

**ASSEMBLY BILL**

**No. 1420**

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**Introduced by Committee on Accountability and Administrative Review (Frazier (Chair), Achadjian (Vice Chair), Buchanan, Ian Calderon, Cooley, Gorell, Hagman, Lowenthal, Medina, and Salas)**

March 21, 2013

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An act to amend Sections 1917.1, 2028.5, 5092, and 12104 of the Business and Professions Code, to amend Section 14076 of the Corporations Code, to amend Section 1727 of the Fish and Game Code, to amend Sections 19849.11 and 22959.6 of, and to repeal Section 11535 of, the Government Code, to amend Sections 4801 and 11166 of the Penal Code, to amend Sections 4214 and 25722.8 of the Public Resources Code, to amend Section 9250.14 of the Vehicle Code, to amend Sections 11462, 14132, and 14701 of the Welfare and Institutions Code, and to repeal Section 4 of Chapter 1299 of the Statutes of 1992, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 1420, as introduced, Committee on Accountability and Administrative Review. State government: state agencies: reports.

Existing law requires various state agencies to submit certain reports, plans, evaluations, and other similar documents to the Legislature and other state agencies.

This bill would eliminate provisions that require certain state agencies to submit certain reports to the Legislature and other state agencies. The bill would also modify requirements of certain reports by requiring, among other things, that reports be placed on the Internet Web site of the reporting agency rather than to be submitted to the Legislature or

other state agencies, or requiring certain state agencies to collaborate with other state agencies in preparing those reports. The bill would also modify cross-references.

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

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

1 SECTION 1. Section 1917.1 of the Business and Professions  
2 Code is amended to read:

3 1917.1. (a) The committee may grant a license as a registered  
4 dental hygienist to an applicant who has not taken a clinical  
5 examination before the committee, if the applicant submits all of  
6 the following to the committee:

7 (1) A completed application form and all fees required by the  
8 committee.

9 (2) Proof of a current license as a registered dental hygienist  
10 issued by another state that is not revoked, suspended, or otherwise  
11 restricted.

12 (3) Proof that the applicant has been in clinical practice as a  
13 registered dental hygienist or has been a full-time faculty member  
14 in an accredited dental hygiene education program for a minimum  
15 of 750 hours per year for at least five years immediately preceding  
16 the date of his or her application under this section. The clinical  
17 practice requirement shall be deemed met if the applicant provides  
18 proof of at least three years of clinical practice and commits to  
19 completing the remaining two years of clinical practice by filing  
20 with the committee a copy of a pending contract to practice dental  
21 hygiene in any of the following facilities:

22 (A) A primary care clinic licensed under subdivision (a) of  
23 Section 1204 of the Health and Safety Code.

24 (B) A primary care clinic exempt from licensure pursuant to  
25 subdivision (c) of Section 1206 of the Health and Safety Code.

26 (C) A clinic owned or operated by a public hospital or health  
27 system.

28 (D) A clinic owned and operated by a hospital that maintains  
29 the primary contract with a county government to fill the county's  
30 role under Section 17000 of the Welfare and Institutions Code.

1 (4) Satisfactory performance on a California law and ethics  
2 examination and any examination that may be required by the  
3 committee.

4 (5) Proof that the applicant has not been subject to disciplinary  
5 action by any state in which he or she, is or has been previously,  
6 issued any professional or vocational license. If the applicant has  
7 been subject to disciplinary action, the committee shall review that  
8 action to determine if it warrants refusal to issue a license to the  
9 applicant.

10 (6) Proof of graduation from a school of dental hygiene  
11 accredited by the Commission on Dental Accreditation.

12 (7) Proof of satisfactory completion of the National Dental  
13 Hygiene Board Examination and of a state clinical examination,  
14 regional clinical licensure examination, or any other clinical dental  
15 hygiene examination approved by the committee.

16 (8) Proof that the applicant has not failed the state clinical  
17 examination, the examination given by the Western Regional  
18 Examining Board, or any other clinical dental hygiene examination  
19 approved by the committee for licensure to practice dental hygiene  
20 under this chapter more than once or once within five years prior  
21 to the date of his or her application for a license under this section.

22 (9) Documentation of completion of a minimum of 25 units of  
23 continuing education earned in the two years preceding application,  
24 including completion of any continuing education requirements  
25 imposed by the committee on registered dental hygienists licensed  
26 in this state at the time of application.

27 (10) Any other information as specified by the committee to  
28 the extent that it is required of applicants for licensure by  
29 examination under this article.

30 (b) The committee may periodically request verification of  
31 compliance with the requirements of paragraph (3) of subdivision  
32 (a), and may revoke the license upon a finding that the employment  
33 requirement or any other requirement of paragraph (3) of  
34 subdivision (a) has not been met.

35 (c) The committee shall provide in the application packet to  
36 each out-of-state dental hygienist pursuant to this section the  
37 following information:

38 (1) The location of dental manpower shortage areas in the state.

1 (2) Any not-for-profit clinics, public hospitals, and accredited  
2 dental hygiene education programs seeking to contract with  
3 licensees for dental hygiene service delivery or training purposes.

4 ~~(d) The committee shall review the impact of this section on  
5 the availability of actively practicing registered dental hygienists  
6 in California and report to the appropriate policy and fiscal  
7 committees of the Legislature by January 1, 2012. The report shall  
8 include a separate section providing data specific to registered  
9 dental hygienists who intend to fulfill the alternative clinical  
10 practice requirements of subdivision (a). The report shall include,  
11 but shall not be limited to, the following:~~

12 ~~(1) The number of applicants from other states who have sought  
13 licensure.~~

14 ~~(2) The number of registered dental hygienists from other states  
15 licensed pursuant to this section, the number of licenses not  
16 granted, and the reason why the license was not granted.~~

17 ~~(3) The practice location of registered dental hygienists licensed  
18 pursuant to this section. In identifying a registered dental  
19 hygienist's location of practice, the committee shall use medical  
20 service study areas or other appropriate geographic descriptions  
21 for regions of the state.~~

22 ~~(4) The number of registered dental hygienists licensed pursuant  
23 to this section who establish a practice in a rural area or in an area  
24 designated as having a shortage of practicing registered dental  
25 hygienists or no registered dental hygienists or in a safety net  
26 facility identified in paragraph (3) of subdivision (a).~~

27 ~~(5) The length of time registered dental hygienists licensed  
28 pursuant to this section practiced in the reported location.~~

29 SEC. 2. Section 2028.5 of the Business and Professions Code  
30 is amended to read:

31 2028.5. (a) The board may establish a pilot program to expand  
32 the practice of telehealth in this state.

33 (b) To implement this pilot program, the board may convene a  
34 working group of interested parties from the public and private  
35 sectors, including, but not limited to, state health-related agencies,  
36 health care providers, health plan administrators, information  
37 technology groups, and groups representing health care consumers.

38 (c) The purpose of the pilot program shall be to develop  
39 methods, using a telehealth model, to deliver throughout the state  
40 health care to persons with chronic diseases as well as information

1 on the best practices for chronic disease management services and  
2 techniques and other health care information as deemed  
3 appropriate.

4 ~~(d) The board shall make a report with its recommendations~~  
5 ~~regarding its findings to the Legislature within one calendar year~~  
6 ~~of the commencement date of the pilot program. The report shall~~  
7 ~~include an evaluation of the improvement and affordability of~~  
8 ~~health care services and the reduction in the number of~~  
9 ~~complications achieved by the pilot program.~~

10 SEC. 3. Section 5092 of the Business and Professions Code is  
11 amended to read:

12 5092. (a) To qualify for the certified public accountant license,  
13 an applicant who is applying under this section shall meet the  
14 education, examination, and experience requirements specified in  
15 subdivisions (b), (c), and (d), or otherwise prescribed pursuant to  
16 this article. The board may adopt regulations as necessary to  
17 implement this section.

18 (b) An applicant for the certified public accountant license shall  
19 present satisfactory evidence that the applicant has completed a  
20 baccalaureate or higher degree conferred by a college or university,  
21 meeting, at a minimum, the standards described in Section 5094,  
22 the total educational program to include a minimum of 24 semester  
23 units in accounting subjects and 24 semester units in business  
24 related subjects. This evidence shall be provided prior to admission  
25 to the examination for the certified public accountant license,  
26 except that an applicant who applied, qualified, and sat for at least  
27 two subjects of the examination for the certified public accountant  
28 license before May 15, 2002, may provide this evidence at the  
29 time of application for licensure.

30 (c) An applicant for the certified public accountant license shall  
31 pass an examination prescribed by the board pursuant to this article.

32 (d) The applicant shall show, to the satisfaction of the board,  
33 that the applicant has had two years of qualifying experience. This  
34 experience may include providing any type of service or advice  
35 involving the use of accounting, attest, compilation, management  
36 advisory, financial advisory, tax, or consulting skills. To be  
37 qualifying under this section, experience shall have been performed  
38 in accordance with applicable professional standards. Experience  
39 in public accounting shall be completed under the supervision or  
40 in the employ of a person licensed or otherwise having comparable

1 authority under the laws of any state or country to engage in the  
 2 practice of public accountancy. Experience in private or  
 3 governmental accounting or auditing shall be completed under the  
 4 supervision of an individual licensed by a state to engage in the  
 5 practice of public accountancy.

6 (e) This section shall become inoperative on January 1, 2014,  
 7 but shall become or remain operative if the educational  
 8 requirements in ethics study and accounting study established by  
 9 subdivision (b) of Section ~~5094~~, ~~Section 5094.5~~, ~~5093~~ and Section  
 10 5094.6 are reduced or eliminated.

11 SEC. 4. Section 12104 of the Business and Professions Code  
 12 is amended to read:

13 12104. (a) The department shall issue instructions and make  
 14 recommendations to the county sealers, and the instructions and  
 15 recommendations shall govern the procedure to be followed by  
 16 these officers in the discharge of their duties.

17 (b) Instructions and recommendations that are made to ensure  
 18 statewide weights and measures protection shall include a local  
 19 administration cost analysis utilizing data provided by the county  
 20 sealer. The cost analysis shall identify the joint programs or  
 21 activities for which funds necessary to maintain adequate county  
 22 administration and enforcement have not been provided. The  
 23 secretary shall develop, jointly with the county sealers, county  
 24 priorities for the enforcement programs and activities of the  
 25 secretary.

26 ~~(e) The secretary shall, upon request, report to the Legislature~~  
 27 ~~his or her findings concerning the cost analysis with specific regard~~  
 28 ~~to programs where funds are inadequate for an efficient~~  
 29 ~~enforcement program, together with a listing of the priorities jointly~~  
 30 ~~established by the secretary and the county sealers that are~~  
 31 ~~contained in the formal instructions and recommendations.~~

32 SEC. 5. Section 14076 of the Corporations Code, as amended  
 33 by Section 6 of Chapter 648 of the Statutes of 2012, is amended  
 34 to read:

35 14076. (a) It is the intent of the Legislature that the  
 36 corporations make maximal use of their statutory authority to  
 37 guarantee loans and surety bonds, including the authority to secure  
 38 loans with a minimum loan loss reserve of only 20 percent, so that  
 39 the financing needs of small business may be met as fully as  
 40 possible within the limits of corporations' loan loss reserves. The

1 agency shall report annually to the Legislature on the financial  
2 status of the corporations and their portfolio of loans and surety  
3 bonds guaranteed. *The agency shall include this information in*  
4 *the annual report submitted to the Legislature by the director*  
5 *pursuant to subdivision (b) of Section 14030.2.*

6 (b) Any corporation that serves an area declared to be in a state  
7 of emergency by the Governor or a disaster area by the President  
8 of the United States, the Administrator of the United States Small  
9 Business Administration, or the United States Secretary of  
10 Agriculture shall increase the portfolio of loan guarantees where  
11 the dollar amount of the loan is less than one hundred thousand  
12 dollars (\$100,000), so that at least 15 percent of the dollar value  
13 of loans guaranteed by the corporation is for those loans. The  
14 corporation shall comply with this requirement within one year of  
15 the date the emergency or disaster is declared. Upon application  
16 of a corporation, the director may waive or modify the rule for the  
17 corporation if the corporation demonstrates that it made a good  
18 faith effort to comply and failed to locate lending institutions in  
19 the region that the corporation serves that are willing to make  
20 guaranteed loans in that amount.

21 (c) This section shall remain in effect only until January 1, 2018,  
22 and as of that date is repealed, unless a later enacted statute, that  
23 is enacted before January 1, 2018, deletes or extends that date.

24 SEC. 6. Section 14076 of the Corporations Code, as amended  
25 by Section 7 of Chapter 648 of the Statutes of 2012, is amended  
26 to read:

27 14076. (a) It is the intent of the Legislature that the  
28 corporations make maximal use of their statutory authority to  
29 guarantee loans and surety bonds, including the authority to secure  
30 loans with a minimum loan loss reserve of only 25 percent, unless  
31 the agency authorizes a higher leverage ratio for an individual  
32 corporation pursuant to subdivision (b) of Section 14037, so that  
33 the financing needs of small business may be met as fully as  
34 possible within the limits of corporations' loan loss reserves. The  
35 agency shall report annually to the Legislature on the financial  
36 status of the corporations and their portfolio of loans and surety  
37 bonds guaranteed. *The agency shall include this information in*  
38 *the annual report submitted to the Legislature by the director*  
39 *pursuant to subdivision (b) of Section 14030.2.*

1 (b) Any corporation that serves an area declared to be in a state  
2 of emergency by the Governor or a disaster area by the President  
3 of the United States, the Administrator of the United States Small  
4 Business Administration, or the United States Secretary of  
5 Agriculture shall increase the portfolio of loan guarantees where  
6 the dollar amount of the loan is less than one hundred thousand  
7 dollars (\$100,000), so that at least 15 percent of the dollar value  
8 of loans guaranteed by the corporation is for those loans. The  
9 corporation shall comply with this requirement within one year of  
10 the date the emergency or disaster is declared. Upon application  
11 of a corporation, the director may waive or modify the rule for the  
12 corporation if the corporation demonstrates that it made a good  
13 faith effort to comply and failed to locate lending institutions in  
14 the region that the corporation serves that are willing to make  
15 guaranteed loans in that amount.

16 (c) This section shall become operative on January 1, 2018.

17 SEC. 7. Section 1727 of the Fish and Game Code is amended  
18 to read:

19 1727. (a) In order to provide for a diversity of available angling  
20 experiences throughout the state, it is the intent of the Legislature  
21 that the commission maintain the existing wild trout program, and  
22 as part of the program, develop additional wild trout waters in the  
23 more than 20,000 miles of trout streams and approximately 5,000  
24 lakes containing trout in California.

25 (b) The department shall prepare a list of no less than 25 miles  
26 of stream or stream segments and at least one lake that it deems  
27 suitable for designation as wild trout waters. The department shall  
28 submit this list to the commission for its consideration at the regular  
29 October commission meeting.

30 (c) The commission may remove any stream or lake that it has  
31 designated as a wild trout fishery from the program at any time.  
32 If any of those waters are removed from the program, an equivalent  
33 amount of stream mileage or an equivalent size lake shall be added  
34 to the wild trout program.

35 ~~(d) The commission, in January of each even-numbered year,~~  
36 ~~shall submit a report to the Legislature regarding progress in~~  
37 ~~implementing the wild trout program described in this chapter. In~~  
38 ~~that report, the commission shall state its reasons why any stream~~  
39 ~~or lake listed by the department as suitable for consideration as a~~  
40 ~~wild trout water was or was not included in the program. The~~



1 ~~commission shall also state its reasons for removing and replacing~~  
2 ~~any waters within the program. The report shall be publicly~~  
3 ~~available on the department's Internet Web site.~~

4 SEC. 8. Section 11535 of the Government Code, as added by  
5 Section 8 of Chapter 147 of the Statutes of 2012, is repealed.

6 ~~11535. (a) There is, in the Department of Technology, the~~  
7 ~~Technology Services Board.~~

8 ~~(b) The board shall consist of 13 members, as follows:~~

9 ~~(1) The Director of Technology, who shall serve as the chair of~~  
10 ~~the board.~~

11 ~~(2) The Director of Finance, who shall serve as vice chair of~~  
12 ~~the board.~~

13 ~~(3) The Controller.~~

14 ~~(4) The Secretary of Food and Agriculture, the Secretary of~~  
15 ~~Transportation, the Secretary of the Department of Corrections~~  
16 ~~and Rehabilitation, the Secretary for Environmental Protection,~~  
17 ~~the Secretary of California Health and Human Services, the~~  
18 ~~Secretary of Labor and Workforce Development, the Secretary of~~  
19 ~~the Natural Resources Agency, the Secretary of Business,~~  
20 ~~Consumer Services, and Housing, and the Secretary of Veterans~~  
21 ~~Affairs.~~

22 ~~(5) The Director of Emergency Services.~~

23 SEC. 9. Section 19849.11 of the Government Code is amended  
24 to read:

25 19849.11. The Department of Human Resources, subject to  
26 ~~such conditions as any condition that~~ it may establish, subject to  
27 existing statutes governing health benefits and group term life  
28 insurance offered through the Public Employees' Retirement  
29 System, and subject to all other applicable provisions of state law,  
30 may enter into contracts for the purchase of employee benefits  
31 with respect to managerial and confidential employees as defined  
32 by subdivisions (e) and (f) of Section 3513, and employees  
33 excluded from the definition of state employee in subdivision (c)  
34 of Section 3513, and officers or employees of the executive branch  
35 of government who are not members of the civil service, and  
36 supervisory employees as defined in subdivision (g) of Section  
37 3513. Benefits shall include, but not be limited to, group life  
38 insurance, group disability insurance, long-term disability  
39 insurance, group automobile liability and physical damage  
40 insurance, and homeowners' and renters' insurance.

1 The department may self-insure the long-term disability  
2 insurance program if it is cost effective to do so.

3 ~~If it is determined that a self-insured long-term disability~~  
4 ~~insurance program will be established, the department shall provide~~  
5 ~~its cost analysis to the Joint Legislative Budget Committee at least~~  
6 ~~30 days prior to initiating the establishment of the program.~~

7 SEC. 10. Section 22959.6 of the Government Code is amended  
8 to read:

9 22959.6. (a) The Department of Human Resources may  
10 contract with one or more vision care plans for annuitants and  
11 eligible family members, provided the carrier or carriers have  
12 operated successfully in the area of vision care benefits for a  
13 reasonable period, as determined by the Department of Human  
14 Resources.

15 (b) The Department of Human Resources, as the program  
16 administrator, has full administrative authority over this program  
17 and associated funds and shall require the monthly premium to be  
18 paid by the annuitant for the vision care plan. The premium to be  
19 paid by the annuitant shall be deducted from his or her monthly  
20 allowance. If there are insufficient funds in an annuitant's  
21 allowance to pay the premium, the plan provider shall directly bill  
22 the annuitant. A vision care plan or plans provided under this  
23 authority shall be funded by the annuitants' premium. All premiums  
24 received from annuitants shall be deposited in the Vision Care  
25 Program for State Annuitants Fund, which is hereby created in the  
26 State Treasury. Any income earned on the moneys in the Vision  
27 Care Program for State Annuitants Fund shall be credited to the  
28 fund. Notwithstanding Section 13340, moneys in the fund are  
29 continuously appropriated for the purposes specified in subdivision  
30 (d).

31 (c) An annuitant may enroll in a vision care plan provided by  
32 a carrier that also provides a health benefit plan pursuant to Section  
33 22850 if the employee or annuitant is also enrolled in the health  
34 benefit plan provided by that carrier. However, ~~nothing in~~ this  
35 section may *not* be construed to require an annuitant to enroll in  
36 a vision care plan and a health benefit plan provided by the same  
37 carrier. An annuitant enrolled in this program shall only enroll into  
38 a vision plan or vision plans contracted for by the Department of  
39 Human Resources.

1 (d) ~~No~~A contract for a vision care plan may *not* be entered into  
2 unless the Department of Human Resources determines it is  
3 reasonable to do so. Notwithstanding any other provision of law,  
4 any premium moneys paid into this program by annuitants for the  
5 purposes of the annuitant vision care plan that is contracted for  
6 shall be used for the cost of providing vision care benefits to  
7 eligible, enrolled annuitants and their eligible and enrolled  
8 dependents, the payment of claims for those vision benefits, and  
9 the cost of administration of the vision care plan or plans under  
10 this vision care program, those costs being determined by the  
11 Department of Human Resources.

12 (e) If the Director of Human Resources determines that it is not  
13 economically feasible to continue this program anytime after its  
14 commencement, the director may, upon written notice to enrollees  
15 and to the contracting plan or plans, terminate this program within  
16 a reasonable time. The notice of termination to the plan or plans  
17 shall be determined by the Department of Human Resources. The  
18 notice to enrollees of the termination of the program shall  
19 commence no later than three months prior to the actual date of  
20 termination of the program.

21 (f) Premium rates for this program shall be determined by the  
22 Department of Human Resources in conjunction with the contracted  
23 plan or plans and shall be considered separate and apart from active  
24 employee premium rates.

25 ~~(g) The director shall report to the Legislature, prior to the end  
26 of the second quarter of the third plan year, on the continued  
27 economic sustainability of the Vision Care Program for State  
28 Annuitants.~~

29 SEC. 11. Section 4801 of the Penal Code is amended to read:

30 4801. (a) The Board of Parole Hearings may report to the  
31 Governor, from time to time, the names of any and all persons  
32 imprisoned in any state prison who, in its judgment, ought to have  
33 a commutation of sentence or be pardoned and set at liberty on  
34 account of good conduct, or unusual term of sentence, or any other  
35 cause, including evidence of intimate partner battering and its  
36 effects. For purposes of this section, “intimate partner battering  
37 and its effects” may include evidence of the nature and effects of  
38 physical, emotional, or mental abuse upon the beliefs, perceptions,  
39 or behavior of victims of domestic violence ~~where~~ *if* it appears the  
40 criminal behavior was the result of that victimization.

1 (b) (1) The Board of Parole Hearings, in reviewing a prisoner’s  
 2 suitability for parole pursuant to Section 3041.5, shall give great  
 3 weight to any information or evidence that, at the time of the  
 4 commission of the crime, the prisoner had experienced intimate  
 5 partner battering, but was convicted of an offense that occurred  
 6 prior to August 29, 1996. The board shall state on the record the  
 7 information or evidence that it considered pursuant to this  
 8 subdivision, and the reasons for the parole decision. ~~The board  
 9 shall annually report to the Legislature and the Governor on the  
 10 cases the board considered pursuant to this subdivision during the  
 11 previous year, including the board’s decisions and the specific and  
 12 detailed findings of its investigations of these cases.~~

13 ~~(2) The report for the Legislature to be submitted pursuant to  
 14 paragraph (1) shall be submitted pursuant to Section 9795 of the  
 15 Government Code.~~

16 ~~(3)~~

17 (2) The fact that a prisoner has presented evidence of intimate  
 18 partner battering cannot be used to support a finding that the  
 19 prisoner lacks insight into his or her crime and its causes.

20 SEC. 12. Section 11166 of the Penal Code is amended to read:

21 11166. (a) Except as provided in subdivision (d), and in  
 22 Section 11166.05, a mandated reporter shall make a report to an  
 23 agency specified in Section 11165.9 whenever the mandated  
 24 reporter, in his or her professional capacity or within the scope of  
 25 his or her employment, has knowledge of or observes a child whom  
 26 the mandated reporter knows or reasonably suspects has been the  
 27 victim of child abuse or neglect. The mandated reporter shall make  
 28 an initial report by telephone to the agency immediately or as soon  
 29 as is practicably possible, and shall prepare and send, fax, or  
 30 electronically transmit a written followup report within 36 hours  
 31 of receiving the information concerning the incident. The mandated  
 32 reporter may include with the report any nonprivileged  
 33 documentary evidence the mandated reporter possesses relating  
 34 to the incident.

35 (1) For purposes of this article, “reasonable suspicion” means  
 36 that it is objectively reasonable for a person to entertain a suspicion,  
 37 based upon facts that could cause a reasonable person in a like  
 38 position, drawing, when appropriate, on his or her training and  
 39 experience, to suspect child abuse or neglect. “Reasonable  
 40 suspicion” does not require certainty that child abuse or neglect

1 has occurred nor does it require a specific medical indication of  
2 child abuse or ~~neglect~~; any *neglect*. Any “reasonable suspicion” is  
3 sufficient. For purposes of this article, the pregnancy of a minor  
4 does not, in and of itself, constitute a basis for a reasonable  
5 suspicion of sexual abuse.

6 (2) The agency shall be notified and a report shall be prepared  
7 and sent, faxed, or electronically transmitted even if the child has  
8 expired, regardless of whether or not the possible abuse was a  
9 factor contributing to the death, and even if suspected child abuse  
10 was discovered during an autopsy.

11 (3) Any report made by a mandated reporter pursuant to this  
12 section shall be known as a mandated report.

13 (b) If, after reasonable efforts, a mandated reporter is unable to  
14 submit an initial report by telephone, he or she shall immediately,  
15 or as soon as is practicably possible, by fax or electronic  
16 transmission, make a one-time automated written report on the  
17 form prescribed by the Department of Justice, and shall also be  
18 available to respond to a telephone followup call by the agency  
19 with which he or she filed the report. A mandated reporter who  
20 files a one-time automated written report because he or she was  
21 unable to submit an initial report by telephone is not required to  
22 submit a written followup report.

23 (1) The one-time automated written report form prescribed by  
24 the Department of Justice shall be clearly identifiable so that it is  
25 not mistaken for a standard written followup report. In addition,  
26 the automated one-time report shall contain a section that allows  
27 the mandated reporter to state the reason the initial telephone call  
28 was not able to be completed. The reason for the submission of  
29 the one-time automated written report in lieu of the procedure  
30 prescribed in subdivision (a) shall be captured in the Child Welfare  
31 Services/Case Management System (CWS/CMS). The department  
32 shall work with stakeholders to modify reporting forms and the  
33 CWS/CMS as is necessary to accommodate the changes enacted  
34 by these provisions.

35 (2) This subdivision shall not become operative until the  
36 CWS/CMS is updated to capture the information prescribed in this  
37 subdivision.

38 (3) This subdivision shall become inoperative three years after  
39 this subdivision becomes operative or on January 1, 2009,  
40 whichever occurs first.

1     ~~(4) On the inoperative date of these provisions, a report shall~~  
 2 ~~be submitted to the counties and the Legislature by the State~~  
 3 ~~Department of Social Services that reflects the data collected from~~  
 4 ~~automated one-time reports indicating the reasons stated as to why~~  
 5 ~~the automated one-time report was filed in lieu of the initial~~  
 6 ~~telephone report.~~

7     ~~(5)~~

8     (4) Nothing in this section shall supersede the requirement that  
 9 a mandated reporter first attempt to make a report ~~via~~ *by* telephone,  
 10 or that agencies specified in Section 11165.9 accept reports from  
 11 mandated reporters and other persons, as required.

12     (c) Any mandated reporter who fails to report an incident of  
 13 known or reasonably suspected child abuse or neglect as required  
 14 by this section is guilty of a misdemeanor punishable by up to six  
 15 months confinement in a county jail or by a fine of one thousand  
 16 dollars (\$1,000) or by both that imprisonment and fine. If a  
 17 mandated reporter intentionally conceals his or her failure to report  
 18 an incident known by the mandated reporter to be abuse or severe  
 19 neglect under this section, the failure to report is a continuing  
 20 offense until an agency specified in Section 11165.9 discovers the  
 21 offense.

22     (d) (1) A clergy member who acquires knowledge or a  
 23 reasonable suspicion of child abuse or neglect during a penitential  
 24 communication is not subject to subdivision (a). For the purposes  
 25 of this subdivision, “penitential communication” means a  
 26 communication, intended to be in confidence, including, but not  
 27 limited to, a sacramental confession, made to a clergy member  
 28 who, in the course of the discipline or practice of his or her church,  
 29 denomination, or organization, is authorized or accustomed to hear  
 30 those communications, and under the discipline, tenets, customs,  
 31 or practices of his or her church, denomination, or organization,  
 32 has a duty to keep those communications secret.

33     (2) Nothing in this subdivision shall be construed to modify or  
 34 limit a clergy member’s duty to report known or suspected child  
 35 abuse or neglect when the clergy member is acting in some other  
 36 capacity that would otherwise make the clergy member a mandated  
 37 reporter.

38     (3) (A) On or before January 1, 2004, a clergy member or any  
 39 custodian of records for the clergy member may report to an agency  
 40 specified in Section 11165.9 that the clergy member or any

1 custodian of records for the clergy member, prior to January 1,  
2 1997, in his or her professional capacity or within the scope of his  
3 or her employment, other than during a penitential communication,  
4 acquired knowledge or had a reasonable suspicion that a child had  
5 been the victim of sexual abuse that the clergy member or any  
6 custodian of records for the clergy member did not previously  
7 report the abuse to an agency specified in Section 11165.9. The  
8 provisions of Section 11172 shall apply to all reports made pursuant  
9 to this paragraph.

10 (B) This paragraph shall apply even if the victim of the known  
11 or suspected abuse has reached the age of majority by the time the  
12 required report is made.

13 (C) The local law enforcement agency shall have jurisdiction  
14 to investigate any report of child abuse made pursuant to this  
15 paragraph even if the report is made after the victim has reached  
16 the age of majority.

17 (e) (1) Any commercial film, photographic print, or image  
18 processor who has knowledge of or observes, within the scope of  
19 his or her professional capacity or employment, any film,  
20 photograph, videotape, negative, slide, or any representation of  
21 information, data, or an image, including, but not limited to, any  
22 film, filmstrip, photograph, negative, slide, photocopy, videotape,  
23 video laser disc, computer hardware, computer software, computer  
24 floppy disk, data storage medium, CD-ROM, computer-generated  
25 equipment, or computer-generated image depicting a child under  
26 16 years of age engaged in an act of sexual conduct, shall  
27 immediately, or as soon as practically possible, telephonically  
28 report the instance of suspected abuse to the law enforcement  
29 agency located in the county in which the images are seen. Within  
30 36 hours of receiving the information concerning the incident, the  
31 reporter shall prepare and send, fax, or electronically transmit a  
32 written followup report of the incident with a copy of the image  
33 or material attached.

34 (2) Any commercial computer technician who has knowledge  
35 of or observes, within the scope of his or her professional capacity  
36 or employment, any representation of information, data, or an  
37 image, including, but not limited, to any computer hardware,  
38 computer software, computer file, computer floppy disk, data  
39 storage medium, CD-ROM, computer-generated equipment, or  
40 computer-generated image that is retrievable in perceivable form

1 and that is intentionally saved, transmitted, or organized on an  
2 electronic medium, depicting a child under 16 years of age engaged  
3 in an act of sexual conduct, shall immediately, or as soon as  
4 practicably possible, telephonically report the instance of suspected  
5 abuse to the law enforcement agency located in the county in which  
6 the images or material are seen. As soon as practicably possible  
7 after receiving the information concerning the incident, the reporter  
8 shall prepare and send, fax, or electronically transmit a written  
9 followup report of the incident with a brief description of the  
10 images or materials.

11 (3) For purposes of this article, “commercial computer  
12 technician” includes an employee designated by an employer to  
13 receive reports pursuant to an established reporting process  
14 authorized by subparagraph (B) of paragraph (41) of subdivision  
15 (a) of Section 11165.7.

16 (4) As used in this subdivision, “electronic medium” includes,  
17 but is not limited to, a recording, CD-ROM, magnetic disk memory,  
18 magnetic tape memory, CD, DVD, thumbdrive, or any other  
19 computer hardware or media.

20 (5) As used in this subdivision, “sexual conduct” means any of  
21 the following:

22 (A) Sexual intercourse, including genital-genital, oral-genital,  
23 anal-genital, or oral-anal, whether between persons of the same or  
24 opposite sex or between humans and animals.

25 (B) Penetration of the vagina or rectum by any object.

26 (C) Masturbation for the purpose of sexual stimulation of the  
27 viewer.

28 (D) Sadoomasochistic abuse for the purpose of sexual stimulation  
29 of the viewer.

30 (E) Exhibition of the genitals, pubic, or rectal areas of any  
31 person for the purpose of sexual stimulation of the viewer.

32 (f) Any mandated reporter who knows or reasonably suspects  
33 that the home or institution in which a child resides is unsuitable  
34 for the child because of abuse or neglect of the child shall bring  
35 the condition to the attention of the agency to which, and at the  
36 same time as, he or she makes a report of the abuse or neglect  
37 pursuant to subdivision (a).

38 (g) Any other person who has knowledge of or observes a child  
39 whom he or she knows or reasonably suspects has been a victim  
40 of child abuse or neglect may report the known or suspected



1 instance of child abuse or neglect to an agency specified in Section  
2 11165.9. For purposes of this section, “any other person” includes  
3 a mandated reporter who acts in his or her private capacity and  
4 not in his or her professional capacity or within the scope of his  
5 or her employment.

6 (h) When two or more persons, who are required to report,  
7 jointly have knowledge of a known or suspected instance of child  
8 abuse or neglect, and when there is agreement among them, the  
9 telephone report may be made by a member of the team selected  
10 by mutual agreement and a single report may be made and signed  
11 by the selected member of the reporting team. Any member who  
12 has knowledge that the member designated to report has failed to  
13 do so shall thereafter make the report.

14 (i) (1) The reporting duties under this section are individual,  
15 and no supervisor or administrator may impede or inhibit the  
16 reporting duties, and ~~no~~ a person making a report shall *not* be  
17 subject to any sanction for making the report. However, internal  
18 procedures to facilitate reporting and apprise supervisors and  
19 administrators of reports may be established provided that ~~they~~  
20 *the internal procedures* are not inconsistent with this article.

21 (2) The internal procedures shall not require any employee  
22 required to make reports pursuant to this article to disclose his or  
23 her identity to the employer.

24 (3) Reporting the information regarding a case of possible child  
25 abuse or neglect to an employer, supervisor, school principal,  
26 school counselor, coworker, or other person shall not be a substitute  
27 for making a mandated report to an agency specified in Section  
28 11165.9.

29 (j) A county probation or welfare department shall immediately,  
30 or as soon as practicably possible, report by telephone, fax, or  
31 electronic transmission to the law enforcement agency having  
32 jurisdiction over the case, to the agency given the responsibility  
33 for investigation of cases under Section 300 of the Welfare and  
34 Institutions Code, and to the district attorney’s office every known  
35 or suspected instance of child abuse or neglect, as defined in  
36 Section 11165.6, except acts or omissions ~~coming within~~ *pursuant*  
37 *to* subdivision (b) of Section 11165.2, or reports made pursuant to  
38 Section 11165.13 based on risk to a child ~~which~~ *that* relates solely  
39 to the inability of the parent to provide the child with regular care  
40 due to the parent’s substance abuse, which shall be reported only

1 to the county welfare or probation department. A county probation  
2 or welfare department also shall send, fax, or electronically transmit  
3 a written report thereof within 36 hours of receiving the information  
4 concerning the incident to any agency to which it makes a  
5 telephone report under this subdivision.

6 (k) A law enforcement agency shall immediately, or as soon as  
7 practicably possible, report by telephone, fax, or electronic  
8 transmission to the agency given responsibility for investigation  
9 of cases under Section 300 of the Welfare and Institutions Code  
10 and to the district attorney’s office every known or suspected  
11 instance of child abuse or neglect reported to it, except acts or  
12 omissions ~~coming within~~ pursuant to subdivision (b) of Section  
13 11165.2, which shall be reported only to the county welfare or  
14 probation department. A law enforcement agency shall report to  
15 the county welfare or probation department every known or  
16 suspected instance of child abuse or neglect reported to it which  
17 is alleged to have occurred as a result of the action of a person  
18 responsible for the child’s welfare, or as the result of the failure  
19 of a person responsible for the child’s welfare to adequately protect  
20 the minor from abuse when the person responsible for the child’s  
21 welfare knew or reasonably should have known that the minor was  
22 in danger of abuse. A law enforcement agency also shall send, fax,  
23 or electronically transmit a written report thereof within 36 hours  
24 of receiving the information concerning the incident to any agency  
25 to which it makes a telephone report under this subdivision.

26 SEC. 13. Section 4214 of the Public Resources Code is  
27 amended to read:

28 4214. (a) Fire prevention fees collected pursuant to this chapter  
29 shall be expended, upon appropriation by the Legislature, as  
30 follows:

31 (1) The State Board of Equalization shall retain moneys  
32 necessary for the payment of refunds pursuant to Section 4228 and  
33 reimbursement of the State Board of Equalization for expenses  
34 incurred in the collection of the fee.

35 (2) The moneys collected, other than that retained by the State  
36 Board of Equalization pursuant to paragraph (1), shall be deposited  
37 into the State Responsibility Area Fire Prevention Fund, which is  
38 hereby created in the State Treasury, and shall be available to the  
39 board and the department to expend for fire prevention activities  
40 specified in subdivision (d) that benefit the owners of structures

1 within a state responsibility area who are required to pay the fire  
2 prevention fee. The amount expended to benefit the owners of  
3 structures within a state responsibility area shall be commensurate  
4 with the amount collected from the owners within that state  
5 responsibility area. All moneys in excess of the costs of  
6 administration of the board and the department shall be expended  
7 only for fire prevention activities in counties with state  
8 responsibility areas.

9 (b) (1) The fund may also be used to cover the costs of  
10 administering this chapter.

11 (2) The fund shall cover all startup costs incurred over a period  
12 not to exceed two years.

13 (c) It is the intent of the Legislature that the moneys in this fund  
14 be fully appropriated to the board and the department each year  
15 in order to effectuate the purposes of this chapter.

16 (d) Moneys in the fund shall be used only for the following fire  
17 prevention activities, which shall benefit owners of structures  
18 within the state responsibility areas who are required to pay the  
19 annual fire prevention fee pursuant to this chapter:

20 (1) Local assistance grants pursuant to subdivision (e).

21 (2) Grants to Fire Safe Councils, the California Conservation  
22 Corps, or certified local conservation corps for fire prevention  
23 projects and activities in the state responsibility areas.

24 (3) Grants to a qualified nonprofit organization with a  
25 demonstrated ability to satisfactorily plan, implement, and complete  
26 a fire prevention project applicable to the state responsibility areas.  
27 The department may establish other qualifying criteria.

28 (4) Inspections by the department for compliance with defensible  
29 space requirements around structures in state responsibility areas  
30 as required by Section 4291.

31 (5) Public education to reduce fire risk in the state responsibility  
32 areas.

33 (6) Fire severity and fire hazard mapping by the department in  
34 the state responsibility areas.

35 (7) Other fire prevention projects in the state responsibility  
36 areas, authorized by the board.

37 (e) (1) The board shall establish a local assistance grant program  
38 for fire prevention activities designed to benefit structures within  
39 state responsibility areas, including public education, that are

1 provided by counties and other local agencies, including special  
 2 districts, with state responsibility areas within their jurisdictions.

3 (2) In order to ensure an equitable distribution of funds, the  
 4 amount of each grant shall be based on the number of structures  
 5 in state responsibility areas for which the applicant is legally  
 6 responsible and the amount of moneys made available in the annual  
 7 Budget Act for this local assistance grant program.

8 (f) By January 1, 2013, and annually thereafter, the board shall  
 9 submit to the Legislature a written report on the status and uses of  
 10 the fund pursuant to this chapter. ~~The written report~~ *board shall*  
 11 *work collaboratively with the Department of Forestry and Fire*  
 12 *Protection in preparing the written report pursuant to this*  
 13 *subdivision. The written report* shall also include an evaluation of  
 14 the benefits received by counties based on the number of structures  
 15 in state responsibility areas within their jurisdictions, the  
 16 effectiveness of the board’s grant programs, the number of  
 17 defensible space inspections in the reporting period, the degree of  
 18 compliance with defensible space requirements, measures to  
 19 increase compliance, if any, and any recommendations to the  
 20 Legislature.

21 (g) (1) The requirement for submitting a report imposed under  
 22 subdivision (f) is inoperative on January 1, 2017, pursuant to  
 23 Section 10231.5 of the Government Code.

24 (2) A report to be submitted pursuant to subdivision (f) shall be  
 25 submitted in compliance with Section 9795 of the Government  
 26 Code.

27 (h) It is essential that this article be implemented without delay.  
 28 To permit timely implementation, the department may contract  
 29 for services related to the establishment of the fire prevention fee  
 30 collection process. For this purpose only, and for a period not to  
 31 exceed 24 months, the provisions of the Public Contract Code or  
 32 any other provision of law related to public contracting shall not  
 33 apply.

34 SEC. 14. Section 25722.8 of the Public Resources Code is  
 35 amended to read:

36 25722.8. (a) On or before July 1, 2009, the Secretary of State  
 37 and Consumer Services, in consultation with the Department of  
 38 General Services and other appropriate state agencies that maintain  
 39 or purchase vehicles for the state fleet, including the campuses of  
 40 the California State University, shall develop and implement, and

1 submit to the Legislature and the Governor, a plan to improve the  
2 overall state fleet’s use of alternative fuels, synthetic lubricants,  
3 and fuel-efficient vehicles by reducing or displacing the  
4 consumption of petroleum products by the state fleet when  
5 compared to the 2003 consumption level based on the following  
6 schedule:

7 (1) By January 1, 2012, a 10-percent reduction or displacement.

8 (2) By January 1, 2020, a 20-percent reduction or displacement.

9 (b) Beginning April 1, 2010, and annually thereafter, the  
10 Department of General Services shall ~~provide to the Department~~  
11 ~~of Finance and the appropriate legislative committees of the~~  
12 ~~Legislature~~ *prepare* a progress report on meeting the goals  
13 specified in subdivision (a). The Department of General Services  
14 shall ~~also make~~ *post* the progress report ~~available~~ on its Internet  
15 Web site.

16 (c) (1) The Department of General Services shall encourage,  
17 to the extent feasible, the operation of state alternatively fueled  
18 vehicles on the alternative fuel for which the vehicle is designed  
19 and the development of commercial infrastructure for alternative  
20 fuel pumps and charging stations at or near state vehicle fueling  
21 or parking sites.

22 (2) The Department of General Services shall work with other  
23 public agencies to incentivize and promote, to the extent feasible,  
24 state employee operation of alternatively fueled vehicles through  
25 preferential or reduced-cost parking, access to charging, or other  
26 means.

27 (3) For purposes of this subdivision, “alternatively fueled  
28 vehicles” means light-, medium-, and heavy-duty vehicles that  
29 reduce petroleum usage and related emissions by using advanced  
30 technologies and fuels, including, but not limited to, hybrid, plug-in  
31 hybrid, battery electric, natural gas, or fuel cell vehicles and  
32 including those vehicles described in Section 5205.5 of the Vehicle  
33 Code.

34 SEC. 15. Section 9250.14 of the Vehicle Code is amended to  
35 read:

36 9250.14. (a) (1) In addition to any other fees specified in this  
37 code and the Revenue and Taxation Code, upon the adoption of a  
38 resolution by any county board of supervisors, a fee of one dollar  
39 (\$1) shall be paid at the time of registration or renewal of  
40 registration of every vehicle, except vehicles described in

1 subdivision (a) of Section 5014.1, registered to an address within  
2 that county except those expressly exempted from payment of  
3 registration fees. The fees, after deduction of the administrative  
4 costs incurred by the department in carrying out this section, shall  
5 be paid quarterly to the Controller.

6 (2) (A) If the County of Los Angeles, the County of San Diego,  
7 or the County of San Bernardino has adopted a resolution to impose  
8 a one-dollar (\$1) fee pursuant to paragraph (1), the county may  
9 increase the fee specified in paragraph (1) to two dollars (\$2) in  
10 the same manner as the imposition of the initial fee pursuant to  
11 paragraph (1). The two dollars (\$2) shall be paid at the time of  
12 registration or renewal of registration of a vehicle, and quarterly  
13 to the Controller, as provided in paragraph (1).

14 (B) A resolution to increase the fee from one dollar (\$1) to two  
15 dollars (\$2) pursuant to subparagraph (A) shall be submitted to  
16 the department at least six months prior to the operative date of  
17 the fee increase.

18 (3) In addition to the service fee imposed pursuant to paragraph  
19 (1), and upon the implementation of the permanent trailer  
20 identification plate program, and as part of the Commercial Vehicle  
21 Registration Act of 2001 (Chapter 861 of the Statutes of 2000),  
22 all commercial motor vehicles subject to Section 9400.1 registered  
23 to an owner with an address in the county that established a service  
24 authority under this section, shall pay an additional service fee of  
25 two dollars (\$2).

26 (4) (A) If a county imposes a service fee of two dollars (\$2) by  
27 adopting a resolution pursuant to subparagraph (A) of paragraph  
28 (2), the fee specified in paragraph (3) shall be increased to four  
29 dollars (\$4). The four dollars (\$4) shall be paid at the time of  
30 registration or renewal of registration of a vehicle, and quarterly  
31 to the Controller as provided in paragraph (1).

32 (B) A resolution to increase the additional service fee from two  
33 dollars (\$2) to four dollars (\$4) pursuant to subparagraph (A) shall  
34 be submitted to the department at least six months prior to the  
35 operative date of the fee increase.

36 (b) Notwithstanding Section 13340 of the Government Code,  
37 the moneys paid to the Controller are continuously appropriated,  
38 without regard to fiscal years, for the administrative costs of the  
39 Controller, and for disbursement by the Controller to each county  
40 that has adopted a resolution pursuant to subdivision (a), based

1 upon the number of vehicles registered, or whose registration is  
2 renewed, to an address within that county.

3 (c) Except as otherwise provided in this subdivision, moneys  
4 allocated to a county pursuant to subdivision (b) shall be expended  
5 exclusively to fund programs that enhance the capacity of local  
6 police and prosecutors to deter, investigate, and prosecute vehicle  
7 theft crimes. In any county with a population of 250,000 or less,  
8 the moneys shall be expended exclusively for those vehicle theft  
9 crime programs and for the prosecution of crimes involving driving  
10 while under the influence of alcohol or drugs, or both, in violation  
11 of Section 23152 or 23153, or vehicular manslaughter in violation  
12 of Section 191.5 of the Penal Code or subdivision (c) of Section  
13 192 of the Penal Code, or any combination of those crimes.

14 (d) The moneys collected pursuant to this section shall not be  
15 expended to offset a reduction in any other source of funds, ~~nor~~  
16 *or* for any *other* purpose not authorized under this section.

17 (e) Any funds received by a county prior to January 1, 2000,  
18 pursuant to this section, that are not expended to deter, investigate,  
19 or prosecute crimes pursuant to subdivision (c) shall be returned  
20 to the Controller, for deposit in the Motor Vehicle Account in the  
21 State Transportation Fund. Those funds received by a county shall  
22 be expended in accordance with this section.

23 (f) Each county that adopts a resolution under subdivision (a)  
24 shall submit, on or before the 13th day following the end of each  
25 quarter, a quarterly expenditure and activity report to the designated  
26 statewide Vehicle Theft Investigation and Apprehension  
27 Coordinator in the Department of the California Highway Patrol.

28 (g) A county that imposes a fee under subdivision (a) shall issue  
29 a fiscal yearend report to the Controller on or before August 31 of  
30 each year. The report shall include a detailed accounting of the  
31 funds received and expended in the immediately preceding fiscal  
32 year, including, at a minimum, all of the following:

33 (1) The amount of funds received and expended by the county  
34 under subdivision (b) for the immediately preceding fiscal year.

35 (2) The total expenditures by the county under subdivision (c)  
36 for the immediately preceding fiscal year.

37 (3) Details of expenditures made by the county under  
38 subdivision (c), including salaries and expenses, purchase of  
39 equipment and supplies, and any other expenditures made listed  
40 by type with an explanatory comment.

1 (4) A summary of vehicle theft abatement activities and other  
2 vehicle theft programs funded by the fees collected under this  
3 section.

4 (5) The total number of stolen vehicles recovered and the value  
5 of those vehicles during the immediately preceding fiscal year.

6 (6) The total number of vehicles stolen during the immediately  
7 preceding fiscal year as compared to the fiscal year prior to the  
8 immediately preceding fiscal year.

9 (7) Any additional, unexpended fee revenues received under  
10 subdivision (b) for the county for the immediately preceding fiscal  
11 year.

12 (h) Each county that fails to submit the report required pursuant  
13 to subdivision (g) by November 30 of each year shall have the fee  
14 suspended by the Controller for one year, commencing on July 1  
15 following the Controller's determination that a county has failed  
16 to submit the report.

17 (i) (1) On or before January 1, 2013, and on or before January  
18 1 of each year, the Controller shall provide to the Department of  
19 the California Highway Patrol copies of the yearend reports  
20 submitted by the counties under subdivision (g), and, in  
21 consultation with the Department of the California Highway Patrol,  
22 shall review the fiscal yearend reports submitted by each county  
23 pursuant to subdivision (g) to determine if fee revenues are being  
24 utilized in a manner consistent with this section. If the Controller  
25 determines that the use of the fee revenues is not consistent with  
26 this section, the Controller shall consult with the participating  
27 counties' designated regional coordinators. If the Controller  
28 determines that use of the fee revenues is still not consistent with  
29 this section, the authority to collect the fee by that county shall be  
30 suspended for one year.

31 (2) If the Controller determines that a county has not submitted  
32 a fiscal yearend report as required in subdivision (g), the  
33 authorization to collect the service fee shall be suspended for one  
34 year pursuant to subdivision (h).

35 (3) ~~When~~ *If* the Controller determines that a fee shall be  
36 suspended for a county, the Controller shall inform the Department  
37 of Motor Vehicles on or before January 1 of each year that the  
38 authority to collect a fee for that county is suspended.

39 (j) ~~On or before January 1 of each year, the Controller shall~~  
40 ~~prepare and submit to the Legislature a revenue and expenditure~~



1 ~~summary for each participating county that includes all of the~~  
2 ~~following:~~

3 ~~(1) The total revenues received by each county.~~

4 ~~(2) The total expenditures by each county.~~

5 ~~(3) The unexpended revenues for each county.~~

6 ~~(k)~~

7 (j) For the purposes of this section, a county-designated regional  
8 coordinator is that agency designated by the participating county's  
9 board of supervisors as the agency in control of its countywide  
10 vehicle theft apprehension program.

11 ~~(l)~~

12 (k) This section shall remain in effect only until January 1, 2018,  
13 and as of that date is repealed, unless a later enacted statute that  
14 is enacted on or before January 1, 2018, deletes or extends that  
15 date.

16 SEC. 16. Section 11462 of the Welfare and Institutions Code  
17 is amended to read:

18 11462. (a) (1) Effective July 1, 1990, foster care providers  
19 licensed as group homes, as defined in departmental regulations,  
20 including public child care institutions, as defined in Section  
21 11402.5, shall have rates established by classifying each group  
22 home program and applying the standardized schedule of rates.  
23 The department shall collect information from group providers  
24 beginning January 1, 1990, in order to classify each group home  
25 program.

26 (2) Notwithstanding paragraph (1), foster care providers licensed  
27 as group homes shall have rates established only if the group home  
28 is organized and operated on a nonprofit basis as required under  
29 subdivision (h) of Section 11400. The department shall terminate  
30 the rate effective January 1, 1993, of any group home not organized  
31 and operated on a nonprofit basis as required under subdivision  
32 (h) of Section 11400.

33 (3) (A) The department shall determine, consistent with the  
34 requirements of this chapter and other relevant requirements under  
35 law, the rate classification level (RCL) for each group home  
36 program on a biennial basis. Submission of the biennial rate  
37 application shall be made according to a schedule determined by  
38 the department.

39 (B) The department shall adopt regulations to implement this  
40 paragraph. The adoption, amendment, repeal, or reoption of a

1 regulation authorized by this paragraph is deemed to be necessary  
2 for the immediate preservation of the public peace, health and  
3 safety, or general welfare, for purposes of Sections 11346.1 and  
4 11349.6 of the Government Code, and the department is hereby  
5 exempted from the requirement to describe specific facts showing  
6 the need for immediate action.

7 (b) A group home program shall be initially classified, for  
8 purposes of emergency regulations, according to the level of care  
9 and services to be provided using a point system developed by the  
10 department and described in the report, "The Classification of  
11 Group Home Programs under the Standardized Schedule of Rates  
12 System," prepared by the State Department of Social Services,  
13 August 30, 1989.

14 (c) The rate for each RCL has been determined by the  
15 department with data from the AFDC-FC Group Home Rate  
16 Classification Pilot Study. The rates effective July 1, 1990, were  
17 developed using 1985 calendar year costs and reflect adjustments  
18 to the costs for each fiscal year, starting with the 1986–87 fiscal  
19 year, by the amount of the California Necessities Index computed  
20 pursuant to the methodology described in Section 11453. The data  
21 obtained by the department using 1985 calendar year costs shall  
22 be updated and revised by January 1, 1993.

23 (d) As used in this section, "standardized schedule of rates"  
24 means a listing of the 14 rate classification levels, and the single  
25 rate established for each RCL.

26 (e) Except as specified in paragraph (1), the department shall  
27 determine the RCL for each group home program on a prospective  
28 basis, according to the level of care and services that the group  
29 home operator projects will be provided during the period of time  
30 for which the rate is being established.

31 (1) (A) (i) For new and existing providers requesting the  
32 establishment of an RCL, and for existing group home programs  
33 requesting an RCL increase, the department shall determine the  
34 RCL no later than 13 months after the effective date of the  
35 provisional rate. The determination of the RCL shall be based on  
36 a program audit of documentation and other information that  
37 verifies the level of care and supervision provided by the group  
38 home program during a period of the two full calendar months or  
39 60 consecutive days, whichever is longer, preceding the date of  
40 the program audit, unless the group home program requests a lower

1 RCL. The program audit shall not cover the first six months of  
2 operation under the provisional rate.

3 (ii) For audit purposes, if the group home program serves a  
4 mixture of AFDC-FC eligible and ineligible children, the weighted  
5 hours for child care and social work services provided and the  
6 capacity of the group home shall be adjusted by the ratio of  
7 AFDC-FC eligible children to all children in placement.

8 (iii) Pending the department's issuance of the program audit  
9 report that determines the RCL for the group home program, the  
10 group home program shall be eligible to receive a provisional rate  
11 that shall be based on the level of care and service that the group  
12 home program proposes it will provide. The group home program  
13 shall be eligible to receive only the RCL determined by the  
14 department during the pendency of any appeal of the department's  
15 RCL determination.

16 (B) A group home program may apply for an increase in its  
17 RCL no earlier than two years from the date the department has  
18 determined the group home program's rate, unless the host county,  
19 the primary placing county, or a regional consortium of counties  
20 submits to the department in writing that the program is needed  
21 in that county, that the provider is capable of effectively and  
22 efficiently operating the proposed program, and that the provider  
23 is willing and able to accept AFDC-FC children for placement  
24 who are determined by the placing agency to need the level of care  
25 and services that will be provided by the program.

26 (C) To ensure efficient administration of the department's audit  
27 responsibilities, and to avoid the fraudulent creation of records,  
28 group home programs shall make records that are relevant to the  
29 RCL determination available to the department in a timely manner.  
30 Except as provided in this section, the department may refuse to  
31 consider, for purposes of determining the rate, any documents that  
32 are relevant to the determination of the RCL that are not made  
33 available by the group home provider by the date the group home  
34 provider requests a hearing on the department's RCL  
35 determination. The department may refuse to consider, for purposes  
36 of determining the rate, the following records, unless the group  
37 home provider makes the records available to the department  
38 during the fieldwork portion of the department's program audit:

39 (i) Records of each employee's full name, home address,  
40 occupation, and social security number.

1 (ii) Time records showing when the employee begins and ends  
2 each work period, meal periods, split shift intervals, and total daily  
3 hours worked.

4 (iii) Total wages paid each payroll period.

5 (iv) Records required to be maintained by licensed group home  
6 providers under Title 22 of the California Code of Regulations  
7 that are relevant to the RCL determination.

8 (D) To minimize financial abuse in the startup of group home  
9 programs, when the department’s RCL determination is more than  
10 three levels lower than the RCL level proposed by the group home  
11 provider, and the group home provider does not appeal the  
12 department’s RCL determination, the department shall terminate  
13 the rate of a group home program 45 days after issuance of its  
14 program audit report. When the group home provider requests a  
15 hearing on the department’s RCL determination, and the RCL  
16 determined by the director under subparagraph (E) is more than  
17 three levels lower than the RCL level proposed by the group home  
18 provider, the department shall terminate the rate of a group home  
19 program within 30 days of issuance of the director’s decision.  
20 Notwithstanding the reapplication provisions in subparagraph (B),  
21 the department shall deny any request for a new or increased RCL  
22 from a group home provider whose RCL is terminated pursuant  
23 to this subparagraph, for a period of no greater than two years from  
24 the effective date of the RCL termination.

25 (E) A group home provider may request a hearing of the  
26 department’s RCL determination under subparagraph (A) no later  
27 than 30 days after the date the department issues its RCL  
28 determination. The department’s RCL determination shall be final  
29 if the group home provider does not request a hearing within the  
30 prescribed time. Within 60 days of receipt of the request for  
31 hearing, the department shall conduct a hearing on the RCL  
32 determination. The standard of proof shall be the preponderance  
33 of the evidence and the burden of proof shall be on the department.  
34 The hearing officer shall issue the proposed decision within 45  
35 days of the close of the evidentiary record. The director shall adopt,  
36 reject, or modify the proposed decision, or refer the matter back  
37 to the hearing officer for additional evidence or findings within  
38 100 days of issuance of the proposed decision. If the director takes  
39 no action on the proposed decision within the prescribed time, the  
40 proposed decision shall take effect by operation of law.

1 (2) Group home programs that fail to maintain at least the level  
 2 of care and services associated with the RCL upon which their rate  
 3 was established shall inform the department. The department shall  
 4 develop regulations specifying procedures to be applied when a  
 5 group home fails to maintain the level of services projected,  
 6 including, but not limited to, rate reduction and recovery of  
 7 overpayments.

8 (3) The department shall not reduce the rate, establish an  
 9 overpayment, or take other actions pursuant to paragraph (2) for  
 10 any period that a group home program maintains the level of care  
 11 and services associated with the RCL for children actually residing  
 12 in the facility. Determinations of levels of care and services shall  
 13 be made in the same way as modifications of overpayments are  
 14 made pursuant to paragraph (2) of subdivision (b) of Section  
 15 11466.2.

16 (4) A group home program that substantially changes its staffing  
 17 pattern from that reported in the group home program statement  
 18 shall provide notification of this change to all counties that have  
 19 placed children currently in care. This notification shall be provided  
 20 whether or not the RCL for the program may change as a result of  
 21 the change in staffing pattern.

22 (f) (1) The standardized schedule of rates for the 2002–03,  
 23 2003–04, 2004–05, 2005–06, 2006–07, and 2007–08 fiscal years  
 24 is:

26	Rate	Point Ranges	FY 2002–03, 2003–04,
27			2004–05, 2005–06,
28	Classification		2006–07, and 2007–08
29	Level		Standard Rate
30	1	Under 60	\$1,454
31	2	60– 89	1,835
32	3	90–119	2,210
33	4	120–149	2,589
34	5	150–179	2,966
35	6	180–209	3,344
36	7	210–239	3,723
37	8	240–269	4,102
38	9	270–299	4,479
39	10	300–329	4,858
40	11	330–359	5,234

1	12	360–389	5,613
2	13	390–419	5,994
3	14	420 & Up	6,371

4  
 5 (2) (A) For group home programs that receive AFDC-FC  
 6 payments for services performed during the 2002–03, 2003–04,  
 7 2004–05, 2005–06, 2006–07, 2007–08, 2008–09, and 2009–10  
 8 fiscal years, the adjusted RCL point ranges below shall be used  
 9 for establishing the biennial rates for existing programs, pursuant  
 10 to paragraph (3) of subdivision (a) and in performing program  
 11 audits and in determining any resulting rate reduction, overpayment  
 12 assessment, or other actions pursuant to paragraph (2) of  
 13 subdivision (e):

15	Rate	Adjusted Point Ranges
16	Classification	for the 2002–03, 2003–04,
17		2004–05, 2005–06, 2006–07, 2007–08, 2008–09,
18	Level	and 2009–10 Fiscal Years
19	1	Under 54
20	2	54– 81
21	3	82–110
22	4	111–138
23	5	139–167
24	6	168–195
25	7	196–224
26	8	225–253
27	9	254–281
28	10	282–310
29	11	311–338
30	12	339–367
31	13	368–395
32	14	396 & Up

33  
 34 (B) Notwithstanding subparagraph (A), foster care providers  
 35 operating group homes during the 2002–03, 2003–04, 2004–05,  
 36 2005–06, 2006–07, 2007–08, 2008–09, and 2009–10 fiscal years  
 37 shall remain responsible for ensuring the health and safety of the  
 38 children placed in their programs in accordance with existing  
 39 applicable provisions of the Health and Safety Code and

1 community care licensing regulations, as contained in Title 22 of  
2 the Code of California Regulations.

3 (C) Subparagraph (A) shall not apply to program audits of group  
4 home programs with provisional rates established pursuant to  
5 paragraph (1) of subdivision (e). For those program audits, the  
6 RCL point ranges in paragraph (1) shall be used.

7 (D) Rates applicable for the 2009–10 fiscal year pursuant to the  
8 act that adds this subparagraph shall be effective October 1, 2009.

9 (3) (A) For group home programs that receive AFDC-FC  
10 payments for services performed during the 2009–10 fiscal year  
11 the adjusted RCL point ranges below shall be used for establishing  
12 the biennial rates for existing programs, pursuant to paragraph (3)  
13 of subdivision (a) and in performing program audits and in  
14 determining any resulting rate reduction, overpayment assessment,  
15 or other actions pursuant to paragraph (2) of subdivision (e):

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Rate Classification Level	Adjusted Point Ranges for the 2009–10 Fiscal Years
1	Under 39
2	39–64
3	65–90
4	91–115
5	116–141
6	142–167
7	168–192
8	193–218
9	219–244
10	245–270
11	271–295
12	296–321
13	322–347
14	348 & Up

35 (B) Notwithstanding subparagraph (A), foster care providers  
36 operating group homes during the 2009–10 fiscal year shall remain  
37 responsible for ensuring the health and safety of the children placed  
38 in their programs in accordance with existing applicable provisions  
39 of the Health and Safety Code and community care licensing

1 regulations as contained in Title 22 of the California Code of  
2 Regulations.

3 (C) Subparagraph (A) shall not apply to program audits of group  
4 home programs with provisional rates established pursuant to  
5 paragraph (1) of subdivision (e). For those program audits, the  
6 RCL point ranges in paragraph (1) shall be used.

7 (g) (1) (A) For the 1999–2000 fiscal year, the standardized  
8 rate for each RCL shall be adjusted by an amount equal to the  
9 California Necessities Index computed pursuant to the methodology  
10 described in Section 11453. The resultant amounts shall constitute  
11 the new standardized schedule of rates, subject to further  
12 adjustment pursuant to subparagraph (B).

13 (B) In addition to the adjustment in subparagraph (A),  
14 commencing January 1, 2000, the standardized rate for each RCL  
15 shall be increased by 2.36 percent, rounded to the nearest dollar.  
16 The resultant amounts shall constitute the new standardized  
17 schedule of rates.

18 (2) Beginning with the 2000–01 fiscal year, the standardized  
19 schedule of rates shall be adjusted annually by an amount equal  
20 to the CNI computed pursuant to Section 11453, subject to the  
21 availability of funds. The resultant amounts shall constitute the  
22 new standardized schedule of rates.

23 (3) Effective January 1, 2001, the amount included in the  
24 standard rate for each Rate Classification Level (RCL) for the  
25 salaries, wages, and benefits for staff providing child care and  
26 supervision or performing social work activities, or both, shall be  
27 increased by 10 percent. This additional funding shall be used by  
28 group home programs solely to supplement staffing, salaries,  
29 wages, and benefit levels of staff specified in this paragraph. The  
30 standard rate for each RCL shall be recomputed using this adjusted  
31 amount and the resultant rates shall constitute the new standardized  
32 schedule of rates. The department may require a group home  
33 receiving this additional funding to certify that the funding was  
34 utilized in accordance with the provisions of this section.

35 (4) Effective January 1, 2008, the amount included in the  
36 standard rate for each RCL for the wages for staff providing child  
37 care and supervision or performing social work activities, or both,  
38 shall be increased by 5 percent, and the amount included for the  
39 payroll taxes and other employer-paid benefits for these staff shall  
40 be increased from 20.325 percent to 24 percent. The standard rate



1 for each RCL shall be recomputed using these adjusted amounts,  
2 and the resulting rates shall constitute the new standardized  
3 schedule of rates.

4 (5) The new standardized schedule of rates as provided for in  
5 paragraph (4) shall be reduced by 10 percent, effective October 1,  
6 2009, and the resulting rates shall constitute the new standardized  
7 schedule of rates.

8 (6) The rates of licensed group home providers, whose rates are  
9 not established under the standardized schedule of rates, shall be  
10 reduced by 10 percent, effective October 1, 2009.

11 (h) The standardized schedule of rates pursuant to subdivisions  
12 (f) and (g) shall be implemented as follows:

13 (1) Any group home program that received an AFDC-FC rate  
14 in the prior fiscal year at or above the standard rate for the RCL  
15 in the current fiscal year shall continue to receive that rate.

16 (2) Any group home program that received an AFDC-FC rate  
17 in the prior fiscal year below the standard rate for the RCL in the  
18 current fiscal year shall receive the RCL rate for the current year.

19 (i) (1) The department shall not establish a rate for a new  
20 program of a new or existing provider, or for an existing program  
21 at a new location of an existing provider, unless the provider  
22 submits a letter of recommendation from the host county, the  
23 primary placing county, or a regional consortium of counties that  
24 includes all of the following:

25 (A) That the program is needed by that county.

26 (B) That the provider is capable of effectively and efficiently  
27 operating the program.

28 (C) That the provider is willing and able to accept AFDC-FC  
29 children for placement who are determined by the placing agency  
30 to need the level of care and services that will be provided by the  
31 program.

32 (D) That, if the letter of recommendation is not being issued by  
33 the host county, the primary placing county has notified the host  
34 county of its intention to issue the letter and the host county was  
35 given the opportunity of 30 days to respond to this notification  
36 and to discuss options with the primary placing county.

37 (2) The department shall encourage the establishment of  
38 consortia of county placing agencies on a regional basis for the  
39 purpose of making decisions and recommendations about the need

1 for, and use of, group home programs and other foster care  
2 providers within the regions.

3 (3) The department shall annually conduct a county-by-county  
4 survey to determine the unmet placement needs of children placed  
5 pursuant to Section 300 and Section 601 or 602, and shall publish  
6 its findings by November 1 of each year.

7 (j) The department shall develop regulations specifying  
8 ratesetting procedures for program expansions, reductions, or  
9 modifications, including increases or decreases in licensed capacity,  
10 or increases or decreases in level of care or services.

11 (k) For the purpose of this subdivision, “program change” means  
12 any alteration to an existing group home program planned by a  
13 provider that will increase the RCL or AFDC-FC rate. An increase  
14 in the licensed capacity or other alteration to an existing group  
15 home program that does not increase the RCL or AFDC-FC rate  
16 shall not constitute a program change.

17 (l) General unrestricted or undesignated private charitable  
18 donations and contributions made to charitable or nonprofit  
19 organizations shall not be deducted from the cost of providing  
20 services pursuant to this section. The donations and contributions  
21 shall not be considered in any determination of maximum  
22 expenditures made by the department.

23 ~~(m) The department shall, by October 1 of each year,~~  
24 ~~commencing October 1, 1992, provide the Joint Legislative Budget~~  
25 ~~Committee with a list of any new departmental requirements~~  
26 ~~established during the previous fiscal year concerning the operation~~  
27 ~~of group homes, and of any unusual, industrywide increase in costs~~  
28 ~~associated with the provision of group care that may have~~  
29 ~~significant fiscal impact on providers of group homes care. The~~  
30 ~~committee may, in fiscal year 1993-94 and beyond, use the list to~~  
31 ~~determine whether an appropriation for rate adjustments is needed~~  
32 ~~in the subsequent fiscal year.~~

33 SEC. 17. Section 14132 of the Welfare and Institutions Code  
34 is amended to read:

35 14132. ~~The following is the schedule of benefits under this~~  
36 ~~chapter is as follows:~~

37 (a) Outpatient services are covered as follows:  
38 Physician, hospital or clinic outpatient, surgical center,  
39 respiratory care, optometric, chiropractic, psychology, podiatric,  
40 occupational therapy, physical therapy, speech therapy, audiology,

1 acupuncture to the extent federal matching funds are provided for  
2 acupuncture, and services of persons rendering treatment by prayer  
3 or healing by spiritual means in the practice of any church or  
4 religious denomination insofar as these can be encompassed by  
5 federal participation under an approved plan, subject to utilization  
6 controls.

7 (b) (1) Inpatient hospital services, including, but not limited  
8 to, physician and podiatric services, physical therapy and  
9 occupational therapy, are covered subject to utilization controls.

10 (2) For Medi-Cal fee-for-service beneficiaries, emergency  
11 services and care that are necessary for the treatment of an  
12 emergency medical condition and medical care directly related to  
13 the emergency medical condition. This paragraph shall not be  
14 construed to change the obligation of Medi-Cal managed care  
15 plans to provide emergency services and care. For the purposes of  
16 this paragraph, “emergency services and care” and “emergency  
17 medical condition” shall have the same meanings as those terms  
18 are defined in Section 1317.1 of the Health and Safety Code.

19 (c) Nursing facility services, subacute care services, and services  
20 provided by any category of intermediate care facility for the  
21 developmentally disabled, including podiatry, physician, nurse  
22 practitioner services, and prescribed drugs, as described in  
23 subdivision (d), are covered subject to utilization controls.  
24 Respiratory care, physical therapy, occupational therapy, speech  
25 therapy, and audiology services for patients in nursing facilities  
26 and any category of intermediate care facility for the  
27 developmentally disabled are covered subject to utilization controls.

28 (d) (1) Purchase of prescribed drugs is covered subject to the  
29 Medi-Cal List of Contract Drugs and utilization controls.

30 (2) Purchase of drugs used to treat erectile dysfunction or any  
31 off-label uses of those drugs are covered only to the extent that  
32 federal financial participation is available.

33 (3) (A) To the extent required by federal law, the purchase of  
34 outpatient prescribed drugs, for which the prescription is executed  
35 by a prescriber in written, nonelectronic form on or after April 1,  
36 2008, is covered only when executed on a tamper resistant  
37 prescription form. The implementation of this paragraph shall  
38 conform to the guidance issued by the federal Centers of Medicare  
39 and Medicaid Services but shall not conflict with state statutes on  
40 the characteristics of tamper resistant prescriptions for controlled

1 substances, including Section 11162.1 of the Health and Safety  
2 Code. The department shall provide providers and beneficiaries  
3 with as much flexibility in implementing these rules as allowed  
4 by the federal government. The department shall notify and consult  
5 with appropriate stakeholders in implementing, interpreting, or  
6 making specific this paragraph.

7 (B) Notwithstanding Chapter 3.5 (commencing with Section  
8 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
9 the department may take the actions specified in subparagraph (A)  
10 by means of a provider bulletin or notice, policy letter, or other  
11 similar instructions without taking regulatory action.

12 (4) (A) (i) For the purposes of this paragraph, nonlegend has  
13 the same meaning as defined in subdivision (a) of Section  
14 14105.45.

15 (ii) Nonlegend acetaminophen-containing products, with the  
16 exception of children's acetaminophen-containing products,  
17 selected by the department are not covered benefits.

18 (iii) Nonlegend cough and cold products selected by the  
19 department are not covered benefits. This clause shall be  
20 implemented on the first day of the first calendar month following  
21 90 days after the effective date of the act that added this clause,  
22 or on the first day of the first calendar month following 60 days  
23 after the date the department secures all necessary federal approvals  
24 to implement this section, whichever is later.

25 (iv) Beneficiaries under the Early and Periodic Screening,  
26 Diagnosis, and Treatment Program shall be exempt from clauses  
27 (ii) and (iii).

28 (B) Notwithstanding Chapter 3.5 (commencing with Section  
29 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
30 the department may take the actions specified in subparagraph (A)  
31 by means of a provider bulletin or notice, policy letter, or other  
32 similar instruction without taking regulatory action.

33 (e) Outpatient dialysis services and home hemodialysis services,  
34 including physician services, medical supplies, drugs and  
35 equipment required for dialysis, are covered, subject to utilization  
36 controls.

37 (f) Anesthesiologist services when provided as part of an  
38 outpatient medical procedure, nurse anesthetist services when  
39 rendered in an inpatient or outpatient setting under conditions set  
40 forth by the director, outpatient laboratory services, and X-ray

1 services are covered, subject to utilization controls. ~~Nothing in~~  
2 ~~this~~ This subdivision shall *not* be construed to require prior  
3 authorization for anesthesiologist services provided as part of an  
4 outpatient medical procedure or for portable X-ray services in a  
5 nursing facility or any category of intermediate care facility for  
6 the developmentally disabled.

7 (g) Blood and blood derivatives are covered.

8 (h) (1) (A) Emergency and essential diagnostic and restorative  
9 dental services, except for orthodontic, fixed bridgework, and  
10 partial dentures that are not necessary for balance of a complete  
11 artificial denture, are covered, subject to utilization controls. The  
12 utilization controls shall allow emergency and essential diagnostic  
13 and restorative dental services and prostheses that are necessary  
14 to prevent a significant disability or to replace previously furnished  
15 prostheses which are lost or destroyed due to circumstances beyond  
16 the beneficiary's control. ~~Notwithstanding the foregoing~~

17 (B) *Notwithstanding subparagraph (A)*, the director may by  
18 regulation provide for certain fixed artificial dentures necessary  
19 for obtaining employment or for medical conditions that preclude  
20 the use of removable dental prostheses, and for orthodontic services  
21 in cleft palate deformities administered by the department's  
22 California Children Services Program.

23 (2) For persons 21 years of age or older, the services specified  
24 in paragraph (1) shall be provided subject to the following  
25 conditions:

26 (A) Periodontal treatment is not a benefit.

27 (B) Endodontic therapy is not a benefit except for vital  
28 pulpotomy.

29 (C) Laboratory processed crowns are not a benefit.

30 (D) Removable prosthetics shall be a benefit only for patients  
31 as a requirement for employment.

32 (E) The director may, by regulation, provide for the provision  
33 of fixed artificial dentures that are necessary for medical conditions  
34 that preclude the use of removable dental prostheses.

35 (F) Notwithstanding the conditions specified in subparagraphs  
36 (A) to (E), inclusive, the department may approve services for  
37 persons with special medical disorders subject to utilization review.

38 (3) Paragraph (2) shall become inoperative July 1, 1995.

39 (i) Medical transportation is covered, subject to utilization  
40 controls.

1 (j) Home health care services are covered, subject to utilization  
2 controls.

3 (k) Prosthetic and orthotic devices and eyeglasses are covered,  
4 subject to utilization controls. Utilization controls shall allow  
5 replacement of prosthetic and orthotic devices and eyeglasses  
6 necessary because of loss or destruction due to circumstances  
7 beyond the beneficiary's control. Frame styles for eyeglasses  
8 replaced pursuant to this subdivision shall not change more than  
9 once every two years, unless the department so directs.

10 Orthopedic and conventional shoes are covered when provided  
11 by a prosthetic and orthotic supplier on the prescription of a  
12 physician and when at least one of the shoes will be attached to a  
13 prosthesis or brace, subject to utilization controls. Modification  
14 of stock conventional or orthopedic shoes when medically  
15 indicated, is covered subject to utilization controls. When there is  
16 a clearly established medical need that cannot be satisfied by the  
17 modification of stock conventional or orthopedic shoes,  
18 custom-made orthopedic shoes are covered, subject to utilization  
19 controls.

20 Therapeutic shoes and inserts are covered when provided to  
21 beneficiaries with a diagnosis of diabetes, subject to utilization  
22 controls, to the extent that federal financial participation is  
23 available.

24 (l) Hearing aids are covered, subject to utilization controls.  
25 Utilization controls shall allow replacement of hearing aids  
26 necessary because of loss or destruction due to circumstances  
27 beyond the beneficiary's control.

28 (m) Durable medical equipment and medical supplies are  
29 covered, subject to utilization controls. The utilization controls  
30 shall allow the replacement of durable medical equipment and  
31 medical supplies when necessary because of loss or destruction  
32 due to circumstances beyond the beneficiary's control. The  
33 utilization controls shall allow authorization of durable medical  
34 equipment needed to assist a disabled beneficiary in caring for a  
35 child for whom the disabled beneficiary is a parent, stepparent,  
36 foster parent, or legal guardian, subject to the availability of federal  
37 financial participation. The department shall adopt emergency  
38 regulations to define and establish criteria for assistive durable  
39 medical equipment in accordance with the rulemaking provisions  
40 of the Administrative Procedure Act (Chapter 3.5 (commencing

1 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
2 Government Code).

3 (n) Family planning services are covered, subject to utilization  
4 controls.

5 (o) Inpatient intensive rehabilitation hospital services, including  
6 respiratory rehabilitation services, in a general acute care hospital  
7 are covered, subject to utilization controls, when either of the  
8 following criteria are met:

9 (1) A patient with a permanent disability or severe impairment  
10 requires an inpatient intensive rehabilitation hospital program as  
11 described in Section 14064 to develop function beyond the limited  
12 amount that would occur in the normal course of recovery.

13 (2) A patient with a chronic or progressive disease requires an  
14 inpatient intensive rehabilitation hospital program as described in  
15 Section 14064 to maintain the patient's present functional level as  
16 long as possible.

17 (p) (1) Adult day health care is covered in accordance with  
18 Chapter 8.7 (commencing with Section 14520).

19 (2) Commencing 30 days after the effective date of the act that  
20 added this paragraph, and notwithstanding the number of days  
21 previously approved through a treatment authorization request,  
22 adult day health care is covered for a maximum of three days per  
23 week.

24 (3) As provided in accordance with paragraph (4), adult day  
25 health care is covered for a maximum of five days per week.

26 (4) As of the date that the director makes the declaration  
27 described in subdivision (g) of Section 14525.1, paragraph (2)  
28 shall become inoperative and paragraph (3) shall become operative.

29 (q) (1) Application of fluoride, or other appropriate fluoride  
30 treatment as defined by the department, other prophylaxis treatment  
31 for children 17 years of age and under, are covered.

32 (2) All dental hygiene services provided by a registered dental  
33 hygienist in alternative practice pursuant to ~~Sections 1768~~ *Article*  
34 *9 (commencing with Section 1900) of Chapter 4 of Division 2 of*  
35 *the Business and Professions Code* and ~~1770~~ *Section 1753.7* of  
36 the Business and Professions Code may be covered as long as they  
37 are within the scope of Denti-Cal benefits and they are necessary  
38 services provided by a registered dental hygienist in alternative  
39 practice.

1 (r) (1) Paramedic services performed by a city, county, or  
 2 special district, or pursuant to a contract with a city, county, or  
 3 special district, and pursuant to a program established under ~~Article~~  
 4 ~~3 (commencing with Section 1480)~~ of Chapter 2.5 of Division 2  
 5 *the Emergency Medical Services System and the Prehospital*  
 6 *Emergency Medical Care Personnel Act (Division 2.5 (commencing*  
 7 *with Section 1797) of the Health and Safety Code Code)* by a  
 8 paramedic certified pursuant to that ~~article~~ *act*, and consisting of  
 9 defibrillation and those services specified in ~~subdivision (3) of~~  
 10 ~~Section 1482 of the article that act.~~

11 (2) All providers enrolled under this subdivision shall satisfy  
 12 all applicable statutory and regulatory requirements for becoming  
 13 a Medi-Cal provider.

14 (3) This subdivision shall be implemented only to the extent  
 15 funding is available under Section 14106.6.

16 (s) In-home medical care services are covered when medically  
 17 appropriate and subject to utilization controls, for beneficiaries  
 18 who would otherwise require care for an extended period of time  
 19 in an acute care hospital at a cost higher than in-home medical  
 20 care services. The director shall have the authority under this  
 21 section to contract with organizations qualified to provide in-home  
 22 medical care services to those persons. These services may be  
 23 provided to patients placed in shared or congregate living  
 24 arrangements, if a home setting is not medically appropriate or  
 25 available to the beneficiary. As used in this section, “in-home  
 26 medical care service” includes utility bills directly attributable to  
 27 continuous, 24-hour operation of life-sustaining medical equipment,  
 28 to the extent that federal financial participation is available.

29 As used in this subdivision, in-home medical care services,  
 30 include, but are not limited to, *the following*:

- 31 (1) Level of care and cost of care evaluations.
- 32 (2) Expenses, directly attributable to home care activities, for  
 33 materials.
- 34 (3) Physician fees for home visits.
- 35 (4) Expenses directly attributable to home care activities for  
 36 shelter and modification to shelter.
- 37 (5) Expenses directly attributable to additional costs of special  
 38 diets, including tube feeding.
- 39 (6) Medically related personal services.
- 40 (7) Home nursing education.



- 1 (8) Emergency maintenance repair.
- 2 (9) Home health agency personnel benefits which permit
- 3 coverage of care during periods when regular personnel are on
- 4 vacation or using sick leave.
- 5 (10) All services needed to maintain antiseptic conditions at
- 6 stoma or shunt sites on the body.
- 7 (11) Emergency and nonemergency medical transportation.
- 8 (12) Medical supplies.
- 9 (13) Medical equipment, including, but not limited to, scales,
- 10 gurneys, and equipment racks suitable for paralyzed patients.
- 11 (14) Utility use directly attributable to the requirements of home
- 12 care activities which are in addition to normal utility use.
- 13 (15) Special drugs and medications.
- 14 (16) Home health agency supervision of visiting staff which is
- 15 medically necessary, but not included in the home health agency
- 16 rate.
- 17 (17) Therapy services.
- 18 (18) Household appliances and household utensil costs directly
- 19 attributable to home care activities.
- 20 (19) Modification of medical equipment for home use.
- 21 (20) Training and orientation for use of life-support systems,
- 22 including, but not limited to, support of respiratory functions.
- 23 (21) Respiratory care practitioner services, as defined in Sections
- 24 3702 and 3703 of the Business and Professions Code, subject to
- 25 prescription by a physician and surgeon.
- 26 Beneficiaries receiving in-home medical care services are entitled
- 27 to the full range of services within the Medi-Cal scope of benefits
- 28 as defined by this section, subject to medical necessity and
- 29 applicable utilization control. Services provided pursuant to this
- 30 subdivision, which are not otherwise included in the Medi-Cal
- 31 schedule of benefits, shall be available only to the extent that
- 32 federal financial participation for these services is available in
- 33 accordance with a home- and community-based services waiver.
- 34 (t) Home- and community-based services approved by the
- 35 United States Department of Health and Human Services may be
- 36 covered to the extent that federal financial participation is available
- 37 for those services under waivers granted in accordance with Section
- 38 1396n of Title 42 of the United States Code. The director may
- 39 seek waivers for any or all home- and community-based services
- 40 approvable under Section 1396n of Title 42 of the United States

1 Code. Coverage for those services shall be limited by the terms,  
2 conditions, and duration of the federal waivers.

3 (u) Comprehensive perinatal services, as provided through an  
4 agreement with a health care provider designated in Section  
5 14134.5 and meeting the standards developed by the department  
6 pursuant to Section 14134.5, subject to utilization controls.

7 The department shall seek any federal waivers necessary to  
8 implement the provisions of this subdivision. The provisions for  
9 which appropriate federal waivers cannot be obtained shall not be  
10 implemented. Provisions for which waivers are obtained or for  
11 which waivers are not required shall be implemented  
12 notwithstanding any inability to obtain federal waivers for the  
13 other provisions. No provision of this subdivision shall be  
14 implemented unless matching funds from Subchapter XIX  
15 (commencing with Section 1396) of Chapter 7 of Title 42 of the  
16 United States Code are available.

17 (v) Early and periodic screening, diagnosis, and treatment for  
18 any individual under 21 years of age is covered, consistent with  
19 the requirements of Subchapter XIX (commencing with Section  
20 1396) of Chapter 7 of Title 42 of the United States Code.

21 (w) Hospice service—~~which that~~ is Medicare-certified hospice  
22 service is covered, subject to utilization controls. Coverage shall  
23 be available only to the extent that ~~no~~ additional net program costs  
24 are *not* incurred.

25 (x) When a claim for treatment provided to a beneficiary  
26 includes both services—~~which that~~ are authorized and reimbursable  
27 under this chapter, and services—~~which that~~ are not reimbursable  
28 under this chapter, that portion of the claim for the treatment and  
29 services authorized and reimbursable under this chapter shall be  
30 payable.

31 (y) Home- and community-based services approved by the  
32 United States Department of Health and Human Services for  
33 beneficiaries with a diagnosis of AIDS or ARC; who require  
34 intermediate care or a higher level of care.

35 Services provided pursuant to a waiver obtained from the  
36 Secretary of the United States Department of Health and Human  
37 Services pursuant to this subdivision, and which are not otherwise  
38 included in the Medi-Cal schedule of benefits, shall be available  
39 only to the extent that federal financial participation for these  
40 services is available in accordance with the waiver, and subject to

1 the terms, conditions, and duration of the waiver. These services  
2 shall be provided to individual beneficiaries in accordance with  
3 the client's needs as identified in the plan of care, and subject to  
4 medical necessity and applicable utilization control.

5 The director may under this section contract with organizations  
6 qualified to provide, directly or by subcontract, services provided  
7 for in this subdivision to eligible beneficiaries. Contracts or  
8 agreements entered into pursuant to this division shall not be  
9 subject to the Public Contract Code.

10 (z) Respiratory care when provided in organized health care  
11 systems, as defined in Section 3701 of the Business and Professions  
12 Code, and as an in-home medical service as ~~outlined~~ *provided* in  
13 subdivision (s).

14 (aa) (1) There is hereby established in the department, a  
15 program to provide comprehensive clinical family planning  
16 services to any person who has a family income at or below 200  
17 percent of the federal poverty level, as revised annually, and who  
18 is eligible to receive these services pursuant to the waiver identified  
19 in paragraph (2). This program shall be known as the Family  
20 Planning, Access, Care, and Treatment (Family PACT) Program.

21 (2) The department shall seek a waiver in accordance with  
22 Section 1315 of Title 42 of the United States Code, or a state plan  
23 amendment adopted in accordance with Section  
24 ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(a)(10)(A)(ii)(XXI)* of Title  
25 42 of the United States Code, which was added to Section 1396a  
26 of Title 42 of the United States Code by Section ~~2303(a)(2)~~  
27 *2303(a)(1)* of the federal Patient Protection and Affordable Care  
28 Act (PPACA) (Public Law 111-148), for a program to provide  
29 comprehensive clinical family planning services as described in  
30 paragraph (8). Under the waiver, the program shall be operated  
31 only in accordance with the waiver and the statutes and regulations  
32 in paragraph (4) and subject to the terms, conditions, and duration  
33 of the waiver. Under the state plan amendment, which shall replace  
34 the waiver and shall be known as the Family PACT successor state  
35 plan amendment, the program shall be operated only in accordance  
36 with this subdivision and the statutes and regulations in paragraph  
37 (4). The state shall use the standards and processes imposed by  
38 the state on January 1, 2007, including the application of an  
39 eligibility discount factor to the extent required by the federal  
40 Centers for Medicare and Medicaid Services, for purposes of

1 determining eligibility as permitted under Section  
2 ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(ii)(2)* of Title 42 of the  
3 United States Code. To the extent that federal financial  
4 participation is available, the program shall continue to conduct  
5 education, outreach, enrollment, service delivery, and evaluation  
6 services as specified under the waiver. The services shall be  
7 provided under the program only if the waiver and, when  
8 applicable, the successor state plan amendment are approved by  
9 the federal Centers for Medicare and Medicaid Services and only  
10 to the extent that federal financial participation is available for the  
11 services. Nothing in this section shall prohibit the department from  
12 seeking the Family PACT successor state plan amendment during  
13 the operation of the waiver.

14 (3) Solely for the purposes of the waiver or Family PACT  
15 successor state plan amendment and notwithstanding any other  
16 provision of law, the collection and use of an individual's social  
17 security number shall be necessary only to the extent required by  
18 federal law.

19 (4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005,  
20 and 24013, and any regulations adopted under these ~~statutes~~  
21 *provisions* shall apply to the program provided for under this  
22 subdivision. ~~No~~ Any other provision of law under the Medi-Cal  
23 program or the State-Only Family Planning Program shall *not*  
24 apply to the program provided for under this subdivision.

25 (5) Notwithstanding Chapter 3.5 (commencing with Section  
26 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
27 the department may implement, without taking regulatory action,  
28 the provisions of the waiver after its approval by the federal Health  
29 Care Financing Administration and the provisions of this section  
30 by means of an all-county letter or similar instruction to providers.  
31 Thereafter, the department shall adopt regulations to implement  
32 this section and the approved waiver in accordance with the  
33 requirements of Chapter 3.5 (commencing with Section 11340) of  
34 Part 1 of Division 3 of Title 2 of the Government Code. ~~Beginning~~  
35 ~~six months after the effective date of the act adding this~~  
36 ~~subdivision, the department shall provide a status report to the~~  
37 ~~Legislature on a semiannual basis until regulations have been~~  
38 ~~adopted.~~

39 (6) ~~In the event that~~ *If* the Department of Finance determines  
40 that the program operated under the authority of the waiver

1 described in paragraph (2) or the Family PACT successor state  
2 plan amendment is no longer cost effective, this subdivision shall  
3 become inoperative on the first day of the first month following  
4 the issuance of a 30-day notification of that determination in  
5 writing by the Department of Finance to the chairperson in each  
6 house that considers appropriations, the chairpersons of the  
7 committees, and the appropriate subcommittees in each house that  
8 considers the State Budget, and the Chairperson of the Joint  
9 Legislative Budget Committee.

10 (7) If this subdivision ceases to be operative, all persons who  
11 have received or are eligible to receive comprehensive clinical  
12 family planning services pursuant to the waiver described in  
13 paragraph (2) shall receive family planning services under the  
14 Medi-Cal program pursuant to subdivision (n) if they are otherwise  
15 eligible for Medi-Cal with no share of cost, or shall receive  
16 comprehensive clinical family planning services under the program  
17 established in Division 24 (commencing with Section 24000) either  
18 if they are eligible for Medi-Cal with a share of cost or if they are  
19 otherwise eligible under Section 24003.

20 (8) For purposes of this subdivision, “comprehensive clinical  
21 family planning services” means the process of establishing  
22 objectives for the number and spacing of children, and selecting  
23 the means by which those objectives may be achieved. These  
24 means include a broad range of acceptable and effective methods  
25 and services to limit or enhance fertility, including contraceptive  
26 methods, federal Food and Drug Administration approved  
27 contraceptive drugs, devices, and supplies, natural family planning,  
28 abstinence methods, and basic, limited fertility management.  
29 Comprehensive clinical family planning services include, but are  
30 not limited to, preconception counseling, maternal and fetal health  
31 counseling, general reproductive health care, including diagnosis  
32 and treatment of infections and conditions, including cancer, that  
33 threaten reproductive capability, medical family planning treatment  
34 and procedures, including supplies and followup, and  
35 informational, counseling, and educational services.  
36 Comprehensive clinical family planning services shall not include  
37 abortion, pregnancy testing solely for the purposes of referral for  
38 abortion or services ancillary to abortions, or pregnancy care that  
39 is not incident to the diagnosis of pregnancy. Comprehensive

1 clinical family planning services shall be subject to utilization  
2 control and include all of the following:

3 (A) Family planning related services and male and female  
4 sterilization. Family planning services for men and women shall  
5 include emergency services and services for complications directly  
6 related to the contraceptive method, federal Food and Drug  
7 Administration approved contraceptive drugs, devices, and  
8 supplies, and followup, consultation, and referral services, as  
9 indicated, which may require treatment authorization requests.

10 (B) All United States Department of Agriculture, federal Food  
11 and Drug Administration approved contraceptive drugs, devices,  
12 and supplies that are in keeping with current standards of practice  
13 and from which the individual may choose.

14 (C) Culturally and linguistically appropriate health education  
15 and counseling services, including informed consent, that include  
16 all of the following:

- 17 (i) Psychosocial and medical aspects of contraception.
- 18 (ii) Sexuality.
- 19 (iii) Fertility.
- 20 (iv) Pregnancy.
- 21 (v) Parenthood.
- 22 (vi) Infertility.
- 23 (vii) Reproductive health care.
- 24 (viii) Preconception and nutrition counseling.
- 25 (ix) Prevention and treatment of sexually transmitted infection.
- 26 (x) Use of contraceptive methods, federal Food and Drug  
27 Administration approved contraceptive drugs, devices, and  
28 supplies.
- 29 (xi) Possible contraceptive consequences and followup.
- 30 (xii) Interpersonal communication and negotiation of  
31 relationships to assist individuals and couples in effective  
32 contraceptive method use and planning families.

33 (D) A comprehensive health history, updated at the next periodic  
34 visit (between 11 and 24 months after initial examination) that  
35 includes a complete obstetrical history, gynecological history,  
36 contraceptive history, personal medical history, health risk factors,  
37 and family health history, including genetic or hereditary  
38 conditions.

39 (E) A complete physical examination on initial and subsequent  
40 periodic visits.

1 (F) Services, drugs, devices, and supplies deemed by the federal  
2 Centers for Medicare and Medicaid Services to be appropriate for  
3 inclusion in the program.

4 (9) In order to maximize the availability of federal financial  
5 participation under this subdivision, the director shall have the  
6 discretion to implement the Family PACT successor state plan  
7 amendment retroactively to July 1, 2010.

8 (ab) (1) Purchase of prescribed enteral nutrition products is  
9 covered, subject to the Medi-Cal list of enteral nutrition products  
10 and utilization controls.

11 (2) Purchase of enteral nutrition products is limited to those  
12 products to be administered through a feeding tube, including, but  
13 not limited to, a gastric, nasogastric, or jejunostomy tube.  
14 Beneficiaries under the Early and Periodic Screening, Diagnosis,  
15 and Treatment Program shall be exempt from this paragraph.

16 (3) Notwithstanding paragraph (2), the department may deem  
17 an enteral nutrition product, not administered through a feeding  
18 tube, including, but not limited to, a gastric, nasogastric, or  
19 jejunostomy tube, a benefit for patients with diagnoses, including,  
20 but not limited to, malabsorption and inborn errors of metabolism,  
21 if the product has been shown to be neither investigational nor  
22 experimental when used as part of a therapeutic regimen to prevent  
23 serious disability or death.

24 (4) Notwithstanding Chapter 3.5 (commencing with Section  
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
26 the department may implement the amendments to this subdivision  
27 made by the act that added this paragraph by means of all-county  
28 letters, provider bulletins, or similar instructions, without taking  
29 regulatory action.

30 (5) The amendments made to this subdivision by the act that  
31 added this paragraph shall be implemented *on* June 1, 2011, or on  
32 the first day of the first calendar month following 60 days after  
33 the date the department secures all necessary federal approvals to  
34 implement this section, whichever is later.

35 (ac) Diabetic testing supplies are covered when provided by a  
36 pharmacy, subject to utilization controls.

37 SEC. 18. Section 14701 of the Welfare and Institutions Code  
38 is amended to read:

39 14701. (a) The State Department of Health Care Services, in  
40 collaboration with the State Department of Mental Health and the

1 California Health and Human Services Agency, shall create a state  
2 administrative and programmatic transition plan, either as one  
3 comprehensive transition plan or separately, to guide the transfer  
4 of the Medi-Cal specialty mental health managed care and the  
5 EPSDT Program to the State Department of Health Care Services  
6 effective July 1, 2012.

7 (H)

8 (b) (1) Commencing no later than July 15, 2011, the State  
9 Department of Health Care Services, together with the State  
10 Department of Mental Health, shall convene a series of stakeholder  
11 meetings and forums to receive input from clients, family members,  
12 providers, counties, and representatives of the Legislature  
13 concerning the transition and transfer of Medi-Cal specialty mental  
14 health managed care and the EPSDT Program. This consultation  
15 shall inform the creation of a state administrative transition plan  
16 and a programmatic transition plan that shall include, but is not  
17 limited to, the following components:

18 (A) The plan shall ensure *that* it is developed in a way that  
19 continues access and quality of service during and immediately  
20 after the transition, preventing any disruption of services to clients  
21 and family members, providers and counties, and others affected  
22 by this transition.

23 (B) A detailed description of the state administrative functions  
24 currently performed by the State Department of Mental Health  
25 regarding Medi-Cal specialty mental health managed care and the  
26 EPSDT Program.

27 (C) Explanations of the operational steps, timelines, and key  
28 milestones for determining when and how each function or program  
29 will be transferred. These explanations shall also be developed for  
30 the transition of positions and staff serving Medi-Cal specialty  
31 mental health managed care and the EPSDT Program, and how  
32 these will relate to, and align with, positions at the State  
33 Department of Health Care Services. The State Department of  
34 Health Care Services and the California Health and Human  
35 Services Agency shall consult with the Department of Personnel  
36 Administration in developing this aspect of the transition plan.

37 (D) A list of any planned or proposed changes or efficiencies  
38 in how the functions will be performed, including the anticipated  
39 fiscal and programmatic impacts of the changes.



1 (E) A detailed organization chart that reflects the planned  
2 staffing at the State Department of Health Care Services in light  
3 of the requirements of subparagraphs (A) to (C), inclusive, and  
4 includes focused, high-level leadership for behavioral health issues.

5 (F) A description of how stakeholders were included in the  
6 various phases of the planning process to formulate the transition  
7 plans and a description of how their feedback will be taken into  
8 consideration after transition activities are underway.

9 (2) The State Department of Health Care Services, together with  
10 the State Department of Mental Health and the California Health  
11 and Human Services Agency, shall convene and consult with  
12 stakeholders at least twice following production of a draft of the  
13 transition plans and before submission of transition plans to the  
14 Legislature. Continued consultation with stakeholders shall occur  
15 in accordance with the requirement in subparagraph (F) of  
16 paragraph (1).

17 ~~(b) The State Department of Health Care Services shall provide~~  
18 ~~the transition plans described in subdivision (a) to all fiscal~~  
19 ~~committees and appropriate policy committees of the Legislature~~  
20 ~~no later than October 1, 2011. The transition plans may also be~~  
21 ~~updated by the Governor and provided to all fiscal and applicable~~  
22 ~~policy committees of the Legislature upon its completion, but no~~  
23 ~~later than May 15, 2012.~~

24 SEC. 19. Section 4 of Chapter 1299 of the Statutes of 1992,  
25 as amended by Section 3 of Chapter 791 of the Statutes of 1997,  
26 is repealed.

27 Sec. 4. ~~(a) The Legislature finds and declares that the~~  
28 ~~requirement of completion of a minimum of two academic years~~  
29 ~~of dental education does not result in undue hardship upon, or~~  
30 ~~adversely impact, international dental candidates.~~

31 ~~(b) (1) The Board of Dental Examiners shall collect data on~~  
32 ~~the international dental candidates who are admitted to, and take,~~  
33 ~~the restorative technique examination on and after January 1, 1993.~~  
34 ~~The board shall report to the Legislature between June 1, 1998,~~  
35 ~~and December 31, 1998, inclusive, on the impact of Section 1636.5~~  
36 ~~of the Business and Professions Code on those international dental~~  
37 ~~candidates about whom the data is collected pursuant to this~~  
38 ~~subdivision.~~

- 1     ~~(2) The report prepared pursuant to this subdivision shall~~
- 2     ~~include, for each administration of the restorative technique~~
- 3     ~~examination, all of the following information:~~
- 4         ~~(A) The number of international dental candidates who fail the~~
- 5         ~~examination for the third time.~~
- 6         ~~(B) The number of international dental candidates who, after~~
- 7         ~~failing the examination for the third time, apply to international~~
- 8         ~~dental studies programs in California, and the number of these~~
- 9         ~~candidates accepted by these programs.~~
- 10        ~~(C) The number of international dental candidates who, after~~
- 11        ~~failing the examination for the third time, apply to any dental~~
- 12        ~~studies program, in or out of California, and the number of these~~
- 13        ~~candidates accepted by these programs.~~