar year. (Public Utilities Code Section 281)

9) Requires the CPUC to give priority to projects that provide last-mile broadband access to households that are unserved by an existing facilities based broadband provider. (Public Utilities Code Section 281)

COMMENTS:

1) Author's Statement: "The [CASF] was created to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and substantial social benefits of advanced information and communications technologies. . . As work continues to progress in achieving greater broadband expansion, it is imperative to continue the state's commitment to help ensure universal access to basic

telecommunications services, such as broadband. Unfortunately, [the Rural and Urban Regional Broadband Consortia Grant Account] is about to be exhausted. Therefore, if further monies are not available, many rural consortia will no longer be able to provide the appropriate broadband educational service nor assist in preparing applications for CASF grants."

2) Background: In 2007, the CPUC created the CASF to help promote the deployment of broadband infrastructure in unserved areas of the state. SB 1193 (Padilla) Chapter 393, Statutes of 2008, statutorily established the CASF and gave the CPUC authority to assess a surcharge on communication service ratepayers (wireline, wireless, and voice over internet protocol customers) receiving intrastate telecommunication services to fund the program. Beginning in April 1, 2014, the CPUC increased the surcharge from 0.164% to 0.464%.

In 2009, the CPUC revised the CASF program to allow more California companies to use CASF grants as a match to receive federal funds through broadband grants offered through the American Reinvestment and Recovery Act of 2009. In 2010, SB 1040 (Padilla) Chapter 317, Statutes of 2010, expanded the program by authorizing telecommunications carriers to collect an additional $125 million. Furthermore, SB 740 (Padilla) Chapter 522, Statutes of 2013, further expanded CASF eligibility to any commercial provider of broadband access, or any nonprofit entity, including government entities or community anchor institutions that elect to provide facilities based broadband service, prioritized projects that provide last-mile broadband access to households that are unserved by an existing facilities based broadband provider, and specified a goal for the CASF to approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households by December 31, 2015.

3) Unserved vs. underserved: The CPUC authorizes CASF grants for projects in both unserved and underserved areas, with priority going to unserved areas. An unserved area is an area where no broadband service is available, (except through dial-up or satellite service). The CPUC defines an underserved area as an area where broadband service is slower than 6Mbps/1.5Mbps. The Federal Communication Commission (FCC) defines underserved as slower than 4Mbps/1Mbps. The CPUC prioritized CASF expenditures to unserved areas where no facilities based provider offered broadband service, followed by underserved areas where no facilities based providers offered broadband service at specific speeds.

4) CASF accounts: The CASF has a total authorized funding of $315 million to be collected in surcharges through 2020. CASF grantees can receive a grant and loan simultaneously for a proposed project. The maximum grant is limited to 60% of the total project cost in unserved and 70% in underserved areas. Financing is limited to 20% of the project cost. The remaining funds are to be provided by the local broadband service provider, provided the CPUC has determined eligibility. As of December 31, 2014, the CASF has collected approximately $199 million of which approximately $85 million is still remaining in the fund. Funding is allocated to four CASF accounts.

* Broadband Infrastructure Grant Account (Infrastructure Account) funds the capital costs of broadband infrastructure projects in unserved and underserved areas in California. Local government projects are limited to unserved households or businesses. Carriers eligible to apply for a grant award must hold a certificate of public convenience and necessity or Wireless Identification Registration from the CPUC. CASF funding is also available to non-telephone corporations which are facilities based broadband service providers.

* Rural and Urban Regional Broadband Consortia Grant Account (Consortia Grant Account)

provides funding for the cost of broadband deployment activities, other than the capital cost of facilities. Eligible recipients include, but is not limited to local and regional governments, public safety, K-12 education, health care, and community-based organizations.

* Broadband Infrastructure Loan Account (Revolving Loan Account) supplements financing for projects also receiving CASF grant funding. Up to 20% of total project cost is eligible for financing. Applicant and project eligibility is the same as the Infrastructure Grant Account.

* Broadband Public Housing Account (Housing Account) supports projects to deploy local area networks and to increase adoption rates in publicly supported housing communities.

5) Senate Bill 1040 (Padilla) Chapter 317, Statue of 2010: SB 1040 (Padilla), authorized additional funds for the CASF and designated separate accounts within the CASF. The bill established the Consortia Grant Account and the Revolving Loan Account. These two accounts are intended to address the needs unmet under the originally established CASF program. The Consortia Grant Account is designed to authorize the CASF to award a small amount of total CASF moneys to eligible consortia for costs other than broadband infrastructure, such as the collection and analysis of market data, regional demand aggregation, and engaging civic leaders and stakeholders to submit cost-effective applications for CASF and other grants. Furthermore, the Revolving Loan Account was created to provide supplemental financing for projects also applying for CASF grant funding so that projects are more likely to be financially feasible and move forwards. CASF applicants may obtain loans of up to 20% of a project's cost, with a maximum of $500,000.

6) Creation of the Broadband Public Housing Account: In 2013, the legislature passed

AB 1299 (Bradford) Chapter 507, Statutes of 2013, which created the Housing Account, within the CASF, and required the CPUC to fund grants for the deployment and adoption of broadband services in publicly supported housing communities. The bill provided $25 million in CASF funding for the Housing Account by transferring $5 million from the Revolving Loan Account and $20 million from the Infrastructure Account. The CPUC has until December 31, 2016 to award the moneys available for Public Housing grants. Any remaining funds after December 31, 2016, is to be transferred back in proportion to the two accounts. Hence, the current funding for each CASF account is as follows:

*Broadband Infrastructure Grant Account: $270 million,

*Broadband Infrastructure Revolving Loan Account $10 million,

*Rural and Urban Regional Broadband Consortia Grant Account $10 million, and

*Broadband Public Housing Account $25 million.

7) Revolving Loan Account vs. Consortia Grant Account: Since its inception in 2012, the Revolving Loan Account has been undersubscribed to. To date, the CPUC has awarded $126,624 in loans for three infrastructure projects submitted on the February 1, 2013 application deadline. With new applications being accepted starting in December 1, 2014, as of April 9, 2015, the CPUC has received 12 applications all applying for infrastructure grants only. In contrast, the CPUC has awarded a total of $9.26 million in grant funding for 16 consortia groups with only around $250,000 remaining in the Consortia Account for new consortia projects or grants around

the state. In 2015, 13 of the 16 consortia will have exhausted their funding and will cease to continue broadband deployment activities under the original CASF grant. Only three consortia groups have approved CASF grant funding through June 2016.

This bill would allot an additional $5 million to be used for the Consortia Account, increasing its total allotment to $15 million, and decrease the allotment for the Revolving Loan Account by $5 million, therefore reducing the Revolving Loan Account total allotment to $5 million. Instead of viewing each account as a pot of money that sits in the account until it is spent, the maximum funding for each account should be viewed as the maximum amount of funds that the CPUC can use for the specific purpose designated by each account. Hence, this is not a transfer from one account to another. Instead, this bill authorizes the CPUC to spend an additional $5 million for Consortia Grant projects and $5 million less for revolving loans. By also decreasing the total allotment that can be used for the Revolving Loan Account, the total amount the CPUC is allowed to collect for the CASF remains unchanged at $315 million to be collected by 2020, but not to exceed $25 million per year.

8) Arguments in support: According to the Kern, West Kern, and Yuba community college districts, "community colleges districts often form part of the consortia, are valuable resources in reaching out to local communities, and are best situated to comment on the needs of the area. [...] Without the $5 million transfer that this bill provides the Grant Account would no longer be able to provide any funds to important infrastructure projects and consortia. This would mean that there would be limited improvements in broadband access that would leave these rural areas, as well as community colleges, a step behind as this type of access becomes a more critical part of our digital era."

9) Related Legislation:

AB 238 (Stone) 2015: This bill would define "broadband" for purposes of the California Advanced Services Fund and expand funding eligibility to specific projects.

10) Prior Legislation:

SB 740 (Padilla) 2013: Expands eligibility in the CASF, establishes a program goal, and increases the program funding. Chaptered by the Secretary of State - Chapter 522, Statutes of 2013.

AB 1299 (Bradford) 2013: Requires the CPUC to find grants for the deployment and adoption of broadband services in publicly supported housing communities using the CASF. Chaptered by the Secretary of State - Chapter 507, Statutes of 2013.

SB 1040 (Padilla) 2010: Authorizes telecommunication carriers to collect an additional $125 million for the CASF to encourage deployment of advanced communication services in California. Chaptered by the Secretary of State - Chapter 317, Statutes of 2010.

SB 1193 (Padilla) 2008: Creates the CASF to fund the cost of deploying broadband Internet facilities to unserved and underserved areas of the state. Chaptered by the Secretary of State - Chapter 393, Statutes of 2008.

REGISTERED SUPPORT / OPPOSITION:

Support

Anza Electric Cooperative, Inc.
California Center for Rural Policy at Humboldt State University
California State Association of Counties (CSAC)
California State University, San Bernardino
Central Coast Broadband Consortium
Central Sierra Connect Broadband Consortia
City of Bishop
City of California City
City of Ridgecrest
City of Riverside
City of Tehachapi
Connect Capital Area Broadband Consortium
Contra Costa Economic Partnership
Corporation for Education Network Initiatives in California (CENIC)
County of Alpine
County of Del Norte
County of El Dorado
County of Humboldt
County of Mariposa
County of Modoc
County of Mono
County of Nevada
County of Sacramento
County of Sierra
County of Tehama
County of Trinity
County of Tuolumne
County of Ventura
County of Yolo
Eastern Sierra Connect Regional Broadband Consortium
Gold Country Broadband Consortium
Inyo Networks, Inc.
Kern Community College Districts
Lake Tahoe South Shore Chamber of Commerce
North Bay/North Coast Broadband Consortium
North Lake Tahoe Chamber/CVB/Resort Association
Northeastern CA Connect Consortium
Praxis Associates, Inc.
Riverside County Innovation Center
Rural County Representatives of California
San Bernardino Community College District
San Bernardino County 211
San Diego Imperial Regional Broadband Consortium
San Joaquin Valley Regional Broadband Consortium
Sierra Economic Development Corporation
Sierra Ecosystems Associates
SmartRiverside
Tahoe Prosperity Center
Town of Mammoth Lakes

Tuolumne County Economic Development Authority
Upstate CA Connect Consortium
Volcano Communications Group
West Kern Community College Districts
Yuba Community College Districts

Opposition
None on file.

Recommendation(s)/Next Step(s):
CONSIDER recommending to the Board of Supervisors a position of "Support" for AB 1262.

Fiscal Impact (if any):
No impact.

Attachments

Bill Text
Letter of Support_Contra Costa Economic Partnership
Letter of Support_California Regional Broadband Consortia Leaders

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ASSEMBLY BILL No. 1262

Introduced by Assembly Member Wood

February 27, 2015

An act to amend Section 281 of the Public Utilities Code, relating to telecommunications, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 1262, as introduced, Wood. Telecommunications: universal service: California Advanced Services Fund.

Existing law, the federal Telecommunications Act of 1996, establishes a program of cooperative federalism for the regulation of telecommunications to attain the goal of local competition, while implementing specific, predictable, and sufficient federal and state mechanisms to preserve and advance universal service, consistent with certain universal service principles. The universal service principles include the principle that consumers in all regions of the nation, including low-income consumers and those in rural, insular, and high-cost areas, should have access to telecommunications and information services, including interexchange services and advanced telecommunications and information services, that are reasonably comparable to those services provided in urban areas and that are available at rates that are reasonably comparable to rates charged for similar services in urban areas. The act authorizes each state to adopt regulations to provide for additional definitions and standards to preserve and advance universal service within the state, only to the extent that they adopt additional specific, predictable, and sufficient mechanisms

that do not rely on or burden federal universal service support mechanisms.

Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations, as defined. Existing law establishes the California Advanced Services Fund, referred to as the CASF, in the State Treasury. Existing law requires the commission to develop, implement, and administer the CASF to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and substantial social benefits of advanced information and communications technologies, as provided in specified decisions of the commission and in the CASF statute. Existing law establishes 4 accounts, the Broadband Infrastructure Grant Account, the Rural and Urban Regional Broadband Consortia Grant Account, the Broadband Infrastructure Revolving Loan Account, and the Broadband Public Housing Account within the CASF. Existing law requires that of the moneys collected for CASF on and after January 1, 2011, $10,000,000 is to be deposited into the Rural and Urban Regional Broadband Consortia Grant Account and used for specified purposes, and $15,000,000 is to be deposited into the Broadband Infrastructure Revolving Loan Account and used for specified purposes.

This bill would require that of the moneys collected for CASF on and after January 1, 2011, $15,000,000 is to be deposited into the Rural and Urban Regional Broadband Consortia Grant Account and used for specified purposes, and $10,000,000 is to be deposited into the Broadband Infrastructure Revolving Loan Account and used for specified purposes.

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

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 281 of the Public Utilities Code is amended to read:

281. (a) The commission shall develop, implement, and administer the California Advanced Services Fund program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth,

job creation, and the substantial social benefits of advanced information and communications technologies, consistent with this section.

(b) (1) The goal of the program is, no later than December 31, 2015, to approve funding for infrastructure projects that will provide broadband access to no less than 98 percent of California households.

(2) In approving infrastructure projects, the commission shall give priority to projects that provide last-mile broadband access to households that are unserved by an existing facilities-based broadband provider. The commission shall provide each applicant, and any party challenging an application, the opportunity to demonstrate actual levels of broadband service in the project area, which the commission shall consider in reviewing the application.

(c) The commission shall establish the following accounts within the fund:

(1) The Broadband Infrastructure Grant Account.

(2) The Rural and Urban Regional Broadband Consortia Grant Account.

(3) The Broadband Infrastructure Revolving Loan Account.

(4) The Broadband Public Housing Account.

(d) (1) All moneys collected by the surcharge authorized by the commission pursuant to Decision 07-12-054 shall be transmitted to the commission pursuant to a schedule established by the commission. The commission shall transfer the moneys received to the Controller for deposit in the California Advanced Services Fund. Moneys collected on and after January 1, 2011, shall be deposited in the following amounts in the following accounts:

(A) One hundred ninety million dollars ($190,000,000) into the Broadband Infrastructure Grant Account.

(B) ~~Ten million dollars ($10,000,000)~~ *Fifteen million dollars ($15,000,000)* into the Rural and Urban Regional Broadband Consortia Grant Account.

(C) ~~Fifteen million dollars ($15,000,000)~~ *Ten million dollars ($10,000,000)* into the Broadband Infrastructure Revolving Loan Account.

(2) All interest earned on moneys in the fund shall be deposited in the fund.

(3) The commission shall not collect moneys, by imposing the surcharge described in paragraph (1) for deposit in the fund, in an amount that exceeds one hundred million dollars ($100,000,000) before January 1, 2011. On and after January 1, 2011, the commission may collect an additional sum not to exceed two hundred fifteen million dollars ($215,000,000), for a sum total of moneys collected by imposing the surcharge described in paragraph (1) not to exceed three hundred fifteen million dollars ($315,000,000). The commission may collect the additional sum beginning with the calendar year starting on January 1, 2011, and continuing through the 2020 calendar year, in an amount not to exceed twenty-five million dollars ($25,000,000) per year, unless the commission determines that collecting a higher amount in any year will not result in an increase in the total amount of all surcharges collected from telephone customers that year.

(e) (1) All moneys in the California Advanced Services Fund shall be available, upon appropriation by the Legislature, to the commission for the program administered by the commission pursuant to this section, including the costs incurred by the commission in developing, implementing, and administering the program and the fund.

(2) Notwithstanding any other law and for the sole purpose of providing matching funds pursuant to the federal American Recovery and Reinvestment Act of 2009 (Public Law 111-5), any entity eligible for funding pursuant to that act shall be eligible to apply to participate in the program administered by the commission pursuant to this section, if that entity otherwise satisfies the eligibility requirements under that program. Nothing in this section shall impede the ability of an incumbent local exchange carrier, as defined by subsection (h) of Section 251 of Title 47 of the United States Code, that is regulated under a rate of return regulatory structure, to recover, in rate base, California infrastructure investment not provided through federal or state grant funds for facilities that provide broadband service and California intrastate voice service.

(3) Notwithstanding subdivision (b) of Section 270, an entity that is not a telephone corporation shall be eligible to apply to participate in the program administered by the commission pursuant to this section to provide access to broadband to an unserved or underserved household, as defined in commission Decision

12-02-015, if the entity otherwise meets the eligibility requirements and complies with program requirements established by the commission. These requirements shall include all of the following:

(A) That projects under this paragraph provide last-mile broadband access to households that are unserved by an existing facilities-based broadband provider and only receive funding to provide broadband access to households that are unserved or underserved, as defined in commission Decision 12-02-015.

(B) That funding for a project providing broadband access to an underserved household shall not be approved until after any existing facilities-based provider has an opportunity to demonstrate to the commission that it will, within a reasonable timeframe, upgrade existing service. An existing facilities-based provider may, but is not required to, apply for funding under this section to make that upgrade.

(C) That the commission shall provide each applicant, and any party challenging an application, the opportunity to demonstrate actual levels of broadband service in the project area, which the commission shall consider in reviewing the application.

(D) That a local governmental agency may be eligible for an infrastructure grant only if the infrastructure project is for an unserved household or business, the commission has conducted an open application process, and no other eligible entity applied.

(E) That the commission shall establish a service list of interested parties to be notified of California Advanced Services Fund applications.

(f) Moneys in the Rural and Urban Regional Broadband Consortia Grant Account shall be available for grants to eligible consortia to fund the cost of broadband deployment activities other than the capital cost of facilities, as specified by the commission. An eligible consortium may include, as specified by the commission, representatives of organizations, including, but not limited to, local and regional government, public safety, elementary and secondary education, health care, libraries, postsecondary education, community-based organizations, tourism, parks and recreation, agricultural, and business, and is not required to have as its lead fiscal agent an entity with a certificate of public convenience and necessity.

(g) Moneys in the Broadband Infrastructure Revolving Loan Account shall be available to finance capital costs of broadband

facilities not funded by a grant from the Broadband Infrastructure Grant Account. The commission shall periodically set interest rates on the loans based on surveys of existing financial markets.

(h) (1) For purposes of this subdivision, the following terms have the following meanings:

(A) "Publicly subsidized" means either that the housing development receives financial assistance from the United States Department of Housing and Urban Development pursuant to an annual contribution contract or is financed with low-income housing tax credits, tax-exempt mortgage revenue bonds, general obligation bonds, or local, state, or federal loans or grants and the rents of the occupants, who are lower income households, do not exceed those prescribed by deed restrictions or regulatory agreements pursuant to the terms of the financing or financial assistance.

(B) "Publicly supported community" means a publicly subsidized multifamily housing development that is wholly owned by either of the following:

(i) A public housing agency that has been chartered by the state, or by any city or county in the state, and has been determined to be an eligible public housing agency by the United States Department of Housing and Urban Development.

(ii) An incorporated nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code (26 U.S.C. Sec. 501(c)(3)) that is exempt from taxation under Section 501(a) of that code (16 U.S.C. Sec. 501(a)), and that has received public funding to subsidize the construction or maintenance of housing occupied by residents whose annual income qualifies as "low" or "very low" income according to federal poverty guidelines.

(2) Notwithstanding subdivision (b) of Section 270, moneys in the Broadband Public Housing Account shall be available for the commission to award grants and loans pursuant to this subdivision to an eligible publicly supported community if that entity otherwise meets eligibility requirements and complies with program requirements established by the commission.

(3) Not more than twenty million dollars ($20,000,000) shall be available for grants and loans to a publicly supported community to finance a project to connect a broadband network to that publicly supported community. A publicly supported community may be an eligible applicant only if the publicly supported community can

verify to the commission that the publicly supported community has not denied a right of access to any broadband provider that is willing to connect a broadband network to the facility for which the grant or loan is sought.

(4) (A) Not more than five million dollars ($5,000,000) shall be available for grants and loans to a publicly supported community to support programs designed to increase adoption rates for broadband services for residents of that publicly supported community. A publicly supported community may be eligible for funding for a broadband adoption program only if the residential units in the facility to be served have access to broadband services or will have access to broadband services at the time the funding for adoption is implemented.

(B) A publicly supported community may contract with other nonprofit or public agencies to assist in implementation of a broadband adoption program.

(5) To the extent feasible, the commission shall approve projects for funding from the Broadband Public Housing Account in a manner that reflects the statewide distribution of publicly supported communities.

(6) In reviewing a project application under this subdivision, the commission shall consider the availability of other funding sources for that project, any financial contribution from the broadband service provider to the project, the availability of any other public or private broadband adoption or deployment program, including tax credits and other incentives, and whether the applicant has sought funding from, or participated in, any reasonably available program. The commission may require an applicant to provide match funding, and shall not deny funding for a project solely because the applicant is receiving funding from another source.

(7) (A) To provide funding for the purposes of this subdivision, the commission shall transfer to the Broadband Public Housing Account twenty million dollars ($20,000,000) from the Broadband Infrastructure Grant Account and five million dollars ($5,000,000) from the Broadband Revolving Loan Account. Any moneys in the Broadband Public Housing Account that have not been awarded pursuant to this subdivision by December 31, 2016, shall be transferred back to the Broadband Infrastructure Grant Account

and Broadband Infrastructure Revolving Loan Account in proportion to the amount transferred from the respective accounts.

(B) The commission shall transfer funds pursuant to subparagraph (A) only if the commission is otherwise authorized to collect funds for purposes of this section in excess of the total amount authorized pursuant to paragraph (3) of subdivision (d).

(i) (1) The commission shall conduct two interim financial audits and a final financial audit and two interim performance audits and a final performance audit of the implementation and effectiveness of the California Advanced Services Fund to ensure that funds have been expended in accordance with the approved terms of the grant awards and loan agreements and this section. The commission shall report its interim findings to the Legislature by April 1, 2011, and April 1, 2017. The commission shall report its final findings to the Legislature by April 1, 2021. The reports shall also include an update to the maps in the final report of the California Broadband Task Force and data on the types and numbers of jobs created as a result of the program administered by the commission pursuant to this section.

(2) (A) The requirement for submitting a report imposed under paragraph (1) is inoperative on January 1, 2022, pursuant to Section 10231.5 of the Government Code.

(B) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

(j) (1) Beginning on January 1, 2012, and annually thereafter, the commission shall provide a report to the Legislature that includes all of the following information:

(A) The amount of funds expended from the California Advanced Services Fund in the prior year.

(B) The recipients of funds expended from the California Advanced Services Fund in the prior year.

(C) The geographic regions of the state affected by funds expended from the California Advanced Services Fund in the prior year.

(D) The expected benefits to be derived from the funds expended from the California Advanced Services Fund in the prior year.

(E) Actual broadband adoption levels from the funds expended from the California Advanced Services Fund in the prior year.

(F) The amount of funds expended from the California Advanced Services Fund used to match federal funds.

(G) An update on the expenditures from California Advanced Services Fund and broadband adoption levels, and an accounting of remaining unserved and underserved households and areas of the state.

(H) The status of the California Advanced Services Fund balance and the projected amount to be collected in each year through 2020 to fund approved projects.

(2) (A) The requirement for submitting a report imposed under paragraph (1) is inoperative on January 1, 2021, pursuant to Section 10231.5 of the Government Code.

(B) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 2. 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:

The immediate continuation of assistance with broadband deployment is a primary purpose of the Rural and Urban Regional Broadband Consortia Grant Account. In order to ensure funding for regular broadband consortia activities, adequate funding must be made available. The Rural and Urban Regional Broadband Consortia Grant Account has been exhausted and unless moneys are made available immediately, deployment activities could cease.

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April 14, 2015

The Honorable Jim Wood
Assembly Member, Assembly District 2
State Capitol
Sacramento, CA 95814

Dear Assemblymember Wood:

I am writing on behalf of the Contra Costa Economic Partnership to express our strong support for AB 1262 (Wood), Telecommunications: Universal Service: California Advance Services Fund (CASF), to transfer $5 million to the Rural and Urban Regional Broadband Consortia Grant Account.

The Contra Costa Economic Partnership (Partnership) is a coalition of business, education and public sector leaders dedicated to promoting economic vitality and an excellent quality of life in the East Bay region. The Partnership works collaboratively to support and expand existing businesses, and to attract high-wage, high-skill jobs and emerging technology companies to the region. The Partnership proudly serves as the fiscal agent of the East Bay Broadband Consortium (EBBC), a regional initiative covering Alameda, Contra Costa and Solano counties focused on improving Broadband (high-speed Internet) deployment, access and adoption in the East Bay. EBBC has 41 formal organizational and institutional members and has been endorsed by 25 leadership organization.

For the past three years, rural and urban regional consortia have been working to promote ubiquitous broadband deployment and to advance broadband adoption in unserved and underserved areas throughout the state. AB 1262 would allow consortia to continue working with telecommunications providers and key community stakeholders to promote CASF for years to come.

The Partnership strongly believes AB 1262 is essential to achieving the state's broadband goal of reaching 98% broadband deployment and 80% adoption for California by 2015, goals acknowledged by the California Broadband Council (CBC); California Public Utilities Commission (CPUC); and California Emerging Technology Fund (CETF).

The Partnership sincerely thanks you, Assembly Member Wood, for your leadership and for introducing this important legislation. We applaud your commitment to help close the digital divide in California.

Warmest regards,

Kristin Connelly

Kristin Connelly
Executive Director

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Central Coast Broadband Consortium | CSC | Inland Empire Regional Broadband Consortium | EBBC East Bay Broadband Consortium
ESCRBC | NECCC | LACRBC Los Angeles County Regional Broadband Consortia | UCCC
North Bay/North Coast Broadband Consortium | Broadband Consortium of the Pacific Coast | Redwood Coast Connect
California Partnership for the San Joaquin Valley — San Joaquin Valley Broadband Consortium | VALLEY VISION — "Connected Capital Area" Broadband Consortium | San Diego Regional Economic Development Corporation — San Diego Imperial Regional Broadband Consortium | SEDCorp Sierra Economic Development Corporation — Gold Country Broadband Consortium

April 22, 2015 ***Via Email***

Assembly Member Jimmy Gomez, Chair
Assembly Member Frank Begelow, Vice Chair
Assembly Member Richard Bloom
Assembly Member Rob Bonta
Assembly Member Ian C. Calderon
Assembly Member Ling Ling Chang
Assembly Member Tom Daly
Assembly Member Susan Talamantes Eggman
Assembly Member James Gallagher
Assembly Member Eduardo Garcia
Assembly Member Chris R. Holden
Assembly Member Brian W. Jones
Assembly Member Bill Quirk
Assembly Member Anthony Rendon
Assembly Member Donald P. Wagner
Assembly Member Shirley N. Weber
Assembly Member Jim Wood

RE: AB1262 (Wood)

Dear Assembly Appropriations Committee Members:

We are writing to express our strong support for AB 1262 (Wood), Telecommunications: Universal Service: California Advance Services Fund (CASF), to transfer $5 million to the Rural and Urban Regional Broadband Consortia Grant Account. The bill passed unanimously on Consent in the Assembly Utilities and Commerce Committee on April 20th.

For the past three years, rural and urban regional consortia have been working to promote ubiquitous broadband deployment and to advance broadband adoption in unserved and underserved areas throughout the state. AB 1262 would allow consortia to continue working with telecommunication providers and key community stakeholders to promote CASF for years to come.

We think AB 1262 is essential to achieving the state's broadband goal of reaching 98% broadband deployment and 80% adoption for California by 2015, goals acknowledged by the California Broadband Council (CBC); California Public Utilities Commission (CPUC); and California Emerging Technology Fund (CETF).

We sincerely thank Assembly Member Wood for introducing this legislation and we commend the Assembly Appropriations Committee on your commitment to help close the Digital Divide in California. Attached is a list and letters endorsing AB 1262 showing widespread support throughout the state and providing evidence that funding for the regional consortia is fiscally prudent.

Sincerely,

The California Regional Broadband Consortia Leaders

Revlyn Williams
Executive Director, Manchester Community Technologies, Inc.
LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIUM (LACRBC), Los Angeles County

Diana Rodriguez
Director, Digital Learning and Technology, Youth Policy Institute
LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIUM (LACRBC), Los Angeles County

Central Coast Broadband Consortium

Inland Empire Regional Broadband Consortium

North Bay/North Coast Broadband Consortium

Broadband Consortium of the Pacific Coast

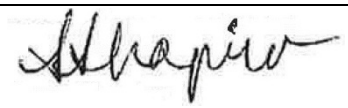
Redwood Coast Connect

San Joaquin Valley Broadband Consortium

"Connected Capital Area" Broadband Consortium

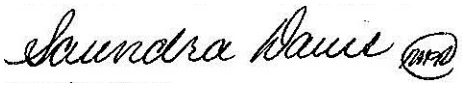
San Diego Imperial Regional Broadband Consortium

Gold Country Broadband Consortium

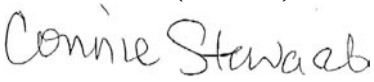


Sara Shapiro
Assistant Principal, El Monte Union High School
LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIUM (LACRBC), Los Angeles County

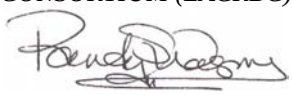
Cesar Zaldivar-Motts
Executive Director, Southeast Community Development Corporation (SCDC)
LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIUM (LACRBC), Los Angeles County



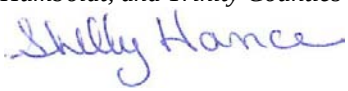
Saundra Davis
Executive Director, Community Centers Incorporated (CCI)
LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIUM (LACRBC), Los Angeles County



Connie Stewart
Executive Director, California Center for Rural Policy, CSU Humboldt
REDWOOD COAST CONNECT (RCC), Del Norte, Humboldt, and Trinity Counties

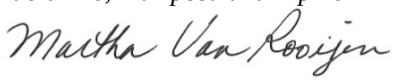


Randy Wagner
President and CEO, Sierra Economic Development Corporation (SEDCorp)
GOLD COUNTRY BROADBAND CONSORTIUM (GOLD COUNTRY) Sierra, Nevada, Placer, El Dorado and Alpine Counties



Shelly Hance
Executive Director, Amador-Tuolumne Community Action Agency (A-TCAA)
CENTRAL SIERRA CONNECT BROADBAND CONSORTIUM (CSC), Amador, Calaveras, Tuolumne, Mariposa and Alpine

Nate Greenberg
GISP, IT Director and GIS Coordinator, County of Mono and Town of Mammoth Lakes
EASTERN SIERRA CONNECT REGIONAL BROADBAND CONSORTIUM (ESCRBC), Inyo, Mono and Eastern Kern Counties



Martha van Rooijen
IERB Consortium Manager
INLAND EMPIRE REGIONAL BROADBAND CONSORTIUM (IERB), San Bernardino and Riverside Counties

Jodi Mulligan
Project Manager, Valley Vision
CONNECTED CAPITAL AREA BROADBAND CONSORTIUM (CCABC) Sacramento, Sutter, Yolo and Yuba Counties

Joel Staker
Network Administrator, City of Watsonville
CENTRAL COAST BROADBAND CONSORTIUM (CCBC), Monterey, San Benito and Santa Cruz Counties

Central Coast Broadband Consortium

Inland Empire Regional Broadband Consortium

EBBC EAST BAY BROADBAND CONSORTIUM

ESCRBC

NECCC The Northeastern California Connect Consortium

LACRBC LOS ANGELES COUNTY REGIONAL BROADBAND CONSORTIA

UCCC The Upstate California Connect Consortium

North Bay/North Coast Broadband Consortium

Broadband Consortium of the Pacific Coast

Redwood Coast Connect

California Partnership for the San Joaquin Valley
San Joaquin Valley Broadband Consortium

VALLEY VISION
"Connected Capital Area" Broadband Consortium

San Diego Regional Economic Development Corporation
San Diego Imperial Regional Broadband Consortium

SEDCorp Sierra Economic Development Corporation
Gold Country Broadband Consortium

Linda Best
Retired President and CEO, Contra Costa Economic Partnership
EAST BAY BROADBAND CONSORTIUM (EBBC), Alameda, Contra Costa and Solano Counties

Jennifer Henry Storm
Executive Director, Economic Development Foundation, San Diego Regional Economic Development Corporation
SAN DIEGO IMPERIAL REGIONAL BROADBAND CONSORTIUM (SDIRBC), San Diego and Imperial Counties

Cathy Emerson
Program Manager, Broadband Organization Development and Facilitation, CSU Chico
NORTHEASTERN CALIFORNIA CONNECT CONSORTIUM (NECCC), Siskiyou, Modoc, Shasta, Lassen, Tehama, Butte and Plumas Counties and UPSTATE CALIFORNIA CONNECT CONSORTIUM (UCCC), Lake, Glenn, and Colusa Counties

Mike Dozier
Lead Executive, California Partnership for the San Joaquin Valley, CSU Fresno
SAN JOAQUIN VALLEY REGIONAL BROADBAND CONSORTIUM (SJVRBC), Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare Counties

Thomas W. West
Non-Voting Chair of the Oversight Committee
*NORTH BAY/NORTH COAST BROADBAND CONSORTIUM (**NBNCBC**), Marin, Mendocino, Napa and Sonoma Counties*

Bruce Stenslie
President and CEO, Economic Development Collaborative of Ventura County
BROADBAND CONSORTIUM OF THE PACIFIC COAST, San Luis Obispo, Santa Barbara and Ventura Counties

Cc: Mr. Tony Bui
Ms. Jennifer Galehouse
Mr. John Scribner
Ms. Annabel Snider

AB 1262 (Wood) Support List

Updated: April 21, 2015

- 211 San Bernardino County
- Access Humboldt
- Anza Electric Cooperative
- Cal State San Bernardino
- California Center for Rural Policy
- CA Emerging Technology Fund
- California State Association of Counties (CSAC)
- Central Coast Broadband Consortium
- Central Sierra Connect Broadband Consortia
- City of Bishop
- City of California City
- City of Ridgecrest
- City of Riverside
- City of Tehachapi
- Connected Capital Area Broadband Consortium
- Contra Costa Economic Partnership
- Corporation for Education Network Initiatives in CA (CENIC)
- County of Alpine
- County of Del Norte
- County of El Dorado
- County of Humboldt
- County of Mariposa
- County of Modoc
- County of Mono
- County of Nevada
- County of Riverside
- County of Tehama
- County of Trinity
- County of Tuolumne
- County of Sacramento
- County of San Bernardino
- County of Shasta
- County of Sierra
- County of Ventura
- County of Yolo
- Eastern Sierra Connect Regional Broadband Consortium
- Economic Development Collaborative – Ventura County
- Economic Vitality Corporation
- Edgewood Companies
- High Desert Community Foundation
- Inland Empire Regional Broadband Consortium
- Kern Community College Districts

- Lake Tahoe South Shore Chamber of Commerce
- Los Angeles County Regional Broadband Consortia
- North Bay/North Coast Broadband Consortium
- Northeastern CA Connect Consortium
- North Lake Tahoe Chamber
- Plumas-Sierra Telecommunications
- Praxis Associates
- Rural County Representatives of California (RCRC)
- San Bernardino Community College District
- San Diego Imperial Regional Consortium
- San Joaquin Valley Regional Broadband Consortium
- Sierra Ecosystem Associates
- Sierra Economic Development Corporation (SedCrop)
- SMARTRiverside
- Tahoe Prosperity Center
- Town of Mammoth Lakes
- Tuolumne County Economic Development Authority
- Upstate CA Connect Consortium
- Volcano Communications Group
- West Kern Community College Districts
- Yuba Community College Districts

CALIFORNIA EMERGING TECHNOLOGY FUND
www.cetfund.org

The Hearst Building
5 Third Street, Suite 320
San Francisco, CA 94103
415-744-CETF (2383)

1000 N. Alameda Street, Suite 240
Los Angeles, CA 900121
213-443-9952

April 16, 2015

Assembly Member Anthony Rendon
Chair, Assembly Committee on
Utilities and Commerce
P.O. Box 942849, Room 5136
Sacramento, California 94249-0063

Assembly Member Jim Patterson
Vice Chair, Assembly Committee on
Utilities and Commerce
P.O. Box 942849, Room 3132
Sacramento, California 94249-0023

RE: AB1262 (Wood)

Dear Chairman Rendon and Vice Chairman Patterson:

The California Emerging Technology Fund (CETF) respectfully submits this letter to express our strong support for AB 1262 (Wood): Telecommunications: Universal Service: California Advance Services Fund (CASF), to transfer $5 million to the Rural and Urban Regional Broadband Consortia Grant Account (from the CASF Revolving Loan Account which has unused funds). AB 1262 only provides for a internal transfer of funds within CASF—it does not involve any new fees nor any additional appropriation.

CETF is a statewide non-profit organization directed to be established by the California Public Utilities Commission (CPUC) with the mission to close the Digital Divide in California as a result of corporate mergers in 2005. Thus, CETF is focused on both broadband deployment and adoption, coupled with ensuring accessible technology for people with disabilities.

For the past three years, rural and urban regional consortia have been working to promote ubiquitous broadband deployment and to advance broadband adoption in unserved and underserved areas throughout the state. AB 1262 would allow consortia to continue working with broadband providers and community stakeholders to cost-effectively use CASF funds. Historical data shows that regional consortia have been able to generate information and aggregate demand for the private sector (particularly smaller companies) that foster successful applications to CASF for workable deployment projects to reach unserved households.

AB 1262 is piovtal to achieving the goal of 98% broadband deployment adopted by the Legislature and signed into law in 2013 because high-speed Internet access projects that reach unserved rural communities require cooperation with multiple stakeholders and government agencies that often is either cost-prohibitive or beyond the ability of any single provider. Further, broadband infrastructure projects must to be tailored to the particular circumstances of each community and the assets within a region.

The primary role of the regional consortia is to engage all providers and stakeholders to work together to achieve the 98% deployment goal.

We sincerely thank Assembly Member Wood for introducing this important legislation and we commend the Assembly Utilities and Commerce Committee on your commitment to help close the Digital Divide in California. Attached is a list of letters to date endorsing AB 1262 showing widespread support throughout the state and providing evidence that your leadership to continue funding for the regional consortia is fiscally prudent.

Sincerely,

Sunne Wright McPeak
President and CEO

Gladys N. Palpallatoc
Associate Vice President

Cc: Assembly Member Jim Wood
Assembly Member Katcho Achadjian
Assembly Member Susan Bonilla
Assembly Member Autumn R. Burke
Assembly Member Brian Dahle
Assembly Member Susan Talamantes Eggman
Mr. Tony Bui
Ms. Sue Kateley
Assembly Member Cristina Garcia
Assembly Member David Hadley
Assembly Member Roger Hernández
Assembly Member Jay Obernolte
Assembly Member Bill Quirk
Assembly Member Miguel Santiago
Assembly Member Philip Y. Ting
Assembly Member Das Williams

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95814

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916.327-7500
Facsimile
916.441.5507

April 14, 2015

The Honorable Anthony Rendon
Chair, Assembly Utilities and Commerce
State Capitol, Room 5136
Sacramento, CA 95814

RE: AB 1262 (Wood) – Telecommunications: Universal Service: California Advance Services Fund
As introduced Feb 27, 2015 - SUPPORT
Hearing date: April 20, 2015, Assembly Utilities and Commerce Committee

Dear Assembly Member Rendon:

The California State Association of Counties (CSAC) supports Assembly Bill 1262 (Wood), which will provide vital dollars to the urban and rural consortia across the state to promote broadband access and adoption to unserved and underserved communities.

Specifically, AB 1262 would transfer $5 million dollars to the Rural and Urban Regional Broadband Consortia Grant Account from the Broadband Infrastructure Revolving Loan Account. This additional funding will help ensure the consortia may continue their work in collaboration with service providers and community stakeholders. These efforts have included improving maps of existing broadband deployment, developing model broadband policy for local agencies, convening regional summits that bring together local leadership with the residents they serve, and assisting smaller telecommunication service providers apply for infrastructure grants.

CSAC strongy supports policy that seeks to enhance digital inclusion and overcome the digital divide that still persists in our state. Counties understand the importance of broadband for both county service delivery and also creating jobs, attracting new businesses, improving health care and education outcomes, and maximizing the efficient use of resources, all while connecting residents to these efforts and other opportunities.

For the aforementioned reasons, CSAC supports AB 1262. Please do not hesitate to contact me if you have any questions regarding our position at (916) 327-7500, extension 515.

Sincerely,

As signed

Dorothy Holzem
Legislative Representative

cc: The Honorable Jim Wood, California State Assembly
Members, Assembly Utilities and Commerce Committee
Consultant, Assembly Utilities and Commerce Committee
Daryl Thomas, Consultant, Assembly Republican Caucus

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **11.**

Meeting Date:	05/07/2015
Subject:	AB 762 (Mullin) Day Care Centers: Integrated Licensing
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-15
Referral Name:	AB 762 (Mullin) Day Care Centers: Integrated Licensing
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

This bill was referred to the Legislation Committee by Director of Community Service Bureau, Employment and Human Services, Camilla Rand.

Referral Update:

Assembly Bill (AB) 762 would eliminate the bifurcation of early care licensing in California into two separate licenses and a Toddler Component option and create a single license for child care centers serving children birth through entering Kindergarten.

STATUS:
Introduced: 02/25/2015
Last Amend: 04/08/2015
Disposition: Pending
Location: Assembly Appropriations Committee

BACKGROUND:

Specifically, this bill:

1) Makes certain Legislative findings and declarations pertaining to the early care licensing system in California and its separate treatment of infants and toddlers and preschool-age children.

a) Declares the intent of the Legislature to require the following under a new, integrated day care licensing structure:

b) Grouping children together by age-appropriate developmental levels and following appropriate staff-child ratios and group-sized regulations;

c) Transitioning children from age-appropriate settings when their developmental level warrants this move;

d) Considering a child's chronological age and the entire group's need when making decisions regarding moving a child;

e) Ensuring supervision of all children by teachers and aides with appropriate qualifications;

f) Grouping toddlers with either infants or preschoolers as long as the requirements applicable to the youngest age group are followed;

g) Placing emphasis on improving quality of care and education for children from birth to kindergarten placed in center-based programs;

h) Promoting long-term efficiency within the Community Care Licensing Division (CCLD) of DSS through eliminating duplicate paperwork and compliance visits to day care centers; and

i) Conducting day care center inspections based on a single integrated license.

2) Directs DSS, in consultation with stakeholders including the California Department of Education and others, as specified, to adopt regulations to develop and implement a single integrated license for a day care center serving children from birth to kindergarten by January 1, 2018. Further requires that these regulations include age-appropriate transition times, as specified, and that an integrated license issued to a new or current day care center licensee list the age groups of children being served for specified purposes.

3) Requires, during the period of January 1, 2018, to December 1, 2018, an existing day care license to be converted to a single integrated license upon annual renewal and that, prior to this conversion, a day care center licensee shall continue to meet regulatory requirements and inspection standards for the age groups of children receiving care in that center.

4) States that licensees shall not be required to pay an additional fee for this conversion to a single integrated license other than the annual fee, and stipulates that a new applicant for a single integrated license may be charged a fee commensurate with the previous cost for dual licenses.

5) Directs day care centers with an optional toddler program to, beginning January 1, 2016, extend the toddler component to children up to three years old.

6) Repeals references in statute to the optional toddler program beginning January 1, 2018.

EXISTING LAW:

1) Establishes the California Child Day Care Facilities Act, creating a separate licensing category for child day care centers and family day care homes within DSS's existing licensing structure. (HSC 1596.70 et seq.)

2) Defines "day care center" to include infant centers, preschools, extended day care facilities, and school-age child care centers. (HSC 1596.76)

3) Requires any person or entity operating, as specified, as child day care facility in California to have a current valid license. (HSC 1596.80)

4) Requires DSS to charge an original application fee for the issuance of a license to operate a child day care facility and, thereafter, an annual fee and that these fees be adjusted by facility and

capacity. (HSC 1596.803)

5) Directs DSS to develop guidelines and procedures for authorizing licensed child day care centers serving preschool-age children and licensed child day care centers serving infants to create a special optional toddler program for children between the ages of 18 and 30 months and further requires this optional toddler program to meet certain requirements, as specified. (HSC 1596.955 and 1596.956)

6) Requires DSS to conduct unannounced visits of each licensed day care center and requires that no center be visited less frequently than once every five years. Further requires DSS to conduct annual unannounced visits of licensed centers under specified circumstances, such as when a license is on probation. Additionally requires annual visits of a random sample of at least 20% of facilities not subject to annual inspections for specified circumstances and states that, should the total citations for this 20% of facilities exceed the previous year's by 10%, the random sample subject to annual inspection shall increase in the next year by 10%. Because of this trigger, 30% of eligible facilities are now randomly sampled each year for inspection. (HSC 1597.09)

7) Directs DSS, and any local agency with which it contracts for purposes of licensing activities, to conduct an initial site visit and grant or deny an application for license within 30 days of receiving a complete licensing application for a day care center. (HSC 1597.13)

FISCAL EFFECT: Unknown

COMMENTS:

Licensed child care: The California Child Day Care Facilities Act governs the licensure and operation of child day care centers and family day care homes. This law and the attendant regulations found in Title 22 of the California Code of Regulations establish general health and safety requirements, staff-to-child ratios, and provider training requirements.

The Community Care Licensing Division (CCLD) of DSS is responsible for licensing and monitoring the state's 10,453 day care centers, which, as of June 30, 2014, provided 588,058 child care slots. CCLD is required to conduct unannounced site visits of all licensed child day care facilities and homes. At the very least, these facilities and homes must be visited no less frequently than once every five years. CCLD also conducts annual visits of facilities with poor histories of compliance and those that are required to have yearly visits by federal law. Additionally, 30% of those facilities not required to be inspected yearly are randomly selected for annual inspection.

Infant centers serve children under two years old, preschool child care centers serve children between the age of 2 and when they start school, and school-age child care centers serve children who have entered the first grade or are in a child care program exclusively for children in kindergarten and above. A "combination center" is any combination of an infant center, preschool child care center, school-age child care center and child care center for mildly ill children that is owned and operated by one licensee at a common address. In California, separate licenses are currently required for serving infants and for serving preschool-age children. Thus, owner/operators of combination centers serving both populations must get two licenses and undergo separate inspection and compliance processes for each license.

Toddler program: In 1988, the Senate Select Committee on Children and Youth and the Senate

Toddler program. In 1988, the Senate Select Committee on Children and Youth and the Senate Select Committee on Infant and Child Care and Development convened a task force to examine what at the time were the two basic licensing categories for child care centers: an infant category for children up to 2 years of age, and a second category for children between the ages of 2 and 12. This task force recommended the establishment of a third optional category for toddlers between the ages of 18 and 30 months. SB 629 (Morgan), Chapter 1079, Statutes of 1989, established this optional license category for day care programs and SB 434 (Morgan), Chapter 246, Statutes of 1993, refined and made the optional program permanent.

As it currently exists, the optional toddler program is available to both centers that serve preschool-age children and centers that serve infants. These centers can create a special program component for children between the ages of 18 and 30 months; the program has its own staffing ratio and maximum group size requirements, but is considered an extension of the infant or preschool license and does not require a separate license. The toddler program is to be located in areas separate from those used by younger and older children. Children can only be placed in this program with parental consent. A toddler who is more than 30 months of age may participate in an optional toddler program with parental permission.

Continuity of care and child development: Child care providers and caregivers, when they form continuous attachments with young children through providing regular care, can have positive impacts on the development of those children. Research indicates that infants who form strong attachments with their child care providers exhibit higher likelihood of playing, exploring, and interacting with adults in their child care settings. Conversely, it has been found that when very young children are made to transition from one room to another in a care setting due to pre-determined developmental stages (often based on birthdate), they can experience high levels of distress. Fewer demonstrations of behavior problems while at child care have also been found in young children who experience lower turnover in care providers and longer periods spent with their primary caregiver. Continuity of care for young children can also provide benefits for caregivers and parents, allowing for the continued development of trust between parents and care providers.

Need for this bill: According to the author, this bill "streamlines the bifurcated child care licensing system by creating a single license that reduces the administrative burden, removes the 'toddler component' option process, and aids centers in keeping child care slots filled by preventing the immediate movement of children based on their birthdate. This policy goes a long way to simplify the childcare licensing process while maintaining quality developmentally appropriate practices and eases the ability to provide continuity of care for children and families which is necessary for their success."

Supporters state that California is one of only two states that issue separate licenses for infant/toddlers and for preschool centers, and that the transition from an infant area to preschool at 24 months of age (or 30 months if the center has an optional toddler program) is particularly rigid, doesn't allow flexibility for the varying developmental needs of different infants and toddlers, and creates barriers to continuity of relationships. This siloed licensing structure, they claim, ignores the developmental needs of the child and forces providers to move children out of one classroom and into another based on birthdates without appropriately considering other needs.

REGISTERED SUPPORT / OPPOSITION:

Support:

Advancement Project
American Federation of State, County and Municipal Employees (AFSCME)
California Alternative Payment Program Association (CAPPA)
California Association for the Education of Young Children
California Child Care Resource & Referral Network
California Head Start Association
Child Care Partnership Council of San Mateo
Child Care Resource Center
Children NOW
Cleanology Housekeeping Personal Services
Elder Caring
First 5 Association of CA
First 5 Santa Clara County
Foodsteps Child Care, Inc.
Institute for Human and Social Development Inc.
Little Mud Puddles Learning Center
Los Angeles County Office of Education (LACOE)
MAAC
Pacific Clinics
Peninsula Family Services
San Mateo County Child Care Partnership Council

Opposition:
None on file.

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for AB 762 (Mullin) Day Care Centers: Integrated Licensing.

Attachments

Bill Text

AMENDED IN ASSEMBLY APRIL 8, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 762

Introduced by Assembly Member Mullin
(Coauthor: Assembly Member Chávez)
(Coauthor: Senator Hertzberg)

February 25, 2015

An act to add Section 1596.951 to, and to amend and repeal Sections 1596.955 and 1596.956 of, the Health and Safety Code, relating to care facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 762, as amended, Mullin. Day care centers: integrated licensing.

Existing law, the California Child Day Care Facilities Act, provides for the licensure and regulation of day care centers by the State Department of Social Services. Existing regulations require a separate license to be issued for each component of a combination center, and establishes teacher-child ratio requirements. Existing law requires the department to develop guidelines and procedures to ~~permit~~ *authorize* licensed child day care centers serving infants or preschool age children to create a special optional toddler program component for children between 18 and 30 months of age, and requires the program to be considered an extension of the infant center or preschool license. Existing law makes it a misdemeanor to willfully or repeatedly violate any of these provisions or a rule or regulation promulgated under these provisions.

This bill would require the department to adopt regulations, on or before January 1, 2018, to develop and implement ~~an~~ *a single* integrated license for a day care center serving children from birth to kindergarten.

The bill would require ~~an applicant for the integrated license to meet specified basic requirements in addition to the current safety and care standards, including, specified staff-child ratios and requirements pertaining to indoor and outdoor activity space.~~ *the regulations to include age-appropriate transition times, as specified, and a requirement that an integrated license list the age groups of children being served at the day care center. The bill would require, between January 1, 2018, and December 31, 2018, an existing day care center license to be converted to a single integrated child care license upon annual renewal of the license, and would require that until a day care center has the new integrated license, standards for inspection of a day care center to be based on the current license.* The bill would also *require a day care center with a toddler component to extend the toddler component to serve children 18 months to 3 years, inclusive, years of age and would* repeal the provisions relating to a toddler program component on January 1, 2018. By changing the definition of an existing crime, the bill would impose a state-mandated program.

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.

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

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

SECTION 1. The Legislature finds and declares all of the following:

(a) In the ~~1970's,~~ *1970s,* California led the nation in the creation of its licensing system for community care facilities, and pioneered recognition of the special needs of infants and toddlers with a license distinct from preschool-age care.

(b) While the standard of care in California statute remains appropriate, the bifurcation of early care licensing in California into two separate licenses is unnecessary and problematic.

(c) Many states now mandate the standard required in California, but without dual-licensing. California is one of only two states in the country that employ a separate infant-toddler license. Other states employ a single license for early childhood centers,

mandating developmentally appropriate standards based on the age of the children served.

(d) Even in California, family day care homes are not subject to the dual license requirement. Only private fee, state and federally funded child day care facilities are subject to the dual license requirement.

(e) It is the intent of the Legislature that all of the following are required under a new integrated licensing structure:

(1) Children shall be grouped together by their appropriate developmental levels and appropriate staff-child ratio and group size regulations shall be followed.

(2) Children shall transition from ~~age appropriate~~ *age-appropriate* classrooms or program spaces when their developmental level is appropriate for such a move.

(3) A child's chronological age and the entire group's need shall also be considering factors for such moves.

(4) All children shall be supervised appropriately by teachers and ~~aids~~ *aides* with appropriate staff qualifications. Toddlers may be grouped with either infants or preschoolers as long as the requirements applicable to the youngest age group in the group are followed.

(5) Emphasis shall be placed on improving the quality of early care and education for children from birth to kindergarten in center-based programs.

(6) Promotion of long-term efficiency within the Community Care Licensing Division of the State Department of Social Services through the elimination of duplicate paperwork and compliance visits to day care centers.

(7) Inspection of a day care center based on a single integrated license rather than on separate visits based on each license to increase efficiency and to allow a department analyst to more holistically evaluate a day care center which will lead to stronger health and safety practices. Those efficiencies will reduce cost pressure on the department and allow more providers to operate in California, and thus open more spaces for children and parents waiting for care.

~~SEC. 2. Section 1596.951 is added to the Health and Safety Code, to read:~~

~~1596.951. (a) The following definitions shall apply to this section:~~

~~(1) "Young infant" means a child 0 to 9 months of age~~
~~(2) "Mobile infant" means a child 8 to 18 months of age.~~
~~(3) "Toddler" means a child 16 to 36 months of age.~~
~~(4) "Preschooler" means a child 3 years of age to kindergarten age.~~
~~(5) "Mixed-age groups" means a group including toddlers and infants or toddlers and preschoolers in which the requirements for the youngest age group apply.~~
~~(6) "Transition from classroom or program space" means group placement that is determined by a child's developmental readiness within three months before or after the child's birth date, except for a child with developmental delays, and the need of the entire group of children.~~
~~(7) "Combination center" means a combination of child care center and schoolage child care center or child care center for mildly ill children that is owned and operated by one licensee at a common address.~~
~~(b) The department shall adopt regulations, on or before January 1, 2018, to develop and implement an integrated license for a day care center serving children from birth to kindergarten. In addition to the current safety and care standards, an applicant for the integrated license shall meet all of the following basic requirements:~~
~~(1)~~
~~Group placement shall be determined by a child's developmental readiness within three months before or after the child's birth date, except for a child with developmental delays, and the needs of the entire group of children.~~
~~(2) The day care center shall observe the following staffing ratios at the center:~~
~~(A) The following ratio requirements shall apply to young infants and mobile infants:~~
~~(i) There shall be a ratio of one teacher for every four infants in attendance.~~
~~(ii) An aide may be substituted for a teacher if both of the following conditions are met:~~
~~(I) There is a fully qualified teacher directly supervising no more than 12 infants.~~
~~(II) The aide is responsible for the direct care and supervision of a group of no more than four infants.~~

~~(iii) If children are engaged in activities away from the center, there shall be a minimum of one teacher for every two infants in attendance. This ratio may include authorized representatives of infants in care and adult volunteers to supplement the staff-infant ratio.~~

~~(iv) The director and the assistant director may be counted in the staff-infant ratio if he or she is actually working with infants.~~

~~(v) There shall be one teacher to visually observe every 12 sleeping infants if the remaining staff necessary to meet the ratios specified in this section are immediately available at the center.~~

~~(vi) An aide who is 18 years of age or older, and who meets the requirements in clause (ii), may visually observe 12 sleeping infants in place of a teacher.~~

~~(vii) A center shall provide for the overlap of staff for different shifts so that continuity of care is assured.~~

~~(B) The following requirements shall apply to toddlers:~~

~~(i) There shall be a ratio of one teacher for every six children in attendance.~~

~~(ii) An aide who is participating in on-the-job training may be substituted for a teacher if the aide is directly supervised by a teacher.~~

~~(iii) The maximum group size with two teachers, or one teacher and one aide, shall not exceed 12 toddlers.~~

~~(iv) There shall be one teacher to visually observe every 12 sleeping toddlers if the remaining staff necessary to meet the ratios and group size requirements in this section are immediately available at the center.~~

~~(v) An aide who is 18 years of age or older, and who meets the requirements in clause (ii), may visually observe 12 sleeping toddlers in place of a teacher.~~

~~(vi) A center shall provide for overlap of staff for different shifts so that continuity of care is assured.~~

~~(C) The following requirements shall apply to preschoolers:~~

~~(i) There shall be a ratio of one teacher for every 12 children in attendance.~~

~~(ii) The number of children in attendance shall not exceed licensed capacity.~~

~~(iii) If children are engaged in activities outside of the center, there shall be one teacher for every 12 children. However, because activities outside of the center pose additional hazards to children,~~

~~the center shall make an effort to have a ratio of one adult for every 6 children through the use of adult volunteers.~~

~~(iv) The center may use aides in a teacher-child ratio of one teacher and one aide for 15 preschoolers in attendance.~~

~~(v) A teacher-child ratio of one teacher supervising 24 napping children is permitted if the remaining teachers necessary to meet the overall ratio and group size requirements are immediately available at the center.~~

~~(vi) A teacher aide who is 18 years of age or older, and who meets the requirements listed above may supervise 24 napping children in place of a teacher. There shall be provision for overlap of staff for different shifts so that continuity of care is assured.~~

~~(D) The following requirements shall apply to mixed age groups:~~

~~(i) If groups of children of two age categories are commingled and the younger age group exceeds 50 percent of the total number of children present, the ratios for the entire group must meet the ratios required for the younger age group.~~

~~(ii) If the younger age group does not exceed 50 percent of the total number of the children present, the teacher-child and adult-child ratios shall be computed separately for each group.~~

~~(3) The day care center shall observe the following staffing ratios at the center during water activities:~~

~~(A) The requirements for young infants and mobile infants are as follows:~~

~~(i) A ratio of one adult to two infants shall be maintained during activities in or near any body of water.~~

~~(ii) A ratio of one staff member to every four infants shall be maintained during activities in or near any container of water that a child can get into and get out of unassisted. This shall include, but not be limited to, wading pools, basins, or water trays.~~

~~(iii) The ratio may include authorized representatives of infants in care and adult volunteers to supplement the staff-infant ratio.~~

~~(B) The requirements for toddlers are as follows:~~

~~(i) A ratio of one adult to two toddlers shall be maintained during activities in or near any body of water.~~

~~(ii) A ratio of one staff member to every four toddlers shall be maintained during activities in or near any container of water that a child can get into and get out of unassisted. This shall include, but not be limited to, wading pools, basins, or water trays.~~

~~(iii) This ratio may include authorized representatives of toddlers in care and adult volunteers to supplement the staff-toddler ratio.~~

~~(C) The requirements for preschoolers are as follows:~~

~~(i) There shall be at least one adult, who has a valid water-safety certificate on file at the center, present.~~

~~(ii) During water activities in or near any of the following bodies of water, a ratio of not less than one adult, including teachers, to every six children, or fraction thereof, shall be maintained during water activities in or near any of the following bodies of water:~~

~~(I) Swimming pool.~~

~~(II) Any portable pool with sides so high that children using the pool cannot step out unassisted by a person or device, including, but not limited to, a ladder.~~

~~(III) Potentially dangerous natural bodies of water including, but not limited to, oceans, lakes, rivers, and streams.~~

~~(iii) Lifeguards or personnel supervising anyone other than center children at the water activity site shall not be included in this ratio.~~

~~(D) The requirements for mixed, age groups are as follows:~~

~~(i) If groups of children of two age categories are commingled and the younger age group exceeds 50 percent of the total number of children present, the ratios for the entire group shall meet the ratios and requirements for the younger age group.~~

~~(ii) If the younger age group does not exceed 50 percent 50 of the total number of the children present, the teacher-child and adult-child ratios shall be computed separately for each group.~~

~~(4) The day care center shall maintain the staff-child ratio for all age groups specified in paragraph (2) while transporting children in motor vehicles. The ratio shall be maintained whether the vehicle is moving or parked. Children in motor vehicles shall have constant adult supervision and shall not be left unattended under any circumstances.~~

~~(5) The outdoor activity space at the day care center shall meet all of the following requirements:~~

~~(A) Except as provided in subparagraph (D), the outdoor activity space for one age group shall be physically separate from space used by the other age groups.~~

~~(B) The outdoor activity space shall be equipped with a variety of age-appropriate toys and equipment.~~

~~(C) For infants, placement of playpens shall not create hazards to other infants or adults in the play area.~~

~~(D) (i) If groups of children of two age categories are commingled and the younger age group exceeds 50 percent of the total number of children present, the age-appropriate toys and equipment shall meet the requirements for the younger age group.~~

~~(6) The indoor activity space at the day care center shall meet all of the following requirements:~~

~~(A) The requirements for young infants and mobile infants are as follows:~~

~~(i) Indoor activity space for infants shall be physically separate from space used by toddlers and preschoolers.~~

~~(ii) The center may use moveable walls or partitions to separate the age groups in the same room if each group has the total amount of square footage for indoor activity space required by this chapter.~~

~~(iii) Moveable walls or partitions, if used, shall be at least four feet high, constructed of sound-absorbing material, and designed to minimize the risk of injury to infants.~~

~~(iv) The calculation of indoor activity space for infants shall not include space designated and used for cribs.~~

~~(v) The sleeping area for infants shall be physically separate from the indoor activity space. This separation shall be accomplished as specified in clause (iii).~~

~~(vi) The various child care center components in a combination center may share office space, food preparation space, storage space and any other general-purpose space.~~

~~(vii) The indoor activity space shall be equipped with a variety of age-appropriate washable toys and equipment.~~

~~(B) The toddler and preschool programs shall be conducted in areas physically separate from those used by older or younger children, except when a planned activity is being conducted between two or more age groups. A plan to alternate use of outdoor play space is allowed.~~

~~(C) If groups of children of two age categories are commingled and the younger age group exceeds 50 percent of the total number of children present, the indoor activity space requirements for the entire group shall meet the indoor activity space requirements required for the younger age group.~~

SEC. 2. Section 1596.951 is added to the Health and Safety Code, to read:

1596.951. (a) The department shall, in consultation with stakeholders, adopt regulations on or before January 1, 2018, to develop and implement a single integrated license for a day care center serving children from birth to kindergarten. Regulations adopted pursuant to this section shall include both of the following:

(1) Age-appropriate transition periods that do all of the following:

(A) Allow children to transition from one age group to another age group up to three months before or three months after their birthday.

(B) Take the needs of the whole age group into consideration in order to move children together.

(C) Consider continuity of care of the children and parents being served.

(D) Consider the needs of the day care center licensees to maximize spaces being used.

(2) A requirement that an integrated license being issued to a new or current day care center licensee list the age groups of children being served at the day care center for the purposes of license inspections, data collection management, and county needs assessments.

(b) (1) Between January 1, 2018, and December 31, 2018, a day care center license shall be converted to a single integrated child care license upon annual renewal of the license. The licensee shall not be required to pay an additional fee to replace an existing license with the new single integrated license other than the annual licensing fee. A new applicant for a single integrated license may be charged a fee commensurate with the previous cost for dual licenses.

(2) Until an existing day care center license has been replaced with an integrated license, a day care center licensee shall maintain a day care center that meets regulatory standards for the age groups of children that are being cared for at the day care center, and standards for inspection of a day care center shall be based on the current license.

(c) Stakeholders consulted in adopting regulations pursuant to this section shall include, but are not limited to, the State Department of Education, California Association for the Education of Young Children, Early Edge California, First 5 California, Children Now, Alliance for Early Success, California Head Start

Association, California Child Development Administrators Association, California Child Care Resource and Referral Network, California Child Care Coordinators Association, Infant Development Association, the Western Office of Zero to Three, L.A. Alliance, Title 5 funded providers, and private providers.

SEC. 3. Section 1596.955 of the Health and Safety Code is amended to read:

1596.955. (a) The department shall develop guidelines and procedures to permit licensed child day care centers serving preschool age children to create a special program component for children between ~~the ages of 18 months~~ *18* and 30 months *of age*. This optional toddler program shall be subject to the following basic conditions:

(1) An amended application is submitted to and approved by the department.

(2) No child shall be placed in the preschool program before the age of 30 months without parental permission. A child who is more than 30 months of age may participate in the toddler program with parental permission.

(3) Parents give permission for the placement of their children in the toddler program.

(4) A ratio of six children to each teacher is maintained for all children in attendance at the toddler program. An aide who is participating in on-the-job training may be substituted for a teacher when directly supervised by a fully qualified teacher.

(5) The maximum group size, with two teachers, or one fully qualified teacher and one aide, does not exceed 12 toddlers.

(6) The toddler program is conducted in areas separate from those used by older or younger children. Plans to alternate use of outdoor play space may be approved to achieve separation.

(7) All other preschool regulations are complied with.

(b) The toddler program shall be considered an extension of the preschool license, without the need for a separate license.

(c) The department shall immediately prepare proposed regulations for public hearing which would consider the foregoing basic conditions as well as any additional health and safety safeguards deemed necessary for this age group.

(d) The guidelines in subdivision (a) shall remain in force and effect only until regulations implementing this section are adopted by the department.

(e) Commencing January 1, 2016, a day care center with a toddler component pursuant to this section shall extend the toddler component to serve children between 18 months to three years of age of age. It is the intent of the Legislature to provide continuity of care to California's children and parents in the implementation of this subdivision.

~~(e)~~

(f) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 4. Section 1596.956 of the Health and Safety Code is amended to read:

1596.956. (a) The department shall develop guidelines and procedures to authorize licensed child day care centers serving infants to create a special program component for children between ~~the ages of 18 months~~ *18* and 30 months *of age*. The optional toddler program shall be subject to the following basic ~~conditions.~~ *conditions:*

(1) An amended application shall be submitted to and approved by the department.

(2) ~~No~~ *A* child ~~under the age of~~ *younger than* 18 months *not* shall be moved into the toddler program. A child who is ~~more~~ *older* than 18 months of age shall not be required to be in the toddler program.

(3) Parents shall give permission for the placement of their children in the toddler program.

(4) A ratio of six children to each teacher shall be maintained for all children in attendance at the toddler program. An aide who is participating in ~~on-the-job-training~~ *on-the-job training* may be substituted for a teacher when directly supervised by a fully qualified teacher.

(5) The maximum group size, with two teachers, or one fully qualified teacher and one aide, shall not exceed 12 toddlers.

(6) The toddler program shall be conducted in areas separate from those used by older or younger children. Plans to alternate use of outdoor play space may be approved to achieve separation.

(7) All other infant center regulations shall be complied with.

(b) The toddler program shall be considered an extension of the infant center license, without the need for a separate license.

(c) The department shall immediately prepare proposed regulations for public hearing that would consider the foregoing basic conditions as well as any additional health and safety safeguards deemed necessary for this age group.

(d) The guidelines in subdivision (a) shall remain in force and effect only until regulations implementing this section are adopted by the department.

(e) Commencing January 1, 2016, a day care center with a toddler component pursuant to this section shall extend the toddler component to serve children between 18 months to three years of age. It is the intent of the Legislature to provide continuity of care to California's children and parents in the implementation of this subdivision.

~~(e)~~

(f) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 5. 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.

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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **12.**

Meeting Date:	05/07/2015
Subject:	SB 238 (Mitchell) Foster Care: Psychotropic Medication
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-16
Referral Name:	SB 238 (Mitchell) Foster Care: Psychotropic Medication
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:
This bill was referred to the Legislation Committee by Assistant Director of Policy and Planning for Employment and Human Services Department, Paul Buddenhagen.

Referral Update:
Senate Bill (SB) 238 would enable county social workers and other key parties to provide more comprehensive oversight for children receiving child welfare services (CWS) who are prescribed psychotropic medications.

This bill would require certification and training programs for group home administrators, foster parents, child welfare social workers, dependency court judges, and court appointed counsel to include training on psychotropic medication, trauma, and behavioral health, as specified, for children receiving child welfare services. This bill would require the Judicial Council to update court forms pertaining to the authorization of psychotropic medication for foster youth and ensure specified changes are made to those forms, on or before July 1, 2016.

This bill would also require the California Department of Social Services to develop an individualized monthly report, a form to share information and an alert system, to be used by county child welfare agencies, regarding the administration of psychotropic medication for a foster youth.

STATUS:
Introduced: 02/17/2015
Last Amend: 04/07/2015
Disposition: Pending
Location: Senate Appropriations Committee

BACKGROUND:

In 1999, the Legislature passed SB 543 (Bowen, Ch. 552, Stats. 1999), which provided that only

a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster youth. SB 543 also provided that the juvenile court may issue a specific order delegating this authority to a parent if the parent poses no danger to the child and has the capacity to authorize psychotropic medications. This legislation was passed in response to concerns that foster children were being subjected to excessive use of psychotropic medication, and that judicial oversight was needed to reduce the risk of unnecessary medication. The Judicial Council was required to adopt rules of court to implement the new requirement. Accordingly, Rule 5.640 specifies the process for juvenile courts to follow in authorizing the administration of psychotropic medications and permits courts to adopt local rules for the courts to use to further refine the approval process.

In 2004, the provisions of SB 543 were amended by AB 2502 (Keene, Ch. 329, Stats. of 2004), which required a judicial officer to approve or deny, in writing, a request for authorization to administer psychotropic medication, or set the matter for hearing, within seven days. This amendment was intended to ensure timely consideration of requests for authorization to administer psychotropic medication to dependent children.

Despite these measures, concerns remain that psychotropic medication is overused and underreported in the child welfare system. A recent Los Angeles Times article reported that "Los Angeles County's 2013 accounting failed to report almost one in three cases of children on the drugs while in foster care or the custody of the delinquency system. The data show that along with the 2,300 previously acknowledged cases, an additional 540 foster children and 516 children in the delinquency system were given the drugs. There are 18,000 foster children and 1,000 youth in the juvenile delinquency system altogether. … State data analysts discovered the additional cases of medicated children by comparing case notes of social workers and probation officers with billing records for the state's Medi-Cal system. The billing records for those additional children did not appear to have corresponding case notes, leaving child advocates concerned that the drugs may have been prescribed without appropriate approval."

The high rate of psychotropic usage is not limited to Los Angeles County – it is a national issue. Governing magazine recently noted that children in the United States are on drugs for longer and more often than kids in any other country. (Chris Kardish, Bad Medicine: *How states are overmedicating low-income kids*, Governing, March 2015.) Much of the concern stems from the fact that the long-term effects of psychotropic drugs on children are unknown, and the short term effects, including obesity, diabetes, and tremors, can be debilitating. Yet, many medical and child welfare professionals agree that some foster youth may benefit from these medications at some point in their lives. These children, who have suffered abuse and neglect at the hands of family, often have clinically significant emotional or behavioral problems. However, when psychotropic medications are prescribed to a foster child whose parent has been found, at least temporarily, unfit to approve the administration of the drugs, the question arises as to whether the court is capable of making the important inquiries that a parent should make before administering any medication to his or her child.

This comprehensive bill seeks to address the issues related to the administration psychotropic drugs in the foster system by requiring additional training, oversight, and data collection by caregivers, courts, counties, and social workers. This bill would require the Judicial Council, in consultation with other specified groups, to implement the provisions of this bill, as specified.

CHANGES TO EXISTING LAW:

Existing law provides for the development of a group home administrator certification program by the California Department of Social Services (CDSS) in collaboration with specified stakeholders to ensure certified persons have appropriate training to provide care and services. Existing law also requires the certification program to include a minimum of 40 hours of classroom instruction and provide coverage of a specified uniform core of knowledge. (Health & Saf. Code Sec. 1522.41.)

Existing law requires every licensed foster parent to complete a minimum of 12 hours of foster parent training covering specified topics prior to the placement of a foster child in the home, and eight hours each year thereafter. (Health & Saf. Code Sec. 1529.2.)

Existing law requires the Judicial Council to develop and implement standards for the education and training of all judges who conduct hearings pursuant to Welfare and Institutions Code Section 300, pertaining to dependent children. (Welf. & Inst. Code Sec. 304.7.)

Existing law requires court appointed counsel of a child or nonminor dependent to have specified training, promulgated by the Judicial Council as rules of the court that ensures adequate representation of the child or nonminor dependent. (Welf. & Inst. Code Sec. 317.)

Existing law provides that only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for a minor who has been adjudged a dependent of the court and removed from the physical custody of his or her parent. Existing law also requires the Judicial Council to adopt rules of court and develop appropriate forms. (Welf. & Inst. Code Sec. 369.5.)

Existing law provides for the development of a statewide coordinated training program designed specifically to meet the needs of county child protective services social workers, agencies under contract with county welfare departments to provide child welfare services, and persons defined as a mandated reporter pursuant to the Child Abuse and Neglect Reporting Act. (Welf. & Inst. Code Sec. 16206.)

This bill requires trainings for the following groups to additionally include the authorization, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medication, and trauma, behavioral health, and other available behavioral health treatments, for children receiving child welfare services, including how to access those treatments:

- group home administrator certification;
- initial pre-placement training of licensed foster parents;
- post training of licensed foster parents;
- training required to be made available to relative and nonrelative extended family members;
- Judicial Council-developed training for dependency judges;
- training of court appointed counsel of a child or nonminor dependent; and
- training provided to specified county child protective services social workers, agencies under contract with county welfare departments to provide child welfare services, and persons defined as a mandated reporter pursuant to the Child Abuse and Neglect Reporting Act.

This bill would require the above implementation and updates to ensure the following:

- the child and his or her caregiver and court-appointed special advocate, if any, have a meaningful opportunity to provide input on the medications being prescribed;

- information regarding the child's overall behavioral health assessment and treatment plan is provided to the court;
- information regarding the rationale for the proposed medication, including information on other pharmacological and non-pharmacological treatments that have been utilized and the child's response, and an explanation how the psychotropic medication being prescribed is expected to improve the symptoms; and
- guidance is provided to the court on how to evaluate the request for authorization, including how to proceed if information, otherwise required to be included in a request for authorization, is not included in a request.

This bill would require CDSS, in consultation with DHCS, the County Welfare Directors Association (CDWA) and other stakeholders to develop and provide an individualized monthly report to each county child welfare services agency that includes the following for each child receiving child welfare services:

- psychotropic medications that have been authorized for the child by the court;
- data for medications that have been dispensed to the child, including both psychotropic and non-psychotropic medication;
- durational information relating to the child's authorized psychotropic medication, including, but not limited to, the length of time a medication has been authorized and the length of time for which a medication has been dispensed by a pharmacy;
- claims paid for behavioral health services provided to the child, other than claims paid for psychotropic medication; and
- the dosages of psychotropic medications that have been authorized for the child and that have been dispensed.

This bill would require CDSS, in consultation with DHCS, CDWA and other stakeholders, to develop a form, to be used by a county child welfare services agency on a monthly basis, to share with the juvenile court, the child's attorney, and the court-appointed special advocate, if one has been appointed, the above information regarding a child receiving child welfare services authorized to receive one or more psychotropic medication.

This bill would require CDSS in consultation with DHCS, CDWA and other stakeholders to develop, or ensure access to, a system that automatically alerts a social worker of a child receiving child welfare services when psychotropic medication has been prescribed that fits the following descriptions:

- is prescribed in combination with another psychotropic medication and the combination is unusual or has the potential for a dangerous interaction;
- is prescribed in a dosage that is unusual for a child of that age; and
- is not typically indicated for a child of that age.

This bill would require a child's social worker, upon receipt of an alert, to indicate to the court that the alert has been received by the child's attorney, the child's caregiver, and the child's court appointed special advocate, if one has been appointed, and to include a discussion of the resolution of the alert in the next court report filed.

COMMENT:

1. Stated need for the bill

According to the author:

Recent newspaper articles have highlighted the use and overuse of psychotropic medications in foster care facilities. Reports provided by the Department of Health Care Services and the Department of Social Services are limited in providing needed information to determine how psychotropic medicine is being provided and distributed. The goal of this legislation is to develop and review data, to develop a system of flags, to improve county reporting and to establish further consultation/second opinion options for cases in which psychotropic medications and/or antidepressants are being prescribed for a foster youth.

2. Better monitoring of psychotropic medication in foster care

Under existing law, only the court may authorize the use of psychotropic medication for any child in the dependency system. Rules of Court require the prescribing physician to complete and submit an application to the court, known as the "JV-220" form. The JV-220 requires the inclusion of specific information, including: (1) the child's diagnosis; (2) the specific medication with the recommended maximum daily dosage and length of time this course of treatment will continue; (3) the anticipated benefits to the child from the use of the medication; (4) a list of any other medications, prescription or otherwise, that the child is currently taking, and a description of any effect these medications may produce in combination with the psychotropic medication; and (5) a statement that the child has been informed in an age-appropriate manner of the recommended course of treatment, the basis for it, and its possible results. The court is required, upon review of the JV-220, to deny, grant, or modify the application for authorization of psychotropic medication within seven days, or to set the matter for hearing. The court may also set a date for review of the child's progress and condition.
(See Cal. Rule Ct. Sec. 5.640 and Welf. & Inst. Code Sec. 369.5.)

Supporters of this bill argue that courts are often not being provided with the full story. Upon reviewing a JV-220, a judge may have no indication that the child is already on psychotropic medication, what a proper dosage for a child is, or what less invasive alternatives are available. Supporters further assert that the existing rule, which sets arguably loose parameters and includes no considerations that the court must take into account when evaluating a JV-220, is too broad for judges and courts that may lack the tools to properly evaluate medical recommendations and are overburdened with unmanageable caseloads. In addition, the current process does not offer any meaningful way for other adults, caretakers, or those who interact with a foster child on a regular basis, to contribute information to a physician's recommendation.

Accordingly, this bill would ensure that a child, his or her caregiver, and his or her court appointed special advocate have an opportunity to provide input to the court on the medications being prescribed. This bill would further require that the court is provided with the tools to properly analyze the authorization request, and that the court monitor the child's progress by way of periodic oversight facilitated by the social worker, public health nurse, or other appropriate county staff. The County Welfare Directors Association, a sponsor of the bill, states that "recent reports indicating that psychotropic medications are over-prescribed in the child welfare system have prompted a needed look at the procedures by which those medications are authorized and overseen. The children we serve have experienced severe trauma that often warrants behavioral health services such as trauma-informed therapy and other targeted treatments. We believe it is appropriate for some children to receive medication, when thoughtfully prescribed as part of an overall treatment plan that includes non-pharmacological interventions, as well. With those medications, however, must

come oversight to ensure that the treatment plan is in place and that children are responding well to the authorized medications."

3. Training and education on psychotropic medication for those adults who are entrusted with the safety and care of foster youth

This bill would require the adults who provide care, protection, and services to foster children to receive training on the "authorization, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medication, and trauma, behavioral health, and other available behavioral health treatments, for children receiving child welfare services, including how to access those treatments." The Youth Law Center agrees that this training is essential, and writes that they would support this bill if it were extended to include probation youth as well.

These adults, including, foster parents, relative and nonrelative extended family members, juvenile court judges, minor's counsel, and specified social workers, are in a unique position to recognize and advocate for a child's best interest. With the proper training, these adults may be able to recognize when a child is not responding properly to medication, and provide valuable information to assist the court in the oversight of a
child's treatment plan. Thus, the court will not be forced to rely on the opinion of the prescribing physician alone. This required education and training on the risks and uses of psychotropic drugs would arguably help the adults in a foster child's life better assist the youth in achieving behavioral and emotional health.

Support: Advokids; Alameda County Foster Youth Alliance; California Court Appointed Special Advocates (CASA); California State Association of Counties; Children's Advocacy Institute; Children's Law Center; Dependency Legal Group of San Diego; First Focus Campaign for Children; Humboldt County Transition Age Youth Collaboration; John Burton Foundation; Legal Advocates for Children and Youth; National Center for Youth Law; Peers Envisioning and Engaging in Recovery Services; Public Counsel's Children's Rights Project; Urban Counties Caucus; 6 individuals

Opposition: None Known

HISTORY:

Source: County Welfare Directors Association of California

Related Pending Legislation:

SB 253 (Monning) provides that an order of the juvenile court authorizing psychotropic medication shall require clear and convincing evidence of specified conditions. Furthermore this bill prohibits the authorization of psychotropic medications without a second independent medical opinion under specified circumstances. It also prohibits the authorization of psychotropic medications unless the court is provided documentation that appropriate lab screenings, measurements, or tests have been completed, as specified. Furthermore it requires the court, no later than 45 days following an authorization for psychotropic medication, to conduct a review to determine specified information regarding the efficacy of the child's treatment plan.

SB 484 (Beall) requires the CDSS to publish and make available to interested persons specified information regarding the administration of psychotropic medication in residential facilities

serving dependent children. Additionally, it requires CDSS to inspect facilities at least once per year, as specified, if the facility is determined to have a higher than average rate of psychotropic medication authorization for children residing in the facility and to monitor corrective action plans, as specified.

SB 319 (Beall) expands the duties of the foster care public health nurse to include monitoring and oversight of the administration of psychotropic medication to foster children, as specified. It also requires counties to provide child welfare public health nursing services by contracting with the community child health and disability prevention program established by the county.

Prior Legislation:

AB 3015 (Brownley, Chapter 557, Statutes of 2008) required training programs for group home administrators, licensed foster parents and relative caretakers to include basic instruction on the safety of foster youth at school and school environment antiharassment protections.

AB 2675 (Strickland, Chapter 421, Statutes of 2006) permitted no more than half of the required 40-hour continuing education requirement to be satisfied through online courses.

AB 458 (Chu, Chapter 331, Statutes of 2003) established and required provider training regarding the right of foster children to fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, mental or physical disability, or HIV status.

AB 1694 (Committee on Human Services, Chapter 918, Statutes of 2002) required California Community Colleges that provide foster parent training programs to make those programs available to non-relative extended family members.

AB 2307 (Davis, Chapter 745, Statutes of 2000) required California Community Colleges that provide foster parent training programs to make those programs available to relative and kinship care providers.

SB 543 (Bowen, Chapter 552, Statutes of 1999) mandated that once a child has been adjudged a dependent of the state only the court may authorize psychotropic medications for the child, based on a request from a physician including specified information.

AB 3062 (Friedman, Chapter 1016, Statutes of 1996) mandated all foster parents to obtain pre-placement and post-placement training.

Prior Vote: Senate Human Services Committee (Ayes 5, Noes 0)

Recommendation(s)/Next Step(s):

CONSIDER recommending a position of "Support" to the Board of Supervisors for SB 238 (Mitchell) Foster Care: Psychotropic Medication.

Attachments

Bill Text

AMENDED IN SENATE APRIL 7, 2015

AMENDED IN SENATE MARCH 24, 2015

SENATE BILL No. 238

Introduced by Senators Mitchell and Beall
(Coauthor: Assembly Member Chiu)

February 17, 2015

An act to amend Sections 1522.41 and 1529.2 of the Health and Safety Code, and to amend Sections 304.7, 317, 369.5, 16003, and 16206 of, and to add Section 16501.4 to, the Welfare and Institutions Code, relating to foster care.

LEGISLATIVE COUNSEL'S DIGEST

SB 238, as amended, Mitchell. Foster care: psychotropic medication.

Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child or a ward who has been removed from the physical custody of his or her parent. Existing law requires the court authorization for the administration of psychotropic medication to be based on a request from a physician, indicating the reasons for the request, a description of the child's or ward's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. Existing law requires the officer to approve or deny the request for authorization to administer psychotropic medication, or set the matter for hearing, as specified, within 7 court days. Existing law requires the Judicial Council to adopt rules of court and develop appropriate forms for the implementation of these provisions.

This bill would require the Judicial Council, on or before July 1, 2016, to, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, develop

updates to the implementation of these provisions with regard to dependent children and related forms. The bill would require the updates to ensure, among other things, that the child and his or her caregiver and court-appointed special advocate, if any, have ~~an~~ *a meaningful* opportunity to provide input on the medications being prescribed, and would require the updates to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications. The bill would require the Judicial Council, on or before July 1, 2016, to adopt or amend rules of court and forms to implement the updates.

This bill would also require *the State Department of Social Services, in consultation with specified parties, to develop and provide a monthly report to each county child welfare services agency, and would require this report to include specified information regarding each child receiving services from the county child welfare services agency and for whom one or more psychotropic medications have been authorized, including, among others things, the psychotropic medications that have been authorized for the child. The bill would also require* a county child welfare agency to ~~provide,~~ *share,* on a monthly basis, ~~to~~ *with* the juvenile court, the child's attorney, and the child's court-appointed special advocate, if one has been appointed, specified information regarding ~~a~~ *an individual* child receiving child welfare services, including, among other things, the psychotropic medications that have been authorized for the child. The bill would require the State Department of Social Services, in consultation with specified parties, to develop, or ensure access to, a system that automatically alerts a child's social worker when psychotropic medication has been prescribed that fits certain descriptions, and would require the social worker to take specified actions upon receipt of an alert from that system. By imposing additional duties on social workers and county child welfare agencies, this bill would impose a state-mandated local program.

Existing law requires certain individuals involved in the care and oversight of dependent children, including group home administrators, foster parents, relative caregivers, nonrelative extended family member caregivers, social workers, judges, and attorneys, to receive training on various topics.

This bill would require the training to include training on the ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~

behavioral health treatments, for those children. The bill would require the State Department of Social Services, in consultation with specified parties, to develop training that may be used for these purposes. By imposing additional training requirements on social workers, this bill would impose a state-mandated local program.

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.

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

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

SECTION 1. Section 1522.41 of the Health and Safety Code is amended to read:

1522.41. (a) The director, in consultation and collaboration with county placement officials, group home provider organizations, the Director of Health Care Services, and the Director of Developmental Services, shall develop and establish a certification program to ensure that administrators of group home facilities have appropriate training to provide the care and services for which a license or certificate is issued.

(b) (1) In addition to any other requirements or qualifications required by the department, an administrator of a group home facility shall successfully complete a department-approved certification program, pursuant to subdivision (c), prior to employment. An administrator employed in a group home on the effective date of this section shall meet the requirements of paragraph (2) of subdivision (c).

(2) In those cases when the individual is both the licensee and the administrator of a facility, the individual shall comply with all of the licensee and administrator requirements of this section.

(3) Failure to comply with this section shall constitute cause for revocation of the license of the facility.

(4) The licensee shall notify the department within 10 days of any change in administrators.

(c) (1) The administrator certification programs shall require a minimum of 40 hours of classroom instruction that provides

training on a uniform core of knowledge in each of the following areas:

(A) Laws, regulations, and policies and procedural standards that impact the operations of the type of facility for which the applicant will be an administrator.

(B) Business operations.

(C) Management and supervision of staff.

(D) Psychosocial and educational needs of the facility residents, including, but not limited to, the ~~authorization for administration,~~ *authorization*, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(E) Community and support services.

(F) Physical needs for facility residents.

(G) Administration, storage, misuse, and interaction of medication used by facility residents.

(H) Resident admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(I) Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

(J) Nonviolent emergency intervention and reporting requirements.

(K) Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment- and violence-free school environment contained in the School Safety and Violence Prevention Act (Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code).

(2) The department shall adopt separate program requirements for initial certification for persons who are employed as group home administrators on the effective date of this section. A person employed as an administrator of a group home facility on the

effective date of this section shall obtain a certificate by completing the training and testing requirements imposed by the department within 12 months of the effective date of the regulations implementing this section. After the effective date of this section, these administrators shall meet the requirements imposed by the department on all other group home administrators for certificate renewal.

(3) Individuals applying for certification under this section shall successfully complete an approved certification program, pass a written test administered by the department within 60 days of completing the program, and submit to the department the documentation required by subdivision (d) within 30 days after being notified of having passed the test. The department may extend these time deadlines for good cause. The department shall notify the applicant of his or her test results within 30 days of administering the test.

(d) The department shall not begin the process of issuing a certificate until receipt of all of the following:

(1) A certificate of completion of the administrator training required pursuant to this chapter.

(2) The fee required for issuance of the certificate. A fee of one hundred dollars ($100) shall be charged by the department to cover the costs of processing the application for certification.

(3) Documentation from the applicant that he or she has passed the written test.

(4) Submission of fingerprints pursuant to Section 1522. The department may waive the submission for those persons who have a current clearance on file.

(5) That person is at least 21 years of age.

(e) It shall be unlawful for any person not certified under this section to hold himself or herself out as a certified administrator of a group home facility. Any person willfully making any false representation as being a certified administrator or facility manager is guilty of a misdemeanor.

(f) (1) Certificates issued under this section shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the core of knowledge specified in subdivision (c). No more than one-half of the required 40 hours of continuing education necessary to renew the certificate

may be satisfied through online courses. All other continuing education hours shall be completed in a classroom setting. For purposes of this section, an individual who is a group home facility administrator and who is required to complete the continuing education hours required by the regulations of the State Department of Developmental Services, and approved by the regional center, may have up to 24 of the required continuing education course hours credited toward the 40-hour continuing education requirement of this section. Community college course hours approved by the regional centers shall be accepted by the department for certification.

(2) Every administrator of a group home facility shall complete the continuing education requirements of this subdivision.

(3) Certificates issued under this section shall expire every two years on the anniversary date of the initial issuance of the certificate, except that any administrator receiving his or her initial certification on or after July 1, 1999, shall make an irrevocable election to have his or her recertification date for any subsequent recertification either on the date two years from the date of issuance of the certificate or on the individual's birthday during the second calendar year following certification. The department shall send a renewal notice to the certificate holder 90 days prior to the expiration date of the certificate. If the certificate is not renewed prior to its expiration date, reinstatement shall only be permitted after the certificate holder has paid a delinquency fee equal to three times the renewal fee and has provided evidence of completion of the continuing education required.

(4) To renew a certificate, the certificate holder shall, on or before the certificate expiration date, request renewal by submitting to the department documentation of completion of the required continuing education courses and pay the renewal fee of one hundred dollars ($100), irrespective of receipt of the department's notification of the renewal. A renewal request postmarked on or before the expiration of the certificate shall be proof of compliance with this paragraph.

(5) A suspended or revoked certificate shall be subject to expiration as provided for in this section. If reinstatement of the certificate is approved by the department, the certificate holder, as a condition precedent to reinstatement, shall submit proof of compliance with paragraphs (1) and (2) of subdivision (f), and

shall pay a fee in an amount equal to the renewal fee, plus the delinquency fee, if any, accrued at the time of its revocation or suspension. Delinquency fees, if any, accrued subsequent to the time of its revocation or suspension and prior to an order for reinstatement, shall be waived for a period of 12 months to allow the individual sufficient time to complete the required continuing education units and to submit the required documentation. Individuals whose certificates will expire within 90 days after the order for reinstatement may be granted a three-month extension to renew their certificates during which time the delinquency fees shall not accrue.

(6) A certificate that is not renewed within four years after its expiration shall not be renewed, restored, reissued, or reinstated except upon completion of a certification training program, passing any test that may be required of an applicant for a new certificate at that time, and paying the appropriate fees provided for in this section.

(7) A fee of twenty-five dollars ($25) shall be charged for the reissuance of a lost certificate.

(8) A certificate holder shall inform the department of his or her employment status and change of mailing address within 30 days of any change.

(g) Unless otherwise ordered by the department, the certificate shall be considered forfeited under either of the following conditions:

(1) The department has revoked any license held by the administrator after the department issued the certificate.

(2) The department has issued an exclusion order against the administrator pursuant to Section 1558, 1568.092, 1569.58, or 1596.8897, after the department issued the certificate, and the administrator did not appeal the exclusion order or, after the appeal, the department issued a decision and order that upheld the exclusion order.

(h) (1) The department, in consultation and collaboration with county placement officials, provider organizations, the State Department of Health Care Services, and the State Department of Developmental Services, shall establish, by regulation, the program content, the testing instrument, the process for approving certification training programs, and criteria to be used in authorizing individuals, organizations, or educational institutions

to conduct certification training programs and continuing education courses. The department may also grant continuing education hours for continuing courses offered by accredited educational institutions that are consistent with the requirements in this section. The department may deny vendor approval to any agency or person in any of the following circumstances:

(A) The applicant has not provided the department with evidence satisfactory to the department of the ability of the applicant to satisfy the requirements of vendorization set out in the regulations adopted by the department pursuant to subdivision (j).

(B) The applicant person or agency has a conflict of interest in that the person or agency places its clients in group home facilities.

(C) The applicant public or private agency has a conflict of interest in that the agency is mandated to place clients in group homes and to pay directly for the services. The department may deny vendorization to this type of agency only as long as there are other vendor programs available to conduct the certification training programs and conduct education courses.

(2) The department may authorize vendors to conduct the administrator's certification training program pursuant to this section. The department shall conduct the written test pursuant to regulations adopted by the department.

(3) The department shall prepare and maintain an updated list of approved training vendors.

(4) The department may inspect certification training programs and continuing education courses, including online courses, at no charge to the department, to determine if content and teaching methods comply with regulations. If the department determines that any vendor is not complying with the requirements of this section, the department shall take appropriate action to bring the program into compliance, which may include removing the vendor from the approved list.

(5) The department shall establish reasonable procedures and timeframes not to exceed 30 days for the approval of vendor training programs.

(6) The department may charge a reasonable fee, not to exceed one hundred fifty dollars ($150) every two years, to certification program vendors for review and approval of the initial 40-hour training program pursuant to subdivision (c). The department may also charge the vendor a fee, not to exceed one hundred dollars

($100) every two years, for the review and approval of the continuing education courses needed for recertification pursuant to this subdivision.

(7) (A) A vendor of online programs for continuing education shall ensure that each online course contains all of the following:

(i) An interactive portion in which the participant receives feedback, through online communication, based on input from the participant.

(ii) Required use of a personal identification number or personal identification information to confirm the identity of the participant.

(iii) A final screen displaying a printable statement, to be signed by the participant, certifying that the identified participant completed the course. The vendor shall obtain a copy of the final screen statement with the original signature of the participant prior to the issuance of a certificate of completion. The signed statement of completion shall be maintained by the vendor for a period of three years and be available to the department upon demand. Any person who certifies as true any material matter pursuant to this clause that he or she knows to be false is guilty of a misdemeanor.

(B) Nothing in this subdivision shall prohibit the department from approving online programs for continuing education that do not meet the requirements of subparagraph (A) if the vendor demonstrates to the department's satisfaction that, through advanced technology, the course and the course delivery meet the requirements of this section.

(i) The department shall establish a registry for holders of certificates that shall include, at a minimum, information on employment status and criminal record clearance.

(j) Subdivisions (b) to (i), inclusive, shall be implemented upon regulations being adopted by the department, by January 1, 2000.

(k) Notwithstanding any law to the contrary, vendors approved by the department who exclusively provide either initial or continuing education courses for certification of administrators of a group home facility as defined by regulations of the department, an adult residential facility as defined by regulations of the department, or a residential care facility for the elderly as defined in subdivision (k) of Section 1569.2, shall be regulated solely by the department pursuant to this chapter. No other state or local governmental entity shall be responsible for regulating the activity of those vendors.

SEC. 2. Section 1529.2 of the Health and Safety Code is amended to read:

1529.2. (a) In addition to the foster parent training provided by community colleges, foster family agencies shall provide a program of training for their certified foster families.

(b) (1) Every licensed foster parent shall complete a minimum of 12 hours of foster parent training, as prescribed in paragraph (3), before the placement of any foster children with the foster parent. In addition, a foster parent shall complete a minimum of eight hours of foster parent training annually, as prescribed in paragraph (4). No child shall be placed in a foster family home unless these requirements are met by the persons in the home who are serving as the foster parents.

(2) (A) Upon the request of the foster parent for a hardship waiver from the postplacement training requirement or a request for an extension of the deadline, the county may, at its option, on a case-by-case basis, waive the postplacement training requirement or extend any established deadline for a period not to exceed one year, if the postplacement training requirement presents a severe and unavoidable obstacle to continuing as a foster parent. Obstacles for which a county may grant a hardship waiver or extension are:

(i) Lack of access to training due to the cost or travel required.

(ii) Family emergency.

(B) Before a waiver or extension may be granted, the foster parent should explore the opportunity of receiving training by video or written materials.

(3) The initial preplacement training shall include, but not be limited to, training courses that cover all of the following:

(A) An overview of the child protective system.

(B) The effects of child abuse and neglect on child development.

(C) Positive discipline and the importance of self-esteem.

(D) Health issues in foster care, including, but not limited to, the ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(E) Accessing education and health services available to foster children.

(F) The right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(G) Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

(H) Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment contained in the California Student Safety and Violence Prevention Act of 2000 (Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code).

(4) The postplacement annual training shall include, but not be limited to, training courses that cover all of the following:

(A) Age-appropriate child development.

(B) Health issues in foster care, including, but not limited to, the ~~authorization for administration,~~ *authorization*, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(C) Positive discipline and the importance of self-esteem.

(D) Emancipation and independent living skills if a foster parent is caring for youth.

(E) The right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(F) Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

(5) Foster parent training may be attained through a variety of sources, including community colleges, counties, hospitals, foster

parent associations, the California State Foster Parent Association's Conference, adult schools, and certified foster parent instructors.

(6) A candidate for placement of foster children shall submit a certificate of training to document completion of the training requirements. The certificate shall be submitted with the initial consideration for placements and provided at the time of the annual visit by the licensing agency thereafter.

(c) Nothing in this section shall preclude a county from requiring county-provided preplacement or postplacement foster parent training in excess of the requirements in this section.

SEC. 3. Section 304.7 of the Welfare and Institutions Code is amended to read:

304.7. (a) The Judicial Council shall develop and implement standards for the education and training of all judges who conduct hearings pursuant to Section 300. The training shall include, but not be limited to, all of the following:

(1) A component relating to Section 300 proceedings for newly appointed or elected judges and an annual training session in Section 300 proceedings.

(2) Cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth.

(3) The ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(b) A commissioner or referee who is assigned to conduct hearings held pursuant to Section 300 shall meet the minimum standards for education and training established pursuant to subdivision (a), by July 31, 1998.

(c) The Judicial Council shall submit an annual report to the Legislature on compliance by judges, commissioners, and referees with the education and training standards described in subdivisions (a) and (b).

SEC. 4. Section 317 of the Welfare and Institutions Code is amended to read:

317. (a) (1) When it appears to the court that a parent or guardian of the child desires counsel but is presently financially

unable to afford and cannot for that reason employ counsel, the court may appoint counsel as provided in this section.

(2) When it appears to the court that a parent or Indian custodian in an Indian child custody proceeding desires counsel but is presently unable to afford and cannot for that reason employ counsel, the provisions of Section 1912(b) of Title 25 of the United States Code and Section 23.13 of Title 25 of the Code of Federal Regulations shall apply.

(b) When it appears to the court that a parent or guardian of the child is presently financially unable to afford and cannot for that reason employ counsel, and the child has been placed in out-of-home care, or the petitioning agency is recommending that the child be placed in out-of-home care, the court shall appoint counsel for the parent or guardian, unless the court finds that the parent or guardian has made a knowing and intelligent waiver of counsel as provided in this section.

(c) (1) If a child or nonminor dependent is not represented by counsel, the court shall appoint counsel for the child or nonminor dependent, unless the court finds that the child or nonminor dependent would not benefit from the appointment of counsel. The court shall state on the record its reasons for that finding.

(2) A primary responsibility of counsel appointed to represent a child or nonminor dependent pursuant to this section shall be to advocate for the protection, safety, and physical and emotional well-being of the child or nonminor dependent.

(3) Counsel may be a district attorney, public defender, or other member of the bar, provided that he or she does not represent another party or county agency whose interests conflict with the child's or nonminor dependent's interests. The fact that the district attorney represents the child or nonminor dependent in a proceeding pursuant to Section 300 as well as conducts a criminal investigation or files a criminal complaint or information arising from the same or reasonably related set of facts as the proceeding pursuant to Section 300 is not in and of itself a conflict of interest.

(4) The court may fix the compensation for the services of appointed counsel.

(5) (A) The appointed counsel shall have a caseload and training that ensures adequate representation of the child or nonminor dependent. The Judicial Council shall promulgate rules of court that establish caseload standards, training requirements, and

guidelines for appointed counsel for children and shall adopt rules as required by Section 326.5 no later than July 1, 2001.

(B) The training requirements imposed pursuant to subparagraph (A) shall include instruction on both of the following:

(i) Cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

(ii) The ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(d) Counsel shall represent the parent, guardian, child, or nonminor dependent at the detention hearing and at all subsequent proceedings before the juvenile court. Counsel shall continue to represent the parent, guardian, child, or nonminor dependent unless relieved by the court upon the substitution of other counsel or for cause. The representation shall include representing the parent, guardian, or the child in termination proceedings and in those proceedings relating to the institution or setting aside of a legal guardianship. On and after January 1, 2012, in the case of a nonminor dependent, as described in subdivision (v) of Section 11400, no representation by counsel shall be provided for a parent, unless the parent is receiving court-ordered family reunification services.

(e) (1) Counsel shall be charged in general with the representation of the child's interests. To that end, counsel shall make or cause to have made any further investigations that he or she deems in good faith to be reasonably necessary to ascertain the facts, including the interviewing of witnesses, and shall examine and cross-examine witnesses in both the adjudicatory and dispositional hearings. Counsel may also introduce and examine his or her own witnesses, make recommendations to the court concerning the child's welfare, and participate further in the proceedings to the degree necessary to adequately represent the child. When counsel is appointed to represent a nonminor dependent, counsel is charged with representing the wishes of the nonminor dependent except when advocating for those wishes conflicts with the protection or safety of the nonminor dependent.

If the court finds that a nonminor dependent is not competent to direct counsel, the court shall appoint a guardian ad litem for the nonminor dependent.

(2) If the child is four years of age or older, counsel shall interview the child to determine the child's wishes and assess the child's well-being, and shall advise the court of the child's wishes. Counsel shall not advocate for the return of the child if, to the best of his or her knowledge, return of the child conflicts with the protection and safety of the child.

(3) Counsel shall investigate the interests of the child beyond the scope of the juvenile proceeding, and report to the court other interests of the child that may need to be protected by the institution of other administrative or judicial proceedings. Counsel representing a child in a dependency proceeding is not required to assume the responsibilities of a social worker, and is not expected to provide nonlegal services to the child.

(4) (A) At least once every year, if the list of educational liaisons is available on the Internet Web site for the State Department of Education, both of the following shall apply:

(i) Counsel shall provide his or her contact information to the educational liaison, as described in subdivision (b) of Section 48853.5 of the Education Code, of each local educational agency serving counsel's foster child clients in the county of jurisdiction.

(ii) If counsel is part of a firm or organization representing foster children, the firm or organization may provide its contact information in lieu of contact information for the individual counsel. The firm or organization may designate a person or persons within the firm or organization to receive communications from educational liaisons.

(B) The child's caregiver or other person holding the right to make educational decisions for the child may provide the contact information of the child's attorney to the child's local educational agency.

(C) Counsel for the child and counsel's agent may, but are not required to, disclose to an individual who is being assessed for the possibility of placement pursuant to Section 361.3 the fact that the child is in custody, the alleged reasons that the child is in custody, and the projected likely date for the child's return home, placement for adoption, or legal guardianship. Nothing in this paragraph shall

be construed to prohibit counsel from making other disclosures pursuant to this subdivision, as appropriate.

(5) Nothing in this subdivision shall be construed to permit counsel to violate a child's attorney-client privilege.

(6) The changes made to this subdivision during the 2011–12 Regular Session of the Legislature by the act adding subparagraph (C) of paragraph (4) and paragraph (5) are declaratory of existing law.

(7) The court shall take whatever appropriate action is necessary to fully protect the interests of the child.

(f) Either the child or counsel for the child, with the informed consent of the child if the child is found by the court to be of sufficient age and maturity to consent, which shall be presumed, subject to rebuttal by clear and convincing evidence, if the child is over 12 years of age, may invoke the psychotherapist-client privilege, physician-patient privilege, and clergyman-penitent privilege. If the child invokes the privilege, counsel may not waive it, but if counsel invokes the privilege, the child may waive it. Counsel shall be the holder of these privileges if the child is found by the court not to be of sufficient age and maturity to consent. For the sole purpose of fulfilling his or her obligation to provide legal representation of the child, counsel shall have access to all records with regard to the child maintained by a health care facility, as defined in Section 1545 of the Penal Code, health care providers, as defined in Section 6146 of the Business and Professions Code, a physician and surgeon or other health practitioner, as defined in former Section 11165.8 of the Penal Code, as that section read on January 1, 2000, or a child care custodian, as defined in former Section 11165.7 of the Penal Code, as that section read on January 1, 2000. Notwithstanding any other law, counsel shall be given access to all records relevant to the case that are maintained by state or local public agencies. All information requested from a child protective agency regarding a child who is in protective custody, or from a child's guardian ad litem, shall be provided to the child's counsel within 30 days of the request.

(g) In a county of the third class, if counsel is to be provided to a child at the county's expense other than by counsel for the agency, the court shall first use the services of the public defender before appointing private counsel. Nothing in this subdivision shall be construed to require the appointment of the public defender in

any case in which the public defender has a conflict of interest. In the interest of justice, a court may depart from that portion of the procedure requiring appointment of the public defender after making a finding of good cause and stating the reasons therefor on the record.

(h) In a county of the third class, if counsel is to be appointed to provide legal counsel for a parent or guardian at the county's expense, the court shall first use the services of the alternate public defender before appointing private counsel. Nothing in this subdivision shall be construed to require the appointment of the alternate public defender in any case in which the public defender has a conflict of interest. In the interest of justice, a court may depart from that portion of the procedure requiring appointment of the alternate public defender after making a finding of good cause and stating the reasons therefor on the record.

SEC. 5. Section 369.5 of the Welfare and Institutions Code is amended to read:

369.5. (a) (1) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.

(2) (A) On or before July 1, 2016, the Judicial Council shall, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, including, but not limited to, the County Welfare Directors Association, associations representing current and former foster children, county behavioral health departments, caregivers, and children's attorneys, develop updates to the implementation of this section and related forms.

(B) The implementation updates developed pursuant to subparagraph (A) shall ensure all of the following:

(i) The child and his or her caregiver and court-appointed special advocate, if any, have ~~an~~ *a meaningful* opportunity to provide input on the medications being prescribed.

(ii) Information regarding the child's overall ~~mental~~ *behavioral* health assessment and treatment plan is provided to the court.

(iii) Information regarding the rationale for the proposed medication, provided in the context of past and current treatment efforts, is provided to the court. *This information shall include, but not be limited to, information on other pharmacological and non-pharmacological treatments that have been utilized and the child's response to those treatments, a discussion of symptoms not alleviated or ameliorated by other current or past treatment efforts, and an explanation of how the psychotropic medication being prescribed is expected to improve the child's symptoms.*

(iv) Guidance is provided to the court on how to evaluate the request for authorization, including how to proceed if information, otherwise required to be included in a request for authorization under this section, is not included in a request for authorization submitted to the court.

(C) The implementation updates developed pursuant to subparagraph (A) shall include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications that includes the caregiver's and child's observations relating to the effectiveness of the medication and side effects, information on medication management appointments and other follow-up appointments with medical practitioners, and information on the delivery of other ~~mental~~ *behavioral* health treatments that are a part of the child's overall treatment plan. The periodic oversight shall be facilitated by the county social worker, public health nurse, or other appropriate county staff. This oversight process may be conducted in conjunction with other court hearings and reports provided to the court by the county child welfare agency.

(D) On or before July 1, 2016, the Judicial Council shall adopt or amend rules of court and forms to implement the updates developed pursuant to this paragraph.

(b) (1) In counties in which the county child welfare agency completes the request for authorization for the administration of

psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.

(2) Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.

(c) Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

(d) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(e) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

(f) This section does not apply to nonminor dependents, as defined in subdivision (v) of Section 11400.

SEC. 6. Section 16003 of the Welfare and Institutions Code is amended to read:

16003. (a) In order to promote the successful implementation of the statutory preference for foster care placement with a relative caretaker as set forth in Section 7950 of the Family Code, each community college district with a foster care education program shall make available orientation and training to the relative or nonrelative extended family member caregiver into whose care the county has placed a foster child pursuant to Section 1529.2 of the Health and Safety Code, including, but not limited to, courses that cover the following:

(1) The role, rights, and responsibilities of a relative or nonrelative extended family member caregiver caring for a child in foster care, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment,

and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(2) An overview of the child protective system.

(3) The effects of child abuse and neglect on child development.

(4) Positive discipline and the importance of self-esteem.

(5) Health issues in foster care, including, but not limited to, the ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(6) Accessing education and health services that are available to foster children.

(7) Relationship and safety issues regarding contact with one or both of the birth parents.

(8) Permanency options for relative or nonrelative extended family member caregivers, including legal guardianship, the Kinship Guardianship Assistance Payment Program, and kin adoption.

(9) Information on resources available for those who meet eligibility criteria, including out-of-home care payments, the Medi-Cal program, in-home supportive services, and other similar resources.

(10) Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

(11) Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment contained in the California Student Safety and Violence Prevention Act of 2000 (Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code).

(b) In addition to training made available pursuant to subdivision (a), each community college district with a foster care education program shall make training available to a relative or nonrelative

extended family member caregiver that includes, but need not be limited to, courses that cover all of the following:

(1) Age-appropriate child development.

(2) Health issues in foster care, including, but not limited to, the ~~authorization for administration,~~ *authorization*, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access to those treatments.*

(3) Positive discipline and the importance of self-esteem.

(4) Emancipation and independent living.

(5) Accessing education and health services available to foster children.

(6) Relationship and safety issues regarding contact with one or both of the birth parents.

(7) Permanency options for relative or nonrelative extended family member caregivers, including legal guardianship, the Kinship Guardianship Assistance Payment Program, and kin adoption.

(8) Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment contained in the California Student Safety and Violence Prevention Act of 2000 (Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code).

(c) In addition to the requirements of subdivisions (a) and (b), each community college district with a foster care education program, in providing the orientation program, shall develop appropriate program parameters in collaboration with the counties.

(d) Each community college district with a foster care education program shall make every attempt to make the training and orientation programs for relative or nonrelative extended family member caregivers highly accessible in the communities in which they reside.

(e) When a child is placed with a relative or nonrelative extended family member caregiver, the county shall inform the caregiver of the availability of training and orientation programs and it is the intent of the Legislature that the county shall forward the names and addresses of relative or nonrelative extended family member

caregivers to the appropriate community colleges providing the training and orientation programs.

(f) This section shall not be construed to preclude counties from developing or expanding existing training and orientation programs for foster care providers to include relative or nonrelative extended family member caregivers.

SEC. 7. Section 16206 of the Welfare and Institutions Code is amended to read:

16206. (a) The purpose of the program is to develop and implement statewide coordinated training programs designed specifically to meet the needs of county child protective services social workers assigned emergency response, family maintenance, family reunification, permanent placement, and adoption responsibilities. It is the intent of the Legislature that the program include training for other agencies under contract with county welfare departments to provide child welfare services. In addition, the program shall provide training programs for persons defined as a mandated reporter pursuant to the Child Abuse and Neglect Reporting Act, Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code. The program shall provide the services required in this section to the extent possible within the total allocation. If allocations are insufficient, the department, in consultation with the grantee or grantees and the Child Welfare Training Advisory Board, shall prioritize the efforts of the program, giving primary attention to the most urgently needed services. County child protective services social workers assigned emergency response responsibilities shall receive first priority for training pursuant to this section.

(b) The training program shall provide practice-relevant training for mandated child abuse reporters and all members of the child welfare delivery system that will address critical issues affecting the well-being of children, and shall develop curriculum materials and training resources for use in meeting staff development needs of mandated child abuse reporters and child welfare personnel in public and private agency settings.

(c) The training provided pursuant to this section shall include all of the following:

(1) Crisis intervention.

(2) Investigative techniques.

(3) Rules of evidence.

(4) Indicators of abuse and neglect.

(5) Assessment criteria, including the application of guidelines for assessment of relatives for placement according to the criteria described in Section 361.3.

(6) Intervention strategies.

(7) Legal requirements of child protection, including requirements of child abuse reporting laws.

(8) Case management.

(9) Use of community resources.

(10) Information regarding the dynamics and effects of domestic violence upon families and children, including indicators and dynamics of teen dating violence.

(11) Posttraumatic stress disorder and the causes, symptoms, and treatment of posttraumatic stress disorder in children.

(12) The importance of maintaining relationships with individuals who are important to a child in out-of-home placement, including methods to identify those individuals, consistent with the child's best interests, including, but not limited to, asking the child about individuals who are important, and ways to maintain and support those relationships.

(13) The legal duties of a child protective services social worker, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment.

(14) The ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

(d) The training provided pursuant to this section may also include any or all of the following:

(1) Child development and parenting.

(2) Intake, interviewing, and initial assessment.

(3) Casework and treatment.

(4) Medical aspects of child abuse and neglect.

(e) The training program in each county shall assess the program's performance at least annually and forward it to the State Department of Social Services for an evaluation. The assessment shall include, at a minimum, all of the following:

(1) Workforce data, including education, qualifications, and demographics.

(2) The number of persons trained.

(3) The type of training provided.

(4) The degree to which the training is perceived by participants as useful in practice.

(5) Any additional information or data deemed necessary by the department for reporting, oversight, and monitoring purposes.

(f) The training program shall provide practice-relevant training to county child protective services social workers who screen referrals for child abuse or neglect and for all workers assigned to provide emergency response, family maintenance, family reunification, and permanent placement services. The training shall be developed in consultation with the Child Welfare Training Advisory Board and domestic violence victims' advocates and other public and private agencies that provide programs for victims of domestic violence or programs of intervention for perpetrators.

SEC. 8. Section 16501.4 is added to the Welfare and Institutions Code, to read:

16501.4. In order to ensure the oversight of psychotropic medications that are prescribed for children receiving child welfare services, all of the following shall occur:

(a) ~~(1) A county child welfare agency shall use the form developed pursuant to paragraph (2) to provide a monthly report to the juvenile court, the child's attorney, and the child's court-appointed special advocate, if one has been appointed.~~ *In consultation with the State Department of Health Care Services, the County Welfare Directors Association, and other stakeholders, the State Department of Social Services shall develop and provide an individualized monthly report to each county child welfare services agency.* At a minimum, that report shall include all of the following information regarding ~~a~~ *each* child receiving child welfare ~~services:~~ *services from the county child welfare services agency and for whom one or more psychotropic medications have been authorized:*

~~(A)~~

(1) Psychotropic medications that have been authorized for the ~~child.~~ *child pursuant to Section 369.5.*

~~(B)~~

(2) ~~Paid claims data~~ *Data* for medications that have been ~~prescribed~~ *dispensed* to the child, including both psychotropic and non-psychotropic medication.

~~(C)~~

(3) Durational information relating to the child's ~~prescribed~~ *authorized psychotropic* medication, including, but not limited to, the length of time a medication has been authorized and the length of time for which ~~claims have been paid for a filled prescription.~~ *a medication has been dispensed by a pharmacy.*

~~(D)~~

(4) Claims paid for ~~mental~~ *behavioral* health services provided to the child, other than claims paid for psychotropic medication.

~~(E)~~

(5) The dosage of psychotropic medications that have been authorized for the child and ~~for which a claim has been paid.~~ *that have been dispensed.*

(b) (1) On a monthly basis, a county child welfare services agency shall use the form developed pursuant to paragraph (2) to share with the juvenile court, the child's attorney, and the court-appointed special advocate, if one has been appointed, the information described in subdivision (a) regarding an individual child receiving child welfare services and for whom one or more psychotropic medications have been authorized.

(2) In consultation with the State Department of Health Care Services, the County Welfare Directors Association, and other stakeholders, the State Department of Social Services shall develop a form to be utilized in ~~making the reports~~ *sharing the information* required by paragraph (1).

~~(b)~~

(c) (1) In consultation with the State Department of Health Care Services, the County Welfare Directors Association, and other stakeholders, the State Department of Social Services shall either develop, or ensure access to, a system that automatically alerts the social worker of a child receiving child welfare services when psychotropic medication has been prescribed that fits any of the following descriptions:

(A) The psychotropic medication has been prescribed in combination with another psychotropic medication and the combination is unusual or has the potential for a dangerous interaction.

(B) The psychotropic medication is prescribed in a dosage that is unusual for a child of that age.

(C) The psychotropic medication has the potential for a dangerous interaction with other prescribed psychotropic or non-psychotropic medications.

(D) The psychotropic medication is not typically indicated for a child of that age.

(2) If a child's social worker receives an alert from the system described in paragraph (1), upon receipt of the alert, the social worker shall indicate to the court, the child's attorney, the child's caregiver, and the child's court-appointed special advocate, if one has been appointed, that the alert has been received. The social worker shall also include a discussion of the alert and the resolution, if any, of the issue raised by the alert in the next court report filed in the child's case.

~~(c)~~

(d) In consultation with the State Department of Health Care Services, the Judicial Council, the County Welfare Directors Association, and other stakeholders, the State Department of Social Services shall develop training that may be provided to county child welfare social workers, courts, children's attorneys, children's caregivers, court-appointed special advocates, and other relevant staff who work with children receiving child welfare services that addresses the ~~authorization for administration,~~ *authorization,* uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, ~~mental~~ *behavioral* health, and other available ~~mental~~ *behavioral* health treatments, for children receiving child welfare ~~services.~~ *services, including how to access those treatments.*

SEC. 9. To the extent that this act has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state nor

otherwise be subject to Section 6 of Article XIII B of the California Constitution.

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CWDA

April 22, 2015

The Honorable Hannah-Beth Jackson
Chair, Senate Judiciary Committee
Room 2032, State Capitol
Sacramento, CA 95814

Dear Senator Jackson:

Re: SB 238 (Mitchell) As Amended April 7, 2015 – CO-SPONSOR

The County Welfare Directors Association of California (CWDA) is pleased to be a CO-SPONSOR of SB 238 by Senator Mitchell, which will enable county social workers and other key parties to provide more comprehensive oversight for children in the child welfare system who are prescribed psychotropic medications.

Recent reports indicating that psychotropic medications are over-prescribed in the child welfare system have prompted a needed look at the procedures by which those medications are authorized and overseen. The children we serve have experienced severe trauma that often warrants behavioral health services such as trauma-informed therapy and other targeted treatments. We believe it is appropriate for some children to receive medication, when thoughtfully prescribed as part of an overall treatment plan that includes non-pharmacological interventions, as well. With those medications, however, must come oversight to ensure that the treatment plan is in place and that children are responding well to the authorized medications.

With this in mind, SB 238 focuses on four key areas:

1) The development by the California Department of Social Services and California Department of Health Care Services of monthly data reports, matching authorization and pharmacy dispensing data with child welfare services records, that is to be shared with county child welfare agencies. In turn, the counties will share each child's data with the parties serving him or her through the process – including the court, the child's attorney and the child's court appointed special advocate if one has been provided.

2) Use of a system that triggers an alert to the county child welfare agency when potentially dangerous interactions could occur with other prescribed medications or when a psychotropic medication or the prescribed dosage is not indicated for a child (or a child of that age). As with the data provided, the counties would then advise the other parties serving the child that an alert has been received, and work to follow up the alert and report to the court what the resolution is.

3) Updates to the court authorization process and related forms to provide opportunities for key stakeholders, including the child for whom medication is being prescribed, to provide information and feedback and to provide details on the overall behavioral health treatment plan for the child.

4) Training for physicians, child welfare social workers, foster children, caregivers, attorneys and judges regarding psychotropic medication and accessing other behavioral health services for these children.

We are not seeking the authority for county staff, attorneys or judges to take the place of the trained medical professionals who serve our children. Rather, we want to arm these other practitioners with the necessary tools and training to ask the right questions and probe further when psychotropic medications are prescribed and when potentially harmful interactions could occur.

This bill represents a critical piece of the response to this important issue. For these reasons, we are pleased to CO-SPONSOR SB 238, along with the National Center for Youth Law.

Sincerely,

Frank Mecca

Frank Mecca
Executive Director

cc: The Honorable Holly Mitchell
Honorable Members, Senate Judiciary Committee
Nichole Rapier, Committee Consultant
Mike Petersen, Republican Consultant
Donna Campbell, Office of Governor Jerry Brown
Patricia Huston, Department of Social Services
Farrah McDaid-Ting, CSAC
County Caucus

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **13.**

Meeting Date:	05/07/2015
Subject:	Federal Issues Update
Submitted For:	LEGISLATION COMMITTEE,
Department:	County Administrator
Referral No.:	2015-08
Referral Name:	Federal Issues Update
Presenter:	L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

The California State Association of Counties (CSAC) regularly provides an update on Federal issues affecting counties from its lobbyist in Washington, D.C. These updates are routinely provided to the Legislation Committee for their review and direction to staff, as needed.

Referral Update:

Appropriations Process Continues,
Conferees Produce a Concurrent FY16 Budget Resolution

The annual budget and appropriations process was in full swing this week as House appropriators continued to press ahead with consideration of several of the fiscal year 2016 spending bills. On April 29, the lower chamber began debate on an Energy and Water funding package, as well as a Military Construction-Veterans Affairs spending bill. It should be noted that President Obama has threatened to veto both measures and has warned lawmakers of his intent to issue similar threats to any fiscal year 2016 spending bill that adheres to the sequestration-level funding caps dictated by the Budget Control Act (PL 112-25).

Despite its reputation as one of the least controversial spending measures, the $76.6 billion Military Construction legislation (HR 2029) faced substantial resistance on the House floor this week. Bolstered by the Obama administration's veto threats, Democrats mobilized against the typically bipartisan bill. Further uncertainty ensued as the chamber considered a series of amendments that would have prevented the use of off-budget war funding to evade spending limitations on the Pentagon's regular budget. After rejecting three such amendments, House GOP leaders were able to advance the bill by a vote of 255-163. In the end, nearly 160 Democrats voted against the final measure, which is a notable departure from previous years when there has been near unanimous support for the measure.

With regard to the Energy & Water spending bill, the legislation (HR 2028) would provide a total of $35.4 billion in discretionary funding - $1.2 billion above current levels and $633 million below the administration's budget request - for the Army Corps of Engineers, Department of the

Interior, and other agencies. Among other things, HR 2028 includes language that would block the Obama administration's proposed rule defining "Waters of the United States" (WOTUS). The measure also would restrict the application of the Clean Water Act in certain agricultural areas, including farm ponds and irrigation ditches (see section below for additional discussion on WOTUS).

At the committee level, the House Appropriations Committee recently approved spending levels (known as 302(b) allocations) for all twelve annual appropriations bills. The full committee also advanced its Legislative Branch spending measure.

Additionally, the House Transportation-Housing and Urban Development (T-HUD) Appropriations Subcommittee cleared on April 29 its fiscal year 2016 spending legislation. In total, the bill would provide $55.3 billion in discretionary spending, which is $1.5 billion above the fiscal year 2015 enacted level. However, most of the additional funding will be used to offset a significant decline in receipts from the Federal Housing Administration. Accordingly, the bill would only provide about $25 million more than current spending.

Of interest to California's counties, the T-HUD legislation proposes level funding for highway programs (contingent on Congress reauthorizing MAP-21) and the Community Development Block Grant (CDBG). The bill also provides a slight boost in funding for Homeless Assistance Grants. However, the legislation would only designate $100 million for the popular TIGER grant program, which is $400 million less than current spending.

In related budgetary developments, a bicameral conference committee reached an agreement this week that will pave the way for Congress to clear a final budget resolution for the first time in five years. Not only does the budget resolution (S Con Res 11) prescribe a top-line spending figure for fiscal year 2016, it outlines a framework for balancing the budget by fiscal year 2024, primarily by reducing spending levels.

Democrats, for the most part, are united in their opposition to the budget blueprint largely because of its proposed cuts to domestic spending, as well as its planned repeal of the Affordable Care Act. The House adopted the fiscal year 2016 budget resolution on April 30 on a 226-197 vote, sending it to the Senate where a final vote is expected next week.

Finally, the Senate adopted last week an anti-trafficking bill - the Justice for Victims of Trafficking Act (S 178) - after weeks of partisan debate over an abortion-related policy rider. Senate leaders reached an agreement to water down the controversial language, allowing for passage on a 99-0 vote. If approved by the House and ultimately enacted into law, the legislation would provide competitive grant funding to state and local entities to enhance collaboration and provide services to youth trafficking victims.

MAP-21 Reauthorization

Led by Representative Jeff Denham (R-CA), 34 members of the California congressional delegation sent a letter last week to leaders of the House Transportation & Infrastructure (T&I) Committee regarding the need for Congress to create a dedicated funding stream for locally-owned bridges that are on the Federal-Aid Highway System. CSAC worked closely with Congressman Denham's office on the development of the correspondence and helped secure the support of a number of lawmakers for this important effort.

In California, unlike most other states, over 50 percent of locally-owned bridges are on the Federal-Aid Highway System. While local off-system bridges receive a special funding set-aside under MAP-21, on-system bridges do not have a dedicated funding source. As a result, on-system bridge projects must compete for limited dollars, meaning many are left shortchanged.

Across Capitol Hill, Senator Dianne Feinstein (D-CA) sent last week a similar letter regarding the need for on-system bridge funding to the Senate Committee on Environment and Public Works (EPW). It should be noted that Senator Feinstein directed her staff to develop the correspondence following a meeting with CSAC earlier this year.

Waters of the United States

As reported above, the fiscal year 2016 Energy & Water Development spending legislation includes language that would prohibit the Obama administration from moving forward with its proposed WOTUS rule. In addition to attempting to use the fiscal year 2016 appropriations process to thwart the administration's proposal, congressional Republicans have undertaken other steps to impede the effort.

On Wednesday, April 29, the House Rules Committee approved a resolution (H Res 231) that provides the parameters for the upcoming floor debate over legislation (HR 1732) that would prohibit EPA and the Corps from finalizing or implementing the WOTUS rule. The committee approved the resolution, which will allow for one-hour of debate on HR 1732, on an 8-3 vote.

The underlying WOTUS legislation, which the House Transportation and Infrastructure Committee cleared on April 15 by a 36-22 margin, would require EPA and the Corps to withdraw the proposed rule within 30 days of the legislation's enactment. In addition, the measure would require the agencies to develop a new proposal with advice and recommendations from state and local governments, as well as provide a detailed explanation of how the new proposed rule recognizes, preserves, and protects the primary rights and responsibilities of states to protect water quality and plan/control the development and use of land and water resources in the states.

Debate on HR 1732 is expected to occur the week of May 11

In other developments, Senator John Barrasso (R-WY) introduced on Thursday, April 30 a similar WOTUS proposal. The legislation (S 1140) is cosponsored by Senate Majority Leader Mitch McConnell (R-KY), as well as the chairman of the Environment & Public Works Committee, Senator James Inhofe (R-OK). In addition to Senators Barrasso, McConnell, and Inhofe, nine other senators - five Republicans and four Democrats - have cosponsored the measure.

Specifically, S 1140 would require EPA and the Corps to issue a revised WOTUS rule. Furthermore, the bill prescribes which bodies of waters should and should not be considered waters of the United States and therefore subject to regulation under the Clean Water Act. Under the legislation, the following bodies and types of waters would be excluded from agency regulation: isolated ponds, ditches, agriculture water, storm water, groundwater, floodwater, municipal water supply systems, wastewater management systems, and streams without enough flow to carry pollutants to navigable waters. The legislation also would require the Agencies to undertake certain analyses and consultations pursuant to several existing laws, regulations, and executive orders.

Finally, Senator Jeff Flake (R-AZ), along with Senators John McCain (R-AZ) and Deb Fischer (R-NE), introduced on April 30 a bill that would prohibit implementation of the WOTUS rule until certain scientific reviews have taken place. Specifically, the legislation would require a "Supplemental Scientific Review Panel" and an "Ephemeral and Intermittent Streams Advisory Committee" - which would consist of subject-area experts appointed largely by members of Congress - to undertake scientific analyses and produce certain reports regarding criteria that defines whether a water body or wetland has a significant nexus to a traditional navigable water.

Recommendation(s)/Next Step(s):

ACCEPT the report on Federal Issues and provide direction to staff, as needed.

Attachments

No file(s) attached.

Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE **14.**

Meeting Date: 05/07/2015

Subject: Contra Costa County Bills of Interest

Department: County Administrator

Referral No.: 2015-09

Referral Name: Countra Costa County Bills of Interest

Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

The Legislation Committee regularly receives a report of the bills of interest that the County is tracking and/or taking a position on.

Referral Update:

The most recent report of the "Bill of Interest" to Contra Costa County is attached.

Recommendation(s)/Next Step(s):

ACCEPT the "Bills of Interest" report and provide direction to staff, as needed.

Attachments

Bills of Interest

Bill Status Report
Master File 2015

CA AB 11

AUTHOR: Gonzalez [D]
TITLE: Employment: Paid Sick Days: In-Home Supportive Services
INTRODUCED: 12/01/2014
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Revises the definition of an employee under the Healthy workplaces, Healthy Families Act of 2014 to include providers of in-home support services.
STATUS:
04/29/2015 In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.
Commentary:
Entitles IHSS workers to accrue one hour of sick leave for every 30 hours worked

CA AB 43

AUTHOR: Stone [D]
TITLE: Personal Income Taxes: Credit: Earned Income
INTRODUCED: 12/01/2014
DISPOSITION: Pending
COMMITTEE: Assembly Revenue and Taxation Committee
HEARING: 05/11/2015 1:30 pm
SUMMARY:
Allows an earned income credit under the Personal Income Tax Law to an eligible individual that is equal to specified percentages of the earned income tax credit allowed by federal law. Provides that in those years in which an appropriation is made by the Legislature, the credit would be refundable.
STATUS:
02/12/2015 From ASSEMBLY Committee on REVENUE AND TAXATION with author's amendments.
02/12/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on REVENUE AND TAXATION.
Commentary:
Consistent with Platform. Sent LOS for 5/11 hearing.
Position: Support

CA AB 45

AUTHOR: Mullin [D]
TITLE: Household Hazardous Waste
INTRODUCED: 12/01/2014
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Requires each jurisdiction providing for the residential collection and disposal of solid waste to increase the collection and diversion of household hazardous waste in its service area over the baseline. Provides the increase is to be determined in accordance with Department of Resources Recycling and Recovery regulations.

Authorizes the adoption of a model ordinance for a comprehensive program for the collection of waste. Requires an annual report to the Department on progress in achieving compliance.

STATUS:

04/30/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.

Commentary:

Watch. CSAC has an "oppose" position on the bill.

CA AB 59

AUTHOR: Waldron [R]
TITLE: Mental Health Services: Assisted Outpatient Treatment
INTRODUCED: 12/09/2014
DISPOSITION: Pending
LOCATION: Assembly Judiciary Committee

SUMMARY:

Deletes the repeal date of the Assisted Outpatient Treatment Demonstration Project Act of 2002. Authorizes professional staff of an agency or facility that provided treatment of a person who is released from intensive treatment or postcertification treatment, to evaluate whether the person meets the criteria for assisted outpatient treatment, and to petition the Superior Court therefor.

STATUS:

04/28/2015 In ASSEMBLY Committee on JUDICIARY: Failed passage.
04/28/2015 In ASSEMBLY Committee on JUDICIARY: Reconsideration granted.

Commentary:

No impact.

Position: Watch

CA AB 65

AUTHOR: Alejo [D]
TITLE: Local Law Enforcement: Body-Worn Cameras
INTRODUCED: 12/17/2014
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee

SUMMARY:

Requires the Board of State and Community Corrections to develop a grant program to make funds available to local law enforcement entities to purchase body-worn cameras and related data storage and equipment, and to hire personnel to operate the program. Creates the Body-Worn Camera Fund. Diverts moneys from court fines, forfeitures, and penalties on criminal offenses to the Fund.

STATUS:

04/15/2015 In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.

Commentary:

Assembly Bill 65, by Assembly Member Luis Alejo, would require the Board of State and Community Corrections to develop a grant program to make funds

available to local law enforcement entities to purchase body-worn cameras and related data storage and equipment, and to hire personnel necessary to operate a local body-worn camera program.

President Obama in December announced a three-year, $263 million funding package called the "Body Worn Camera Partnership Program" (Program). The money will be used to match 50 percent spending by local law enforcement agencies and states on body cameras and equipment storage, as well as expanded training for law enforcement and an increase in the number of cities where the United States Department of Justice facilitates local law enforcement engagement with the community.

CA AB 86

AUTHOR: McCarty [D]
TITLE: Peace Officers: Department of Justice: Investigation
INTRODUCED: 01/06/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Requires the Attorney General to appoint a special prosecutor to direct an independent investigation if a peace officer uses deadly physical force upon another person and that person dies as result of that use of deadly force. Grants such prosecutor sole authority to determine whether criminal charges should be filed. Makes the special prosecutor responsible for prosecuting any charges filed.
STATUS:
04/28/2015 From ASSEMBLY Committee on PUBLIC SAFETY: Do pass to Committee on APPROPRIATIONS. (5-2)
Commentary:
watch bill
Position: Watch

CA AB 150

AUTHOR: Melendez [R]
TITLE: Theft: Firearms
INTRODUCED: 01/15/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Makes the theft of a firearm grand theft in all cases, punishable by imprisonment in the state prison. Makes buying or receiving a stolen firearm a misdemeanor or a felony.
STATUS:
04/15/2015 In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.
Commentary:
Watch

Bill Status Report
Master File 2015

CA AB 171

AUTHOR: Irwin [D]
TITLE: Department of Veterans Affairs: Veterans Services
INTRODUCED: 01/22/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Appropriates money from the General Fund to the Department of Veterans Affairs for allocation to counties to fund activities of county veterans service officers. Requires the Department to develop an allocation formula based upon performance standards that encourage innovation and reward outstanding service by county veterans service officers. Requires those funds to be allocated in accordance with that formula. Deletes obsolete provisions. Makes conforming changes.
STATUS:
03/25/2015 In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.
Commentary:
Consistent with Board policy--Veterans Issues #154. Sent letter of support 3/10/15.
Position: Support

CA AB 190

AUTHOR: Harper [R]
TITLE: Solid Waste: Single-Use Carryout Bags
INTRODUCED: 01/27/2015
DISPOSITION: Pending
LOCATION: Assembly Natural Resources Committee
SUMMARY:
Imposes prohibitions and requirements regarding single-use carry-out bags on convenience food stores, foodmarts, and entities that are engaged in the sale of limited line of goods, or goods intended to be consumed off premises, and that hold a specified license with regard to alcoholic beverages. Provides that a law that would be created through the election process requires a reusable grocery bag sold by certain stores to a customer at the point of sale to meet specified requirements.
STATUS:
04/13/2015 In ASSEMBLY Committee on NATURAL RESOURCES: Failed passage.
04/13/2015 In ASSEMBLY Committee on NATURAL RESOURCES: Reconsideration granted.
Commentary:
Watch

CA AB 191

AUTHOR: Harper [R]
TITLE: Solid Waste: Single-Use Carryout Bags
INTRODUCED: 01/27/2015
DISPOSITION: Pending
LOCATION: Assembly Natural Resources Committee
SUMMARY:

Repeals the requirement that a store that distributes recycled paper bags make those bags available for purchase for not less than a specified amount.

STATUS:

04/13/2015	In ASSEMBLY Committee on NATURAL RESOURCES: Failed passage.
04/13/2015	In ASSEMBLY Committee on NATURAL RESOURCES: Reconsideration granted.

Commentary:
Watch

CA AB 203

AUTHOR: Obernolte [R]
TITLE: State Responsibility Areas: Fire Prevention Fees
INTRODUCED: 01/29/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee

SUMMARY:
Extends the time when the fire prevention fee is due and payable from the date of assessment by the State Board of Equalization. Authorizes the petition for redetermination of the fee to be filed within a specified number of days after service of the notice of determination.

STATUS:

04/15/2015	In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.

Commentary:
Referred by CAO to Leg Com. Leg Com referred to BOS for support, 5/5/15.

CA AB 279

AUTHOR: Dodd [D]
TITLE: Disclosure of Information: Franchise Tax Board
INTRODUCED: 02/11/2015
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 05/06/2015 9:00 am

SUMMARY:
Amends existing law that requires, upon the request of the Franchise Tax Board, each city that assesses a city business tax or requires a city business license to annually submit to the board specified information relating to the administration of the city's business tax program.

STATUS:

04/28/2015	From ASSEMBLY Committee on REVENUE AND TAXATION: Do pass to Committee on APPROPRIATIONS. (6-3)

Commentary:
Support requested by TT Rusty Watts. May go to BOS on 3/31.

CA AB 396

AUTHOR: Jones-Sawyer [D]

TITLE: Rental Housing Discrimination: Criminal Records
INTRODUCED: 02/19/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Makes it unlawful for the owner of any rental housing accommodation to deny the rental or lease of a housing accommodation without first satisfying specified requirements relating to the application process. Prohibits inquiring or requiring an applicant to disclose a criminal record during the initial application assessment phase. Authorizes the request for a criminal background check and to consider that record in deciding whether to rent or lease. Requires related denial notification to applicant.
STATUS:
04/30/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
Commentary:
Watch. Phil Kader sent over.

CA AB 428

AUTHOR: Nazarian [D]
TITLE: Income Taxes: Credit: Seismic Retrofits
INTRODUCED: 02/19/2015
DISPOSITION: Pending
COMMITTEE: Assembly Revenue and Taxation Committee
HEARING: 05/18/2015 1:30 pm
SUMMARY:
Relates to the Personal Income Tax Law and the Corporation Tax Law. Allows a tax credit under both laws in an amount equal to a specified percent of costs incurred by a qualified taxpayer for any seismic retrofit construction on a qualified building. Requires certification from the appropriate jurisdiction with authority for building code enforcement that the building is an at-risk property.
STATUS:
03/02/2015 To ASSEMBLY Committee on REVENUE AND TAXATION.

CA AB 546

AUTHOR: Gonzalez [D]
TITLE: Peace Officers: Basic Training Requirements
INTRODUCED: 02/23/2015
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:
Authorizes a probation department to apply to either the commission or the Board of State and Community Corrections to become a certified provider of that training course for the purpose of training probation officers.
STATUS:
04/23/2015 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (78-0)

Commentary:
Chief Kader has asked for support. Referred to Leg Com. Leg Com referred to BOS for support, 5/5/15.

CA AB 637

AUTHOR: Campos [D]
TITLE: Physician Orders for Life Sustaining Treatment
INTRODUCED: 02/24/2015
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:
Authorizes the signature of a nurse practitioner or physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid Physician Orders for Life Sustaining Treatment form (POLST form).
STATUS:
04/16/2015 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (75-0)
Commentary:
The California Medical Association (CMA), of which the Alameda-Contra Costa Medical Association (ACCMA) is a component, is sponsoring AB 637 (Campos) in this session of the legislature, AB 637 allows nurse practitioners (NPs) and physician assistants (PAs) under physician supervision to sign Physician Orders for Life Sustaining Treatment (POLST) forms. While patients discuss POLST with other members of the health care team in addition to their physician, typically NPs and PAs, currently the POLST is not actionable until it is signed by both the patient or their health care decision maker and their physician. To help increase POLST utilization and availability, this bill will authorize NPs and PAs under a physician's supervision to also sign POLST forms and make them immediately actionable orders.
Commentary001:
To Leg Com for support on 4/2. Leg Com referred to BOS for support, 5/5/15.

CA AB 647

AUTHOR: Eggman [D]
TITLE: Beneficial Use: Storing of Water Underground
INTRODUCED: 02/24/2015
DISPOSITION: Pending
LOCATION: Assembly Second Reading File
SUMMARY:
Declares that the storing of water underground constitutes a beneficial use of water if the diverted water is used while it is in underground storage for specified purposes. Provides that the period for the reversion of a water right does not include any period when the water is being used in the aquifer or storage area or is being held in storage for later application to beneficial use.
STATUS:
04/29/2015 From ASSEMBLY Committee on APPROPRIATIONS: Do

pass as amended. (12-1)

Commentary:
SJC supports. Consistent with Water Platform. Sending letter of support.

CA AB 662

AUTHOR: Bonilla [D]
TITLE: Public Accommodation: Disabled Adults
INTRODUCED: 02/24/2015
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 05/06/2015 9:00 am
SUMMARY:
Requires the Division of the State Architect, the State Building Standards Commission, or other appropriate State regulatory authority to adopt regulations requiring a commercial place of public amusement to install and maintain at least one adult changing station for a person with a physical disability. Makes conforming changes.
STATUS:
04/28/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
Commentary:
Support requested by AM Bonilla staff. Kathy Gallagher concurs. Send to Leg Com for 5/7 meeting.

CA AB 762

AUTHOR: Mullin [D]
TITLE: Day Care Centers: Integrated Licensing
INTRODUCED: 02/25/2015
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 05/06/2015 9:00 am
SUMMARY:
Amends the California Child Day Care Facilities Act. Requires the Department of Social Services to adopt regulations to develop and implement a single integrated license for a day care center serving children from birth to kindergarten. Requires the particulars to be covered or included in the regulations governing the license. Provides certain requirements for a day care center with a toddler component. Extends the repeal date for provisions relating to a toddler program component.
STATUS:
04/14/2015 From ASSEMBLY Committee on HUMAN SERVICES: Do pass to Committee on APPROPRIATIONS. (7-0)

CA AB 1051

AUTHOR: Maienschein [R]
TITLE: Human Trafficking
INTRODUCED: 02/26/2015
DISPOSITION: Pending
FILE: 32

LOCATION: Assembly Second Reading File
SUMMARY:
Adds human trafficking as an offense that may be used to establish a pattern of criminal gang activity. Requires that a person convicted of a human trafficking offense or of specified sex trafficking offenses where any part of the violation takes place upon the grounds of, or within a specified distance of, a public or private elementary school, vocational, junior high, or high school during the hours that the school is open for classes to receive an additional penalty.
STATUS:
04/28/2015 From ASSEMBLY Committee on PUBLIC SAFETY: Do pass as amended to Committee on APPROPRIATIONS. (6-1)
Commentary:
Sent LOS for 4/28 hearing. Consistent with policy: 131. SUPPORT legislation that will combat the negative impact that human trafficking has on victims in our communities, including the impact that this activity has on a range of County services and supports, and support efforts to provide additional tools, resources and funding to help counties address this growing problem.
Position: Support

CA AB 1159
AUTHOR: Gordon [D]
TITLE: Product Stewardship: Pilot: Batteries and Sharps Waste
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Establishes the Product Stewardship Pilot Program. Requires producers and product stewardship organizations of consumer products that are home-generated sharps waste or household batteries to develop and implement a product stewardship plan to the Department of Resources Recycling and Recovery. Provides for administrative fees. Establishes the Product Stewardship Penalty Subaccount in the Integrated Waste Management Fund for deposit of fees. Requires audits and reporting requirements.
STATUS:
04/28/2015 From ASSEMBLY Committee on ENVIRONMENTAL SAFETY AND TOXIC MATERIALS: Do pass to Committee on APPROPRIATIONS. (6-0)
Commentary:
Platform would support.

CA AB 1223
AUTHOR: O'Donnell [D]
TITLE: Emergency Medical Services: Noncritical Cases
INTRODUCED: 02/27/2015
DISPOSITION: Pending
COMMITTEE: Assembly Health Committee
HEARING: 05/12/2015 1:30 pm

SUMMARY:
Expands the facilities which are eligible for reimbursement from the Maddy Emergency Medical Services Fund to include any licensed clinic or mental health facility and approved paramedic receiving stations for treatment of emergency patients. Requires a local emergency medical services agency to include in policies and procedures criteria relating to ambulance patient offload time, and for the transport of a patient to an alternative emergency department or facility, for reporting such patient offload time.
STATUS:

04/14/2015	From ASSEMBLY Committee on HEALTH with author's amendments.
04/14/2015	In ASSEMBLY. Read second time and amended. Re-referred to Committee on HEALTH.

Commentary:
Send to Leg Com for 5/7 meeting.

CA AB 1236

AUTHOR: Chiu [D]
TITLE: Local Ordinances: Electric Vehicle Charging Stations
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Relates to the Electric Vehicle Charging Stations Open Access Act. Requires a city, county or city and county to approve the installation of electric vehicle charging stations through the issuance of specified permits unless the proposed installation would have an adverse impact upon the public health or safety. Provides appeal of that decision. Creates an expedited and streamlined permitting process for electric vehicle charging stations.
STATUS:

04/27/2015	From ASSEMBLY Committee on TRANSPORTATION: Do pass to Committee on APPROPRIATIONS. (16-0)

Commentary:
Jason Crapo in DCD is reviewing.

CA AB 1262

AUTHOR: Wood [D]
TITLE: Telecommunications: Universal Service
INTRODUCED: 02/27/2015
DISPOSITION: Pending
FILE: 139
LOCATION: Assembly Consent Calendar - First Legislative Day
SUMMARY:
Requires that of the moneys collected for California Advanced Services Fund on and after a specified date, a specified amount is to be deposited into the Rural and Urban Regional Broadband Consortia Grant Account and used for specified purposes and a specified amount is to be deposited into the Broadband Infrastructure

Revolving Loan Account and used for specified purposes.
STATUS:
04/30/2015 In ASSEMBLY. Read second time. To Consent Calendar.
Commentary:
Send to Leg Com for 5/7 meeting.

CA AB 1321
AUTHOR: Ting [D]
TITLE: Nutrition Incentive Matching Grant Program
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Establishes the Nutrition Incentive Matching Grant Program in the Office of Farm to Fork, and would create the Nutrition Incentive Matching Grant Account in the Farm to Fork Account to collect matching funds received from a specified federal grant program and funds from other public and private sources to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program.
STATUS:
04/29/2015 From ASSEMBLY Committee on AGRICULTURE: Do pass to Committee on APPROPRIATIONS. (7-1)
Commentary:
Received a request to support. Chad to send materials. Send to Leg Com for 5/7 meeting.

CA AB 1335
AUTHOR: Atkins [D]
TITLE: Building Homes and Jobs Act
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Enacts the Building Homes and Jobs Act. Imposes a fee to be paid at the time of the recording of every real estate instrument, paper, or notice required or permitted by law to be recorded. Requires fee revenues be sent to the Department of Housing and Community Development for deposit in the Building Homes and Jobs Fund to be expended for affordable owner-occupied workforce housing and for supporting affordable housing, home ownership opportunities, and other housing-related programs, and admin costs.
STATUS:
04/30/2015 In ASSEMBLY. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
Commentary:
This bill would impose a fee of $75 to be paid at the time of recording every real estate instrument, paper or notice and would require that revenues from that fee be sent to the Department of Housing and Community Development for the Building

Homes and Jobs Fund. This bill is similar to SB 391 (DeSaulnier) from last year.

CA AB 1347

AUTHOR: Chiu [D]
TITLE: Public Contracts Claims
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Establishes for state and local public contracts a claim resolution process applicable to all public entity contracts. Defines a claim. Provides the procedures that are required of a public entity, upon receipt of a claim sent by registered mail. Provides an alternative claim procedure if the public entity fails to issue a statement. Requires the claim deemed approved in its entirety. Authorizes nonbinding mediation. Provide a public works contractor claim procedure.
STATUS:
04/29/2015 From ASSEMBLY Committee on ACCOUNTABILITY AND ADMINISTRATIVE REVIEW: Do pass to Committee on APPROPRIATIONS. (9-0)
Commentary:
This bill would establish a claim resolution process applicable to all public entity contracts. This bill is similar to AB 2471 (Frazier) from last year.
Commentary001:
CSAC recommends Oppose; PW concurs. Sending to BOS for 4/14 action.

CA AB 1362

AUTHOR: Gordon [D]
TITLE: Local Government Assessments Fees and Charges
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Local Government Committee
SUMMARY:
Defines stormwater for purposes of the Proposition 218 Omnibus Implementation Act to mean any system of public improvements or service intended to provide for the quality, conservation, control, or conveyance of waters that land on or drain across the natural or man-made landscape.
STATUS:
03/23/2015 To ASSEMBLY Committee on LOCAL GOVERNMENT.
Commentary:
Consistent with Platform. PW putting LOS on BOS agenda for 4/21 for info.
Position: Support

CA AB 1401

AUTHOR: Baker [R]
TITLE: Veterans: Student Financial Aid
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee

SUMMARY:
Relates to copies of the enrollment fee waiver application and the Free Application for Federal Student Aid (FAFSA) available to each member of the California National Guard, the State Military Reserve, and the Naval Militia not having a baccalaureate degree. Requests that the Adjutant General include information regarding the federal Post-9/11 GI Bill and the California National Guard Education Assistance Award Program.
STATUS:
04/28/2015 From ASSEMBLY Committee on VETERANS AFFAIRS: Do pass to Committee on APPROPRIATIONS. (9-0)
Commentary:
Sent letter of support for 4/28 hearing.
Position: Support

CA AB 1436

AUTHOR: Burke [D]
TITLE: In-Home Support Services: Authorized Representatives
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Assembly Second Reading File
SUMMARY:
Authorizes an applicant for, or recipient of, in-home supportive services to designate an individual to act as his or her authorized representative for purposes of the In-Home Supportive Services program.
STATUS:
04/28/2015 From ASSEMBLY Committee on HUMAN SERVICES: Do pass as amended to Committee on APPROPRIATIONS. (7-0)
Commentary:
Send to Leg Com for 5/7 meeting.

CA SB 4

AUTHOR: Lara [D]
TITLE: Health Care Coverage: Immigration Status
INTRODUCED: 12/01/2014
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 05/04/2015 11:00 am
SUMMARY:
Relates to the Patient Protection and Affordable Care Act. Provides a waiver to allow individuals who are not eligible to obtain health coverage because of immigration status to obtain coverage from the State Health Benefit Exchange. Provides for the facilitation of enrollment for certain individuals not eligible for Medi-Cal coverage. Requires health care service plans and health insurers to sell a specified product. Creates the State Health Exchange Program for All Californians relative to the exchange.
STATUS:
04/28/2015 From SENATE Committee on APPROPRIATIONS with

author's amendments.
04/28/2015 In SENATE. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
BOS: Watch

CA SB 11

AUTHOR: Beall [D]
TITLE: Peace officer Training: Mental Health
INTRODUCED: 12/01/2014
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 05/11/2015 10:00 am
SUMMARY:
Requires the Commission on Peace Officer Standards and Training to include in its basic training course and instructor-leg active learning, a promising or evidence-based behavioral health classroom training course training officers to recognize, deescalate, and refer persons with mental illness or intellectual disability who are in crisis. Requires the Commission to establish and keep the course updated. Provides who must attend the course and how ofter it must be completed.
STATUS:
04/15/2015 In SENATE. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
Commentary:
Doug Sibley requested Leg Com review

CA SB 32

AUTHOR: Pavley [D]
TITLE: Global Warning Solutions Act of 2006: Emissions Limit
INTRODUCED: 12/01/2014
DISPOSITION: Pending
LOCATION: Senate Second Reading File
SUMMARY:
Requires the State Air Resources Board to approve a specified statewide greenhouse gas emission limit that is equivalent to a specified percentage below the 1990 level to be achieved by 2050. Authorizes the Board to adopt interim emissions level targets to be achieve by specified years.
STATUS:
04/29/2015 From SENATE Committee on ENVIRONMENTAL QUALITY: Do pass as amended to Committee on APPROPRIATIONS. (5-2)
Commentary:
SB 32 (Pavley) - This bill would require the State Air Resources Board to approve a statewide greenhouse gas emission limit equivalent to 80% below the 1990 level to be achieved by 2050. The bill would also authorize the board to adopt interim greenhouse gas emissions level targets to be achieved by 2030 and 2040 through policy changes made by the legislature and other agencies.

CA SB 36

AUTHOR: Hernandez [D]
TITLE: Medi-Cal: Demonstration Project
INTRODUCED: 12/01/2014
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:
Requires the State Department of Health Care Services to submit an application to the federal Centers for Medicare and Medicaid Services for a waiver to implement a demonstration project that continues the state's momentum and successes in innovation achieved under the demonstration project described in existing law.
STATUS:
04/27/2015 In SENATE. Read third time, urgency clause adopted. Passed SENATE. *****To ASSEMBLY. (35-0)
Commentary:
Waiver to implement a successor 1115 Medicaid Waiver demonstration program

CA SB 120

AUTHOR: Anderson [R]
TITLE: Sales and Use Taxes: First Responder Equipment
INTRODUCED: 01/15/2015
DISPOSITION: Pending
LOCATION: Senate Second Reading File
SUMMARY:
Relates to a sales and use tax exclusion for public safety first responder vehicle and equipment. Includes local sales and use taxes. Relates to gross receipts taxes. Provides that the state shall not reimburse any local agencies for sales and use tax revenues lost by them pursuant to this bill.
STATUS:
04/29/2015 From SENATE Committee on GOVERNANCE AND FINANCE: Do pass as amended to Committee on APPROPRIATIONS. (6-0)
Commentary:
Support requested by Chief Carman. Send to Leg Com for 5/7 meeting.

CA SB 163

AUTHOR: Hertzberg [D]
TITLE: Elections: Vote by Mail Ballot
INTRODUCED: 02/04/2015
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 05/04/2015 11:00 am
SUMMARY:
Requires county elections officials to issue a vote by mail ballot to every registered voter in the county for statewide primary, special and general elections.
STATUS:
04/21/2015 From SENATE Committee on ELECTIONS AND CONSTITUTIONAL AMENDMENTS: Do pass to

Committee on APPROPRIATIONS. (4-1)

Commentary:
Watch

CA SB 238

AUTHOR: Mitchell [D]
TITLE: Foster Care: Psychotropic Medication
INTRODUCED: 02/17/2015
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 05/11/2015 10:00 am
SUMMARY:
Requires the Judicial Council to develop updates to the implementation of provisions regarding the administration of psychotropic medications for a dependent child or a ward who has been removed from the physical custody of his or her parent. Provides what the updates shall ensure. Requires a report on the number of such medications authorized. Requires individuals providing care for these children to receive training on the authorization for the administration of such medications.
STATUS:
04/28/2015 From SENATE Committee on JUDICIARY: Do pass to Committee on APPROPRIATIONS. (6-0)

CA SB 239

AUTHOR: Hertzberg [D]
TITLE: Local Services: Contracts: Fire Protection Services
INTRODUCED: 02/17/2015
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee
SUMMARY:
Permits a public agency to exercise new or extended services outside the agency's current service area pursuant to a fire protection reorganization contract only if the agency receives a specified approval. Requires, prior to entering into a related proposal, the agency enter into an agreement for the performance of new or extended services per such a contract with each affected public agency and employee organization representing firefighters in the affected area and conduct a public hearing.
STATUS:
04/29/2015 From SENATE Committee on GOVERNANCE AND FINANCE: Do pass to Committee on APPROPRIATIONS. (5-0)
Commentary:
Chief Carman recommends an "Oppose." Send to Leg Com for 5/7 meeting.

CA SB 266

AUTHOR: Block [D]
TITLE: Probation and Mandatory Supervision: Incarceration
INTRODUCED: 02/19/2015
DISPOSITION: Pending

LOCATION: ASSEMBLY
SUMMARY:
Allows a court to authorizes the use of flash incarceration to detain the offender in county jail for not more than a specified number of days for a violation of conditions of probation or mandatory supervision. Provides these provisions would not apply to persons convicted of certain drug offenses.
STATUS:
04/09/2015 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY. (36-1)
Commentary:
Bill sponsored by CPOC. Chief Kader supports. To BOS on 5/5/15

CA SB 277
AUTHOR: Pan [D]
TITLE: Public Health: Vaccinations
INTRODUCED: 02/19/2015
DISPOSITION: Pending
LOCATION: Senate Second Reading File
SUMMARY:
Amends existing law that authorizes an exemption from existing provisions regarding vaccinations for medical reasons or because of personal beliefs, if specified forms are submitted to the governing authority. Eliminates the exemption from immunization based upon personal beliefs. Relates to home-based private school, and students in independent study. Requires a school district to provide parents or guardians immunization rates at the beginning of the regular school term.
STATUS:
04/28/2015 From SENATE Committee on JUDICIARY: Do pass as amended to Committee on APPROPRIATIONS. (5-1)
Commentary:
Referred by Supv. Piepho 03.05.15. Referred to Leg Com 04.02.15. Referred to Board 05.05.15.

CA SB 313
AUTHOR: Galgiani [D]
TITLE: Local Government: Zoning Ordinances: School Districts
INTRODUCED: 02/23/2015
DISPOSITION: Pending
COMMITTEE: Senate Governance and Finance Committee
HEARING: 05/06/2015 9:30 am
SUMMARY:
Conditions the authorization to render a city or county zoning ordinance inapplicable to a proposed use of school district property upon compliance with a notice requirement regarding a schoolsite on agricultural land. Requires the governing board of a district to notify a city or county of the reason the board intends to take a specified vote. Requires the vote to be based upon findings that such an ordinance fails to accommodate the need for renovation or expanding an existing school.

STATUS:
04/29/2015 In SENATE. Read second time and amended. Re-referred to Committee on GOVERNANCE AND FINANCE.
Commentary:
Consistent with Platform. John C. sending letter of support.
POSITION: Support

CA SB 608

AUTHOR: Liu [D]
TITLE: Homelessness
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Senate Transportation and Housing Committee
SUMMARY:
Enacts the Right to Rest Act, which would afford persons experiencing homelessness the right to use public space without discrimination based on their housing status. Describes basic human and civil rights that may be exercised without being subject to criminal or civil sanctions or harassment, including the right to use and to move freely in public spaces, the right to rest in public spaces and to protect oneself from the elements.
STATUS:
04/07/2015 In SENATE Committee on TRANSPORTATION AND HOUSING: Heard, remains in Committee.
Commentary:
This bill would enact the Right to Rest Act which would allow persons experiencing homelessness the right to use public spaces without discrimination based on their housing status. This bill would describe basic human and civil rights that may be exercised without being subject to criminal or civil sanctions or harassment, the right to rest in public spaces, the right to eat in any public space and the right to occupy a motor vehicle. This bill is very similar to the Ammiano bill which created a homeless bill of rights (AB 5, 2013).

CA SB 621

AUTHOR: Hertzberg [D]
TITLE: Mentally Ill Offender Crime Reduction Grants
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee
SUMMARY:
Authorizes the funds from a mentally ill offender crime reduction grant administered by the Board of State and Community Corrections to be used to fund specialized diversion programs that offer appropriate mental health and treatment services.
STATUS:
04/20/2015 In SENATE Committee on APPROPRIATIONS: To Suspense File.
Commentary:

Consistent with Board policy #97: SUPPORT continued and improved funding for substance abuse treatment and mental health services including those that provide alternatives to incarceration and Laura's Law.
Sent letter of support for 4/7/15 and 4/20/15 hearings.
Position: Support

CA SB 643

AUTHOR: McGuire [D]
TITLE: Medical Marijuana
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Senate Second Reading File
SUMMARY:
Establishes within the Department of Consumer Affairs a Bureau of Medical Marijuana Regulation, under the supervision and control of the Chief of the Bureau of Medical Marijuana Regulation. Requires the bureau to license and regulate dispensing facilities, cultivation sites, transporters, and manufacturers of medical marijuana and medical marijuana products. Provides for local transaction taxes. Provides for local zoning laws. Prohibits advertising for physician recommendations under certain circumstances.
STATUS:
04/29/2015 From SENATE Committee on GOVERNANCE AND FINANCE: Do pass as amended to Committee on APPROPRIATIONS. (5-1)
Commentary:
This bill would express the Legislature's intent to enact legislation that would, among other things, reaffirm and clarify aspects of the Medical Marijuana Program Act, regulate the cultivation of medical marijuana, and authorize and appropriate adequate funding for the Board of Equalization to undertake a study, as specified, in order to make recommendations on the best way to levy and collect fees to regulate the cultivation and sale of medical marijuana.

CA SB 762

AUTHOR: Wolk [D]
TITLE: Counties: Competitive Bidding: Pilot Program
INTRODUCED: 02/27/2015
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee
SUMMARY:
Relates to best value. Establishes a pilot program to allow counties to select the lowest responsible bidder on the basis of best value for construction projects that are in excess of a specified amount. Establishes procedures and criteria for the selection of the best value contractor. Requires that bidders verify specified information. Requires the board of supervisors of a participating county to submit a report to specified legislative committees.
STATUS:
04/28/2015 In SENATE. Read second time and amended. Re-referred to

Committee on APPROPRIATIONS.

Commentary:

This bill would establish a pilot program to allow counties to select the lowest responsible bidder on the basis of best value. This bill would allow that if the board of supervisors deems it to be in the best interest of the county they may, on the refusal or failure of the successful bidder to execute a contract, award it to the second lowest responsible bidder. Best value is defined as a procurement process whereby the lowest responsible bidder may be selected on the basis of objective criteria with the resulting selection representing the best combination of price and qualifications.