Mayers Memorial Hospital District

BOARD of DIRECTORS
MEETING AGENDA (amended)
May 25, 2016 10:00 AM
Board Room (Fall River)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	**CALL MEETING TO ORDER – Abe Hathaway, President**	
2	**CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. **Comments should be limited to matters within the jurisdiction of the Board.** Pursuant to the Brown Act (Govt. Code section 54950 et seq.) **action or Board discussion cannot be taken** on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	3.1 **Resolution 2016-04–**April Employee of the Month **(Exhibit 1)**	***ACTION ITEM***
4	**APPROVAL OF MINUTES:** 4.1 Regular Meeting – April 26, 2016 **(ATTACHMENT A)**	***ACTION ITEM***
5	**OPERATIONS** ▶ Chief's Reports (CEO, CNO, CCO, IHF CEO) **(ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY**	Information
6	**BOARD COMMITTEES:** **6.1 Finance Committee – Chair Allen Albaugh** 6.1.1 Committee Meeting Report 6.1.2 April 2016 Financial review, AP, AR and acceptance of financials ..... **(Dispersed Separately)** 6.1.3 Board Quarterly Finance Review..... 6.1.4 Approval of IGT Documents **(Attachment C)**..... **6.2 Strategic Planning Committee – Chair Abe Hathaway** 6.2.1 Committee Meeting Report ..... 6.2.2 Draft Strategic Plan Approval – First Reading **(Attachment D)**..... **6.3 Quality Committee – Chair Mike Kerns** 6.3.1 Committee Meeting Report..... 6.3.2 Policy & Procedure Approval – **(Attachment E)**..... ***CA End of Life Options and Fact Sheet***	 Information ***ACTION ITEM*** ***ACTION ITEM*** ***ACTION ITEM*** Information ***ACTION ITEM*** Information ***ACTION ITEM***

7	**NEW BUSINESS** **7.1** Updated Organizational Chart (Distributed at meeting)..... **7.2** ***Resolution 2016-5*** Board Election **(Attachment F)**..... **7.3 LAFCO Ballot (Attachment G)**	***ACTION ITEM*** ***ACTION ITEM*** ***ACTION ITEM***
8	**8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS** • **Legislative Update – Val Lakey (Attachment H)** • **Board Comments, Upcoming Events, etc.**	
9	**ANNOUNCEMENT OF CLOSED SESSION:** **9.1 Government code section §54957 personnel:** • **CEO Contract** • **Internal Complaint** **9.2 Government Code Section 54952** Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff) **MEDICAL STAFF REAPPOINTMENT** • Ben Nuti, CRNA - Reappointment	***ACTION ITEMS***
10	**RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION**	
11	**ADJOURNMENT:** Next Regular Meeting June 22, 2016, Burney	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed 05/19/16

Attachments: Quality, Finance Committee Meeting minutes

Attachment A
DRAFT

Mayers Memorial Hospital District
Board of Directors – Regular Board Meeting

Date: April 26, 2016
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Burney, California

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

1. **CALL MEETING TO ORDER:** President Hathaway called the regular meeting to order at 1:03 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer

Board Members Absent:
Art Whitney

Staff Present: Louis Ward, CEO; Valerie Lakey; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO; Nancy Boyce, Employee of the Month

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:
None

3.

3.1 Resolution 2016-03 March Employee of the Month ***(Approved)***

3.2 Hospice Quarterly Report – Keith Earnest Reported that the Census is down; FY16 has been down about 20 patients. 226 YTD patient care days. Staff has been reduced or used in other areas. Break even is about 4.2 patients. Our hospice says are on the "shorter" side.

4. **APPROVAL OF MINUTES** – A motion/second and carried, the Board of Directors accepted the minutes of the March 30, 2016 Regular Board Meeting and April 12, 2016 Board Workshop (***Albaugh, Vasquez***) – **Approved All**

5. OPERATIONS REPORT:
In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- **Louis Ward, CEO** – Ward reported on mental health issues in Shasta County. The operations team had a meeting with Lt. Lillibridge of the Shasta County Sheriff's Department. The group discussed the challenges Shasta County Sheriff Department and Mayers has with mental health issues. We were able to make him aware of several situations. We are working on getting a meeting with Shasta County Health and Human Services. We will be asking to amend the current contract with SRMC and Mercy which provides 16 hours per day of a physc resources at each facility. We are the county's government hospital. We need to look at ED to ED transfer with a telemedicine evaluation with the resource in one of the two other facilities.

  Met meaningful use for the third year. We had about $120,000 worth of cost and we should be reimbursed about $100,000 reimbursement.

  Looking at Burney LTC renovations. We have replaced cove base, security at front door with call-in, cameras, will be replacing the nurses' station. Logistics of the station renovations are a little challenging.

  Met with MVHC this month, very productive. Constructive conflict is a good thing.

  Redesigning the board rooms – availability to tele-connect Fall River and Burney. Will be a benefit for meetings, trainings, etc. It was suggested to look into Chromecast

CDPH – working on license for the clinic in Burney. Form 200 for licensing. Questions regarding OSHPD. Hoping that the county can sign off on it.

PRIME applications are in – we should hear within 45 days. Revisions would be required to be submitted within 3 days. We are working on the PRIME plans actively.

Staff incentives – Discussed management funds. Scorecard management goals.

Health Career Day at Burney High School was a big success.

- **Keith Earnest, CCO** – Lab – health fair went well. There were only 2 re-draws (one was a mistake from Lab Corp)

  MVHC meetings are improving and we are making progress. The direct contact is very beneficial.

  Scott Platko is back at PT. Wait time is better at 21 days. We have 2 PT's and 2 PTA's.

  Septic Line in Cardiac Rehab is being repaired.

- **Sherry Wilson, CNO** – Nothing to add to the report. The Mock Survey went well. We have been following up on the findings. Some things were fixed while they were here. The report will prioritize our plan of action. One of the ladies will come back to help us put some processes in place in LTC. The report is very thorough. There are phone conferences scheduled for tomorrow.

  IDR was not successful – CDPH has stayed with their original findings – penalties are in place on the G Tag. $550/day until they come and resurvey and taking away the CNA program.

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Meeting – NO meeting

6.1.2 March 2016 Financials – *(Albaugh, Kerns)* – Approved All

Albaugh noted that the facility is in good financial position, the best he thinks it has been since he has been here.

Medicare 2015 long term debt ($577,000 – a portion has been paid back) We had 4 payment plans and we are down to one.

OSHPD – fees are down to $177,000 (from $270,000) We will make a good faith payment of $10,000 next month, then $10,0000/month beginning in September.

Armor Steel has been sent a letter from legal – we haven't seen any response at this time.

We have been making payments to R & S

We have a payment plan for HGA for current project.

Current ratio and A/R days are better than current CAH average.

6.2 Strategic Planning Committee –Chair Abe Hathaway

6.2.1 Committee meeting – Board Workshop
Full report on SP Plan at May meeting

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – See minutes. Discussed Med/Surg charting challenges, Discussed linens with Environmental Services. We are looking at the potential of doing linens in house, potentially at the Burney facility. It will be a big cost savings. Cardiac Rehab reported about one treadmill fall. A plan was put in place. Cardiac volumes are up. Working with Partnership on a contract for Cardiac as a covered service. Dr. Dahle will be doing the stress treadmill testing.

Val Lakey reviewed Qualitick, the ER Survey program.

Workers Comp – MOD is slightly up.

6.3.2 Policy & Procedure Approval - Severe Winter Storm (Kerns, Vasquez) – All approved.

7. OLD BUSINESS

7.1 Building Project Update –

USDA approved the RFQ, we can get it out very soon. We will establish a construction committee and set a time for an initial meeting. Albaugh and Hathaway will get together with Ward and Lakey within the next month. We will need to look for committee members.

Clinic discussion as above – should know more within a couple of weeks. Hope to begin in the summer.

8. NEW BUSINESS

8. 1 Board Vacancy Information

- Election Resolution will be presented at the May regular meeting.
- LAFCO Votes will be cast at the May regular meeting.

9. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS
BOARD COMMENTS, UPCOMING EVENTS, ETC.

VAL LAKEY REVIEWED:

- AB2024
- AB1300
- WEB SITE OVERVIEW
- ACHD DISTRICT TRANSPARENCY PROGRAM

10. Announcement of Closed Session (2:47 PM)

10.1 Government code section §54957 personnel: CEO Contract

NO ACTION

2:40 pm adjourned to closed session - All on agenda was approved

10. ADJOURNMENT: There being no further business, at the hour of 3:15 p.m., President Hathaway declared the meeting adjourned. Next meeting May 25, 2016 – Fall River Mills

Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2016-04

A RESOLUTION OF THE BOARD OF TRUSTEES OF MAYERS MEMORIAL HOSPITAL DISTRICT RECOGNIZING

Seandra Beck, Ward Clerk – Station 1

AS APRIL 2016 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that Seandra Beck, Fall River Mills campus, is hereby named Mayers Memorial Hospital District Employee of the Month for April 2016; and

DULY PASSED AND ADOPTED this 25th day of May 2016 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
Abe Hathaway, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

_____
Valerie L. Lakey
Clerk of the Board of Supervisors

Attachment B

Mayers Memorial Hospital

Operations Report
March 2016

Statistics	April YTD FY16 *(current)*	April YTD FY15 *(prior)*	April Budget YTD FY16
Surgeries (*including C-sections)* ➢ Inpatient ➢ Outpatient			
Procedures *(surgery suite)*			
Inpatient	1827	1718	1784
Emergency Room	3364	3297	3300
Skilled Nursing Days	22573	22163	22224
OP Visits (OP/Lab/X-ray)	14821	13692	13791
Hospice Patient Days	1393	1085	853
PT	9015	10972	10710
Ambulance Runs	382	326	332

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

Building Project

Considerable progress has been made this month on the Building project. USDA approved our RFQ language allowing us to publish the project and a "request for qualifications" in the local papers and the Redding Record Searchlight. They ran in the first week of May's papers. We have also established a timeline for the next portion of the project RFQ/ RFP process: Shown below

Time Line

5/10 – Last Day for RFQ questions
5/12 – RFQ Out
5/16 – First Meeting of the MMHD Building Committee
5/17 – RFQ Packages due back to Project Manager
5/23 - MMHD Building Committee Meets to discuss RFQ proposals
5/23 – RFQ "short list" Published
5/24 – Request for Proposals published to select Design build teams (those shortlisted on the RFQ)
6/10 – Request for Proposals due to Project Manager
6/20 -7/22 – Construction Firm and Architect Firm Selection.

We participated in an exploratory phone call this month in which interested contractors and architect firms were asked to call in and gain additional insight on the timeline. We were very happy with the participation on the call, a dozen or so firms are interested in our project.

Computerized Physician Order Entry and Nurse Care Plan Training

In late May we are bringing in a McKesson resource that will be training some of our more proficient EHR users how to build CPOE order sets and configure patient care plans. It will be then the responsibility of this group to disseminate the information (train the trainer model). With this training we will have a group that will be able to work with the Physicians to build more complex order sets, save those order sets, providing for easier ordering and increased compliance in the

future. This has been in the works for quite some time now so we are happy to see progress this week and look forward to the training.

Health Information Exchange
We have made significant progress this month with connectivity to the Regional HIE (Sac Valley Med Share). At the moment the connections between Mayers and the HIE have been established and we are now on to TESTING. No patient data has been sent at the moment, only pings to see if the two systems are communicating. We will begin testing with fictitious patient data (Mickey Mouse) in the very near future. It was great to see progress with the project this month, I have no doubt we will again see progress next month as there are literally dozens of resources from multiple companies working on this project. Being one of the first in the North State to move forward with the connection, there are a lot of folks watching and participating in this project in an effort to learn so they can apply knowledge learned to the next project.

Association of California Healthcare Districts (ACHD) Annual Conference
I spent the week in May at the Association of California Healthcare Districts (ACHD) annual conference in Monterey. The conference was jam packed with very relevant topics and I feel it was very worthwhile. It was great to spend time with other District leaders while discussing many shared challenges. As you know, Beatris Vasquez has been working closely with the ACHD Education Committee so we are always well represented at ACHD activities.
There was many topics discussed at the event but the big three were:

1. Educating our employees with new partnerships (ACHD, Capella Unviersity)

2. Leadership, Stress Management, and Relations with Staff.

3. Educating our community about our district.

ACHD has partnered with Capella University to offer online training and CEU to member hospitals. Some of the trainings will cost money but many are free. We will be researching how we can infuse this partnership into our district in an effort to provide educational opportunities to our staff
Lastly, there was considerable talk about the state of special districts throughout the nation and specifically in California. Many folks are not aware of the term "special district" they are simply aware of what the district does. Example (Healthcare District versus "the hospital") This is something to be aware of as there is some movement in the state legislature to disrupt the current status of a "Special District" through increased legislation, further oversight, and scrutiny of collected funds. Again, I feel that we as a community are very aware of the hospitals role as well as the "District" that governs it but as mentioned it is worth all of our efforts to educate the community when needed as this could become a hot topic for the 2017 legislature. We will be discussing "special districts" and how we can further educate staff and the community in this month's Management, Operations, and C Team Meetings. We are also working with ACHD to become a "certified healthcare district" which will increase our transparency with the community we serve, something the California legislature is proposing as a bill at the moment. With the Certification, we will be out in-front of the legislation, as well as I personally feel it is the right thing to do.

Hospital Week
National Hospital week was well celebrated here at Mayers. We participated in many activities, including theme days, appreciation for staff, and hospital wide BBQ's. Many were involved in planning and carrying out the weeks activities but I would like to point out a few that made the entire staff's hospital week a great week. I would like to give the biggest Thanks to Susan Garcia and the entire staff of the Dietary department, they are an amazing staff, a enormous piece of this puzzle we call Mayers Memorial Hospital District, and most of all a pivotal part of what makes our patient's and Residents stay with us a great experience. I would also like to thank the TEAM MAYERS committee, they are always behind many of the district's activities but they work very hard at our hospital week activities in an effort to ensure all staff have a great time throughout the week where hospital staff are celebrated.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Clinical Officer Report

Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Respiratory Therapy

- Pulmonary rehab now has 6 patients; this is the most we've had at one time.
- Working on policy and billing so we can start provocation testing with the new PFT machine.

Laboratory

- A new Clinical Laboratory Scientist, Troy Hetherwick, has joined the staff at Mayers.
- We are exploring acquiring a Film Array analyzer. This machine identifies organisms based on PCR. Bacteria could be identified in 65 minutes so the most appropriate antibiotic per our antibiogram could be empirically initiated. (Note: the sensitivities would continue to take the same time.) Use of this machine would help us meet standards for antimicrobial stewardship and the PRIME project.
- Mayers 2015 antibiogram was issued and is being reformatted to be as user friendly as possible for our prescribers.
- Work continues with MVHC concerning diagnostic coding for labs.

Physical Therapy

- Our wait time between referral and evaluation for PT is approximately 6 weeks.
- The PT department is reaching out to surgeons to make referrals prior to surgery so fresh post-op patients can be scheduled immediately after their outpatient surgery.
- Daryl Marzan, PT manager, describes the process for Post Fall Assessment for SNF residents to be much improved after the last round of refinements.

Cardiac Rehab

- An individual in our community has donated a very nice elliptical machine to the cardiac rehab program.
- Trudi Burns and administration are continuing to work with Partnership Health to get rehab patients covered. Right now we are waiting to sign the amended contract.

Pharmacy

- Mayers is expecting a 340B audit May 17-19.
- The finance, administration and pharmacy have worked together looking at data and have decided to withdraw from the 340B program. We have ended our contracts with retail pharmacies and are formally winding down the program.
- With the input from the mock surveyors, RN's are completing competencies on pharmacy access afterhours. Afterhours access also includes video verification of medications removed. The next competencies/process in-services will be on patient's own medications and nurse admixing.

Imaging

- We have a position posted for an imaging tech and are working with OIT and other schools to recruit.
- The physicist is scheduled to visit in July.
- The department continues to work on the accreditation process and is implementing new staff safety measures.

Critical Access Hospital
Prepared by: Sherry Wilson CNO/Acute

Surgery

- IMHF has notified us that a grant for $7500.00 has been granted to OP Surg for needed equipment. I will meet with Marlene McArthur next week to acquisition the equipment.
- The baby warmer in the OR is not warming up. Maintenance replaced the heating element but unfortunately this did not fix the problem.
- Due to a staff member having to undergo unexpected emergency surgery 03-31-2016 and with the departure of Lisa A at the end of March, the Surgery Dept has only been available for Emerg. C-Sections for the month of April.
- Kay Shannon RN stepped up and took "OR Call" for Emerg C-Sections only
- OR will again begin scheduling Procedures and Surgeries as of 05-02-2016
- We are also in the process of training another RN as an OR Circulator

Skilled Nursing Facility – Burney & FRM
Submitted By: Sherry Wilson, RN, CNO

DRAFT
IGT
ATTACHMENT
C

CONTRACT #

INTERGOVERNMENTAL AGREEMENT REGARDING TRANSFER OF PUBLIC FUNDS

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES ("DHCS") and the Mayers Memorial Hospital District with respect to the matters set forth below.

RECITALS

A. This Agreement is made pursuant to the authority of Welfare & Institutions Code, section 14164 and 14301.4.

B. The Partnership HealthPlan of California is a County Organized Health System formed pursuant to Welfare and Institutions Code section 14087.54 and County Code Chapter 7.58, County Code Chapter 2.45, County Code Chapter 2, Title 2, and County Code Chapter 34. Partnership HealthPlan of California is a party to a Medi-Cal managed care contract with DHCS, entered into pursuant to Welfare and Institutions Code section 14087.3, under which Partnership HealthPlan of California arranges and pays for the provision of covered Medi-Cal health care services to eligible Medi-Cal members residing in the County.

THEREFORE, the parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The Mayers Memorial Hospital District shall transfer funds to DHCS pursuant to section 14164 and 14301.4 of the Welfare and Institutions Code, up to a maximum total amount of five hundred thirty seven thousand and forty eight dollars ($537,048), to be used solely as a portion of the nonfederal share of actuarially sound Medi-Cal managed care capitation rate increases for Partnership HealthPlan of California for the period July 1, 2014 through June 30, 2015 as described in section 2.2

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below. The funds shall be transferred in accordance with a mutually agreed upon schedule between the Mayers Memorial Hospital District and DHCS, in the amounts specified therein.

1.2 The Mayers Memorial Hospital District shall certify that the funds transferred qualify for federal financial participation pursuant to 42 C.F.R. part 433 subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. For transferring units of government that are also direct service providers, impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

2. Acceptance and Use of Transferred Funds by DHCS

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement as intergovernmental transfers ("IGTs"), to use for the purpose set forth in section 2.2 below.

2.2 The funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement shall be used to fund a portion of the nonfederal share of increases in Medi-Cal managed care actuarially sound capitation rates described in paragraph (4) of subdivision (b) of section 14301.4 of the Welfare and Institutions Code and shall be paid, together with the related federal financial participation, by DHCS to Partnership HealthPlan of California as part of Partnership HealthPlan of California's capitation rates for the period July 1, 2014 through June 30, 2015. The rate increases paid under section 2.2 shall be used for payments related to Medi-Cal services rendered to Medi-Cal beneficiaries. The rate increases paid under this section 2.2 shall be in addition to, and shall not replace or supplant, all other amounts paid or payable by DHCS or other State agencies to Partnership HealthPlan of California.

2.3 DHCS shall seek federal financial participation for the rate increases specified in section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge the State DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services prior to the payment of any rate increase pursuant to section 2.2.

2.5 The parties agree that none of these funds, either Mayers Memorial Hospital District or federal matching funds will be recycled back to the Hospital District's general fund, the State, or any other intermediary organization. Payments made by the health plan to providers under the terms of this Agreement and their provider agreement constitute patient care revenues.

2.6 Within One Hundred Twenty (120) calendar days of the execution of this Agreement, DHCS shall advise the Mayers Memorial Hospital District and Partnership HealthPlan of California of the amount of the Medi-Cal managed care capitation rate increases that DHCS paid to Partnership HealthPlan of California during the applicable rate year involving any funding under the terms of this Agreement.

2.7 If any portion of the funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement is not expended for the specified rate increases under Section 2.2, DHCS shall return the unexpended funds to the Mayers Memorial Hospital District.

3. Amendments

3.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

3.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in section 2 of this Agreement.

4. Notices. Any and all notices required, permitted or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States first class, certified or registered mail with postage prepaid, addressed to the other party at the address set forth below:

To the Mayers Memorial Hospital District:

Louis Ward CEO
County of Shasta
43563 Hwy 299 E
Fall River Mills, CA 96028

With copies to:

Travis Lakey CFO
County of Shasta
43563 Hwy 299 E
Fall River Mills, CA 96028

To DHCS:

Sandra Dixon
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., Suite 71-4002
MS 4413
Sacramento, CA 95814

5. Other Provisions

5.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal rate increases for Partnership HealthPlan of California described in section 2.2 that are funded by the Mayers Memorial Hospital District and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the Mayers Memorial Hospital District and DHCS. This Agreement is not, however, intended to be the sole

agreement between the parties on matters relating to the funding and administration of the Medi-Cal program. One or more other agreements already exist between the parties regarding such other matters, and other agreements may be entered into in the future. This Agreement shall not modify the terms of any other agreement between the parties.

5.2 The nonenforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

5.3 Section 2 of this Agreement shall survive the expiration or termination of this Agreement.

5.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals; accordingly, there shall be no third party beneficiary of this Agreement.

5.5 Time is of the essence in this Agreement.

5.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

6. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under federal and state law and regulations.

7. Approval. This Agreement is of no force and effect until signed by the parties.

8. Term. This Agreement shall be effective as of July 1, 2014 and shall expire as of June 30, 2017 unless terminated earlier by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

Mayers Memorial Hospital District

By: _____ Date: _____

Louis Ward, CEO

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____ Date: _____

Jennifer Lopez, Acting Division Chief, Capitated Rates Development Division

HEALTH PLAN-PROVIDER AGREEMENT

Partnership HealthPlan of California and Mayers Memorial Hospital

AMENDMENT 1

This Amendment is made this ___ day of ___ {month/year}, by and between Partnership HealthPlan of California, a County Organized Health System hereinafter referred to as "PLAN", and Mayers Memorial Hospital ~~District~~, hereinafter referred to as "PROVIDER".

RECITALS:

WHEREAS, PLAN and PROVIDER have previously entered into an Agreement effective 09/01/2013;

WHEREAS, Section 10.2 of such Agreement provides for amending such Agreement;

WHEREAS, PLAN has been created by its Boards of Supervisors to negotiate exclusive contracts with the California Department of Health Care Services and to arrange for the provision of health care services to qualifying individuals in Shasta County and PLAN is a public entity, created pursuant to Welfare and Institutions Code 14087.54 and County Code Chapters 7.2, County Code Chapters 34, County Code Chapters 2.40, County Code Chapters 2.0, 8.69, and County Code Chapters 2.0.

WHEREAS, PROVIDER, Mayers Memorial Hospital District provides an Emergency Room, Ambulance Services, a Skilled Nursing Facility that includes an ~~Alzheimers~~Alzheimer's Unit, Acute beds, OB services, Hospice, Lab, Radiology, Physical Therapy, Respiratory Therapy, Cardiac Rehabilitation and contracts with the PLAN to provide these services to Medi-Cal beneficiaries.

WHEREAS, PLAN and PROVIDER desire to amend the Agreement to provide for Medi-Cal managed care capitation rate increases to PLAN as a result of intergovernmental transfers ("IGTs") from Mayers Memorial ~~District~~ Hospital District to the California Department of Health Care Services ("State DHCS") to maintain the availability of Medi-Cal health care services to Medi-Cal beneficiaries.

NOW, THEREFORE, PLAN and PROVIDER hereby agree as follows:

Attachment C of the Agreement is added to amend the agreement as follows:

IGT MEDI-CAL MANAGED CARE CAPITATION RATE RANGE INCREASES

1. IGT Capitation Rate Range Increases to PLAN

A. Payment

Should PLAN receive any Medi-Cal managed care capitation rate increases from State DHCS where the nonfederal share is funded by the ~~District Hospital (~~Mayers Memorial Hospital District~~)~~ specifically pursuant to the provisions of the Intergovernmental Agreement Regarding Transfer of Public Funds ("Intergovernmental Agreement") effective for the period July1, 2013 through June 30, 2015 for Intergovernmental Transfer Medi-Cal Managed Care Rate Range Increases ("IGT MMCRRIs"), PLAN shall pay to PROVIDER the amount of the IGT MMCRRIs received from State DHCS, in accordance with paragraph 1.E below regarding the form and timing of Local Medi-Cal Managed Care Rate Range ("LMMCRR") IGT Payments. LMMCRR IGT Payments paid to PROVIDER shall not replace or supplant any other amounts paid or payable to PROVIDER by PLAN.

B. Health Plan Retention

(1) Medi-Cal Managed Care Seller's Tax

The PLAN shall be responsible for any Medi-Cal Managed Care Seller's ("MMCS") tax due pursuant to the Revenue and Taxation Code Section 6175 relating to any IGT MMCRRIs through June 30, 2015. If the PLAN receives any capitation rate increases for MMCS taxes based on the IGT MMCRRIs, PLAN may retain an amount equal to the amount of such MMCS tax that PLAN is required to pay to the State Board of Equalization, and shall pay, as part of the LMMCRR IGT Payments, the remaining amount of the capitation rate increase to PROVIDER.

(2) The PLAN shall retain a three percent (3%) administrative fee based on the total amount of the IGT MMCRRIs received from DHCS for PLAN'S administrative costs. Each provider's share of the 3% fee shall be calculated based on that provider's proportionate share of the LMMCRR IGT payments made by Plan in the PROVIDER'S County.

(3) PLAN will not retain any other portion of the IGT MMCRRIs received from the State DHCS other than those mentioned above.

C. Conditions for Receiving Local Medi-Cal Managed Care Rate Range IGT Payments

As a condition for receiving LMMCRR IGT Payments, PROVIDER shall, as of the date the particular LMMCRR IGT Payment is due:

(1) remain a participating provider in the PLAN and not issue a notice of termination of the Agreement;

(2) maintain its current emergency room licensure status and not close its emergency room;

(3) maintain its current DPNF and Acute beds and not close these facilities.

(4) maintain its current emergency response services for PLAN Medi-Cal beneficiaries.

D. Schedule and Notice of Transfer of Non-Federal Funds

PROVIDER shall provide PLAN with a copy of the schedule regarding the transfer of funds to State DHCS, referred to in the Intergovernmental Agreement, within fifteen (15) calendar days of the PROVIDER establishing such schedule with the State DHCS. Additionally, PROVIDER shall notify PLAN, in writing, no less than seven (7) calendar days prior to any changes to an existing schedule including, but not limited to, changes in the amounts specified therein.

E. Form and Timing of Payments

PLAN agrees to pay LMMCRR IGT Payments to PROVIDER in the following form and according to the following schedule:

(1) PLAN agrees to pay the LMMCRR IGT Payments to PROVIDER using the same mechanism through which compensation and payments are normally paid to PROVIDER (e.g., electronic transfer).

(2) PLAN will pay the LMMCRR IGT Payments to PROVIDER no later than thirty (30) calendar days after receipt of the IGT MMCRRIs from State DHCS.

F. Consideration

(1) As consideration for the LMMCRR IGT Payments, PROVIDER shall use the LMMCRR IGT Payments for the following purposes and shall treat the LMMCRR IGT Payments in the following manner:

(a) The LMMCRR IGT Payments shall represent compensation for Medi-Cal services rendered to Medi-Cal PLAN members by PROVIDER during the State fiscal year to which the LMMCRR IGT Payments apply.

(b) To the extent that total payments received by PROVIDER for any State fiscal year under this Amendment exceed the cost of Medi-Cal services provided to Medi-Cal beneficiaries by PROVIDER during that fiscal year, any remaining LMMCRR IGT Payment amounts shall be retained by PROVIDER to be expended for health care services. Retained LMMCRR IGT Payment amounts may be used by the PROVIDER in either the State fiscal year for which the payments are received or subsequent State fiscal years.

(2) For purposes of subsection (1) (b) above, if the retained LMMCRR IGT Payments, if any, are not used by PROVIDER in the State fiscal year received, retention of funds by PROVIDER will be established by demonstrating that the retained earnings account of PROVIDER at the end of any State fiscal year in which it received payments based on LMMCRR IGT Payments funded pursuant to the Intergovernmental Agreement, has increased over the unspent portion of the prior State fiscal year's balance by the amount of LMMCRR IGT Payments received, but not used. These retained PROVIDER funds may be commingled with other ~~District Hospital (~~Mayers Memorial Hospital District~~)~~ funds for cash management purposes provided that such funds are appropriately tracked and only the depositing facility is authorized to expend them.

(3) Both parties agree that none of these funds, either from the ~~District Hospital (~~Mayers Memorial Hospital District~~)~~ or federal matching funds will be recycled back to the District ~~Hospital~~'s general fund, the State, or any other intermediary organization. Payments made by the health plan to providers under the terms of this Amendment constitute patient care revenues.

G. PLAN's Oversight Responsibilities

PLAN's oversight responsibilities regarding PROVIDER's use of the LMMCRR IGT Payments shall be limited as described in this paragraph. PLAN shall request, within thirty (30) calendar days after the end of each State fiscal year in which LMMCRR IGT Payments were transferred to PROVIDER, a written confirmation that states whether and how PROVIDER complied with the provisions set forth in Paragraph 1.F above. In each instance, PROVIDER shall provide PLAN with written confirmation of compliance within thirty (30) calendar days of PLAN's request.

H. Cooperation Among Parties

Should disputes or disagreements arise regarding the ultimate computation or appropriateness of any aspect of the LMMCRR IGT Payments, PROVIDER and PLAN agree to work together in all respects to support and preserve the LMMCRR IGT Payments to the full extent possible on behalf of the safety net in Shasta, Lassen and Modoc Counties.

I. Reconciliation

Within one hundred twenty (120) calendar days after the end of each of PLAN's fiscal years in which LMMCRR IGT Payments were made to PROVIDER, PLAN shall perform a reconciliation of the LMMCRR IGT Payments transmitted to the PROVIDER during the preceding fiscal year to ensure that the supporting amount of IGT MMCRRIs were received by PLAN from State DHCS. PROVIDER agrees to return to PLAN any overpayment of LMMCRR IGT Payments made in error to PROVIDER within thirty (30) calendar days after receipt from

PLAN of a written notice of the overpayment error, unless PROVIDER submits a written objection to PLAN. Any such objection shall be resolved in accordance with the dispute resolution processes set forth in Section 8.2 of the Agreement. The reconciliation processes established under this paragraph are distinct from the indemnification provisions set forth in Section J below. PLAN agrees to transmit to the PROVIDER any underpayment of LMMCRR IGT Payments within thirty (30) calendar days of PLAN's identification of such underpayment.

J. Indemnification

PROVIDER shall indemnify PLAN in the event DHCS or any other federal or state agency recoups, offsets, or otherwise withholds any monies from or fails to provide any monies to PLAN, or PLAN is denied any monies to which it otherwise would have been entitled, as a direct result of the LMMCRR IGT arising from the Intergovernmental Agreement. Recovery by PLAN pursuant to this section shall include, but not be limited to, reduction in future LMMCRR IGTs paid to PROVIDER in an amount equal to the amount of MMCRRI payments withheld or recovered from PLAN, or by reduction of any other amounts owed by PLAN to PROVIDER.

2. Term

The term of this Amendment shall commence on July1, 2014 and shall terminate on September 30, 2017.

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged; provided, however, if there is any conflict between the terms of this Amendment and the Agreement, then the terms of this Amendment shall govern.

SIGNATURES

HEALTH PLAN: _____ Date: _____

By: Elizabeth Gibboney, CEO, Partnership HealthPlan of California

PROVIDER: _____ Date: _____

By: Louis Ward, CEO Mayers Memorial Hospital District

1. (a) Does the Health Plan retain any portion of the IGT-funded capitation rate increase from the State or will the entire amount of the rate increase be provided to the Hospital/Provider?

   Partnership HealthPlan of California [PHC] is responsible for any Medi-Cal Managed Care Seller's ("MMCS") tax due pursuant to the Revenue and Taxation Code Section 6175 relating to the IGT-funded capitation rate increases. PHC will retain a portion of the IGT-funded capitation rate increases equal to the amount of the MMCS tax PHC is required to pay to the State. The Plan will retain 3% of the IGT-funded capitation received from the State DHCS for Plan administrative costs. The remaining amount of the IGT-funded rate increase that is funded by Mayers Memorial Hospital District will be provided to Mayers Memorial Hospital District

   (b) Does the Hospital/Provider retain all of the Medicaid capitation payment from the Health Plan to pay for Medi-Cal services to Medi-Cal enrollees and/or to retain in the form of health plan reserves? Please fully describe how Hospital/Provider will use the IGT-funded rate increase.

   Mayers Memorial Hospital District, the receiving entity, retains all Medicaid payments from PHC, as payment pay for Medi-Cal services to Medi-Cal enrollees. Mayers Memorial Hospital District will use the IGT funded rate increase to enable it to be able to provide health care services to Medi-Cal patients. Special priorities for PHC and its partners are Emergency Room, Acute and Distinct Part Nursing Facility Services.

2. (a) If the Health Plan is required to or intends to return any portion of any Medi-Cal capitation payment to the State, local, governmental entity, or any other intermediary organization, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State/local/governmental/other intermediary organization.

   No portion of any Medi-Cal capitation received by PHC will be returned to the State or to any intermediary organizations. Like all Medi-Cal managed care organizations, PHC will pay 3.9375% of Plan revenues to the State of California as a tax pursuant to California Revenue and Tax Code Section 6175.

   (b) If Hospital/Provider is required to or intends to return any portion of any Medi-Cal capitation payment from the Health Plan to the State, local, governmental entity, or any other intermediary organization, please provide a full description of the repayment process. Include in your response a full description of the methodology

for the return of any of the payments, a complete listing of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State/local/governmental/other intermediary organization (e.g., County general fund, County DHS budget, etc.).

Mayers Memorial Hospital District will not return any portion of any Medi-Cal capitation payment received from PHC to the State, local governmental entity, or any other intermediary organization.

3. Please describe how the increased funding from this proposed IGT is estimated to impact the Hospital/Provider's TNE and the amount that will be returned back to the Funding Entity as a result of excess TNE.

   Mayers Memorial Hospital District will expend the entire amount of the IGT payments on the provision of health services and programs; no IGT funds will be returned to the Mayers Memorial Hospital District's general fund.

   Depending on when in the fiscal year the IGT is approved by CMS and payments are made by PHC, Mayers Memorial Hospital District may temporarily increase its cash reserves until the new funds can be expended.

4. Please explain how the Medi-Cal Managed Care Seller's (MMCS) Tax is impacted by this IGT. Is the MMCS tax assessed on the IGT rate increases going to the Health Plan?

   PHC is responsible for any Medi-Cal Managed Care Seller's ("MMCS") tax due pursuant to the Revenue and Taxation Code Section 6175 relating to any IGT MMCRRIs through June 30, 2014. If PHC receives any capitation rate increases for MMCS taxes based on the IGT MMCRRIs, PHC may retain an amount equal to the amount of such MMCS tax that PHC is required to pay to the State Board of Equalization. PHC will also retain the 3% plan administrative fee calculated based on the funds remaining after the MMCS tax is withheld. PHC shall pay, as part of the LMMCRR IGT Payments, the remaining amount of the capitation rate increase to the Provider.

5. Please provide an estimate of total expenditures and State share amounts for the Medicaid capitation payments to the health plans. For the portion of the capitation payment to the health plans that is to be funded by the IGT, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. **(DHCS)**

<<answer to be inserted by DHCS>>

For any payment that is to be funded by the IGT, please provide the following **(County or Funding Entity)**:

(i) a complete list of the names of entities transferring funds;

Mayers Memorial Hospital District

(ii) the operational nature of the entity (state, county, city, other);

Hospital District

(iii) the total amounts transferred by each entity and the source of these funds. Update the amounts to be transferred and the source of the funds as needed (These funds must not be derived from impermissible sources such as recycled Medicaid payments, Federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations);

Mayers Memorial Hospital District will transfer $_____ [put in the officially approved amount number you receive from DHCS; it may be slightly different than PHC's number due to rounding] to the State; the source of these funds will be _____(e.g., tax revenues, Realignment Revenues, patient payments for services, provider reserves, other, etc.).

(iv) clarify whether the transferring entity has general taxing authority: and,

Mayers Memorial Hospital District has general taxing authority.

(v) whether the transferring entity received appropriations (identify level of appropriations).

The source of the IGT will be patient payments for services, tax revenues and reserve funds.

Instructions:

1 (a) Summarize Provider Agreement, Section B (Health Plan Retention).

1 (b) Provide a short explanation of how the Hospital/Provider will use the IGT funded rate increases on Medi-Cal services to Medi-Cal enrollees in compliance with Provider Agreement, Section F(1) (Considerations).

2 (a) Provide information on any portion of the IGT funded rate that will be returned by the Health Plan to the State, local, governmental entity or any other intermediary organization. The payment of the Medi-Cal Managed Care Seller's (MMCS) taxes should be included under this item.

2 (b) Provide information on any portion of the IGT funded rate that will be returned by the Hospital/Provider to the State, local, governmental entity or any other intermediary organization.

3 Provide a short explanation on how the Hospital/Provider accounts for the IGT funded rate increases and the effect of the increases on its TNE. This should be in accordance with Provider Agreement, Sections F(2) and F(3).

4 Provide a short explanation on how the increased capitation rates will affect the amounts owed for the MMCS taxes.

5. *First paragraph – DHCS will complete the requested information identified in the first paragraph of Question #5.*

The funding entity should complete items (i) through (v) of Question #5.

5(i) Name of Funding Entity(s)

5(ii) Nature of the Funding Entity. The normal answers are County, City, University of California and/or health care district.

5(iii) Amount of Transfer and source of funds. A statement regarding not being derived from impermissible sources should be included. These sources are listed in the IGT Agreement, Section 2.5.

5(iv) Taxing Authority (Yes/No)

5(v) Specify the level of appropriations received.

These funding questions will provide the Centers for Medicare and Medicaid Services (CMS) with information regarding how the IGT will be accounted for and expended. It also provides information on the type of entity providing the funds. Based on your response to these questions, CMS may ask for additional clarification.

Mayers Memorial Hospital District
Always Caring. Always Here.

ATTACHMENT D

Mayers Memorial Hospital District

Strategic Plan (DRAFT)

2016 – 2021

Message from the Board of Directors

The Strategic Plan for Mayers Memorial Hospital District was developed as a tool to guide the hospital's growth and success for the next five years. The Board has selected key areas that can be monitored and measured on a regular basis in order to more effectively and efficiently serve the community with accessible, outstanding healthcare. This plan will allow administration to track the progress of the improvements articulated in this document and make adjustments when necessary.

Abe Hathaway, Board Chairman

Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2021. The Strategic Plan helps provide a link between the Vision and Mission of Mayers Memorial Hospital District to the everyday operational duties of the very hard-working and dedicated staff.

Vision

To become the provider of first choice for our community by being a leader in rural healthcare.

Mission Statement

To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

This Plan will outline the strategic objectives, the milestones needed to be achieved to ensure success toward those objectives (success indicators), the risks to the objectives, implementation, monitoring and evaluation. Reporting templates are also attached.

Strategic Objectives

To progress toward the achievement of our Vision and Mission over the next five years, we will work toward the following four strategic objectives:

1. Outstanding Facilities: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.

2. Outstanding Staff: By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.

3. Outstanding Patient Services: By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements.

4. Outstanding Finances: By 2021, we will maintain an average of 90 days cash on hand.

Success Indicators

To ensure we achieve our strategic objectives by 2021, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

Objective 1. Outstanding Facilities

a. U.S. Department of Agriculture (USDA) loan will be closed by August 2016
b. Construction will begin by April 2018
c. Construction will be completed by May 2019
d. Wall will be completed by December 2019

Objective 2. Outstanding Staff

a. Develop exit survey that measures satisfaction by mid-2016
b. Develop educational/growth plan by 2017
c. Meet turnover target by 2018

Objective 3. Outstanding Patient Services

a. There will be no findings above a D on annual surveys
b. Develop a quality data reporting plan by the end of 2016
c. We will have a 3-star rating by 2017
d. We will have a 4-star rating by 2018

Objective 4. Outstanding Finances

a. Have an average of 45 days cash on hand by 2017
b. Have an average of 70 days cash on hand by 2019

Risk Management

All goals come with risks. Few risks can be completely eliminated but most can be managed in a way that minimizes the likelihood of it occurring and/or the level of impact on the success of the relevant goal.

Each key risk outlined in the table below was given likelihood, consequence, and overall risk ratings based on the consensus of the Board Members. In addition, the Board Members determined whether the current risk was acceptable relative to the objective. It is important to note that the risk rating alone does not determine acceptability.

See the Responsibility and Monitoring sections of this Plan for information on the management of these risks.

Objective 1: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Campaign goal amount is not met due to lack of community and donor confidence leads to major delays and/or inability to go forward with project.	Low	High	Medium	Yes
Lack of qualified and financially stable bidders who understand Office of Statewide Health Planning and Development (OSHPD) requirements due to changing nature of requirements leads to cost overruns and delays.	Medium	High	High	No
Objective 2: By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor working environment due to executive leadership/Board overly focusing on operational issues leads to qualified staff leaving at a high rate.	Medium	High	High	Yes
Inability to keep up with market pay and benefits due to increasing costs but stable local population leads to high turnover in staff.	High	Medium	High	Yes
Objective 3: By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Inability to maintain aging facilities due to costs to maintain and inadequate maintenance plan leads to reduced utilization.	High	Low	Medium	Yes
Inability to attract qualified personnel due to location, pay, benefits, etc. leads to less services offered.	Medium	Medium	Medium	Yes
Objective 4: By 2021, we will maintain an average of 90 days cash on hand.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Increase of costs due to increase in minimum wage, expansion overrun and maintenance of infrastructure leads to inability to keep goal amount of cash on hand.	Low	Medium	Low	Yes

The following basic risk rating matrix was used in the rating of the risks. The value of each rating was subjective to the individual raters.

	Consequence		
Likelihood	**Low**	**Medium**	**High**
High	Medium	High	High
Medium	Low	Medium	High
Low	Low	Low	Medium

Responsibility and Accountability

The Strategic Plan is the five year plan set forth by the Board of Directors. As a Board elected by the public in the Hospital District, the Board Members are accountable to their constituents. One mechanism by which the public can measure the success of their elected Board Members is the success of the Strategic Plan. As such, the first layer of accountability in this Plan is the Board of Directors to the public.

The second layer of accountability is the Chief Executive Offer (CEO) to the Board of Directors. The Board has developed this Plan with the expectation that the CEO will implement it successfully. As such, the CEO has the ultimate responsibility for each of the objectives outlined in this Plan and for the management of the risks to those objectives. It is the responsibility of the CEO to assign management of specific aspects of the Plan to other managers/teams and for the reporting of the progress of the Plan to the Board on a regular basis. Although the CEO can assign management further down the line, the CEO remains the single accountable position to the Board regarding the implementation of this Plan.

Implementation

A Strategic Plan can only be successful if all layers of management and staff are aware of the Plan and working to ensure the objectives will be met. Successful implementation of this Plan requires the following:

- Departmental annual business plans that have operational objectives that align to the strategic objectives.
- Management/Departmental meetings regularly remind staff of their valuable and essential contribution to the success of the strategic objectives.
- Regular review of operational plans.
- Regular review of risk management plans and a culture of reporting risks.
- Open levels of communication throughout the management ladder to ensure effective top-down and bottom-up communication.
- Regular communication from the Board and/or CEO to all staff regarding the progress of the Plan.
- Effective monitoring system (outlined in the next section).

Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting. At the operational level, more detailed monitoring mechanisms will need to be developed/utilized as relevant to the specific work being undertaken. These mechanisms are the responsibility of the CEO and/or other management and staff as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.

Reporting to the Strategic Planning Committee
The CEO will report to the Strategic Planning Committee at least every six months. The Committee may request reporting more often as deemed necessary.

The CEO will provide the Committee with a report on the progress of each Strategic Objective utilizing the reporting template at Attachment A of this Plan. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

Reporting to the Board of Directors
In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report to the Board following reporting to the Committee regarding the progress of the Plan utilizing the template at Attachment B of this Plan. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

Evaluation

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan as its midway point (end of 2018/early 2019) to determine whether it still meets the needs of the Board.

At the end of the Plan, in 2021, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the 2022 – 2027 Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:

- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future which will ultimately lead to better services for those in the Mayers Memorial Hospital District.

Strategic Planning Committee

Report on Strategic Plan Implementation

Strategic Objective:			
Current Success Indicator(s):			
Progress on Success Indicator(s)	☐Behind Schedule	☐On Track	☐Ahead of Schedule
Report on Progress Provide a report on relevant activities that have been undertaken since the last report that have contributed to the progress of the success indicator/strategic objective. Be sure to include the relevant work area for each activity. If behind schedule, be sure to include a detailed explanation why.			
Risk:			
☐Decrease in Risk	☐No Change in Risk	☐Increase in Risk	
Risk:			
☐Decrease in Risk	☐No Change in Risk	☐Increase in Risk	
New Risk:			
Likelihood: ☐Low ☐Medium ☐High	Consequence: ☐Low ☐Medium ☐High		
Risk Management Provide a report on any change in risk level and/or new risk(s). If the risk has changed, explain what has changed (likelihood and/or consequence) and why. If the risk increased, list the mitigation strategies that will be put in to place to reduce it back to an acceptable level. For any risks deemed unacceptable by the Board, provide a list of the mitigation strategies in place. For new risks, provide a list of mitigation strategies in place. The Board will determine whether it is acceptable or not.			
Issues Encountered Provide a report on any significant issues encountered since the last reporting cycle.			
Attachments Provide a list of any attachments to be included with this report.			
Prepared By:	**Date:**		

Board of Directors
Report on Strategic Plan Implementation

Strategic Objective 1: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.

On Track? ☐Yes ☐No **Risks:** ☐No Change ☐Change ☐New Risk

Strategic Objective 2: By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.

On Track? ☐Yes ☐No **Risks:** ☐No Change ☐Change ☐New Risk

Strategic Objective 3: By 2021, we will be a five-star hospital and meet all HCAHP requirements.

On Track? ☐Yes ☐No **Risks:** ☐No Change ☐Change ☐New Risk

Strategic Objective 4: By 2021, we will maintain an average of 90 days cash on hand.

On Track? ☐Yes ☐No **Risks:** ☐No Change ☐Change ☐New Risk

Risk Management
If any risks have changed or there are new risks, list them here noting which strategic objective it aligns to. Provide a statement of what has changed and proposed mitigation strategies (if it has increased).

Issues Encountered
Provide a report on any significant issues encountered since the last reporting cycle that the Strategic Planning Committee deemed necessary to raise with the Board.

Attachments
Provide a list of any attachments to be included with this report.

Prepared By:	**Date**:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

CALIFORNIA END OF LIFE OPTION ACT: HOSPICE

ATTACHMENT E

CA End of Life Fact Sheet

DEFINITION:

End of Life Option Act: The law (SB-128) allows qualified persons with a terminal disease to make a request to receive a prescription for aid-in-dying drugs.

Qualified Person: A resident of California at least 18 years of age with mental capacity who has been diagnosed by their physician with a terminal illness with six months or less life expectancy.

Attending Physician: The physician who has primary responsibility for the health care of the individual and treatment of the terminal disease.

Consulting Physician: The physician who is independent of Attending Physician and who is qualified to make a diagnosis and prognosis regarding terminal disease.

Aid-In-Dying Drugs: Prescribed by a physician for a qualified person who may choose to self-administer to "bring about his or her death due to a terminal disease" (SB-128).

Self-Administer: Qualified person's affirmative, conscious, and physical act of administering and ingesting the life aid in dying.

IDT: Interdisciplinary team of Hospice staff and volunteers who review patient care and recommend needed care plan changes.

GUIDING PRINCIPLES:

Intermountain Hospice was founded for the purpose of providing the highest level of palliative care while neither prolonging life nor hastening death. Guidance for client centered treatment planning and delivery has been drawn from both regulatory and professional sources with emphasis on the interdisciplinary and ethical standards, upholding so far as possible the self-determination and autonomy of the patient. The hospice program has sought to never abandon the patient in their journey toward death from their terminal disease.

The legal right of any qualified person to seek and obtain life ending drugs is recognized. Nonetheless, given that this issue must be addressed with the patient's Attending Physician,

Intermountain Hospice will not participate in the process of obtaining aid-in-dying drugs. The provisions of EOLOA applying to physician's responibility in prescribing aid-in-dying drugs are not addressed in this policy as Intermountain Hospice is not participating in the prescribing of aid-in-dying drugs.

POLICY

- Staff/volunteers may only respond to requests for information about EOLOA by referral to their attending physician and by providing the patient/family with the Fact Sheet about the End of Life Option Act
- No qualified person will be denied admission to or discharged from the full range of hospice services due to participation in the EOLOA
- For persons seeking services as per EOLOA staff is prohibited from:
    - serving as attending or consulting physician
    - writing prescriptions
    - dispensing/paying for aid-in-dying drugs
    - assisting any patient in the preparation or self-administration of life ending drugs
- No EOLOA qualified hospice person will be allowed to self-administer aid-in-dying drugs while in any facility or program owned or controlled by Mayers Memorial Hospital District
- Upon request by a patient or family member, staff/volunteer may choose to be present at the time of death to provide psychosocial or spiritual support
- Staff/volunteers who have moral/ethical objections will have the option not to provide services at the time of self-administering aid-in-dying drugs
- For the purposes of reporting the death of a hospice patient who has self-administered aid-in-dying drugs, the cause of death will be the terminal disease
- Customary Bereavement Services will be provided without regard to participation in EOLOA
- A request for a prescription of aid-in-dying drugs to the attending physician shall be made solely and directly by the individual diagnosed with the terminal disease and shall not be made on behalf of the patient, including, but not limited to, through a power of attorney, an advance health care directive, a conservator, health care agent, surrogate, or any other legally recognized health care decision maker

PROCEDURE:

1. In response to a request for EOLOA information from patient or family, staff may provide EOLOA Fact Sheet. The EOLOA Fact Sheet will include data regarding Intermountain Hospice policy not to participate; and the recommendation to pursue additional information from the patient's attending physician and may provide referral resources information.
2. Hospice manager will be notified of EOLOA requests and an IDT meeting will be set to review the care plan. IDT will review all aspects of patient care and possible unmet needs while maintaining a neutral position regarding EOLOA participation.

3. Staff/volunteers document all requests by patient/family regarding self administering aid-in-dying drugs along with staff/volunteer responses.
4. Staff address develop a plan with patient/family for safekeeping of aid-in-dying drugs.
5. If a hospital patient is a resident of a facility owned or operated by MMHD, a plan must be developed for removal to another facility or home prior to self administering aid-in-dying drug.

REFERENCES:

American Medical News – amednews.com
"Doctor-assisted suicide laws pose hospice care dilemmas: - 2013
Asante Ashland Community Hospital Policy and Procedures; Physician-Assisted Death – 2004 Ashland, Oregon
Benton Hospice Service Policy and Procedures; Physician-Assisted Suicide – 2000
California Legislative Information SB-128 End of Life – 2015 www.legislature.ca.gov
Franciscan Hospice and Palliative Care Policy and Procedures; Death With Dignity – 2009 University Place, Washington
Legacy Hospice Policy and Procedures – Death With Dignity – 2003
Portland, Oregon

MAYERS MEMORIAL HOSPITAL DISTRICT

CALIFORNIA END OF LIFE OPTION ACT FACT SHEET: INTERMOUNTIAN HOSPICE

The California End of Life Option Act was signed by Governor Jerry Brown on October 5, 2015. The law allows any qualified person with a terminal disease to request aid-in-dying drugs.

Intermountain Hospice provides the highest level of palliative care while neither prolonging life or hastening death. Therefore, Intermountain Hospice medical staff will not participate in obtaining aid-in-dying drugs.

For additional information or assistance contact:

- Physician who has primary responsibility for the health care of the patient.

  OR

- Compassion and Choices
  PO Box 10180
  Denver, CO 80250
  https://www.compassionandchoices.org
  800-247-7421
  OR
- http://endoflifeoption.org
  End of Life Hotline: 800-893-4548

Adopt and file with the County Registrar of Voters
NOT LATER THAN JULY 7, 2016

ATTACHMENT F

BEFORE THE BOARD OF DIRECTORS OF THE
Mayers Memorial Health Care District SHASTA COUNTY, STATE OF

Resolution Ordering Board of Directors Election; Consolidation of Elections; and Specifications of the Election Order

RESOLUTION NO. 2016-5

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire in December (December 2, 2016) following the election to be held on Tuesday, November 8, 2016; and

WHEREAS, other elections may be held in whole or in part of the territory of the district and it is to the advantage of the district to consolidate pursuant to Elections Code Section 10400; and

WHEREAS, Elections Code Section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code Section 13307(e) requires that before the nominating period opens the district board must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters; and

WHEREAS, Elections Code Section 12112 requires the election official of the principal county to publish a notice of the election once in a newspaper of general circulation in the District;

NOW, THEREFORE, IT IS ORDERED that an election be held within the territory included in this district on the **8th day of November, 2016**, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

SPECIFICATIONS OF THE ELECTION ORDER

1. The Election shall be held on Tuesday, **the 8th day of November, 2016**. The purpose of the election is to choose members of the board of directors or council members for the following seats: (List offices and terms)

Director	12/3/16 - 12/2020
Director	12/3/16 - 12/2020
Director	12/3/16 - 12/2020

2. The District has determined that the estimated cost for the optional Candidate Statement will be paid for by the:

   Circle One: District (Candidate)

   The Candidate's Statement will be limited to 200 words. The estimated cost shall be paid at the time of filing Declaration of Candidacy.

3. The District directs that the County Registrar of Voters of the principal county publish the Notice of Election in a newspaper of general circulation that is regularly circulated in the territory.

4. This Board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, pursuant to Elections Code 10400.

5. The District will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.

6. The Clerk of this Board is ordered to deliver copies of this Resolution to the Registrar of Voters.

7. THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____

   Seconded by Director_____, at a regular meeting on this day of

   _____, 2016, by the following vote:

AYES: _____ NOES: _____

ABSENT:_____ ABSTAIN:_____

DATED:_____

_____
BOARD PRESIDENT OR DISTRICT SECRETARY
Mayers Memorial Health Care

District

ATTACHMENT G

NOTICE OF BALLOTING PERIOD TO ELECT SPECIAL DISTRICTS REPRESENTATIVES

Independent special districts are hereby advised that the balloting period is open for election of Special District Representatives to the Local Agency Formation Commission (LAFCO). The election is subject to the following rules:

Terms of Office

Pursuant to LAFCO statute, the term of office of each member of Shasta LAFCO shall be four years and until the appointment and qualification of his or her successor. This terms shall expire in January of 2020.

Election Rules

1. Each eligible nominee shall be listed on the ballot.
2. Each independent district will be sent only **one** ballot.
3. Each independent district may cast **up to three** votes. The special district governing body is to decide which three candidates are to receive the district's votes, by vote of the Board, at a regular or special meeting.
4. Districts shall return the ballots to LAFCO **in the pre-addressed envelope provided by LAFCO.**
5. **Ballots are due in the LAFCO office by 4:00 p.m., Monday, June 13, 2016**.
6. Ballots received after the specified due date will be declared invalid.
7. The ballots will be opened and counted by the Executive Officer or LAFCO General Counsel.
8. The two candidates receiving the most votes will be elected to the Regular seats, the candidate receiving the 3rd most votes will be selected as the Alternate. However, one nominated candidate Fred Ryness designated only the alternate term in the nomination form submitted by his respective district. Votes for this candidate will only be counted for the alternate term.
9. The election results will be announced within seven (7) days after the ballots are counted.

A. Bell for George Williamson — 4/18/2016

George Williamson, Executive Officer — **Date**

1304 East Street, Suite 102, Redding, CA 96001
Office: 530.242.1112 ~ Fax: 530.242.1113
exec@shasta.lafco.ca.gov

OFFICIAL BALLOT – SPECIAL DISTRICTS

There are six candidates (alphabetically) for three Shasta LAFCo special district seats: two regular members and one alternate member. Vote with an **"X"** to the left of each name. Return ballot in envelope provided by **June 13 2016.**

CANDIDATE NAME & QUALIFICATIONS	DISTRICT	INTEREST IN SERVING ON LAFCO
PATRICIA A. CLARKE: Served 16 years on LAFCO including time as a Commissioner and Chairman. Anderson Planning Commission & City Council, Board of Supervisors, Commission on Local Governance for the 21st Century, LAFCO	Anderson Fire Protection District	"For many years, I have continued to enjoy serving my community in various capacities and am particularly fond of local governance. Additionally, I have previous LAFCO experience."
IRWIN FUST: Clear Creek CSD Board Member; Northern California Emergency Medical Services Board Member; Northern California County Supervisors Association Board; Shasta County Mental Health Advisory Board; Shasta County Planning Commission; Happy Valley Elementary School Board; Happy Valley Elementary, Primary School and West Valley High School Building Committees; Anderson Union High School Facilities Corporation Member; Happy Valley Community Center; Happy Valley Strawberry Festival; Shasta County Board of Supervisors; Shasta LAFCO	Clear Creek Community Services District	This commission has the authority to set district boundaries and spheres of influence and we must have an advocate for special districts who understands the needs of special districts. I would appreciate your vote for the position of representative and I will work diligently for your interests.
BRENDA HAYNES: Having served on LAFCO the past 8 years, I've acquired knowledge of the detailed and sometimes complicated world of LAFCO. I'd like to use that knowledge to help guide LAFCO for one more term. Shasta County LAFCO, Shasta County Resource Advisory Committee, Redding Republican Women Federated, Shasta County Republican Central Committee, Anderson Cottonwood Irrigation District.	Anderson-Cottonwood Irrigation District	"I love Shasta County, have lived here all my life and want to see it grow in a thoughtful and efficient manner."
STEPHEN MORGAN: Serving as Chair for Shasta LAFCO. Shasta Lake Fire Protection District, Shasta Mosquito and Vector Control District, Shasta LAFCO, Shasta Commission on Aging, City of Shasta Lake P & R.	Shasta Lake Fire Protection District /Shasta Mosquito & Vector Control Districts	"Continue serving as Commissioner on LAFCO."
FRED RYNESS: Two time past president of The Burney Water District, ran for District 3 position for Shasta County Board of Supervisors in 2012. Currently on the California Special Districts Association Board. Burney Chamber of Commerce past member, Burney Water District.	Burney Water District	"I Have met with LAFCO personnel in the past and I am familiar with its function."
JAMES L. SMITH: Was a manger in Shasta County Department of Resource Management for 19 years. During that time was involved in reviewing projects such as subdivisions and parcel maps with Planning Division Staff. While not a planner, I am familiar with the basics of CEQA and the need for LAFCO. Board member of Bella Vista Water District.	Bella Vista Water District	"The Bella Vista Water District pays almost 3 times more in annual LAFCO fees than any other Special District in Shasta County and deserves a seat on LAFCO to see that this money is properly spent. Municipal Service Reviews need to be adequate and completed in a timely matter."

OFFICIAL BALLOT – SPECIAL DISTRICTS

Please vote for up to three candidates. The two candidates receiving the majority of the votes will be elected as Regular Members; the candidate receiving the 3rd highest votes* will be seated as the Alternate Member:

Special District Commissioners and Alternate –

Vote for up to three candidates

☐ Candidate Patricia A. Clarke

☐ Candidate Irwin Fust –Incumbent

☐ Candidate Brenda Haynes – Incumbent

☐ Candidate Stephen Morgan – Incumbent

☐ Candidate James L. Smith

☐ Candidate Fred Ryness*

***Note:** Candidate Fred Ryness designated the "Alternate" term only in the nominations submitted by their respective districts, therefore, votes cast for this candidate will only be counted towards the alternate term.

This action was taken by the _____

District Board of Directors on _____, 20_____.

_____ _____

Clerk of the Board Date

LEGISLATIVE REPORT

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS • ALPHA FUND

ACHD

ATTACHMENT H

ACHD Legislative Report

Clinic Community Health Coverage Dental Governance Health Care Services Hospital Labor Relations Local Government Telehealth Workers Compensation Workforce

Subject and Bill - ACHD Position	Status	Position	Assigned
ACR 169 (Dahle R) **Health Care District Month.** This measure would designate the month of May 2016 as Health Care District Month.	ASSEMBLY THIRD READING 5/9/2016	Sponsor	Amber, HBE, Sheila
Clinic			
AB 1568 (Bonta D) **Medi-Cal: demonstration project.** Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. 5/4/2016	Support	Amber, HBE
AB 2079 (Calderon D) **Skilled nursing facilities: staffing.** Current law requires the State Department of Public Health to develop regulations that become effective August 1, 2003, that establish staff-to-patient ratios for direct caregivers working in a skilled nursing facility. This bill would require the department to develop regulations that become effective July 1, 2017, and include a minimum overall staff-to-patient ratio that includes specific staff-to-patient ratios for certified nurse assistants and for licensed nurses that comply with specified requirements.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Oppose	HBE
SB 815 (Hernandez D) **Medi-Cal: demonstration project.** Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	SENATE APPR. 5/3/2016	Support	HBE
Community Health			
AB 572 (Gaines, Beth R) **Diabetes prevention: treatment.** Requires the State Department of Public Health to submit a report to the Legislature by an unspecified date that includes, information on the financial impact of all types of diabetes on Californians, an assessment of the benefits of implemented programs aimed at controlling diabetes and preventing the disease, and action plans for battling diabetes.	SENATE 2 YEAR 8/28/2015	Support	Amber, Annie
AB 1554 (Irwin D) **Powdered alcohol.** Would prohibit the Department of Alcoholic Beverage Control from issuing a license to manufacture, distribute, or sell powdered alcohol, as defined, and would require the department to revoke the license of any licensee who manufactures, distributes, or sells powdered alcohol, as	SENATE G.O. 5/5/2016	Support	HBE, Sheila

provided. This bill would prohibit the purchase, sale, offer for sale, distribution, manufacture, possession, or use of powdered alcohol and would make the violation of these provisions punishable as an infraction. This bill contains other related provisions and other existing laws.			
AB 1594 (McCarty D) Public postsecondary education: prohibition of using tobacco and smoking on campuses. Would prohibit smoking and the use of a tobacco product, including, but not limited to, an e-cigarette, on a campus of the California State University or the California Community Colleges. The bill would authorize the campuses to conduct a positive educational campaign to increase the awareness of a tobacco - and smoke-free policy. The bill would authorize the governing bodies of the California State University and each community college district to set standards for the enforcement of that prohibition. The bill would authorize the enforcement of this prohibition by a fine, not to exceed $100, as specified.	SENATE ED. 5/5/2016	Support	HBE, Sheila
AB 1719 (Rodriguez D) Pupil instruction: cardiopulmonary resuscitation. Mandates that the governing board of a school district or charter school, beginning with the 2017-18 Academic Year, require all pupils in grades 9-12 be provided instruction to perform CPR or use an Automated External Defibrillator as part of a course for graduation.	ASSEMBLY APPR. SUSPENSE FILE 5/4/2016	Support	Sheila
AB 1808 (Wood D) Minors: mental health services. Current law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services on an outpatient basis, or to residential shelter services, when certain requirements are satisfied. Current law defines "professional person," for the purposes of those provisions, to include, among others, a marriage and family therapist, a marriage and family therapist intern, a professional clinical counselor, and a clinical counselor intern. This bill would additionally authorize a marriage and family therapist trainee and a clinical counselor trainee, while working under the supervision of certain licensed professionals, to provide those services.	SENATE B., P. & E.D. 5/5/2016	Support	HBE, Sheila
AB 2054 (Thurmond D) Nutrition assistance: Summer Electronic Benefits Transfer for Children. Would require the California Health and Human Services Agency, in conjunction with any other relevant state agencies, to design and implement the Summer Electronic Benefits Transfer for Children (SEBTC) to provide nutrition assistance benefits to eligible households. The bill would require that the system be compatible with the state's electronic benefits transfer system, comply with federal laws and regulations, and comply with privacy and confidentiality procedures consistent with all applicable state and federal law.	ASSEMBLY APPR. SUSPENSE FILE 4/20/2016	Support	HBE, Sheila
AB 2300 (Wood D) Medical marijuana. Current law provides that the Medical Marijuana Program does not authorize a person with an identification card to smoke medical marijuana under specified circumstances, including in a location at which smoking is prohibited by law. This bill would also state that the Medical Marijuana Program does not authorize the smoking of medical marijuana where smoking is prohibited by a landlord, as specified.	SENATE RLS. 5/5/2016	Support	
AB 2589 (Gomez D) Lactation services and equipment. Would require the State Department of Public Health to coordinate with the State Department of Health Care Services to develop processes, procedures, and an electronic interface for eligibility-related information sharing to streamline enrollment into the WIC Program as part of the application process for Medi-Cal and health plans offered through the California Health Benefit Exchange. The bill would require the State Department of Public Health to coordinate with the State Department of Health Care Services, through a stakeholder engagement process, as specified, to develop measures and outcomes for breastfeeding rates, as specified.	ASSEMBLY APPR. SUSPENSE FILE 5/4/2016	Support	HBE
ABX2 6 (Cooper D) Electronic cigarettes. Defines electronic cigarettes as a tobacco product and applies current statewide tobacco laws to electronic cigarettes.	ASSEMBLY DEAD 3/15/2016	Support	Amber
ABX2 8 (Wood D) Tobacco products: minimum legal age. Increases the legal smoking age from 18 to 21 years of age. Allows the State Department of Public Health to conduct random, onsite inspections of tobacco product retailers with the assistance of persons under 21 years of age.	ASSEMBLY DEAD 3/15/2016	Support	Amber
SB 140 (Leno D) Electronic cigarettes. Defines electronic cigarettes as a tobacco product and applies			

current statewide tobacco laws to electronic cigarettes.	ASSEMBLY 2 YEAR 7/17/2015	Support	HBE
SB 151 (Hernandez D) Tobacco products: minimum legal age. Increases the legal smoking age from 18 to 21 years of age. Allows the State Department of Public Health to conduct random, onsite inspections of tobacco product retailers with the assistance of persons under 21 years of age.	ASSEMBLY 2 YEAR 7/17/2015	Support	HBE
SB 819 (Huff R) Powdered alcohol. Would prohibit the Department of Alcoholic Beverage Control from issuing a license to manufacture, distribute, or sell powdered alcohol, as defined, and would require the department to revoke the license of any licensee who manufactures, distributes, or sells powdered alcohol, as provided. This bill would prohibit the possession, purchase, sale, offer for sale, distribution, manufacture, or use of powdered alcohol and would make the violation of these provisions punishable as an infraction. This bill contains other related provisions and other existing laws.	ASSEMBLY G.O. 5/9/2016	Support	HBE, Sheila
SB 977 (Pan D) Tobacco: youth sports events. Would prohibit the use of a tobacco product, as defined, within 250 feet of a youth sports event, as defined, and make a violation an infraction punishable by a fine of $250 for each violation. The bill would state that its provisions do not preempt the authority of any county, city, or city and county to regulate the use of tobacco products around a youth sports event. By establishing a new crime, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.	SENATE APPR. 4/19/2016	Support	HBE
SB 1333 (Block D) State beaches and parks: smoking ban. Current law makes it an infraction for a person to smoke a cigarette, cigar, or other tobacco-related product within 25 feet of a playground or tot lot sandbox area. This bill would make it an infraction for a person to smoke, as defined, on a state coastal beach or in a unit of the state park system or to dispose of used cigar or cigarette waste on a state coastal beach or in a unit of the state park system. The bill would establish a state-mandated local program by creating a new crime. This bill contains other related provisions and other current laws.	SENATE APPR. SUSPENSE FILE 5/9/2016	Support	HBE, Sheila
SBX2 5 (Leno D) Electronic cigarettes. Defines electronic cigarettes as a tobacco product and applies current statewide tobacco laws to electronic cigarettes.	SENATE CHAPTERED 5/4/2016	Support	Amber
SBX2 7 (Hernandez D) Tobacco products: minimum legal age. Increases the legal smoking age from 18 to 21 years of age. Allows the State Department of Public Health to conduct random, onsite inspections of tobacco product retailers with the assistance of persons under 21 years of age.	SENATE CHAPTERED 5/4/2016	Support	Amber
Coverage			
AB 72 (Bonta D) Eden Township Healthcare District: special taxes: authorization. Requires the State Department of Health Care Services to create a waiver application and submit said application for a waiver to the federal Centers of Medicare and Medicaid Services to implement a demonstration project.	SENATE INACTIVE FILE 9/11/2015	Support	HBE
AB 366 (Bonta D) Medi-Cal: annual access monitoring report. Requires claims for payments pursuant to the inpatient hospital reimbursement methodology to be increased by an unknown percentage for the 2015-16 fiscal year, and would require, starting July 1, 2016 on, the department to increase each diagnosis-related group payment claim amount based on increases in the medical component of the California Consumer Price Index.	SENATE 2 YEAR 8/28/2015	Support	HBE
AB 1117 (Garcia, Cristina D) Medi-Cal: vaccination rates. Requires State Department of Health Care Services to establish the California Childhood Immunization Quality Improvement Fund program to improve childhood immunization rates for children enrolled in Medi-Cal. The bill further requires the department to submit an application to CMS for a waiver to implement a 5 year pilot program to implement the program.	SENATE 2 YEAR 8/28/2015	Support	HBE
AB 1568 (Bonta D) Medi-Cal: demonstration project. Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for	ASSEMBLY APPR. 5/4/2016	Support	Amber, HBE

Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.			
AB 1696 (Holden D) Medi-Cal: tobacco cessation services. Would provide that, only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, tobacco cessation services are covered benefits, subject to utilization controls, under the Medi-Cal program and would require those services to include all intervention recommendations, as periodically updated, assigned a grade A or B by the United States Preventive Services Task Force, and, at a minimum, 4 quit attempts per year.	ASSEMBLY APPR. 3/29/2016	Support	HBE, Sheila
AB 1795 (Atkins D) Health care programs: cancer. Current law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Current law defines "period of coverage" as beginning when an individual is made eligible for a covered condition and not to exceed 18 or 24 months, respectively, for a diagnosis of breast cancer or a diagnosis of cervical cancer. This bill would delete that definition and, instead, provide that the treatment services be for the duration of the period of treatment for an individual made eligible for treatment due to a diagnosis of breast cancer or cervical cancer, or who is diagnosed with a reoccurrence of breast cancer or cervical cancer, as long as the individual continues to meet all other eligibility requirements.	ASSEMBLY APPR. SUSPENSE FILE 4/6/2016	Support	HBE, Sheila
AB 1823 (Bonilla D) California Cancer Clinical Trials Program. Would provide for the establishment of the California Cancer Clinical Trials Program and would request that the University of California establish or designate an institute or office within the university to administer the program, which would be governed by a board of at least 5 members appointed by the president of the university.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Support	HBE
AB 1863 (Wood D) Medi-Cal: federally qualified health centers: rural health centers. Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would include a marriage and family therapist within those health care professionals covered under that definition.	ASSEMBLY APPR. SUSPENSE FILE 4/6/2016	Support	HBE
AB 2207 (Wood D) Medi-Cal: dental program. Would require the State Department of Health Care Services to undertake specified activities for the purpose of improving the Medi-Cal Dental Program, such as expediting provider enrollment and monitoring dental service access and utilization. The bill would require a Medi-Cal managed care health plan to provide dental health screenings for eligible beneficiaries and refer them to appropriate Medi-Cal dental providers.	ASSEMBLY APPR. 4/27/2016	Support	HBE
AB 2216 (Bonta D) Primary care residency programs: grant program. Would establish the Teaching Health Center Primary Care Graduate Medical Education Fund for purposes of funding primary care residency programs, as specified, subject to appropriation by the Legislature. The bill would establish criteria for the awarding of grants under these provisions to teaching health centers, as defined. The bill would require the Office of Statewide Health Planning and Development and the Director of Statewide Health Planning and Development to administer these provisions, as specified. The bill would require the office to adopt emergency regulations to implement these provisions.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Support	HBE, Sheila
SB 614 (Leno D) Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification. Would require the State Department of Health Care Services to establish, by July 1, 2017, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialists, transition-age youth peer support	ASSEMBLY 2 YEAR 9/11/2015	Support	HBE

specialists, family peer support specialists, and parent peer support specialists.			
SB 1361 (Nielsen R) **Medi-Cal: eyeglasses.** Current law provides for a schedule of benefits under the Medi-Cal program, which includes eyeglasses, subject to utilization controls. Current law provides, except as specified, that certain optional Medi-Cal benefits, including, among others, optometric and optician services, are excluded from coverage under the Medi-Cal program. This bill, to the extent any necessary federal approvals are obtained, would restore coverage of one pair of eyeglasses provided every 2 years to an individual 21 years of age or older whose uncorrected visual acuity is equal to or poorer than 20/40.	SENATE APPR. 4/19/2016	Support	HBE
Dental			
AB 648 (Low D) **Health care access demonstration project grants: Virtual Dental Home program.** Establishes the Virtual Dental Home program to expand the virtual dental home model of community based delivery of dental care in California to residents in community clinics and school programs who are in greatest need.	SENATE 2 YEAR 9/11/2015	Support	Amber, Annie
Governance			
AB 2471 (Quirk D) **Health care districts: dissolution.** Would require a local agency formation commission to order the dissolution of a health care district without an election if the health care district meets certain criteria, as specified. The bill would subject a dissolution under these provisions to the provisions of the act for winding up the affairs of a dissolved district.	ASSEMBLY SECOND READING 3/8/2016	Oppose	HBE
AB 2737 (Bonta D) **Nonprovider health care districts.** Would require a nonprovider health care district, as defined, to spend at least 80% of its annual budget on community grants awarded to organizations that provide direct health services and not more than 20% of its annual budget on administrative expenses, as defined. By requiring a higher level of service from nonprovider health care districts, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. 4/21/2016	Oppose	HBE
Health Care Services			
AB 1300 (Ridley-Thomas D) **Mental health: involuntary commitment.** Makes changes to the Lanterman-Petris-Short Act to reduce hospital emergency room overcrowding, increase public and employee safety, and provide better and more timely mental health care to patients.	SENATE HEALTH 4/27/2016	Support	HBE
AB 1568 (Bonta D) **Medi-Cal: demonstration project.** Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. 5/4/2016	Support	Amber, HBE
AB 1696 (Holden D) **Medi-Cal: tobacco cessation services.** Would provide that, only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, tobacco cessation services are covered benefits, subject to utilization controls, under the Medi-Cal program and would require those services to include all intervention recommendations, as periodically updated, assigned a grade A or B by the United States Preventive Services Task Force, and, at a minimum, 4 quit attempts per year.	ASSEMBLY APPR. 3/29/2016	Support	HBE, Sheila
AB 1758 (Stone, Mark D) **Telecommunications: California Advanced Services Fund.** Current law requires the Public Utilities Commission to give priority to projects that provide last-mile broadband access to households that are unserved by an existing facilities-based broadband provider. Current law establishes that the goal of the CASF program is, no later than December 31, 2015, to approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households. Current law authorizes the commission to collect a surcharge for deposit into the CASF not to exceed $315,000,000 in total and authorizes	ASSEMBLY U. & C. 3/28/2016	Support	HBE

(EDEV)

the surcharge until 2020. This bill would extend to December 31, 2023, the time period for meeting the program goal and would specify the threshold speeds to be met in achieving the goal.			
AB 1808 (Wood D) Minors: mental health services. Current law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services on an outpatient basis, or to residential shelter services, when certain requirements are satisfied. Current law defines "professional person," for the purposes of those provisions, to include, among others, a marriage and family therapist, a marriage and family therapist intern, a professional clinical counselor, and a clinical counselor intern. This bill would additionally authorize a marriage and family therapist trainee and a clinical counselor trainee, while working under the supervision of certain licensed professionals, to provide those services.	SENATE B., P. & E.D. 5/5/2016	Support	HBE, Sheila
AB 1967 (Gaines, Beth R) Local planning: prohibition: mental health facility. Would, on and after January 1, 2017, prohibit the legislative body of a city, county, or city and county from adopting an ordinance for the construction or operation of a health facility, as defined, within 2000 feet of a school or childcare facility, as specified, if that facility is designated to accept patients taken into custody for 72-hour treatment and evaluation pursuant to the specified described involuntary commitment provisions. This bill contains other existing laws.	ASSEMBLY L. GOV. 2/25/2016	Oppose	HBE
AB 2079 (Calderon D) Skilled nursing facilities: staffing. Current law requires the State Department of Public Health to develop regulations that become effective August 1, 2003, that establish staff-to-patient ratios for direct caregivers working in a skilled nursing facility. This bill would require the department to develop regulations that become effective July 1, 2017, and include a minimum overall staff-to-patient ratio that includes specific staff-to-patient ratios for certified nurse assistants and for licensed nurses that comply with specified requirements.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Oppose	HBE
SB 815 (Hernandez D) Medi-Cal: demonstration project. Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	SENATE APPR. 5/3/2016	Support	HBE
Hospital			
AB 1568 (Bonta D) Medi-Cal: demonstration project. Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. 5/4/2016	Support	Amber, HBE
AB 1578 (Rodriguez D) Emergency medical services: mobile field hospitals. Current law establishes the Emergency Medical Services Authority in the Health and Welfare Agency to administer a statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. This bill would appropriate $2,000,000 from the General Fund to the Emergency Medical Services Authority to provide for the maintenance and upkeep of mobile field hospitals within the Mobile Field Hospital program. This bill contains other related provisions.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Support	HBE
AB 1827 (Kim R) Emergency medical services: mobile field hospitals. Would make an appropriation of $2,000,000 from the General Fund to the Office of Emergency Services for the purpose of providing maintenance and upkeep of one or more mobile field hospitals that would be ready and available within 72 hours to assist local communities in the event of a natural disaster or other mass casualty inc ident. The bill would make related findings and declarations.	ASSEMBLY HEALTH 4/13/2016	Support	HBE, Sheila
AB 2213 (Dahle R) Medi-Cal: nondesignated public hospitals. Would require the State Department of Health Care Services, and the OSHPD to administer and implement a demonstration under which the audits of			

nondesignated public hospitals for reporting periods beginning on and after July 1, 2016, would be evaluated to determine the reimbursement relevancy of cost report data. The bill would require the department and the OSHPD to, among other things, evaluate the data currently being collected through specified data and reports, including financial and utilization data and Medi-Cal cost reports, in order to determine its reimbursement relevancy, as specified.	ASSEMBLY APPR. SUSPENSE FILE 5/4/2016	Support	HBE
AB 2467 (Gomez D) Health facilities: executive compensation. Would require covered hospitals and medical entities, as defined, to annually submit to the Office of Statewide Health Planning and Development an executive compensation report for every executive whose annual compensation exceeds a specified threshold. The bill would also require each covered hospital or medical entity with 100 or more employees to annually report compensation information by employee classification and by gender, ethnicity, race, sexual orientation, and gender identity, as self-reported by its employees.	ASSEMBLY APPR. SUSPENSE FILE 5/4/2016	Oppose	HBE
AB 2743 (Eggman D) Psychiatric bed registry. Would, on or before July 1, 2017, require the State Department of Public Health to establish and administer a pilot program to create an Internet Web site-based electronic registry, known as the acute psychiatric bed registry, in specified counties, to collect, aggregate, and display specified information regarding the availability of acute psychiatric beds in psychiatric health facilities, as defined, to facilitate the identification and designation of health facilities for the temporary detention and treatment of individuals who meet specified criteria for temporary detention.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Oppose	HBE
SB 815 (Hernandez D) Medi-Cal: demonstration project. Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.	SENATE APPR. 5/3/2016	Support	HBE
SB 1076 (Hernandez D) General acute care hospitals: observation services. Would require a general acute care hospital that provides observation services, as defined, to comply with the same licensed nurse-to-patient ratios as supplemental emergency services, as specified. The bill would require that a patient receiving observation services receive written notice, as prescribed, that his or her care is being provided on an outpatient basis, which may affect the patient's health coverage reimbursement.	SENATE THIRD READING 5/3/2016	Neutral	HBE
SB 1365 (Hernandez D) Hospitals. Would require an entity that operates or controls a hospital, as defined, and that also operates, controls, or leases real property for use as an outpatient treatment setting, to ensure that the outpatient facility does not charge a fee to or impose costs on a patient or other payer for inpatient care or hospital care, except as provided. By expanding a crime, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.	SENATE APPR. 4/21/2016	Oppose	HBE
Labor Relations			
AB 67 (Gonzalez D) Double Pay on the Holiday Act of 2016. Requires employers to pay all employees not covered by a collective bargaining agreement twice their normal pay rate for hours worked on Thanksgiving and Christmas.	SENATE L. & I.R. 2/4/2016	Concerns	Amber
AB 1643 (Gonzalez D) Workers' compensation: permanent disability apportionment. Would prohibit apportionment of permanent disability, in the case of a physical injury occurring on or after January 1, 2017, from being based on pregnancy, menopause, osteoporosis, or carpal tunnel syndrome. The bill would also prohibit apportionment of permanent disability, in the case of a psychiatric injury occurring on or after January 1, 2017, from being based on psychiatric disability or impairment caused by any of those conditions. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. 4/20/2016	Oppose	Amber, HBE
Local Government			
AB 259 (Dababneh D) Personal information: privacy. Requires public agencies, who suffer a data			

breach, to offer identity theft prevention or mitigation services for 12 months at no cost to the affected person, if the personal information breached includes social security or driver's license numbers.	SENATE 2 YEAR 8/28/2015	Concerns	Amber
AB 1707 (Linder R) **Public records: response to request.** The California Public Records Act requires state and local agencies to make public records available for inspection, unless an exemption from disclosure applies. The act requires a response to a written request for public records that includes a denial of the request, in whole or in part, to be in writing. This bill instead would require the written response demonstrating that the record in question is exempt under an express provision of the act also to identify the type or types of record withheld and the specific exemption that justifies withholding that type of record.	ASSEMBLY DEAD 4/22/2016	Oppose	Amber, HBE
AB 2389 (Ridley-Thomas D) **Special districts: district-based elections: reapportionment.** Would authorize a governing body of a special district, as defined, to require, by resolution, that the members of its governing body be elected using district-based elections without being required to submit the resolution to the voters for approval. This bill would require the resolution to include a declaration that the change in the method of election is being made in furtherance of the purposes of the California Voting Rights Act of 2001.	ASSEMBLY SECOND READING 5/9/2016	Support	HBE
AB 2613 (Achadjian R) **County auditor: audits: special districts.** Would authorize a special district, until January 1, 2027, and for a period of not more than 5 consecutive years, by annual unanimous request of its governing board and with annual unanimous approval of the board of supervisors, to replace the annual audit with an annual financial compilation and an annual review of the internal control procedures of the special district to be performed by the county auditor in accordance with professional standards , if certain conditions are met.	SENATE RLS. 5/5/2016	Support	HBE
SB 885 (Wolk D) **Construction contracts: indemnity.** Would specify, with certain exceptions, for construction contracts entered into on or after January 1, 2017, that a design professional, as defined, only has the duty to defend himself or herself from claims or lawsuits that arise out of, or pertain or relate to, negligence, recklessness, or willful misconduct of the design professional. Under the bill, a design professional would not have a duty to defend claims or lawsuits against any other person or entity arising from a construction project, except that person's or entity's reasonable defense costs arising out of the design professional's degree of fault, as specified.	SENATE SECOND READING 4/18/2016	Oppose	Amber, HBE
SB 957 (Hueso D) **Health care districts: design-build process.** Would authorize, until January 1, 2025, any health care district to use the design-build process when contracting for the construction of a hospital or health facility building. Because the bill would expand the application of the procurement process to additional design-build entities, the bill would expand the crime of perjury, thereby imposing a state-mandated local program	SENATE THIRD READING 5/3/2016	Sponsor	HBE
SB 1170 (Wieckowski D) **Public contracts: water pollution prevention plans: delegation.** Would prohibit a public entity, charter city, or charter county from delegating to a contractor the development of a plan, as defined, used to prevent or reduce water pollution or runoff on a public works contract, except as provided. The bill would also prohibit a public entity, charter city, or charter county from requiring a contractor on a public works contract that includes compliance with a plan to assume responsibility for the completeness and accuracy of a plan developed by that entity.	SENATE APPR. 4/21/2016	Oppose	HBE
SB 1292 (Stone R) **Grand juries: reports.** Current law authorizes a grand jury to request a subject person or entity to come before the grand jury for the purpose of reading and discussing the findings of the grand jury report that relates to that person or entity in order to verify the accuracy of the findings prior to their release. This bill would delete the authority of a grand jury to request a subject person or entity to come before it for purposes of reading and discussing the findings of a grand jury report.	SENATE APPR. SUSPENSE FILE 4/25/2016	Support	HBE
Telehealth			
AB 2507 (Gordon D) **Telehealth: access.** Would add video communications and telephone			

communications to the definition of telehealth. The bill would also provide that the required prior consent for telehealth services may be digital as well as oral or written. This bill contains other related provisions and other existing laws.	ASSEMBLY APPR. SUSPENSE FILE 5/4/2016	Support	HBE
Workers Compensation			
AB 2407 (Chávez R) Workers' compensation. Current law requires an employer to provide all medical services reasonably required to cure or relieve the injured worker from the effects of the injury. Existing law requires the administrative director to adopt a medical treatment utilization schedule, as specified. This bill would, if the employee's injury affects his or her back, require a physician or other medical provider to assess the employee's level of risk for chronic back pain utilizing the medical treatment utilization schedule and determine treatment based on that schedule.	ASSEMBLY RLS. 5/4/2016	Oppose	HBE
SB 1175 (Mendoza D) Workers' compensation: requests for payment. Current law requires the employer to provide medical, surgical, chiropractic, acupuncture, and hospital treatment, as specified, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury. Current law requires a provider of those services to submit, among other documents, its request for payment with an itemization of services provided and the charge for each service. This bill would require, effective for services on or after January 1, 2017, that requests for payment with an itemization of services provided and the charge for each service be submitted to the employer within 12 months of the date of service or within 12 months of the date of discharge for inpatient facility services.	ASSEMBLY ASSEMBLY 5/9/2016	Support	HBE
Workforce			
AB 1306 (Burke D) Healing arts: certified nurse-midwives: scope of practice. Allows certified nurse-midwives, within their existing scope of practice, to manage a full range of primary health care services for women, including gynecologic and family planning services.	SENATE 2 YEAR 7/17/2015	Oppose unless Amended	Amber
AB 2024 (Wood D) Critical access hospitals: employment. Authorizes a federally certified critical access hospital to employ physicians and doctors licensed by the Medical Board of California, and prohibits the hospital from directing or interfering with the professional judgement of the physician and surgeon.	SENATE RLS. 5/5/2016	Support	HBE, Sheila
AB 2048 (Gray D) National Health Service Corps State Loan Repayment Program. Would require the Office of Statewide Health Planning and Development to include all federally qualified health centers located in California in the National Health Service Corps State Loan Repayment Program's certified eligible site list. The bill would require the office to notify all certified eligible sites when the program opens each application cycle and to strive, to the extent possible, to maximize the number of applications received each cycle.	ASSEMBLY APPR. SUSPENSE FILE 4/20/2016	Support	HBE, Sheila
AB 2216 (Bonta D) Primary care residency programs: grant program. Would establish the Teaching Health Center Primary Care Graduate Medical Education Fund for purposes of funding primary care residency programs, as specified, subject to appropriation by the Legislature. The bill would establish criteria for the awarding of grants under these provisions to teaching health centers, as defined. The bill would require the Office of Statewide Health Planning and Development and the Director of Statewide Health Planning and Development to administer these provisions, as specified. The bill would require the office to adopt emergency regulations to implement these provisions.	ASSEMBLY APPR. SUSPENSE FILE 4/27/2016	Support	HBE, Sheila
SB 22 (Roth D) Residency training: funding. Creates the Graduate Medical Education Trust Fund in the State Treasury to fund graduate medical residency programs.	ASSEMBLY RLS. 2/29/2016	Support	Amber, Annie, Sheila
SB 323 (Hernandez D) Nurse practitioners: scope of practice. Expands the scope of practice of nurse practitioners who hold a national certification from a national certifying body recognized by the Board of Registered Nursing. Specifically, the bill removes requirements that nurse practitioners consult with a physician prior to conducting specified procedures.	ASSEMBLY 2 YEAR 7/17/2015	Support	Amber

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