

**SUBJECT:** 2009 Legislative Initiatives

**RECOMMENDATION:** Approve Legislative Initiatives

*Recommendation:* It is recommended that the Board of Supervisors approve the proposed legislative initiatives.

*Background and Analysis:* Because of the size and complexity of the County's Legislative Policies and Priorities document, staff is presenting the document to the Board in three sections. Section One contains the proposed State and Federal legislative initiatives. Section Two outlines the proposed Legislative Policies and Priorities. Finally, Section Three contains the proposed Federal appropriations requests. After final Board approval, the three sections will be combined to form the entire document, which will be published and distributed to the County's legislative delegations.

The County's legislative initiatives are as follows:

## **2009 STATE LEGISLATIVE INITIATIVES**

### **HOSPITAL SEISMIC FUNDING**

**Proposal:** Provide funding to complete State-mandated hospital seismic retrofitting.

**Background:** Current State law requires the mitigation of seismic risk for hospitals and establishes a timeframe for meeting the mandates. By 2013, buildings are to remain standing and occupants shall be able to exit safely. By 2030, buildings must remain operational. The law applies to all public and private hospitals.

In response to the mandates, the County has embarked on a two-phase project to bring Santa Clara Valley Medical Center into compliance. The cost of this effort is approximately \$1.4 billion. Locally generated funds, including funds from our successful 2008 bond measure, cover the first phase of the project (\$949 million) to meet the 2013 compliance.

The second phase of the hospital seismic project, needed to meet the 2030 seismic requirements, would rebuild 104 patient beds and associated services buildings, such as, the hospital kitchen, at a cost of \$500 million. Additional funds are required for Santa Clara Valley Medical Center to undertake this phase of the project and maintain the current level of hospital beds in our community.

This proposal would enable the County to work with the State to secure Federal funds for debt service related to seismic retrofitting and any State funds that might become available at some point in the future.

### WILLIAMSON ACT MODIFICATION

**Proposal:** Request amendment to the Williamson Act for land subject to open-space easement agreements.

**Background:** Legislation passed last year has the potential to adversely affect the Open Space Easement Agreement transfers that are part of the County's modified Williamson Act program.

The County's modified Williamson Act program allows a property owner to transfer his property from a Williamson Act contract to an Open Space Easement Agreement. This option provides a safety valve for property owners whose lands are not suited for agriculture, but provide valuable open space, and allows owners to build homes on their lands if the proposed development is compatible with and preserves the open space value of their property. However, enacted changes add a new findings requirement that could be interpreted in a manner that is inconsistent with our County's current practices.

# **2009 FEDERAL LEGISLATIVE INITIATIVES**

## **UPDATING MEDICARE PROVIDER REQUIREMENTS**

**Proposal:** Amend Medicare regulations to require identification information from governmental organizations that employ physicians (e.g., Valley Medical Center) rather than individuals when applying for a Medicare Provider Enrollment number for a new doctor.

**Background:** This Federal proposal would modify some outdated Medicare requirements. Specifically, county-employed physicians must receive a Medicare provider number in order to bill Medicare. However, Medicare Provider Enrollment applications require personal information (Social Security Number and date of birth) from the officer of the government organization – in the case of the County, the Chief Executive Officer of the Santa Clara Valley Health and Hospital System – even though the Provider Enrollment application is submitted on behalf of the governmental entity. Requiring this level of personal information from the organization’s representative is unnecessary, especially in this era of identity theft.

The necessity for supplying a personal Social Security Number (SSN) to Medicare is long-standing; however, there are usually alternatives for governmental entities, such as providing an Employer Identification Number instead of a SSN.

## **CONTROLLED SUBSTANCES ACT MODIFICATION**

**Proposal:** Initiative advocacy efforts to amend the Controlled Substances Act to allow pharmacists to accept for disposal unwanted or expired prescription drugs that are classified as controlled substances.

**Background:** Federal law prohibits pharmacists from accepting unwanted or expired prescription drugs that are controlled substances as part of a drug take-back program; only law enforcement is authorized to accept controlled substances for disposal. This restriction makes it necessary to involve law enforcement in the collection and disposal of controlled substances, which increases the cost of drug take-back programs.

This proposal would initiative advocacy efforts to amend the Controlled Substances Act to allow pharmacists to accept unwanted or expired prescription drugs that are controlled substances as part of a drug take-back program. Changes in Federal law can take years to achieve so this proposal would begin the groundwork necessary to amend the Controlled Substances Act, such as, creating an inventory of the types of drug take-

back programs in effect and developing a coalition of other local and state governments to support legislative change.

Ultimately, this initiative proposes that the operation of drug take-back programs be based on a “return to point of sale” principle, which offers a logical and efficient option for patients who need to return unwanted or expired medications.