

Bill Referrals

Assembly California Legislature Committee on Rules RICHARD S. GORDON CHAIR

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Thursday, January 09, 2014 Upon adjournment of Session State Capitol, Room 3162

CONSENT AGENDA

1. Memo Page 2 2. Bill Re-referral Page 3 **Requests to Add Urgency Clause** Relative to Continuity of care. 3. AB 369 (Pan) Page 4 4. SB 27 (Correa) Relative to Political Reform Act of 1974. Page 21 5. SB 445 (Hill) Relative to Underground storage tanks: petroleum: charges. Page 41 6. SB 611 (Hill) Relative to Charter-party carriers of passengers: limousines: fire extinguishers..... Page 45

California Legislature Assembly Rules Committee

ROOM 3016 — STATE CAPITOL P.O. BOX 942849 SACRAMENTO, CALIFORNIA 94249-0115 TELEPHONE: (916) 319-2800

Memo

To:

Rules Committee Members

From:

Mukhtar Ali, Bill Referral Consultant

Date:

1/8/14

Re:

Consent Bill Referrals

Since you received the preliminary list, AB 288 has been removed.



RE-REFERRAL OF BILLS 01/09/2014 RE-REFERRAL OF BILLS

Assembly Bill No. Committee:

AB 129 BANKING AND FINANCE
AB 1104 NATURAL RESOURCES

AMENDED IN ASSEMBLY JANUARY 6, 2014

CALIFORNIA LEGISLATURE—2013-14 REGULAR SESSION

ASSEMBLY BILL

No. 369

Introduced by Assembly Member Pan

February 14, 2013

An act to amend Section 100503 of the Government Code, 1373.96 of the Health and Safety Code, and to amend Section 10133.56 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 369, as amended, Pan. California Health Benefit Exchange: report. Continuity of care.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan, with some exceptions, to provide for the completion of covered services by a terminated provider or a nonparticipating provider for enrollees who were receiving services from the provider for one of the specified conditions at the time of the contract termination or at the time a newly covered enrollee's coverage became effective. Existing law requires a health insurer, with some exceptions, to provide for the completion of covered services by a terminated provider for insureds who were receiving services from the provider for one of the specified conditions at the time of the policy termination.

Under the federal Patient Protection and Affordable Care Act (PPACA), each state is required, by January 1, 2014, to establish an

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American Health Benefit Exchange that makes available qualified health plans to qualified individuals and small employers. Existing state law establishes the California Health Benefit Exchange (Exchange) within state government, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014. Existing law requires the board to report, or contract with an independent entity to report, to the Legislature by December 1, 2018, on whether to adopt the option under the PPACA to merge the individual and small employer insurance markets.

This bill would instead require the board or the independent entity to make this report to the Legislature by March 1, 2019.

This bill would require a health insurer to arrange for the completion of covered services by a nonparticipating provider at the request of a newly covered insured under a group insurance policy. The bill would require a health care service plan and a health insurer to arrange for the completion of covered services by a nonparticipating provider for a newly covered enrollee and a newly covered insured under an individual health care service plan contract or insurance policy whose prior coverage was terminated between January 1, 2013, and March 31, 2014, inclusive.

Because a willful violation of these provisions by a health care service plan would, in part, be a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Section 1373.96 of the Health and Safety Code 2 is amended to read:
- 3 1373.96. (a) A health care service plan shall at the request of
- 4 an enrollee, provide the completion of covered services as set forth

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in this section by a terminated provider or by a nonparticipating provider.

- (b) (1) The completion of covered services shall be provided by a terminated provider to an enrollee who at the time of the contract's termination, was receiving services from that provider for one of the conditions described in subdivision (c).
- (2) The completion of covered services shall be provided by a nonparticipating provider to a newly covered enrollee who, at the time his or her coverage became effective, was receiving services from that provider for one of the conditions described in subdivision (c).
- (c) The health care service plan shall provide for the completion of covered services for the following conditions:
- (1) An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.
- (2) A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health care service plan in consultation with the enrollee and the terminated provider or nonparticipating provider and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.
- (3) A pregnancy. A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.
- (4) A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be

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provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new enrollee.

- (5) The care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.
- (6) Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered enrollee.
- (d) (1) The plan may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination, including, but not limited to, credentialing, hospital privileging, utilization review, peer review, and quality assurance requirements. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, the plan is not required to continue the provider's services beyond the contract termination date.
- (2) Unless otherwise agreed by the terminated provider and the plan or by the individual provider and the provider group, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by the plan or the provider group for currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the terminated provider. Neither the plan nor the provider group is required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this paragraph.
- (e) (1) The plan may require a nonparticipating provider whose services are continued pursuant to this section for a newly covered enrollee to agree in writing to be subject to the same contractual terms and conditions that are imposed upon currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the

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nonparticipating provider, including, but not limited to, credentialing, hospital privileging, utilization review, peer review, and quality assurance requirements. If the nonparticipating provider does not agree to comply or does not comply with these contractual terms and conditions, the plan is not required to continue the provider's services.

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- (2) Unless otherwise agreed upon by the nonparticipating provider and the plan or by the nonparticipating provider and the provider group, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by the plan or the provider group for currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the nonparticipating provider. Neither the plan nor the provider group is required to continue the services of a nonparticipating provider if the provider does not accept the payment rates provided for in this paragraph.
- (f) The amount of, and the requirement for payment of, copayments, deductibles, or other cost sharing components during the period of completion of covered services with a terminated provider or a nonparticipating provider are the same as would be paid by the enrollee if receiving care from a provider currently contracting with or employed by the plan.
- (g) If a plan delegates the responsibility of complying with this section to a provider group, the plan shall ensure that the requirements of this section are met.
- (h) This section shall not require a plan to provide for completion of covered services by a provider whose contract with the plan or provider group has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Profession Code, or fraud or other criminal activity.
- (i) This section shall not require a plan to cover services or provide benefits that are not otherwise covered under the terms and conditions of the plan contract. This Except as provided in subdivision (k), this section shall not apply to a newly covered enrollee covered under an individual subscriber agreement who is undergoing a course of treatment on the effective date of his or her coverage for a condition described in subdivision (c).

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(j) This section shall not apply to a newly covered enrollee who is offered an out-of-network option or to a newly covered enrollee who had the option to continue with his or her previous health plan or provider and instead voluntarily chose to change health plans.

- (j) The provisions contained in this section are in addition to any other responsibilities of a health care service plan to provide continuity of care pursuant to this chapter. Nothing in this section shall preclude a plan from providing continuity of care beyond the requirements of this section.
- (k) (1) A health care service plan shall, at the request of a newly covered enrollee under an individual health care service plan contract, arrange for the completion of covered services by a nonparticipating provider for one of the conditions described in subdivision (c) if the newly covered enrollee meets both of the following:
- (A) The newly covered enrollee's prior coverage was terminated between January 1, 2013, and March 31, 2014, inclusive.
- (B) At the time his or her coverage became effective, the newly covered enrollee was receiving services from that provider for one of the conditions described in subdivision (c).
- (2) A violation of this subdivision does not constitute a crime under Section 1390.
- (l) The following definitions apply for the purposes of this section:
- (1) "Individual provider" means a person who is a licentiate, as defined in Section 805 of the Business and Professions Code, or a person licensed under Chapter 2 (commencing with Section 1000) of Division 2 of the Business and Professions Code.
- (2) "Nonparticipating provider" means a provider who is not contracted with a health care service plan. A nonparticipating provider does not include a terminated provider.
- (3) "Provider" shall have the same meaning as set forth in subdivision (i) of Section 1345.
- (4) "Provider group" means a medical group, independent practice association, or any other similar organization.
- (5) "Terminated provider" means a provider whose contract to provide services to enrollees is terminated or not renewed by the plan or one of the plan's contracting provider groups.

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SEC. 2. Section 10133.56 of the Insurance Code is amended to read:

- 10133.56. (a) A health insurer that enters into a contract with a professional or institutional provider to provide services at alternative rates of payment pursuant to Section 10133 shall, at the request of an insured, arrange for the completion of covered services by a terminated provider, if the insured is undergoing a course of treatment for any of the following conditions:
- (1) An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.
- (2) A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health insurer in consultation with the insured and the terminated provider and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date.
- (3) A pregnancy. A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.
- (4) A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date.
- (5) The care of a newborn child between birth and age 36 months. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date.

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(6) Performance of a surgery or other procedure that has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

- (b) The insurer may require the terminated provider whose services are continued beyond the contract termination date pursuant to this section, to agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination, including, but not limited to, credentialing, hospital privileging, utilization review, peer review, and quality assurance requirements. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, the insurer is not required to continue the provider's services beyond the contract termination date.
- (c) Unless otherwise agreed upon between the terminated provider and the insurer or between the terminated provider and the provider group, the agreement shall be construed to require a rate and method of payment to the terminated provider, for the services rendered pursuant to this section, that are the same as the rate and method of payment for the same services while under contract with the insurer and at the time of termination. The provider shall accept the reimbursement as payment in full and shall not bill the insured for any amount in excess of the reimbursement rate, with the exception of copayments and deductibles pursuant to subdivision (e).
- (d) Notice as to the process by which an insured may request completion of covered services pursuant to this section shall be provided in any insurer evidence of coverage and disclosure form issued after March 31, 2004. An insurer shall provide a written copy of this information to its contracting providers and provider groups. An insurer shall also provide a copy to its insureds upon request.
- (e) The payment of copayments, deductibles, or other cost-sharing components by the insured during the period of completion of covered services with a terminated provider shall be the same copayments, deductibles, or other cost-sharing components that would be paid by the insured when receiving care from a provider currently contracting with the insurer.
- (f) If an insurer delegates the responsibility of complying with this section to its contracting entities, the insurer shall ensure that the requirements of this section are met.

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(g) For the purposes of this section, the following terms have the following meanings:

- (1) "Provider" means a person who is a licentiate as defined in Section 805 of the Business and Professions Code or a person licensed under Chapter 2 (commencing with Section 1000) of Division 2 of the Business and Professions Code.
- (2) "Provider group" includes a medical group, independent practice association, or any other similar organization.
- (3) "Nonparticipating provider" means a provider who does not have a contract with an insurer to provide services to insureds. A nonparticipating provider does not include a terminated provider.

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- (4) "Terminated provider" means a provider whose contract to provide services to insureds is terminated or not renewed by the insurer or one of the insurer's contracting provider groups.—A terminated provider is not a provider who voluntarily leaves the insurer or contracting provider group.
- (3) "Provider group" includes a medical group, independent practice association, or any other similar organization.
- (h) This section shall not require an insurer or provider group to provide for the completion of covered services by a provider whose contract with the insurer or provider group has been terminated or not renewed for reasons relating to medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Professions Code, or fraud or other criminal activity.
- (i) This section shall not require an insurer to cover services or provide benefits that are not otherwise covered under the terms and conditions of the insurer contract.
- (j) The provisions contained in this section are in addition to any other responsibilities of insurers to provide continuity of care pursuant to this chapter. Nothing in this section shall preclude an insurer from providing continuity of care beyond the requirements of this section.
- (k) (1) A health insurer shall, at the request of a newly covered insured under a group insurance policy, arrange for the completion of covered services by a nonparticipating provider for one of the conditions described in subdivision (a).

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(2) A health insurer shall, at the request of a newly covered insured under an individual insurance policy, arrange for the completion of covered services by a nonparticipating provider for one of the conditions described in subdivision (a) if the newly covered insured meets both of the following:

- (A) The newly covered insured's prior coverage was terminated between January 1, 2013, and March 31, 2014.
- (B) At the time his or her coverage became effective, the newly covered insured was receiving services from that provider for one of the conditions described in subdivision (a).
- (3) (A) The insurer may require a nonparticipating provider whose services are continued pursuant to this section for a newly covered insured to agree in writing to be subject to the same contractual terms and conditions that are imposed upon currently participating providers providing similar services who are practicing in the same or a similar geographic area as the nonparticipating provider, including, but not limited to, credentialing, hospital privileging, utilization review, peer review, and quality assurance requirements. If the nonparticipating provider does not agree to comply or does not comply with these contractual terms and conditions, the insurer is not required to continue the provider's services.
- (B) Unless otherwise agreed upon by the nonparticipating provider and the insurer or by the nonparticipating provider and the provider group, the services rendered pursuant to this section shall be compensated at rates and methods of payment similar to those used by the insurer or the provider group for currently participating providers providing similar services who are practicing in the same or a similar geographic area as the nonparticipating provider. Neither the insurer nor the provider group is required to continue the services of a nonparticipating provider if the provider does not accept the payment rates provided for in this paragraph. The provider shall accept the reimbursement as payment in full and shall not bill the insured for any amount in excess of the reimbursement rate, with the exception of copayments and deductibles pursuant to subdivision (e).
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or

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infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

SECTION 1. Section 100503 of the Government Code is amended to read:

100503. In addition to meeting the minimum requirements of Section 1311 of the federal act, the board shall do all of the following:

- (a) Determine the criteria and process for eligibility, enrollment, and disenrollment of enrollees and potential enrollees in the Exchange and coordinate that process with the state and local government entities administering other health care coverage programs, including the State Department of Health Care Services, the Managed Risk Medical Insurance Board, and California counties, in order to ensure consistent eligibility and enrollment processes and seamless transitions between coverage.
- (b) Develop processes to coordinate with the county entities that administer eligibility for the Medi-Cal program and the entity that determines eligibility for the Healthy Families Program, including, but not limited to, processes for ease transfer, referral, and enrollment in the Exchange of individuals applying for assistance to those entities, if allowed or required by federal law.
- (c) Determine the minimum requirements a carrier must meet to be considered for participation in the Exchange, and the standards and criteria for selecting qualified health plans to be offered through the Exchange that are in the best interests of qualified individuals and qualified small employers. The board shall consistently and uniformly apply these requirements, standards, and criteria to all carriers. In the course of selectively contracting for health care coverage offered to qualified individuals and qualified small employers through the Exchange, the board shall seek to contract with carriers so as to provide health care coverage choices that offer the optimal combination of choice, value, quality, and service.
- (d) Provide, in each region of the state, a choice of qualified health plans at each of the five levels of coverage contained in subdivisions (d) and (e) of Section 1302 of the federal act.

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(e) Require, as a condition of participation in the Exchange, carriers to fairly and affirmatively offer, market, and sell in the Exchange at least one product within each of the five levels of coverage contained in subdivisions (d) and (e) of Section 1302 of the federal act. The board may require carriers to offer additional products within each of those five levels of coverage. This subdivision shall not apply to a carrier that solely offers supplemental coverage in the Exchange under paragraph (10) of subdivision (a) of Section 100504.

- (f) (1) Require, as a condition of participation in the Exchange, carriers that sell any products outside the Exchange to do both of the following:
- (A) Fairly and affirmatively offer, market, and sell all products made available to individuals in the Exchange to individuals purchasing coverage outside the Exchange.
- (B) Fairly and affirmatively offer, market, and sell all products made available to small employers in the Exchange to small employers purchasing coverage outside the Exchange.
- (2) For purposes of this subdivision, "product" does not include contracts entered into pursuant to Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code between the Managed Risk Medical Insurance Board and carriers for enrolled Healthy Families beneficiaries or contracts entered into pursuant to Chapter 7 (commencing with Section 14000) of, or Chapter 8 (commencing with Section 14200) of, Part 3 of Division 9 of the Welfare and Institutions Code between the State Department of Health Care Services and carriers for enrolled Medi-Cal beneficiaries.
- 29 (g) Determine when an enrollee's coverage commences and the 30 extent and scope of coverage.
 - (h) Provide for the processing of applications and the enrollment and disenrollment of enrollees.
 - (i) Determine and approve cost-sharing provisions for qualified health plans.
 - (j) Establish uniform billing and payment policies for qualified health—plans—offered in the Exchange to ensure consistent enrollment and disenrollment activities for individuals enrolled in the Exchange.
 - (k) Undertake activities necessary to market and publicize the availability of health care coverage and federal subsidies through

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the Exchange. The board shall also undertake outreach and enrollment activities that seek to assist enrollees and potential enrollees with enrolling and reenrolling in the Exchange in the least burdensome manner, including populations that may experience barriers to enrollment, such as the disabled and those with limited English language proficiency.

- (*l*) Select and set performance standards and compensation for navigators selected under subdivision (*l*) of Section 100502.
 - (m) Employ necessary staff.

- (1) The board shall hire a chief fiscal officer, a chief operations officer, a director for the SHOP Exchange, a director of Health Plan Contracting, a chief technology and information officer, a general counsel, and other key executive positions, as determined by the board, who shall be exempt from civil service.
- (2) (A) The board shall set the salaries for the exempt positions described in paragraph (1) and subdivision (i) of Section 100500 in amounts that are reasonably necessary to attract and retain individuals of superior qualifications. The salaries shall be published by the board in the board's annual budget. The board's annual budget shall be posted on the Internet Web site of the Exchange. To determine the compensation for these positions, the board shall cause to be conducted, through the use of independent outside advisors, salary surveys of both of the following:
- (i) Other state and federal health insurance exchanges that are most comparable to the Exchange.
 - (ii) Other relevant labor pools.
- (B) The salaries established by the board under subparagraph (A) shall not exceed the highest comparable salary for a position of that type, as determined by the surveys conducted pursuant to subparagraph (A).
- (C) The Department of Human Resources shall review the methodology used in the surveys conducted pursuant to subparagraph (A).
- (3) The positions described in paragraph (1) and subdivision (i) of Section 100500 shall not be subject to otherwise applicable provisions of the Government Code or the Public Contract Code and, for those purposes, the Exchange shall not be considered a state agency or public entity.
- (n) Assess a charge on the qualified health plans offered by carriers that is reasonable and necessary to support the

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development, operations, and prudent cash management of the
 Exchange. This charge shall not affect the requirement under
 Section 1301 of the federal act that carriers charge the same
 premium rate for each qualified health plan whether offered inside
 or outside the Exchange.

- (o) Authorize expenditures, as necessary, from the California Health Trust Fund to pay program expenses to administer the Exchange.
- (p) Keep an accurate accounting of all activities, receipts, and expenditures, and annually submit to the United States Secretary of Health and Human Services a report concerning that accounting. Commencing January 1, 2016, the board shall conduct an annual audit
- (q) (1) Annually prepare a written report on the implementation and performance of the Exchange functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended and the progress toward, and the achievement of, the requirements of this title. This report shall be transmitted to the Legislature and the Governor and shall be made available to the public on the Internet Web site of the Exchange. A report made to the Legislature pursuant to this subdivision shall be submitted pursuant to Section 9795.
- (2) In addition to the report described in paragraph (1), the board shall be responsive to requests for additional information from the Legislature, including providing testimony and commenting on proposed state legislation or policy issues. The Legislature finds and declares that activities including, but not limited to, responding to legislative or executive inquiries, tracking and commenting on legislation and regulatory activities, and preparing reports on the implementation of this title and the performance of the Exchange, are necessary state requirements and are distinct from the promotion of legislative or regulatory modifications referred to in subdivision (d) of Section 100520.
- (r) Maintain enrollment and expenditures to ensure that expenditures do not exceed the amount of revenue in the fund, and if sufficient revenue is not available to pay estimated expenditures, institute appropriate measures to ensure fiscal solvency.
- (s) Exercise all powers reasonably necessary to carry out and comply with the duties, responsibilities, and requirements of this title and the federal act.

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(t) Consult with stakeholders relevant to carrying out the activities under this title, including, but not limited to, all of the following:

- (1) Health care consumers who are enrolled in health plans.
- (2) Individuals and entities with experience in facilitating enrollment in health plans.
- (3) Representatives of small businesses and self-employed individuals.
 - (4) The State Medi-Cal Director.

- (5) Advocates for enrolling hard-to-reach populations.
- (u) Facilitate the purchase of qualified health plans in the Exchange by qualified individuals and qualified small employers no later than January 1, 2014.
- (v) Report, or contract with an independent entity to report, to the Legislature by March 1, 2019, on whether to adopt the option in paragraph (3) of subdivision (c) of Section 1312 of the federal act to merge the individual and small employer markets. In its report, the board shall provide information, based on at least two years of data from the Exchange, on the potential impact on rates paid by individuals and by small employers in a merged individual and small employer market, as compared to the rates paid by individuals and small employers if a separate individual and small employer market is maintained. A report made pursuant to this subdivision shall be submitted pursuant to Section 9795.
- (w) With respect to the SHOP Program, collect premiums and administer all other necessary and related tasks, including, but not limited to, enrollment and plan payment, in order to make the offering of employee plan choice as simple as possible for qualified small employers.
- (x) Require carriers participating in the Exchange to immediately notify the Exchange, under the terms and conditions established by the board, when an individual is or will be enrolled in or disenrolled from any qualified health plan offered by the carrier.
- (y) Ensure that the Exchange provides oral interpretation services in any language for individuals seeking coverage through the Exchange and makes available a toll-free telephone number for the hearing and speech impaired. The board shall ensure that written information made available by the Exchange is presented in a plainly worded, easily understandable format and made available in prevalent languages.

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CHIEF CONSULTANT TERI BOUGHTON

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Assembly California Legislature



ASSEMBLY COMMITTEE ON HEALTH

DR. RICHARD PAN, CHAIR ASSEMBLYMEMBER, NINTH DISTRICT

January 6, 2014

DAN LOGUE, VICE CHAIR TOM AMMIANO TONI ATKINS SUSAN A. BONILLA **ROB BONTA** WESLEY CHESBRO JIMMY GOMEZ LORENA S. GONZALEZ ROGER HERNÁNDEZ BONNIE LOWENTHAL **BRIAN MAIENSCHEIN** ALLAN R. MANSOOR ADRIN NAZARIAN **BRIAN NESTANDE** V. MANUEL PÉREZ DONALD P. WAGNER **BOB WIECKOWSKI** SCOTT WILK

MEMBERS

Honorable Richard Gordon, Chair Assembly Committee on Rules State Capitol, Room 3016 Sacramento, CA 95814

Dear Chairman Gordon,

I respectfully request approval to add an urgency clause to my bill AB 369 (Pan) which relates to continuity of care for patients with serious illnesses or conditions.

This bill requires a health plan or health insurer, at the request of a new enrollee or insured under an individual plan contract or policy, to arrange for the completion of covered services by a nonparticipating provider for those same conditions as in the case of a terminated provider if the newly covered enrollee's/insured's prior coverage was terminated between January 1, 2013 and March 31, 2014 and the newly covered enrollee/insured was receiving services from that provider for the specified conditions. This bill also makes it clear in the Insurance Code that a health insurer is required at the request of a newly covered insured under a group insurance policy to arrange for the completion of covered services by a nonparticipating provider for the specified conditions.

The urgency is necessary in order to implement the bill as soon as possible to ensure that people who are forced to change health insurance plans who are in the middle of treatment for serious conditions such as cancer can maintain their health care provider, even if the provider is not participating in the new health plan.

Sincerely,

Richard Pan, M.D., Chair

Assembly Committee on Health

AMENDED IN ASSEMBLY AUGUST 21, 2013

AMENDED IN ASSEMBLY AUGUST 7, 2013

AMENDED IN ASSEMBLY JULY 2, 2013

AMENDED IN SENATE MAY 6, 2013

AMENDED IN SENATE APRIL 9, 2013

SENATE BILL

No. 27

Introduced by Senator Correa

December 3, 2012

An act to amend Section 9084 of the Elections Code, and to amend Sections—81004, 82015, 82048.7, 84105, and 88001 of, and to add Sections 84222 and 84223 to, the Government Code, relating to the Political Reform Act of 1974.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as amended, Correa. Political Reform Act of 1974.

(1) Existing law, the Political Reform Act of 1974, provides for the comprehensive regulation of campaign financing, including requiring the reporting of campaign contributions and expenditures, as defined, and imposing other reporting and recordkeeping requirements on campaign committees, as defined. The Fair Political Practices Commission administers and enforces the act. A violation of the act's provisions is punishable as a misdemeanor.

This bill would revise the definition of "contribution" to include certain payments made by a person to a multipurpose organization, as specified.

This bill would require multipurpose organizations that meet specified criteria to comply with the registration and campaign reporting

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requirements of the act, as specified, including the disclosure of information relating to the organization's donors.

This bill would require state ballot measure committees and state candidate committees that raise \$1,000,000 or more for an election to maintain an accurate list of the committee's top 10 contributors. This bill would require a committee to provide accurate lists of these contributors to the Commission, and would require the Commission to post the top 10 contributor lists on its Internet Web site, as specified, and to post updates to those lists when prescribed events occur. The bill would require the Commission to provide copies of the top 10 contributor lists to the Secretary of State, at the Secretary of State's request, for purposes of posting those lists on the Secretary of State's Internet Web site.

(2) The act requires a candidate or committee that receives contributions of \$5,000 or more from any person to inform the contributor within 2 weeks that he or she may be subject to the act's reporting requirements.

This bill would require that the candidate or committee inform the contributor within one week for a contribution of \$10,000 or more received during the period in which late contribution reports must be filed. The bill would also require the notifications to reference the reporting requirements for multipurpose organizations.

(3) Existing law requires the Secretary of State to prepare a ballot pamphlet that includes specified information with respect to an election.

This bill would require the Secretary of State to include in the ballot pamphlet a written explanation of the top 10 contributor lists required by the bill, including a description of the Internet Web sites where those lists would be available to the public.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

(5) The Political Reform Act of 1974, an initiative measure, provides that the Legislature may amend the act to further the act's purposes upon a $\frac{2}{3}$ vote of each house and compliance with specified procedural requirements.

This bill would declare that it furthers the purposes of the act.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

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SECTION 1. The Legislature finds and declares all of the following:

- (a) Multipurpose organizations, including out-of-state organizations, are increasing their political activities in California, and it is important to clarify how disclosure requirements apply to these organizations to ensure that the public receives the required information in an accurate, timely, and transparent manner.
- (b) The Ninth Circuit Court of Appeals, in California Pro-Life Council, Inc. v. Randolph (9th Cir. 2007) 507 F.3d 1172, upheld the disclosure of a multipurpose organization's political activities, as required by regulations of the Fair Political Practices Commission.
- (c) The disclosure of donors to multipurpose organizations that make contributions or expenditures to support or oppose California candidates and ballot measures serves the following important purposes:
- (1) It provides the electorate with information as to where campaign money comes from, increasing its ability to identify the supporters of a candidate or ballot measure.
- (2) It deters actual corruption and avoids the appearance of corruption by providing increased transparency of contributions and expenditures.
- (3) It is an important means of gathering the information necessary to detect violations of the Political Reform Act of 1974.
- (d) The people of California have a compelling interest in receiving clear and easy to use information about who is financing state ballot measures and candidate independent expenditure committees.
- (e) It is therefore the intent of the Legislature to strengthen the laws requiring the disclosure of contributions and expenditures in California elections by multipurpose organizations and to require committees that raise or spend one million dollars (\$1,000,000) or more to support or oppose state ballot measures or make independent expenditures on behalf of a state candidate to disclose a list of their top 10 contributors on the Internet Web site of the Fair Political Practices Commission.
- 36 37 SEC. 2. Section 9084 of the Elections Code is amended to read: 38

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 (a) A complete copy of each state measure.

- (b) A copy of the specific constitutional or statutory provision, if any, that each state measure would repeal or revise.
- (c) A copy of the arguments and rebuttals for and against each state measure.
 - (d) A copy of the analysis of each state measure.
 - (e) Tables of contents, indexes, art work, graphics, and other materials that the Secretary of State determines will make the ballot pamphlet easier to understand or more useful for the average voter.
 - (f) A notice, conspicuously printed on the cover of the ballot pamphlet, indicating that additional copies of the ballot pamphlet will be mailed by the county elections official upon request.
 - (g) A written explanation of the judicial retention procedure as required by Section 9083.
 - (h) The Voter Bill of Rights pursuant to Section 2300.
 - (i) If the ballot contains an election for the office of United States Senator, information on candidates for United States Senator. A candidate for United States Senator may purchase the space to place a statement in the state ballot pamphlet that does not exceed 250 words. The statement may not make any reference to any opponent of the candidate. The statement shall be submitted in accordance with timeframes and procedures set forth by the Secretary of State for the preparation of the state ballot pamphlet.
 - (j) If the ballot contains a question on the confirmation or retention of a justice of the Supreme Court, information on justices of the Supreme Court who are subject to confirmation or retention.
 - (k) If the ballot contains an election for the offices of President and Vice President of the United States, a notice that refers voters to the Secretary of State's Internet Web site for information about candidates for the offices of President and Vice President of the United States.
 - (*l*) A written explanation of the appropriate election procedures for party-nominated, voter-nominated, and nonpartisan offices as required by Section 9083.5.
 - (m) A written explanation of the top 10 contributor lists required by Section 84223 of the Government Code, including a description of the Internet Web sites where those lists are available to the public.
- SEC. 3. Section 81004 of the Government Code is amended to read:

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81004. (a) Each report or statement filed under this title shall be signed under penalty of perjury and verified by the filer. The verification shall state that the filer has used all reasonable diligence in the preparation of the report or statement and that to the best of his or her knowledge it is true and complete.

- (b) A report or statement filed by a committee that qualifies under subdivision (a) of Section 82013 shall be signed and verified by the treasurer, and a report or statement filed by any other person shall be signed and verified by the filer. If the filer is an entity other than an individual, the report or statement shall be signed and verified by a responsible officer of the entity or by an attorney or a certified public accountant acting as agent for the entity. A report or statement filed by a committee that qualifies under subdivision (b) or (c) of Section 82013 shall be signed and verified by a responsible officer of the committee. Every person who signs and verifies any report or statement required to be filed under this title which contains material matter which he or she knows to be false is guilty of perjury.
- SEC. 3. Section 82015 of the Government Code is amended to read:
- 82015. (a) "Contribution" means a payment, a forgiveness of a loan, a payment of a loan by a third party, or an enforceable promise to make a payment except to the extent that full and adequate consideration is received, unless it is clear from the surrounding circumstances that it is not made for political purposes.
- (b) (1) A payment made at the behest of a committee as defined in subdivision (a) of Section 82013 is a contribution to the committee unless full and adequate consideration is received from the committee for making the payment.
- (2) A payment made at the behest of a candidate is a contribution to the candidate unless the criteria in either subparagraph (A) or (B) are satisfied:
- (A) Full and adequate consideration is received from the candidate.
- (B) It is clear from the surrounding circumstances that the payment was made for purposes unrelated to his or her candidacy for elective office. The following types of payments are presumed to be for purposes unrelated to a candidate's candidacy for elective office:

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(i) A payment made principally for personal purposes, in which case it may be considered a gift under the provisions of Section 82028. Payments that are otherwise subject to the limits of Section 86203 are presumed to be principally for personal purposes.

- (ii) A payment made by a state, local, or federal governmental agency or by a nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code.
- (iii) A payment not covered by clause (i), made principally for legislative, governmental, or charitable purposes, in which case it is neither a gift nor a contribution. However, payments of this type that are made at the behest of a candidate who is an elected officer shall be reported within 30 days following the date on which the payment or payments equal or exceed five thousand dollars (\$5,000) in the aggregate from the same source in the same calendar year in which they are made. The report shall be filed by the elected officer with the elected officer's agency and shall be a public record subject to inspection and copying pursuant to subdivision (a) of Section 81008. The report shall contain the following information: name of payor, address of payor, amount of the payment, date or dates the payment or payments were made, the name and address of the payee, a brief description of the goods or services provided or purchased, if any, and a description of the specific purpose or event for which the payment or payments were made. Once the five-thousand-dollar (\$5,000) aggregate threshold from a single source has been reached for a calendar year, all payments for the calendar year made by that source must be disclosed within 30 days after the date the threshold was reached or the payment was made, whichever occurs later. Within 30 days after receipt of the report, state agencies shall forward a copy of these reports to the Fair Political Practices Commission, and local agencies shall forward a copy of these reports to the officer with whom elected officers of that agency file their campaign statements.
- (C) For purposes of subparagraph (B), a payment is made for purposes related to a candidate's candidacy for elective office if all or a portion of the payment is used for election-related activities. For purposes of this subparagraph, "election-related activities" shall include, but are not limited to, the following:

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(i) Communications that contain express advocacy of the nomination or election of the candidate or the defeat of his or her opponent.

- (ii) Communications that contain reference to the candidate's candidacy for elective office, the candidate's election campaign, or the candidate's or his or her opponent's qualifications for elective office.
- (iii) Solicitation of contributions to the candidate or to third persons for use in support of the candidate or in opposition to his or her opponent.
- (iv) Arranging, coordinating, developing, writing, distributing, preparing, or planning of any communication or activity described in clause (i), (ii), or (iii).
- (v) Recruiting or coordinating campaign activities of campaign volunteers on behalf of the candidate.
 - (vi) Preparing campaign budgets.

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- (vii) Preparing campaign finance disclosure statements.
- (viii) Communications directed to voters or potential voters as part of activities encouraging or assisting persons to vote if the communication contains express advocacy of the nomination or election of the candidate or the defeat of his or her opponent.
- (D) A contribution made at the behest of a candidate for a different candidate or to a committee not controlled by the behesting candidate is not a contribution to the behesting candidate.
- (3) A payment made at the behest of a member of the Public Utilities Commission, made principally for legislative, governmental, or charitable purposes, is not a contribution. However, payments of this type shall be reported within 30 days following the date on which the payment or payments equal or exceed five thousand dollars (\$5,000) in the aggregate from the same source in the same calendar year in which they are made. The report shall be filed by the member with the Public Utilities Commission and shall be a public record subject to inspection and copying pursuant to subdivision (a) of Section 81008. The report shall contain the following information: name of payor, address of payor, amount of the payment, date or dates the payment or payments were made, the name and address of the payee, a brief description of the goods or services provided or purchased, if any, and a description of the specific purpose or event for which the payment or payments were made. Once the five-thousand-dollar

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1 (\$5,000) aggregate threshold from a single source has been reached 2 for a calendar year, all payments for the calendar year made by 3 that source must be disclosed within 30 days after the date the 4 threshold was reached or the payment was made, whichever occurs 5 later. Within 30 days after receipt of the report, the Public Utilities 6 Commission shall forward a copy of these reports to the Fair 7 Political Practices Commission.

- (c) "Contribution" includes the purchase of tickets for events such as dinners, luncheons, rallies, and similar fundraising events; the candidate's own money or property used on behalf of his or her candidacy other than personal funds of the candidate used to pay either a filing fee for a declaration of candidacy or a candidate statement prepared pursuant to Section 13307 of the Elections Code; the granting of discounts or rebates not extended to the public generally or the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; the payment of compensation by any person for the personal services or expenses of any other person if the services are rendered or expenses incurred on behalf of a candidate or committee without payment of full and adequate consideration.
- (d) "Contribution" further includes any transfer of anything of value received by a committee from another committee, unless full and adequate consideration is received.
- (e) "Contribution" does not include amounts received pursuant to an enforceable promise to the extent those amounts have been previously reported as a contribution. However, the fact that those amounts have been received shall be indicated in the appropriate campaign statement.
- (f) "Contribution" does not include a payment made by an occupant of a home or office for costs related to any meeting or fundraising event held in the occupant's home or office if the costs for the meeting or fundraising event are five hundred dollars (\$500) or less.
- (g) Notwithstanding the foregoing definition of "contribution," the term does not include volunteer personal services or payments made by any individual for his or her own travel expenses if the payments are made voluntarily without any understanding or agreement that they shall be, directly or indirectly, repaid to him or her.

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(h) "Contribution" further includes the payment of public moneys by a state or local governmental agency for a communication to the public that satisfies both of the following:

- (1) The communication expressly advocates the election or defeat of a clearly identified candidate or the qualification, passage, or defeat of a clearly identified measure, or, taken as a whole and in context, unambiguously urges a particular result in an election.
- (2) The communication is made at the behest of the affected candidate or committee.
- (i) "Contribution" further includes a payment made by a person to a multipurpose organization as defined and described in Section 84222.
- SEC. 4. Section 82048.7 of the Government Code is amended to read:
- 82048.7. (a) "Sponsored committee" means a committee, other than a candidate controlled committee, that has one or more sponsors. Any person, except a candidate or other individual, may sponsor a committee.
 - (b) A person sponsors a committee if any of the following apply:
- (1) The committee receives 80 percent or more of its contributions from the person or its members, officers, employees, or shareholders.
- (2) The person collects contributions for the committee by use of payroll deductions or dues from its members, officers, or employees.
- (3) The person, alone or in combination with other organizations, provides all or nearly all of the administrative services for the committee.
- (4) The person, alone or in combination with other organizations, sets the policies for soliciting contributions or making expenditures of committee funds.
- (c) A sponsor that is subject to the reporting requirements of subdivision (f) of Section 84222 and makes contributions or expenditures from the sponsor's treasury funds shall report those contributions or expenditures either on the campaign statements of the sponsored committee, pursuant to subdivision (f) of Section 84222, or on the sponsor's own campaign statements.
- *(c)* A sponsor that is a multipurpose organization, as defined in subdivision (a) of Section 84222, and that makes contributions

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or expenditures from its general treasury funds shall comply with
 Section 84222.

SEC. 5. Section 84105 of the Government Code is amended to read:

84105. A candidate or committee that receives contributions of five thousand dollars (\$5,000) or more from any person shall inform the contributor within two weeks of receipt of the contributions that he or she may be required to file campaign reports, and shall include a reference to the filing requirements for multipurpose organizations under Section 84222. However, a candidate or committee that receives a contribution of ten thousand dollars (\$10,000) or more from any person during any period in which late contribution reports are required to be filed pursuant to Section 84203 shall provide the information to the contributor within one week. The notification required by this section is not required to be sent to any contributor who has an identification number assigned by the Secretary of State issued pursuant to Section 84101.

SEC. 6. Section 84222 is added to the Government Code, to read:

84222. (a) For purposes of this title, "multipurpose organization" means an organization described in Sections 501(c)(3) to 501(c)(10), inclusive, of the Internal Revenue Code and that is exempt from taxation under Section 501(a) of the Internal Revenue Code, a federal or out-of-state political organization, a trade association, a professional association, a civic organization, a religious organization, a fraternal society, an educational institution, or any other association or group of persons acting in concert, that is operating for purposes other than making contributions or expenditures. "Multipurpose organization" does not include a business entity, an individual, or a federal candidate's authorized committee, as defined in Section 431 of Title 2 of the United States Code, that is registered and filing reports pursuant to the Federal Election Campaign Act of 1971.

(b) A multipurpose organization that makes expenditures or contributions and does not qualify as a committee pursuant to subdivision (c) may qualify as an independent expenditure committee or major donor committee if the multipurpose organization satisfies subdivision (b) or (c) of Section 82013.

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(c) (1)—Except as provided in-paragraph (2) subparagraph (A) of paragraph (5), a multipurpose organization is a recipient committee within the meaning of subdivision (a) of Section 82013 only under one or more of the following circumstances:

(A)

(1) The multipurpose organization is a political committee registered with the Federal Election Commission, except as provided in subdivision (a) of this section, or a political committee registered with another state, and the multipurpose organization makes contributions or expenditures in this state in an amount equal to or greater than the amount identified in subdivision (a) of Section 82013.

(B)

(2) The multipurpose organization solicits and receives payments from donors in an amount equal to or greater than the amount identified in subdivision (a) of Section 82013 for the purpose of making contributions or expenditures.

(C)

(3) The multipurpose organization accepts payments from donors in an amount equal to or greater than the amount identified in subdivision (a) of Section 82013 subject to a condition, agreement, or understanding with the donor that all or a portion of the payments may be used for making contributions or expenditures.

(D)

(4) The multipurpose organization has existing funds from a donor and a subsequent agreement or understanding is reached with the donor that all or a portion of the funds may be used for making contributions or expenditures in an amount equal to or greater than the amount identified in subdivision (a) of Section 82013. The date of the subsequent agreement or understanding is deemed to be the date of receipt of the payment.

(E)

- (5) The multipurpose organization makes contributions or expenditures totaling more than fifty thousand dollars (\$50,000) in the preceding a period of 12 months or more than one hundred thousand dollars (\$100,000) in any consecutive four calendar year period a period of four consecutive calendar years.
- (2) (A) A multipurpose organization shall not qualify as a committee within the meaning of subdivision (a) of Section 82013

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pursuant to this—subdivision paragraph if the multipurpose organization makes contributions or expenditures using only available nondonor funds. A multipurpose organization that makes contributions or expenditures with nondonor funds shall-identify briefly describe the source—or sources of the funds used—for the contribution or expenditure on its major donor or independent expenditure report.

- (B) For purposes of this—subdivision paragraph, "nondonor funds" means investment income, including capital gains, or income earned from providing goods, services, or facilities, whether related or unrelated to the multipurpose organization's program, sale of assets, or other receipts that are not derived from donations.
- (d) A multipurpose organization that is a committee pursuant to—subparagraph (A) of paragraph (1) of subdivision (c) shall comply with the registration and reporting requirements of this chapter, subject to the following:
- (1) The multipurpose organization is not required to comply with subdivision (k) of Section 84211 for contributions and expenditures made to influence federal or out-of-state elections, which shall instead be reported as a single expenditure and be described as such on the campaign statement.
- (2) A multipurpose organization registered with the Federal Election Commission is not subject to subdivisions (d) and (f) of Section 84211 but shall disclose the total amount of contributions received pursuant to subdivision—(e) (a) of Section 84211, and shall disclose the multipurpose organization's name and identification number registered with the Federal Election Commission on the campaign statement.
- (e) (1) A multipurpose organization that is a committee pursuant to subparagraph (B), (C), (D), or (E) of paragraph (1) paragraph (2), (3), (4), or (5) of subdivision (c) shall comply with the registration and reporting requirements of this chapter, subject to the following, except that if the multipurpose organization is the sponsor of a committee as described in subdivision (f) it may report required information on its sponsored committee statement pursuant to subdivision (f):
- (A) The multipurpose organization shall register in the calendar year in which it satisfies any of the criteria in paragraph (1) of subdivision (c). The statement of organization filed pursuant to

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Section 84101 shall indicate that the organization is filing pursuant to this section as a multipurpose organization and state the organization's nonprofit tax exempt status, if any. The statement of organization shall also describe the organization's mission or most significant activities, and describe the organization's political activities. A multipurpose organization may comply with the requirement to describe the mission or significant activities and political activities by referencing where the organization's Internal Revenue Service Return of Organization Exempt From Income Tax form may be accessed.

- (B) Except as provided in this subparagraph, the registration of a multipurpose organization that meets the criteria of subparagraph (E) of paragraph (1) paragraph (5) of subdivision (c) shall terminate automatically on December 31 of the calendar year in which the multipurpose organization is registered. The multipurpose organization shall not be required to file a semiannual statement pursuant to subdivision (b) of Section 84200, unless the multipurpose organization has undisclosed contributions or expenditures to report, in which case termination shall occur automatically upon filing the semiannual statement that is due no later than January 31. After the multipurpose organization's registration has terminated, the multipurpose organization's reporting obligations are complete, unless the organization qualifies as a committee for purposes of subdivision (a) of Section 82013 again in the following calendar year pursuant to subdivision (c) of this section. Notwithstanding this subdivision, a multipurpose organization may elect to remain registered as a committee by submitting written notification to the Secretary of State prior to the end of the calendar year.
- (C) A multipurpose organization shall report all contributions received that satisfy the criteria of subparagraph (B), (C), or (D) of paragraph (1) paragraph (2), (3), or (4) of subdivision (c) of this section in the manner required by subdivision (f) of Section 84211, and for the balance of its contributions or expenditures shall further report contributors based on a last in, first out accounting method.
- (2) A multipurpose organization reporting pursuant to this subdivision shall disclose total contributions received in an amount equal to the multipurpose organization's total contributions and expenditures made in the reporting period. When a multipurpose

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organization reports donors based on the last in, first out accounting method, it shall *attribute to and* include the information required by subdivision (f) of Section 84211 for any donor who donates one thousand dollars (\$1,000) or more in a calendar year, except for the following:

- (A) A donor who conditions the donation in a manner that prohibits the multipurpose organization from using the donation for contributions and expenditures.
- (A) A donor who designates or restricts the donation for purposes other than contributions or expenditures.
- (B) A donor who prohibits the multipurpose organization's use of its donation for contributions or expenditures.

(B)

- (C) A private foundation, as defined by subdivision (a) of Section 509 of the Internal Revenue Code, that provides a grant that does not constitute a taxable expenditure for purposes of paragraph (1) or (2) of subdivision (d) of Section 4945 of the Internal Revenue Code.
- (3) A multipurpose organization that is a committee pursuant to subparagraph (E) of paragraph (1) of subdivision (c) shall not be required to report contributions or expenditures received, or disclose the donors for those contributions or expenditures, if the contributions or expenditures were made in any prior calendar year in which the multipurpose organization did not qualify as a committee pursuant to subparagraph (E) of paragraph (1) of subdivision (e).
- (3) A multipurpose organization that qualifies as a committee pursuant to paragraph (5) of subdivision (c) shall not be required to include contributions or expenditures made in a prior calendar year on the reports filed for the calendar year in which the multipurpose organization qualifies as a committee.
- (4) A contributor identified and reported in the manner provided in subparagraph (C) of paragraph (1) that is a multipurpose organization and receives contributions that satisfy the criteria in subdivision (c) shall be subject to the requirements of this subdivision.
- (5) The commission shall adopt regulations establishing notice requirements and reasonable filing deadlines for donors reported as contributors based on the last in, first out accounting method.

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(f) A multipurpose organization that is the sponsor of a committee as defined in Section 82048.7, that is a membership organization,—and that makes all of its contributions and expenditures from funds derived from dues, assessments, fees, and similar payments that do not exceed ten thousand dollars (\$10,000) per calendar year from a single source—shall, and that elects to report its contributions and expenditures on its sponsored committee's campaign statement pursuant to paragraph (1) of subdivision (e) shall report as follows:

- (1) The sponsored committee shall report all contributions and expenditures made from the sponsor's treasury funds on statements and reports filed by the committee. The sponsor shall use a last in, first out accounting method and disclose the information required by subdivision (f) of Section 84211 for any person who pays dues, assessments, fees, or similar payments of one thousand dollars (\$1,000) or more to the sponsor's treasury funds in a calendar year and shall disclose all contributions and expenditures made, as required by subdivision (k) of Section 84211, on the sponsored committee's campaign statements.
- (2) The sponsored committee shall report all other contributions and expenditures in support of the committee by the sponsor, its intermediate units, and the members of those intermediate units entities. A sponsoring organization makes contributions and expenditures in support of its sponsored committee when it provides the committee with money from its treasury funds, with the exception of establishment or administrative costs. With respect to dues, assessments, fees, and similar payments channeled through the sponsor or an intermediate unit to a sponsored committee, the original source of the dues, assessments, fees, and similar payments is the contributor.
- (3) A responsible officer of the sponsor, as well as the treasurer of the sponsored committee, shall verify the committee's campaign statement pursuant to-section Section 81004.
- (g) For purposes of this section, "last in, first out accounting method" means an accounting method by which contributions and expenditures are attributed to the multipurpose organization's contributors in reverse chronological order beginning with the most recent of its contributors or, if there are any prior contributions or expenditures, beginning with the most recent contributor for which unattributed contributions remain.

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SEC. 7. Section 84223 is added to the Government Code, to read:

- 84223. (a) A committee primarily formed to support or oppose a state ballot measure or state candidate that raises one million dollars (\$1,000,000) or more for an election shall maintain an accurate list of the committee's top 10 contributors, as specified by Commission regulations. A current list of the top 10 contributors shall be provided to the Commission for disclosure on the Commission's Internet Web site, as provided in subdivision (c).
- (b) (1) Except as provided in paragraph (4), the list of top 10 contributors shall identify the names of the 10 persons who have made the largest cumulative contributions to the committee, the total amount of each person's contributions, the city and state of the person, the person's committee identification number, if any, and any other information deemed necessary by the Commission. If any of the top 10 contributors identified on the list are committees pursuant to subdivision (a) of Section 82013, the Commission may require, by regulation, that the list also identify the top 10 contributors to those contributing committees.
- (2) (A) A committee primarily formed to support or oppose a state ballot measure shall count the cumulative amount of contributions received by the committee from a person for the period beginning 12 months prior to the date the committee made its first expenditure to qualify, support, or oppose the measure and ending with the current date.
- (B) A committee primarily formed to support or oppose a state candidate shall count the cumulative amount of contributions received by the committee from a person for the primary and general elections combined.
- (3) The aggregation rules of Section 85311 and any implementing regulations adopted by the Commission shall apply in identifying the persons who have made the top 10 cumulative contributions to a committee.
- (4) A person who makes contributions to a committee in a cumulative amount of less than ten thousand dollars (\$10,000) shall not be identified or disclosed as a top 10 contributor to a committee pursuant to this section.
- (c) (1) The Commission shall adopt regulations to govern the manner in which the Commission shall display top 10 contributor lists provided by a committee that is subject to this section, and

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1 the Commission shall post the top 10 contributor lists on its Internet

- 2 Web site in the manner prescribed by those regulations. The
- 3 Commission shall provide the top 10 contributor lists to the
- 4 Secretary of State, upon the request of the Secretary of State, for
- the purpose of additionally posting the contributor lists on theSecretary of State's Internet Web site.

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- (2) A committee shall provide an updated top 10 contributor list to the Commission when any of the following occurs:
- (A) A new person qualifies as a top 10 contributor to the committee.
- (B) A person who is an existing top 10 contributor makes additional contributions to the committee.
- (C) A change occurs that alters the relative ranking order of the top 10 contributors.
- (3) The 10 persons who have made the largest cumulative contributions to a committee shall be listed in order from largest contribution amount to smallest amount. If two or more contributors of identical amounts meet the threshold for inclusion in the list of top 10 contributors, the order of disclosure shall be made beginning with the most recent contributor of that amount.
- (4) The Commission shall post or update a top 10 contributor list within five business days or, during the 16 days before the election, within 48 hours of a contributor qualifying for the list or of any change to the list.
- (d) In listing the top 10 contributors, a committee shall use reasonable efforts to identify and state the actual individuals or corporations that are the true sources of the contributions made to the committee from other persons or committees.
- (e) In addition to any other lists that the Commission is required to post on its Internet Web site, the Commission shall compile, maintain, and display on its Internet Web site a current list of the top 10 contributors supporting and opposing each state ballot measure, as prescribed by Commission regulations.
- 34 SEC. 8. Section 88001 of the Government Code is amended 35 to read:
 - 88001. The ballot pamphlet shall contain all of the following:
- 37 (a) A complete copy of each state measure.
- 38 (b) A copy of the specific constitutional or statutory provision,
- 39 if any, that would be repealed or revised by each state measure.

 $SB 27 \qquad -18-$

1 (c) A copy of the arguments and rebuttals for and against each 2 state measure.

- (d) A copy of the analysis of each state measure.
- (e) Tables of contents, indexes, art work, graphics, and other materials that the Secretary of State determines will make the ballot pamphlet easier to understand or more useful for the average voter.
- (f) A notice, conspicuously printed on the cover of the ballot pamphlet, indicating that additional copies of the ballot pamphlet will be mailed by the county elections official upon request.
- (g) A written explanation of the judicial retention procedure as required by Section 9083 of the Elections Code.
- (h) The Voter Bill of Rights pursuant to Section 2300 of the Elections Code.
- (i) If the ballot contains an election for the office of United States Senator, information on candidates for United States Senator. A candidate for United States Senator may purchase the space to place a statement in the state ballot pamphlet that does not exceed 250 words. The statement may not make any reference to any opponent of the candidate. The statement shall be submitted in accordance with timeframes and procedures set forth by the Secretary of State for the preparation of the state ballot pamphlet.
- (j) If the ballot contains a question as to the confirmation or retention of a justice of the Supreme Court, information on justices of the Supreme Court who are subject to confirmation or retention.
- (k) If the ballot contains an election for the offices of President and Vice President of the United States, a notice that refers voters to the Secretary of State's Internet Web site for information about candidates for the offices of President and Vice President of the United States.
- (*l*) A written explanation of the appropriate election procedures for party-nominated, voter-nominated, and nonpartisan offices as required by Section 9083.5 of the Elections Code.
- (m) A written explanation of the top 10 contributor lists required by Section 84223, including a description of the Internet Web sites where those lists are available to the public.
- SEC. 9. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty

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1 for a crime or infraction, within the meaning of Section 17556 of

- the Government Code, or changes the definition of a crime within
- 3 the meaning of Section 6 of Article XIIIB of the California
- 4 Constitution.
- 5 SEC. 10. The Legislature finds and declares that this bill
- 6 furthers the purposes of the Political Reform Act of 1974 within
- 7 the meaning of subdivision (a) of Section 81012 of the Government
- 8 Code.

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California State Senate

SENATOR LOU CORREA

THIRTY-FOURTH SENATE DISTRICT



Honorable Richard Gordon Assembly Rules Committee, Chair State Capitol, Room 3016 Sacramento, CA 95814

RE: SB 27 (Correa) Urgency clause

Dear Chairman Gordon:

The purpose of this letter is to seek approval from the Assembly Committee on Rules to add an urgency clause to Senate Bill 27 (Correa).

SB 27, which is currently pending on the Assembly inactive file, would amend the Political Reform Act of 1974 to require non-profit corporations and other multipurpose organizations that make campaign contributions or expenditures to publicly disclose their donors. The bill also requires the Fair Political Practices Commission's web site to include a list of the largest contributors to committees that support or oppose state ballot measures or candidates, as specified.

The urgency clause, which has an effective date of July 1, 2014, is necessary so that the disclosures required by the bill will be available to the public in time for any state ballot measures appearing on the November 4, 2014 General Election ballot.

Thank you very much for your consideration of this request.

Sincerely,

Senator Lou Correa

34th Senate District

CHAIR

ELECTIONS & CONSTITUTIONAL AMENDMENTS

COMMITTEES

VETERANS AFFAIRS

SELECT COMMITTEE ON CALIFORNIA-MEXICO COOPERATION

> SELECT COMMITTEE ON MANUFACTURED HOMES AND COMMUNITIES

> > MEMBER

BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

INSURANCE

JOINT SUNSET REVIEW

SELECT COMMITTEE ON AUTISM (ASD) & RELATED SPECTRUM DISORDERS

SELECT COMMITTEE ON ECONOMIC DEVELOPMENT & THE STATE PERMITTING PROCESS

SELECT COMMITTEE ON HIGH SPEED RAIL

AMENDED IN ASSEMBLY JANUARY 8, 2014 AMENDED IN ASSEMBLY AUGUST 26, 2013 AMENDED IN ASSEMBLY AUGUST 12, 2013 AMENDED IN ASSEMBLY AUGUST 5, 2013

SENATE BILL

No. 445

Introduced by Senator Hill (Principal coauthor: Assembly Member Mullin)

February 21, 2013

An act to add Section 15820.927 to the Government Code, relating to prisons amend Section 25299.43 of the Health and Safety Code, relating to underground storage tanks.

LEGISLATIVE COUNSEL'S DIGEST

SB 445, as amended, Hill. Revenue bond financing of prison construction. *Underground storage tanks: petroleum: charges*.

Under existing law, the Barry Keene Underground Storage Tank Cleanup Trust Fund Act of 1989, every owner of an underground storage tank is required to pay a storage fee for each gallon of petroleum placed in the tank. The fees are required to be deposited in the Underground Storage Tank Cleanup Fund and the State Water Resources Control Board is authorized to expend the moneys in the fund, upon appropriation by the Legislature, for various purposes, including the payment of claims to aid owners and operators of petroleum underground storage tanks who take corrective action to clean up unauthorized releases from those tanks, corrective actions undertaken by the board, a California regional water quality board, or a local agency, the cleanup and oversight of unauthorized releases at abandoned tank sites, and grants to small businesses to retrofit certain

 $SB 445 \qquad \qquad -2-$

hazardous substance underground storage tanks. Existing law imposes a \$0.001 charge per gallon of a petroleum placed in an underground storage tank until January 1, 2016, and repeals the act on that date. Existing law also specifies that certain associated rights, obligations, and authorities that apply prior to the January 1, 2016, repeal date do not terminate until the moneys in the fund are exhausted.

This bill would require payment of an additional \$0.006 per gallon of petroleum until January 1, 2016. This bill would constitute a change in state statute that would result in a taxpayer paying a higher tax within the meaning of Section 3 of Article XIII A of the California Constitution, and thus would require for passage the approval of 2 /3 of the membership of each house of the Legislature.

Existing law authorizes the Board of State and Community Corrections, the State Public Works Board, and a participating county to acquire, design, and construct an adult local criminal justice facility approved by the Board of State and Community Corrections, or to acquire a site or sites owned by, or subject to a lease option to purchase held by, a participating county. Existing law authorizes the State Public Works Board to issue up to \$500,000,000 in revenue bonds, notes, or bond anticipation notes to finance the acquisition, design, and construction of approved adult local criminal justice facilities, and continuously appropriates the funds for those purposes.

This bill would authorize the State Public Works Board to approve a project under either of the above programs after commencement of working drawings or construction phase activities and would authorize reimbursement of expenses incurred after the board approves the project.

Vote: majority ²/₃. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

- 1 SECTION 1. Section 25299.43 of the Health and Safety Code 2 is amended to read:
- 3 25299.43. (a) To implement the changes to this chapter made
- 4 by Chapter 1191 of the Statutes of 1994, and consistent with
- 5 Section 25299.40, effective January 1, 1995, every owner subject
- 6 to Section 25299.41 shall pay a storage fee of one mill (\$0.001)
- 7 for each gallon of petroleum placed in an underground storage
- 8 tank that the person owns, in addition to the fee required by Section
- 9 25299.41.

3 SB 445

(b) On and after January 1, 1996, the storage fee imposed under subdivision (a) shall be increased by two mills (\$0.002) for each gallon of petroleum placed in an underground storage tank.

- (c) On and after January 1, 1997, the storage fee increased under subdivision (b) shall be increased by an additional three mills (\$0.003) for each gallon of petroleum placed in an underground storage tank.
- (d) On and after January 1, 2005, the storage fee increased under subdivision (c) shall be increased by an additional one mill (\$0.001) for each gallon of petroleum placed in an underground storage tank.
- (e) On and after January 1, 2006, the storage fee increased under subdivision (d) shall be increased by an additional one mill (\$0.001) for each gallon of petroleum placed in an underground storage tank.
- (f) On and after January 1, 2010, the storage fee increased under subdivision (e) shall be increased by an additional six mills (\$0.006) for each gallon of petroleum placed in an underground storage tank. The increase provided for in this subdivision shall be effective until January 1, 2014 2016, at which time, the fee shall revert back to the fee pursuant to subdivision (e).
- (g) The fee imposed under this section shall be paid to the State Board of Equalization under Part 26 (commencing with Section 50101) of Division 2 of the Revenue and Taxation Code in the same manner as, and consistent with, the fees imposed under Section 25299.41.
- (h) The State Board of Equalization shall amend the regulations adopted under Section 25299.41 to carry out this section.

SECTION 1. Section 15820.927 is added to the Government Code, immediately after Section 15820.926, to read:

15820.927. Notwithstanding Section 13332.11 and 13332.19, the State Public Works Board may approve a project to be funded pursuant to this chapter after commencement of working drawings or construction phase activities. Funds may be allocated to reimburse expenses that are incurred after the board approves the project pursuant to this section.

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California State Senate

SENATOR
JERRY HILL
THIRTEENTH SENATE DISTRICT

2

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BANKING & FINANCIAL INSTITUTIONS
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ENERGY UTILITIES &
COMMUNICATIONS
SUBCOMMITTEE ON GAS
& ELECTRIC INFRASTRUCTURE
SAFETY
CHAIR

January 8, 2014

Honorable Richard Gordon Assembly Committee on Rules, Chair State Capitol, Room 3016 Sacramento, CA 95814

RE: Urgency Clause Request - SB 445 - Underground Storage Tank Cleanup Fund

Dear Chair Gordon,

I am respectfully requesting that the Assembly Committee on Rules approve an urgency clause for SB 445. The bill continues a \$0.006 fee for each gallon of petroleum placed in an underground storage tank for a total of \$0.02 per gallon in order to aid operators of petroleum underground storage tanks who take corrective action to clean up unauthorized releases from those tanks, and grants to small businesses to retrofit certain hazardous substance underground storage tanks.

Urgency is requested because the existing fee sunset on January 1, 2014 threatening the solvency of the fund. There are hundreds of outstanding claims on the fund that need to be paid and the most efficient way to fund these obligations is to continue the fee for two more years. The fee needs to be reinstated as soon as possible so the State Water Resources Control Board can continue to make critical improvements for public health and the environment.

SB 611 is awaiting a hearing in the Assembly Committee on Environmental Safety and Toxic Materials.

Thank you for your consideration of this request.

Sincerely,

Senator 13th Dis

Back to Agenda

AMENDED IN ASSEMBLY JANUARY 7, 2014
AMENDED IN ASSEMBLY SEPTEMBER 9, 2013
AMENDED IN ASSEMBLY SEPTEMBER 6, 2013
AMENDED IN ASSEMBLY SEPTEMBER 3, 2013
AMENDED IN ASSEMBLY AUGUST 6, 2013
AMENDED IN ASSEMBLY JUNE 14, 2013
AMENDED IN SENATE MAY 28, 2013
AMENDED IN SENATE MAY 8, 2013
AMENDED IN SENATE APRIL 15, 2013

SENATE BILL

No. 611

Introduced by Senator Hill (Principal coauthor: Senator Wolk)

February 22, 2013

An act to amend Sections 15820.903 and 15820.913 of, and to add Section 15820.927 to, the Government Code, and to add Section 1978 to the Welfare and Institutions Code, relating to correctional facilities. An act to add Sections 28062 and 34500.4 to the Vehicle Code, relating to charter-party carriers of passengers.

LEGISLATIVE COUNSEL'S DIGEST

SB 611, as amended, Hill. Correctional facilities: bond financing. Charter-party carriers of passengers: limousines: fire extinguishers.

(1) The Passenger Charter-party Carriers' Act places charter-party carriers of passengers, as defined, under the jurisdiction and control of the Public Utilities Commission. The act defines a charter-party

SB 611 -2-

carrier of passengers, subject to certain exceptions, to mean every person that is engaged in the transportation of persons by motor vehicle for compensation, whether in common or contract carriage, over any public highway. Existing law requires the Department of the California Highway Patrol to regulate the safe operation of motor vehicles engaged in transportation for hire or compensation and to inspect those vehicles to ensure that they have the required safety equipment. A violation of these provisions is a crime.

This bill would require a limousine, as defined, that has been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity to be equipped with 2 readily accessible and fully charged fire extinguishers, as specified, and would require one fire extinguisher to be securely mounted in the driver's compartment and at least one to be accessible to the passengers. The bill would require the driver or operator of the limousine to notify the passengers of the location of each fire extinguisher prior to the commencement of any trip.

The bill would require the department, not later than July 1, 2015, to implement a safety inspection program, as specified, of charter-party carriers of passengers that operate limousines that have been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity. The bill would require the department to adopt emergency regulations for this purpose. The bill would require the department to transmit to the Public Utilities Commission inspection data of limousines inspected pursuant to this program and would require the original manufacturer or final-stage manufacturer of a manufactured or aftermarket limousine, as described, to certify to the department that the vehicle meets all applicable federal and state motor vehicle safety standards. The bill would also require the department to adopt regulations to establish an inspection fee to be paid by a single charter-party carrier, as specified. The bill would require the inspection fee to be collected by the Public Utilities Commission and deposited into the Motor Vehicle Account in the State Transportation Fund.

Because a violation of these provisions would be a crime, this bill would impose a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

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This bill would provide that no reimbursement is required by this act for a specified reason.

(1) Existing law authorizes the Department of Corrections and Rehabilitation, participating counties, and the State Public Works Board to acquire, design, and construct local jail facilities approved by the Board of State and Community Corrections (BSCC). Existing law authorizes the State Public Works Board to issue revenue bonds, notes, or bond anticipation notes in the amounts of \$445,771,000 and \$774,229,000, in 2 phases, to finance the acquisition, design, and construction, and a reasonable construction reserve, of approved local jail facilities, as specified. The funds derived from those revenue bonds, notes, or bond anticipation notes are continuously appropriated for the purposes described above.

This bill would decrease the authorization for revenue bonds, notes, or bond anticipation notes in the first phase from \$445,771,000 to \$365,771,000 and increase the authorization of the 2nd phase from \$774,229,000 to \$854,229,000.

(2) Existing law authorizes the Board of State and Community Corrections, the State Public Works Board, and a participating county to acquire, design, and construct an adult local criminal justice facility approved by the Board of State and Community Corrections, or to acquire a site or sites owned by, or subject to a lease option to purchase held by, a participating county. Existing law authorizes the State Public Works Board to issue up to \$500,000,000 in revenue bonds, notes, or bond anticipation notes to finance the acquisition, design, and construction of approved adult local criminal justice facilities, and continuously appropriates the funds for those purposes.

This bill would authorize the Board of State and Community Corrections to select the County of San Mateo for the grant of a conditional award, on the same basis as other counties under this program, even if the county has started working drawings, started construction phase activities, put the project out to bid, adopted performance criteria, created concept drawings, completed the design-build package, or put the project out for design-build solicitation. The bill would authorize the necessary approvals by the State Public Works Board and the Department of Finance to be given to the County of San Mateo project, if selected, even after specified phases of the project are complete.

This bill would make legislative findings and declarations as to the necessity of a special statute for the County of San Mateo.

SB 611 —4—

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(3) Existing law authorizes the Department of Corrections and Rehabilitation, a participating county, and the board to acquire, design, renovate, or construct a local youthful offender rehabilitative facility, approved by the BSCC, or a site or sites owned by, or subject to a lease or option to purchase held by, a participating county. Existing law authorizes the issuance of up to \$300,000,000 in revenue bonds, notes, or bond anticipation notes to finance the acquisition, design, renovation, or construction, and a reasonable construction reserve, of approved local youthful offender rehabilitative facilities.

This bill would, in the event that a county that has been conditionally awarded financing later determines that participating with other counties in a shared regional facility would provide an improved solution to the county's needs and the needs of other counties, authorize the county to apply to the BSCC for redirection of the conditional award to another county that will be the lead county for the regional facility, in conjunction with the original county and, potentially, other counties. The bill would authorize the board to redirect the conditional award, prior to any approval and establishment of the project, if certain determinations are made by the BSCC.

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

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

- 1 SECTION 1. Section 28062 is added to the Vehicle Code, to 2 read:
 - 28062. (a) A limousine, as defined in subdivision (i) of Section 5371.4 of the Public Utilities Code, that has been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity shall be equipped with two readily accessible and fully charged fire extinguishers having at least 2A10BC 5lb rating and maintained in efficient operating condition. One fire extinguisher shall be securely mounted in the driver's compartment and at least one shall be accessible to the passengers.
 - (b) The driver or operator of a limousine that has been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity shall notify the passengers of the location of each fire extinguisher prior to the commencement of any trip.

5 SB 611

SEC. 2. Section 34500.4 is added to the Vehicle Code, to read: 34500.4. (a) The Department of the California Highway Patrol shall have the authority to conduct safety inspections of all limousines that have been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity and that are operated pursuant to the Passenger Charter-party Carriers' Act (Chapter 8 (commencing with Section 5351) of Division 2 of the Public Utilities Code).

- (b) (1) Not later than July 1, 2015, the Department of the California Highway Patrol shall implement a safety inspection program of charter-party carriers of passengers who operate limousines as described in subdivision (a). The program shall include an inspection of these carriers regarding, but not limited to, the safe operation of the vehicle, the installation of safety equipment, the retention of maintenance logs, accident reports, and records of driver discipline, compliance with federal and state motor vehicle safety standards, the examination of a preventative maintenance program, and, if ownership of the limousine has been transferred, the transmission of relevant safety and maintenance information of the limousine.
- (2) Pursuant to the safety inspection program, the department shall conduct an inspection of each charter-party carrier of passengers at least once every 13 months.
- (3) The department shall adopt emergency regulations for purposes of this subdivision. The adoption by the department of regulations implementing this section shall be deemed to be an emergency and necessary to avoid serious harm to the public peace, health, safety, or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe facts showing the need for immediate action to the Office of Administrative Law. The emergency regulations shall remain in effect for no more than one year, by which time final regulations shall be adopted.
- (4) (A) The department shall adopt regulations to establish an inspection fee applied to each limousine that has been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity, to be collected every 13 months, based on the number of vehicles described in

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1 subdivision (a) operated by a single charter-party carrier that 2 shall cover the actual cost to perform the inspections.

- (B) The fee structure established pursuant to this subdivision shall apply to limousines that have been modified or extended by an original or final-stage manufacturer for purposes of increasing vehicle length and passenger capacity that are required to undergo a safety inspection pursuant to this section.
- (C) The fee established pursuant to this subdivision shall be collected by the California Public Utilities Commission and deposited into the Motor Vehicle Account in the State Transportation Fund.
- (5) The Department of the California Highway Patrol shall transmit to the Public Utilities Commission inspection data of limousines inspected pursuant to this program, as specified in the program regulations.
- (c) Regulations adopted pursuant to this section shall be consistent with the established inspection program administered by the department for buses pursuant to Division 14.8 (commencing with Section 34500), and shall require the original manufacturer or the final-stage manufacturer of a manufactured or aftermarket limousine that has been modified or extended for purposes of increasing vehicle length and passenger capacity to certify to the department that the vehicle meets all applicable federal and state motor vehicle safety standards.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SECTION 1. Section 15820.903 of the Government Code is amended to read:

15820.903. (a) The SPWB may issue up to three hundred sixty-five million seven hundred seventy-one thousand dollars (\$365,771,000) in revenue bonds, notes, or bond anticipation notes, pursuant to Chapter 5 of Part 10b of Division 3 of Title 2 (commencing with Section 15830) to finance the acquisition,

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design, or construction, and a reasonable construction reserve, of approved local jail facilities described in Section 15820.901, and any additional amount authorized under Section 15849.6 to pay for the cost of financing.

- (b) Proceeds from the revenue bonds, notes, or bond anticipation notes may be utilized to reimburse a participating county for the costs of acquisition, preliminary plans, working drawings, and construction for approved projects.
- (c) Notwithstanding Section 13340, funds derived pursuant to this section and Section 15820.902 are continuously appropriated for purposes of this chapter.
- (d) This section shall become inoperative on June 30, 2017, and no project may be commenced after that date; however, projects that have already commenced by that date may be completed and financed with bonds issued pursuant to this chapter.
- SEC. 2. Section 15820.913 of the Government Code is amended to read:

15820.913. (a) The SPWB may issue up to eight hundred fifty-four million two hundred twenty-nine thousand dollars (\$854,229,000) in revenue bonds, notes, or bond anticipation notes, pursuant to Chapter 5 of Part 10b of Division 3 of Title 2 (commencing with Section 15830) to finance the acquisition, design, or construction, and a reasonable construction reserve, of approved local jail facilities described in Section 15820.911, and any additional amount authorized under Section 15849.6 to pay for the cost of financing.

- (b) Proceeds from the revenue bonds, notes, or bond anticipation notes may be used to reimburse a participating county for the costs of acquisition, preliminary plans, working drawings, and construction for approved projects.
- (c) Notwithstanding Section 13340, funds derived pursuant to this section and Section 15820.912 are continuously appropriated for purposes of this chapter.
- SEC. 3. Section 15820.927 is added to the Government Code, to read:

15820.927. (a) Notwithstanding any other law, regulation, or a request-for-proposal issued pursuant to this chapter, the Board of State and Community Corrections may select the County of San Mateo for the grant of a conditional award, on the same basis as any other county selected for a conditional award under this

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ehapter, even if the county has started working drawings, started construction phase activities, put the project out to bid, adopted performance criteria, created concept drawings, completed the design-build package, or put the project out for design-build solicitation. The commencement of any of these activities shall not disqualify the County of San Mateo from eligibility for selection for a conditional award pursuant to this chapter.

- (b) (1) Notwithstanding Section 13332.11 or any other law, regulation, or request for proposal issued pursuant to this chapter, the approvals by the State Public Works Board and the Department of Finance required for the funding of a project in the County of San Mateo, if that project is selected for a conditional award pursuant to this section, including, but not limited to, approval of the plans and working drawings, may be given after the start of working drawings, after the start of construction phase activities, or after the project is put out for bid.
- (2) Notwithstanding Section 13332.19 or any other law, regulation, or request for proposal issued pursuant to this chapter, the approvals by the State Public Works Board and the Department of Finance required for the funding of a project in the County of San Mateo, if that project is selected for a conditional award pursuant to this section, including, but not limited to, approval of performance criteria, concept drawings, and the design-build bid package, may be given after the start of construction phase activities or after the project has been put out for design-build solicitation.
- (c) Other than as set forth in subdivision (d), a project that is approved under this section shall remain subject to the oversight of the State Public Works Board and Department of Finance to the same extent as any other project that receives funding under this chapter. A project that is approved under this section may be allocated funds for expenditures made after the State Public Works Board and the Department of Finance approve the project.
- SEC. 4. Section 1978 is added to the Welfare and Institutions Code, immediately following Section 1977, to read:
- 1978. In the event that a county that has been conditionally awarded financing, pursuant to this article, later determines that participating with other counties in a shared regional facility would provide an improved solution to the county's needs and the needs of other counties, the original county may apply to the Board of

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State and Community Corrections (BSCC) for redirection of the 1 2 conditional award to another county that will be the lead county 3 for the regional facility, in conjunction with the original county 4 and, potentially, other counties. If the BSCC determines, based on 5 findings submitted by the regional consortium of counties, that the 6 redirection will result in cost savings, regional efficiencies, 7 increased services, and improved outcomes, and that the design 8 of the joint facility will enhance program delivery, health and 9 mental health services, and the safety and security of minors, the 10 BSCC may authorize the redirection of the conditional award. 11 Redirection may only be considered prior to any approval or 12 establishment of the project by the board. 13

SEC. 5. The Legislature finds and declares that a special law is necessary and that a general law cannot be made applicable within the meaning of Section 16 of Article IV of the California Constitution because of the unique position of the County of San Mateo to begin construction on a jail facility to help reduce the critical level of prison overcrowding.

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California State Senate

SENATOR
JERRY HILL
THIRTEENTH SENATE DISTRICT
DEMOCRATIC CAUCUS CHAIR



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& ELECTRIC INFRASTRUCTURE
SAFETY

January 8, 2014

Honorable Richard Gordon Assembly Committee on Rules, Chair State Capitol, Room 3016 Sacramento, CA 95814

RE: Urgency Clause Request - SB 611 - Limousine Safety

Dear Chair Gordon,

I am respectfully requesting that the Assembly Committee on Rules approve an urgency clause for SB 611. The bill requires limousines to be equipped with fire extinguishers and also creates a safety inspection program for stretch limousines. Without the bill, thousands of limousines will continue to operate without fire extinguishers on board and will continue to go uninspected. Last year five limousine passengers died after a limousine caught on fire in my district.

The bill is nearly identical to SB 338 of last year, which the Governor vetoed. In his veto message, the Governor asked that the Legislature send him an urgency bill in January with the same provisions except authorizing the CHP to charge a fee for the actual cost to perform the inspections.

SB 611 is awaiting a hearing in the Assembly Committee on Transportation.

Thank you for your consideration of this request.

Sincerely,

Senator, 13th District

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