

September 19, 2006

To: Board Members

From: Tom Bishop

Subject: Board Meeting Minutes – Board Bylaw 9324

The Board directed staff to place a “Minutes” item on the September 25, 2006 Board meeting Agenda. As the Board is aware, the legal definition of Minutes (taken from Ed Code 35145 and 35163) is “the record of all ACTIONS taken by the governing board.”

The Board President has suggested that two Board members meet with the Superintendent to discuss the benefits and drawbacks associated with taking a “conservative” or “expansive” interpretation of the Minutes. A “conservative” interpretation might be to simply record the Board’s action on a particular action item, while an “expansive” interpretation might be to use a tape recorder to accurately record every word of every speaker at every Board meeting.

The Board President will be asking two Board members to meet with the Superintendent to generate various “Minutes” options that might be adopted by the Board.

Attached is a copy of current Board Bylaw 9324, which provides Board direction to staff regarding Minutes. The District’s current practices regarding Minutes align with this Board Bylaw. If the two Board members agree that the current Board Bylaw regarding Minutes needs modification, the two Board members may wish to submit new Board Bylaw language for the whole Board to consider at a future meeting.

**RECOMMENDED:** No action required.

**DEL MAR UNION SCHOOL DISTRICT**  
**Bylaws/Administrative Regulations of the Board**

**Board Bylaw 9324: MINUTES AND RECORDINGS**

The Secretary of the Board shall keep minutes and record all actions of the Board. Copies of the minutes shall be made for distribution to the Board members at the meeting when the minutes are presented for approval.

**Recording of Votes**

Motions or resolutions shall be recorded as having passed or failed. Individual votes will be recorded unless the action was unanimous. All resolutions by the Board shall be numbered consecutively at the beginning of each fiscal year (Education Code 35163).

**Maintaining of Minutes**

The Board minutes shall be maintained as outlined below:

1. Content – Board Procedure
  - a. The date, place, and type of each meeting.
  - b. Members present and members absent by name.
  - c. Call to Order and Pledge of Allegiance to the Flag of the United States of America.
  - d. Arrival of tardy members by name and time of arrival.
  - e. Departure of members by name before adjournment or if absence takes place when any Board agenda items are acted upon.
  - f. Date of next meeting.
  - g. Adjournment of the meeting.
  - h. Record of written notice of special meetings.
  - i. Record of items of business to be considered at special meetings.
2. Content – Board Actions
  - a. Approval or amended approval of minutes of preceding meetings.

First Reading, Bylaws of the Governing Board 9000 Series

*Adopted at the Regular Board Meeting on December 8, 1999 as BB 9320.3*

*Submitted for Review by the Board of Trustees as BB 9324: September 27, 2005, October 26, 2005*

*Revisions to BB 9324 Approved by the Board of Trustees: October 26, 2005*

- b. Information as to each subject of the Board's deliberation.
- c. Complete information as to each subject including the roll call record of the vote on a motion if not unanimous.
- d. All Board resolutions in complete context numbered serially for each fiscal year.
- e. A record of all authorized contracts.
- f. All employments and resignations or terminations of employment.
- g. A record of all bid procedures including calls for bids authorized, bids received, and other action taken.
- h. A record by number of all warrants approved for payment.
- i. Adoption of the annual budget.
- j. A record of financial reports.
- k. A record of all correspondence presented to the Board.
- l. A record of the Superintendent's report to the Board.
- m. Adoption of all policies, bylaws, and Board-adopted regulations.
- n. A record of all delegations appearing before the Board.
- o. Adoption of the annual school calendar.
- p. Annual approval of employment of district personnel.

### **Recording of Votes**

Motions or resolutions shall be recorded as having passed or failed. Individual votes will be recorded unless the action was unanimous. All resolutions by the Board shall be numbered consecutively at the beginning of each fiscal year.

### **Recording Devices**

A video or audio tape recording of any meeting of the Board may be made. The presiding officer will announce that a recording is being made at the beginning of the meeting. The recording device shall be placed in plain view of the persons present, so far as possible.

First Reading, Bylaws of the Governing Board 9000 Series

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Recordings made during regular or special meetings of the Board are deemed public records. Recordings made during closed sessions are not public records. All recordings, tapes, discs, or other, shall be kept in a fire-proof location.

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**Legal Reference:**

EDUCATION CODE

35145 Public meetings

35163 Official actions, minutes and journals

35164 Vote requirements

PENAL CODE

632 Unlawful to intentionally record a confidential communication without consent of all parties to the communication

GOVERNMENT CODE

54957.2 Closed sessions; clerk; minute book

54960 Violations and remedies

First Reading, Bylaws of the Governing Board 9000 Series

Adopted at the Regular Board Meeting on December 8, 1999 as BB 9320.3

Submitted for Review by the Board of Trustees as BB 9324: September 27, 2005, October 26, 2005

Revisions to BB 9324 Approved by the Board of Trustees: October 26, 2005

September 19, 2006

To: Board Members

From: Tom Bishop

Subject: 2<sup>nd</sup> Reading and Approval, Board of Trustees School Site Visitation Schedule, 2006/2007

Visitations to school sites during the school day are an excellent way for Board Members to become increasingly familiar with the programs offered at each DMUSD school site.

All visitations are scheduled for Mondays to allow opportunity for all Board Members to attend. The proposed schedule is presented for your 2<sup>nd</sup> review and approval.

***Del Mar Union School District  
Board of Trustees  
2006/2007 School Site Visitation Schedule***

***\*\* All visitations begin at 12:30 p.m. \*\****

<b>October 9, 2006</b>	Sycamore Ridge, Emily Disney, Principal
<b>November 6, 2006</b>	Ashley Falls, Shelley Petersen, Principal
<b>December 4, 2006</b>	Sage Canyon, Peg LaRose, Principal
<b>February 5, 2007</b>	Carmel Del Mar, David Jones, Principal
<b>March 5, 2007</b>	Del Mar Hills Academy, Laurie Francis, Principal
<b>April 2, 2007</b>	Del Mar Heights, Wendy Wardlow, Principal
<b>May15, 2007</b>	Torrey Hills, Gary Wilson, Principal

**RECOMMENDED:** Superintendent Recommends Approval of the 2006/2007 Board Visitation Schedule.

*Regular Board Meeting of September 25, 2006*

September 15, 2006

To: Board Members  
From: Trish Snider  
Through: Tom Bishop  
Subject: Second Reading and Board Approval, Board Policy/Administrative Regulation 5148 (formerly BP 4020): Child Care and Development

As the final piece of the 5000 Series of Board Policy, the Board reviewed the draft of BP/AR 5148 on June 21, 2006.

This revision brings former Board Policy 4020 into the Section 5000 series as recommended by CSBA. The policy reflects current practice and has been reviewed by Charlene Komosinski, Director, Child Care.

**RECOMMENDED:** The Superintendent Recommends Approval of Board Policy/Administrative Regulations 5148

6.3

**DEL MAR UNION SCHOOL DISTRICT****Board Policy 5148 (was BP 4020): CHILD CARE AND DEVELOPMENT**

*The Board of Trustees desires to provide parents, community, and staff with child care programs that meet the needs of parents, staff, and community. The Superintendent, or his designee, is directed to offer the following Child Care programs:*

- *After School Child Care program*
- *Summer Child Care program*
- *After School Enrichment program*
- *Children's Creative Workshop*
- *Employee Infant Care and Pre-School program*

*The District's Child Care program shall be fully self-sustaining, and shall not be supported by general fund resources. When the District's Child Care needs intrude on District staff and personnel, the Child Care program shall be required to pay the District the fair market value for all District services provided to the Child Care programs.*

**DEL MAR UNION SCHOOL DISTRICT  
STUDENTS**

**ADMINISTRATIVE REGULATION TO BOARD POLICY 5148:  
CHILD CARE AND DEVELOPMENT**

***I. After School Child Care Program/Employee Infant Care and Preschool Program***

***Licensing***

***All district child care and development services shall be licensed by the California Department of Social Services, unless exempted pursuant to Health and Safety Code 1596.792 or 22 CCR 101158.***

***The license shall be posted in a prominent, publicly accessible location in the facility. (Health and Safety Code 1596.8555)***

***Facilities***

***The program may be established in a permanent or relocatable building/room available on a site, and where possible with close proximity to restroom facilities.***

***Program***

***The program Director is responsible for the development of a schedule and activities. The After School Child Care Program schedule will incorporate some provision for a homework study hall.***

***Participants***

***Any student enrolled in the Del Mar Union School District is eligible to participate in the After School Program, subject to rules and regulations. Employee child care and preschool program receives participants from employees and others on a space available basis.***

***A physical examination and evaluation, including age appropriate immunization, shall be required prior to or within six weeks of enrollment, unless the parent/guardian submits a letter stating such an examination is contrary to his/her beliefs. (Ed Code 8263)***

***Staffing***

***All programs shall maintain at least the minimum adult-child and teacher-child ratios specified under licensing or in 5 CCR 18290-18292.***

### *Fees*

*Fees may be charged according to the fee schedule established by the Board.*

### *Attendance*

*Sign-in and sign-out sheets shall be used daily for attendance accounting purposes (5CCR 18065).*

### *Rights of Parents/Guardians*

*At the time a child is accepted into a licensed child care and development center, the child's parent/guardian or authorized representative shall be notified of his/her rights as specified in 22 CCR 101218.1, including but not limited to, the right to be informed, upon request, of the name and type of association to the center of any adult who has been granted a criminal record exemption. (22 CCR 101218.1)*

*The Superintendent or designee shall inform parents/guardians of their right to enter the child care facility without advance notice during normal operating hours or any time their child is receiving services in the facilities.*

## *II. After School Enrichment Program*

*The Director of After School Programs extends opportunities for students (K-6) to be involved in after school activities of an academic, craft, or physical fitness nature. The Director of After School Programs has primary responsibility for this program.*

*Fees and facility arrangements shall be made by the Director pursuant to District procedures prior to preparing a syllabus of program options for distribution to student families.*

*The program shall generally be held within the normal working hours of the Director of After School Programs.*

*Staff will be screened to match program qualifications and shall be required to undergo a fingerprint check following District procedures. All employees shall have tuberculin test clearance prior to employment. All employees shall be required to complete an application process.*

*Student attendance will be taken. A 1:20 adult-child ratio shall be maintained for all indoor and outdoor activities. When a child is not picked up at the end of the day, parents shall be contacted at home or work. Children shall not be left unattended.*

***Liability Insurance***

***A personal liability insurance policy at a minimum level of one million dollars will be secured and maintained by all program contractors and/or instructors. A copy of this policy will be maintained on file.***

***All program contactors and instructors who will be driving on school grounds shall provide proof of automobile liability insurance. A copy of proof of insurance will be maintained on file.***

***All program contractors who have employed instructors shall maintain California Worker's Compensation insurance with statutory limits. A copy of a certificate of workers' compensation insurance coverage will be maintained on file.***

September 13, 2006

To: Board Members  
From: Trish Snider  
Through: Tom Bishop  
Subject: The North Coastal Consortium for Special Education (NCCSE) Community Advisory Committee (CAC)

The North Coastal Consortium for Special Education (NCCSE) Community Advisory Committee (CAC) is a committee that advises the superintendents of the 14 member school districts within NCCSE regarding special education services. Its existence and activities are mandated by the State of California Education Law. The NCCSE member school districts are: Bonsall Union, Cardiff, Carlsbad Unified, Del Mar Union, Encinitas Union, Fallbrook Union Elementary, Fallbrook Union High, Oceanside Unified, Rancho Santa Fe, San Dieguito Union High, San Marcos Unified, Solana Beach, Vallecitos, and Vista Unified.

CAC encourages collaboration and best practices at the district as well as the SELPA level with

1. Collaboration among NCCSE, school districts, and families
2. Student priorities of standards-based education, social acceptance, personal safety and transitions
3. Family priorities of access to information, and family participation in school communities
4. Educator priorities of teacher education and professional growth, cultural education and interpretation, and recruitment, support and retention of qualified staff.

Please approve Sarah Domingo as Del Mar parent representative of students in special education and Jennifer Fulston as general/special education staff representative to serve on the (CAC) of NCCSE for September 2006 – June 2008. With Board approval we will forward a copy to NCCSE.

**RECOMMENDED:** The Superintendent Recommends Approval of the Community Advisory Committee Representatives

September 15, 2006

To: Members of the Board  
From: Tom Bishop  
Subject: **Report:** Opening Day 2006 Site Reports

The District has asked site principals to make written reports to the Board recapping the opening of the 2006/2007 school years at their site. The opening of the 2006/2007 school year was very smooth, thanks to the hard work of the principals, site office and custodial staff, and teachers and support staff at all of the sites.

Attached are the written recaps of opening week at all six schools, as prepared by the site principals.

RECOMMENDED: Reports Presented For Information Only.

6.5



# Soaring to Success... Celebrating Learning!

13030 Ashley Falls Drive, San Diego, CA 92130  
Phone: 858.259.7812 Fax: 858.259.1828 Website: www.dmusd.org

**Goals 2006-2007**

To: DMUSD Board of Trustees and Mr. Tom Bishop, Superintendent  
From: Shelley Petersen  
Date: September 14, 2006  
Re: Board report on opening of school at Ashley Falls

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**Opening Enrollment:** 552 students, Kindergarten – Sixth Grade

**New certificated teachers and classified aides to our site include the following:**



Amy Hemphill,  
1<sup>st</sup> Grade Teacher  
(New to Del Mar)



Sarah Wolff,  
Library Media Specialist  
(New to Del Mar)



Kami Wible,  
RSP Aide

Students returned to Ashley Falls excited and eager to meet their new teachers. All staff and parent volunteers were on hand to direct students and parents to their classes. Ashley Falls reduced in size by two 6<sup>th</sup> grade classrooms and one Kindergarten classroom. The Boo Hoo breakfast was well attended and parents received information from the principal, PTA, and Foundation. Back to School Night was a success. Two presentations were held by each teacher to accommodate parents with more than one child. Parents were treated to an iMovie featuring students, new staff members and messages from Shelley Petersen, PTA President and Executive Vice President, Sue Lichter and Janette Shelton, and Foundation Board Members, Bonnie Haase and Janette Shelton.

## **Focus Areas for 2006-2007**

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- Successful school wide implementation of PeaceBuilders
- Continued school wide development of effective Professional Learning Communities
- Establishing successful differentiated learning opportunities supporting students at all academic levels

# Carmel Del Mar School

*"The School With a Heart"*

## Back to School Report 2006/07

**Opening Enrollment:** 498

**New Teachers (Intradistrict):** Part-time Physical Education – Jessica Nale

### Opening Week of School

The Carmel Del Mar staff began the opening day with an all-school assembly. The purpose was to welcome new students and staff members with the traditional CDM Cheer Song, introduce the Pillars of Character, share exciting school-wide events, and celebrate the beginning of the 2006/07 school year.

The first week of school at CDM was filled with energy and excitement as we began the teaching and learning process. Many parents complimented the teaching staff for a job well done at Back to School Night. Teachers prepared outstanding presentations that enabled parents to understand grade level curriculum and expectations for the school year. Back to School Night was a wonderful opportunity to begin building relationships with new families to our community, while welcoming back our returning families. The CDM staff is committed to maintaining a positive school climate, while establishing a clear focus on the ultimate goal of teaching – to improve learning for all students!

### Top Goals and Priorities for the Vision For Excellence Strategic Plan

#### *Professional Learning Communities*

- Evaluate the following PLC initiatives completed during the 2005/06 school year: meeting norms, essential outcomes in reading/language arts, and one common assessment in reading/language arts.
- Next steps include but are not limited to: complete all common assessments in reading/language arts, establish assessment benchmarks, utilize a schoolwide assessment reporting system to compare students' test results within each grade level, and determine next steps for improving the teaching and learning process.

#### *Literacy Groups*

- Provide small group reading instruction to students below proficiency.
- Utilize a triangulated assessment measure to track student growth, and determine the best strategies to improve student learning in areas of weakness. Assessments will include STAR, DRA and a Houghton Mifflin formative assessment.



## A GLOBAL VILLAGE

### Here's Looking at Us 2006 – 2007

#### Our School Community:

- 460 students ( 249 boys and 211 girls)
- 96 new students (75 kindergarteners and 21 in grades 1 – 6)
- 341 live west of the freeway and 119 live east of the freeway
- Languages spoken other than English include: Arabic, Cantonese, Farsi, French, German, Hindi, Italian, Japanese, Korean, Mandarin, Polish, Russian, Spanish, Swedish, Turkish, and Vietnamese
- Our Global Village is comprised of: 12 African Americans, 8 Asian Indians, 332 Caucasians, 38 Chinese, 8 Filipinos, 1 Guamanian, 1 Hawaiian, 27 Hispanics, 14 Japanese, 1 Laotian, 13 Koreans, 1 Native American/Alaskan, 2 Pacific Islander, 4 Vietnamese

#### New Teachers:

- Jenn Fletcher – Fourth Grade
- Jeff Gaines - Music

#### New Classified Staff:

- Marissa Mountcastle – SDC Aide
- McKinzie Oblad – SDC Aide
- Sasha Kukulj – SDC Aide
- Katherine Pechtimaldjian – Grade 4/5 Instructional Assistant

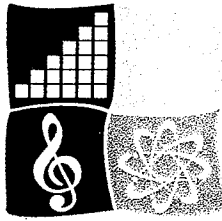
#### School Focus Areas:

- Professional Learning Communities
- Reading Comprehension
- Understanding Differences



*It's a wonderful world in our Global Village!*

Del Mar Hills



ACADEMY OF ARTS &amp; SCIENCES

*Imagine - aesthetics - discovery**expression - innovation - self-reflection*

## September Board Report 31<sup>st</sup> Opening of School at Del Mar Hills Academy

### General Opening Enrollment Information:

- 406 students, Kindergarten - Sixth Grade
- We welcomed approximately 70 new families from throughout the DMUSD
- We added a 4th/5th "blended" class to our program
- There is a significant increase in our English Language Learner (ELL) student population

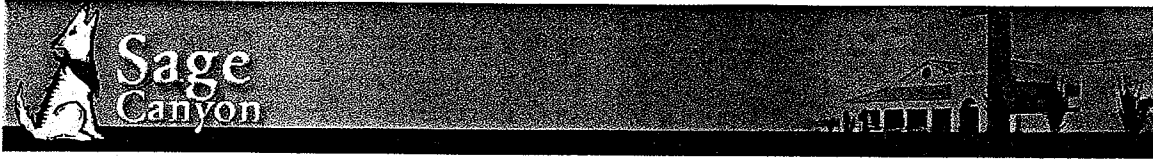
### *We proudly welcome the following new staff members to our team:*

<b>Stephanie Cluxton</b>	<b>Third Grade Teacher, 50%</b> (former 3 <sup>rd</sup> Grade Teacher from Ashley Falls, returning form a LOA)
<b>Kathryn Symington</b>	<b>Fourth Grade Teacher</b> (former Librarian, Del Mar Hills and 2 <sup>nd</sup> Grade Teacher, Orange Unified School District)
<b>Stephanie Spooner</b>	<b>Fifth Grade Teacher</b> (recent graduate, UC Davis)
<b>Jen Pierno</b>	<b>Librarian</b> (former 5 <sup>th</sup> grade teacher, District II, NYC)
<b>Samantha Richardson</b>	<b>4<sup>th</sup>/5<sup>th</sup> Instructional Aide / ALP Teacher</b> (former 3 <sup>rd</sup> grade mentor teacher, Montgomery County School District)
<b>Doreen Bush</b>	<b>Office Assistant</b>
<b>Meghan Lake</b>	<b>RSP Aide</b>
<b>TBA</b>	<b>PE Instructor</b>

Our first day of school was smooth and marked with a positive enthusiasm shared by staff, students, and our supportive parent community! Students arrived at school eager and ready to learn. Information systems (the web-site, All-Call, Orientation, and the SIS Internet) proved highly effective in ensuring that parents were well informed. PTA members assisted with directing parents and students to their classrooms. PTA sponsored a well-attended morning social hour for our families.

Spring 2006 Strategic Planning efforts addressed the need for an effective school wide program focused on conflict resolution. Consequently, our school has adopted the "Peacebuilder's Program." On August 24, 2006, the entire Del Mar Hills Academy staff engaged in an extensive training in the design, implementation and philosophy of this effective program. The program has been implemented and extremely well received by our Learning Community.

Our PLC teams are in the process of analyzing achievement data and using this information to develop SMART goals and formative assessments that will inform instruction and individual student needs. The Del Mar Hills community looks forward to an academically rigorous and rewarding school year for our students.



## **Back to School Overview 2006-2007**

On opening day, Sage Canyon staff were enthusiastically greeted by the smiling faces of 768 students and families. New classrooms were added at first grade (2) and sixth grade (1). The Kindergarten orientation and new student tours were very well attended on Friday, August 25<sup>th</sup> as was Back to School Night on Thursday, August 31<sup>st</sup>. Parent comments during the first weeks of school focused on the cleanliness and fine condition of the campus upon completion of an assortment of summer maintenance projects. Another highlight was the dialogue centered around the continued academic achievement of Sage Canyon students as measured by the increase in CST scores and the Academic Performance Index (API).

### **New Staff Members**

Margo Clayton: RSP instructional assistant  
 Julie Cunningham: 1<sup>st</sup> grade teacher  
 Chris Delehanty: 5<sup>th</sup> grade teacher  
 Parissa Esmaili: ESC teacher  
 Sarah Jurewicz: PM custodian  
 Julie Lerner: Assistant Principal  
 Adrienne Malave: office assistant  
 Danelle Newlin: ELL instructional assistant  
 Stacy Phillips: RSP instructional assistant  
 Sarah Szekeres: 4<sup>th</sup> grade teacher  
 Michelle Taylor: 5<sup>th</sup> grade teacher  
 Jennifer Winkleman: RSP instructional assistant

### **2006-2007 Sage Canyon Vision for Excellence Goals**

- to implement Professional Learning Community practices into the culture of Sage Canyon School
- to utilize technology as a meaningful tool for supporting and integrating the curriculum
- to continue the implementation of a comprehensive plan for improved school-wide student social climate that encompasses the Character Counts program

# SYCAMORE RIDGE SCHOOL



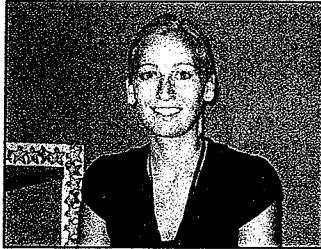
Emily Disney, Principal

5333 Old Carmel Valley Road \* San Diego, CA 92130 \* tel: 858.755.1060 \* fax: 858.755.1258 \* www.dmusd.org

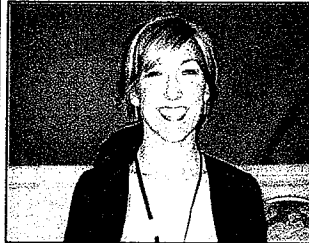
## Sycamore Ridge School Celebrates Year Two!

### Opening Week of School

The first day of school was filled with excitement as we welcomed 381 (K-6) graders and 40 Special Needs Preschoolers to our campus. From year one to year two, we have grown from 17 (K-6) grade certificated teachers to 19 classroom teachers and 3 certificated teacher specialists who provide for the enriched curriculum in the areas of science and art, technology and music.



Adrienne Crabtree – 6<sup>th</sup>



Traci Waxman – 1<sup>st</sup>



Donna Chung – 2<sup>nd</sup>



Emily Hurth – 5<sup>th</sup>

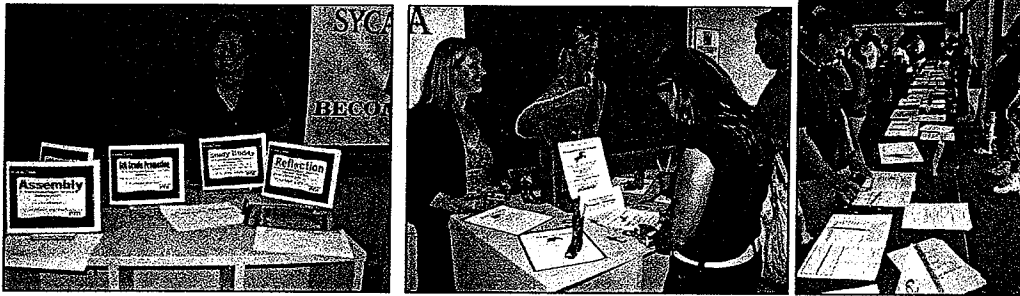
*New Teachers @ Sycamore Ridge*

Day one began with a “Boo-Hoo Breakfast” sponsored by the PTA. We shared and shed happy tears with the Kindergarten parents as they learned about the Kindergarten schedule and program. An all school assembly to introduce students to Stallion staff members and Extended Studies Specialists followed our relationship-building event. The purpose of the assembly was also aimed at providing important school wide information and behavioral guidelines.



*PTA sponsored Boo-Hoo Breakfast for Kindergarten Parents*

Back to School Night was a buzz with positive energy! Parents were invited to a general session led by the Principal. Del Mar Schools Education Foundation Ambassadors and PTA Leaders were on hand to share information about the goals and purpose of these important organizations. Sycamore Ridge's very first Volunteer Fair held during the general session provided a successful venue for welcoming parent partners in the education of our children. The outcome of these efforts garnered much support for exciting programs planned for this year such as Lunch Clubs, Everyone a Reader, and Reflections to name a few. Following the general meeting, classroom teachers delivered presentations about classroom programs and curriculum. These presentations were repeated to accommodate Sycamore families with more than one child. The night ended with many positive comments and great energy!



*Back to School Night/ Volunteer Fair*

A stompin' good time was had by about 400 Stallion students, parents and staff at the 2<sup>nd</sup> annual PTA sponsored Stallion Stampede held on Friday, September 8<sup>th</sup>. Great grub, games, fun and community bonding occurred thanks to the collective efforts of many. Kudos to the PTA Board for organizing this successful event.



*Sycamore Ridge 2<sup>nd</sup> Annual Stallion Stampede*

### **School Focus Areas**

The entire Sycamore Ridge community of staff, students and parents look forward to moving ahead with our major school improvement goals for the 2006-2007 year in the areas of:

**School Climate** - *Maintain and continue to build a positive school climate that extends beyond the campus and connects all neighborhoods within the school community.*

**Parent Education** - *Implement a program that allows all parents to be able to participate fully in the learning of their children through parent education.*

**Professional Learning Communities** - *Establish and determine grade level common assessments based on essential standards, identify and use strategies and resources for differentiated instruction.*

*If your plan is for 1 year, plant rice, if your plan is for 10 years, plant trees, if your plan is for 100 years, educate children. ~ Confucius*



10830 Calle Mar De Mariposa, San Diego, CA 92130  
858/481-4266 Fax 858/481-0344

Mr. Gary Wilson, Principal  
Mrs. Toni Jones, Asst. Principal

To: DMUSD Board of Trustees and Mr. Tom Bishop, Superintendent  
From: Gary Wilson  
Date: September 20, 2006  
Re: Board report on opening of school at Torrey Hills

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Opening enrollment: 795 students, Kindergarten – Sixth Grade

New certificated teachers and classified aides to our site include the following:

- Chris Teisher, Kindergarten (from Del Mar Hills)
- Minnie DeVico, Second Grade (from Ashley Falls)
- Ashley Pryor, Second Grade (from San Diego Unified)
- Rachelle Armstrong, Third Grade (from Del Mar Heights)
- Julia Nordhoff, Sixth Grade
- Jessica Page, Sixth Grade
- Catherine Gilbert, Learning Center (from Sycamore Ridge)
- Mike Davis, PE Teacher
- Lori Carpenter, RSP Teacher
- Kami Wible, RSP Aide
- Kay Bock, RSP Aide
- Stacy Vincent, RSP Aide
- Ramona Jones, SDC Aide



Our first day of school went smoothly. All students returned enthusiastically and ready to learn. Traffic can be a challenge on the first day of school, especially with 120 new Kindergarten families to Torrey Hills. After the first day, our traffic flow improved and we are now into a routine. Our parent valets continue to do an outstanding job moving cars in and out of our parking lot each morning and afternoon.

Back to School Night went extremely well, with almost 100% of our parents in attendance. There was a general meeting for parents afterwards in our MUR, featuring Welcome Back messages from Gary Wilson, PTA President Mary Taylor, and Foundation Representative Martha Murphy.

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### **2006-07 Goals and Objectives**

- Understanding and celebrating the **Culture and Diversity** of our Torrey Hills students, staff, and community
- Working together to develop as a **Professional Learning Community**
- Differentiation of instruction in the area of **Language Arts**
- Continuing implementation of **Character Counts** and **PeaceBuilders** programs

September 18, 2006

To: Board Members  
From: Tom Bishop  
Subject: SB 840 (California Health Insurance Reliability Act)

At its last meeting the Board directed staff to secure information about SB 840 (California Health Insurance Reliability Act), which proposes to establish universal health care for all Californians. CDM teacher Bill Porter spoke about this bill at the last meeting of the Board. Attached is a brief CTA analysis of SB 840, which was passed by both the Assembly and Senate during late August. SB 840 has been sitting on the Governor's desk waiting for his signature or veto.

**RECOMMENDED: No Action Required. Informational Item Only.**

6.6

## Alert 08/22/06

### Support Affordable Health Bill (SB 840)

A crucial, CTA-sponsored measure will provide comprehensive and affordable health care coverage to more than 6.5 million Californians who can't currently afford it, including families with school-aged children. **Your action is needed immediately to gain votes for the bill in the Assembly and Senate and to secure the governor's signature on the measure.**

SB 840, by Sen. Sheila Kuehl (D-Santa Monica), is on its way to the Assembly floor, where it needs 41 votes to pass. With the Assembly's approval, the bill will head back to the Senate for a "concurrence" vote on Assembly amendments. When the bill clears the state Senate, it will speed to the governor's desk.

#### Background:

SB 840 is the California Health Insurance Reliability Act (CHIRA). It will establish universal health care in California, providing every resident with comprehensive health insurance and give them the ability to choose their own physicians. The plan can save \$8 billion in the first year alone by reducing the costs of healthcare. SB 840 will save money for families, individuals, private businesses, and public entities – including public schools.

A recent Boston University study found that as much as 50% of current health care spending goes to cover the costs of clinical and administrative waste. SB 840 will help end this inefficient use of health care dollars. School district dollars used by an inefficient health plan could be better utilized for other instructional purposes, including recruiting and retaining fully credentialed teachers.

Under SB 840, every Californian will be covered by an insurance plan that provides medical, dental, vision and prescription drug coverage. The coverage includes hospitalization, emergency room care and transportation, laboratory work, skilled nursing care, mental health care, drug addiction rehabilitation, and chiropractic care.

SB 840 will bring important protections to the more than one in five state residents who have no access to a health care plan.

As of 2003, 20% of Californians were going without health coverage. Since that time, skyrocketing costs have been leading more employers to scale back health care coverage or drop health care plans completely.

In its current amended form, the bill pays for the expanded health care coverage by using funds

now spent by public agencies for health care. It also replaces the premiums, co-pays and deductibles all employers send to insurance companies with premiums paid into the new system.

The bill specifies that a blue-ribbon panel of health finance and technical experts will develop the premiums. SB 840 will redirect an estimated \$20 billion into the new health program by streamlining the administrative functions of thousands of insurance companies. The state will shift an estimated additional \$5.3 billion into direct health care by using California's huge purchasing power for pharmaceutical purchases. New preventive care will save another \$3.4 billion.

### **Take Action:**

CTA members and other education supporters should contact all state Senators, Assembly Members, and the governor in support of SB 840 (Kuehl).

[Email your local lawmaker today.](#)

**For more information, contact CTA Legislative Advocate Sharon Scott Dow or GR Communications Consultant Len Feldman at 916.325.1500.**

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**Senate Bill No. 840**

\_\_\_\_\_

Passed the Senate August 31, 2006

\_\_\_\_\_

*Secretary of the Senate*

\_\_\_\_\_

Passed the Assembly August 28, 2006

\_\_\_\_\_

*Chief Clerk of the Assembly*

\_\_\_\_\_

This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2006, at \_\_\_\_\_ o'clock \_\_\_\_M.

\_\_\_\_\_

*Private Secretary of the Governor*

SENATE BANKING, FINANCE AND INSURANCE COMMITTEE  
 Senator Jackie Speier, Chair

SB 840 Kuehl) Hearing  
 Date: April 6, 2005

As proposed to be amended  
 Fiscal: Yes  
 Urgency: No

SUMMARY

This bill would replace private health insurance in California and would deem all state residents eligible for coverage under a new state program that would be the sole payer of most health care services.

DIGEST

Existing law

1. Provides for the regulation of private health insurance by the Department of Managed Health Care (DMHC) and by the Department of Insurance (DOI);
2. Establishes in state and federal law several publicly financed health insurance programs, including Medicare, Medi-Cal, and Healthy Families, which provide different benefits to certain segments of the population, including children; the aged, blind, and disabled; and pregnant women, among others.

This bill

Would create a new state program that generally would be the sole payer of health care services for all California residents.

General provisions of this bill:

1. Would establish a new state agency, the California Health Insurance Agency (Agency), to administer a new program, the California Health Insurance System (CHIS);

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2. Would provide that the Agency would be independent, generally not subject to review by any other agency, and under the control of a new Health Insurance Commissioner (Commissioner);
3. Would designate the Agency as the single state agency with full power to supervise every phase of the administration of the CHIS and would abolish the role of the DMHC and the DOI in supervising the health insurance market.

Governance provisions of this bill:

1. Would provide that the Commissioner shall be elected in the same time, place, and manner as the Governor to an 8-year term and would be limited to 2 terms;
2. Would establish conflict-of-interest rules for the Commissioner and provide that he or she is subject to impeachment;
3. Would grant broad powers over the Agency to the Commissioner, including the power to set rates, establish the budget, and promulgate "generally binding" regulations pertaining to any part of the Act;

- 4. Would proscribe the Commissioner's involvement in certain political activities;
- 5. Would define the Commissioner's duties, including the duty to establish evidence-based standards to guide delivery of care, establish an evidence-based formulary for prescription drugs and medical equipment, use the state's purchasing power to negotiate discounts on prescription drugs and medical equipment, ensure that the state's purchasing power achieves the "lowest possible" prices for the System; and institute necessary cost controls to assure the financial solvency of CHIS;
- 6. Would direct the Commissioner to establish a Health Insurance Policy Board to, among other things, set system goals and priorities, determine the scope of

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services provided, and determine when a change in premium structure is needed;

- 7. Would establish a public advisory committee to advise the Board on "all matters of health insurance system policy." Members of the advisory committee would receive an unspecified dollar amount for each full day of attending board meetings;
- 8. Would establish in the Agency the Office of Consumer Advocacy to represent consumer interests and to be headed by a consumer advocate appointed by the Commissioner;
- 9. Would establish in the Office of the Attorney General an Office of the Inspector General for the System with broad powers to investigate, audit, and review the financial and business records of individuals and entities that provide services or products to the system and are reimbursed by the system;
- 10. Would provide that a "transition commissioner" be appointed by the Governor not less than 75 days following the bill's operative date and be subject to Senate confirmation;
- 11. Would require that the system be operational no later than 2 years after the bill's operative date;
- 12. Would provide that the transition be funded from a loan from the General Fund and from private sources identified by the Commissioner;
- 13. Would require the transition commissioner to assess health plans and insurers for care provided by the system if the private coverage extends into the system's operational time;
- 14. Would require the transition commissioner to implement a means to assist persons displaced from employment as a result of the new system;
- 15. Would provide that the transition commissioner would be assisted by a transition advisory group whose duties would include recommending how to integrate

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health care delivery services and responsibilities of several state departments into the new system;

- 16. Would require the Commissioner or the transition commissioner to establish up to 10 health insurance system "regions" (contiguous counties grouped according to utilization patterns, health care resources, health needs, geography, and population);
- 17. Would provide for regional planning directors to

administer health insurance regions;

18. Would require regional medical officers to administer all aspects of the regional office of health care quality;
19. Would require each region to have a regional health insurance board consisting of 13 members appointed by the regional planning director in order to advise and make recommendations to the regional planning director on all aspects of regional health policy.

Funding provisions of this bill:

1. Would establish a Health Insurance Fund (Fund) separate from the General Fund within the State Treasury but does not otherwise identify a funding source for the provisions of this bill;
2. Would provide that the Fund be administered by a director appointed by the Commissioner;
3. Would provide that if the Commissioner determines that statewide revenue trends indicate the need for statewide cost control measures, the Commissioner shall convene the Board to discuss the need for cost control measures and immediately report to the public;
4. Would provide that cost control measures include
  - a) changes in the health insurance system or health facility administration that improve efficiency;
  - b) changes in the delivery of health care services that improve efficiency and care quality;

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- c) postponement of introduction of new benefits or benefit improvements;
  - d) postponement of introduction of new benefits or benefit improvements;
  - e) adjustment of health care provider budgets to correct for inappropriate utilization, deficiencies in care quality or fraud;
  - f) limitations on the reimbursement of system managers and upper level managers;
  - g) limitations on health provider reimbursement;
  - h) limitations on aggregate reimbursements to manufacturers of pharmaceutical and durable and nondurable medical equipment;
  - i) deferred funding of the reserve account within the Fund;
  - j) imposition of copayments or deductible payments according to certain guidelines, including that no copayments be established for preventive care;
  - aa) imposition of an eligibility waiting period if the Commissioner determines that people are immigrating to the state for the purpose of obtaining health care through the system;
1. Would provide that if cost control measures are not sufficient to meet revenue shortfalls that the Commissioner recommend measures to address the shortfall including an increase in premium payments;
  2. Would provide that if regional trends indicate a need for cost control measures, the regional director and regional board make a recommendation about appropriate measures to control costs that could not include copayments, deductibles, postponement of new benefits or benefit improvements, deferred funding of the reserve account, waiting periods, or premium increases;
  3. Would provide that in the case that the Budget Act has not been enacted by June 30th of any year all moneys in the reserve account be used to implement this bill;

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4. Would provide that if those reserve funds are exhausted, the Controller shall make one or more General Fund loans not to exceed an undetermined amount to the fund;
5. Would direct the Commissioner to annually prepare a system budget that projects revenues and expenditures for 3, 6, 9 and 12 years and that limits spending growth by reference to average growth in state domestic product across multiple years, population growth, and other factors;
6. Would direct the Commissioner to annually set the total funds to compensate managers and providers;
7. Would prohibit any health plan or health insurance policy other than the CHIP to be sold in California for services provided by the CHIP;
8. Would allow providers who choose to be compensated by the CHIP to choose whether to be reimbursed as fee-for-service providers or salaried providers in health care systems;
9. Would require fee-for-service providers to choose representatives to negotiate rates with the CHIP;
10. Would require that providers employed in health care systems be represented by their employers for rate negotiation with CHIP;
11. Would provide that if an agreement on provider reimbursement is not reached according to a timetable set by the CHIP, the CHIP shall set binding rates;
12. Would require the Commissioner to establish regional allocations to fund regional operating budgets for 3-year periods;
13. Would require regional planning directors to negotiate operating budgets with regional health care entities;
14. Would require unions representing employees in health care systems to represent the employees in negotiations with the regional planning directors;

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15. Would prohibit any payments from a health system budget to provide a shareholder dividend;
16. Would allow margins generated by health facilities - except those gained through inappropriate limits on access to care or compromises in the quality of care - to be retained and used to meet the healthcare needs of the population;
17. Would direct the Commissioner to establish budgets for prescription drugs and medical equipment, supporting research and innovation recommended by the chief medical officer, and supporting the education of providers;
18. Would limit administrative costs on a system-wide basis to 10 percent of system costs within 5 years of completing the transition to the CHIP and to 5 percent of system costs within 10 years.

## Federal preemption provisions of this bill:

1. Would require the Commissioner to seek necessary approval so that all current federal, state, and county payments for health care be paid to CHIS, which would then assume responsibility for all benefits and

services paid by the state or federal government with those funds;

2. Would provide that the CHIS be secondarily responsible for providing care to the extent that the federal, state, or county programs are not transferred to the CHIS;
3. Would require the CHIS to cover Medicare share of cost expenses to the extent that the Commissioner obtains authorization to incorporate Medi-Cal or Medicare revenues into the Fund;
4. Would require the Commissioner to seek all reasonable means to secure a waiver from federal preemption of any part of this statute, and, in the event that preemption is not waived, would require the Commissioner to promulgate conforming regulations;

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5. Would require that employees entitled to health benefits under a contract that preempts provisions of this statute seek benefits under that contract before receiving benefits from the CHIS.

Subrogation provisions of this bill:

1. Would state the intent of the statute that until a single public payer for all health care in the state is established, health care costs shall be collected from "collateral sources" when services are provided under a private insurance policy or other collateral source;
2. Would define "collateral sources" to include insurance policies, health plans, employers, employee benefit contracts, government benefit programs, judgments for damages, and any liable 3rd party, and to exclude a federally preempted contract or any service prohibited from subrogation by federal law;
3. Would require the CHIS to seek reimbursement from any collateral source for services provided to an individual and would allow it to take action, including suit, to recover payment;
4. Would provide that if the collateral source is exempt from subrogation that the Commissioner may require the individual to first seek services from the collateral source before the CHIS.

Eligibility provisions of this bill:

1. Would deem all California residents eligible for the CHIS, and would base residency on physical presence in the state with the intent to reside;
2. Would state that it is the intent of the Legislature for the CHIS to provide health care coverage to state residents who are temporarily out of the state;
3. Would provide that visitors to the state who receive care under the CHIS would be billed for all services rendered;

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4. Would deem individuals who are eligible for health benefits from California employers but working in another jurisdiction to be eligible for benefits under the CHIS provided they make certain payments;
5. Would provide that minors and individuals who arrive at a health facility unable because of physical or mental conditions to document eligibility - and

those brought to a health facility pursuant to Section 5150 of the Welfare and Institutions Code - be deemed eligible and that the health facility provide care.

Benefits provisions of this bill:

1. Would allow any eligible individual to receive services under the CHIS from any willing professional health care provider;
2. Would provide that covered benefits include all medical care determined to be medically appropriate by the consumer's health care provider;
3. Would provide that covered benefits include but not be limited to the following:
  - a. inpatient and outpatient health facility services;
  - b. inpatient and outpatient professional health care provider services by licensed health care professionals;
  - c. diagnostic imaging, laboratory services, and other diagnostic and evaluative services;
  - d. durable medical equipment including prosthetics, eyeglasses, and hearing aids and their repair;
  - e. rehabilitative care
  - f. emergency transportation and necessary transportation for health care services for disabled in indigent persons;
  - g. language interpretation and translation for health care services;
  - h. child and adult immunizations and preventive care;
  - i. health education;
  - j. hospice care;
  - aa. home health care;

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- bb. prescription drugs listed on the formulary;
- cc. mental and behavioral health care;
- dd. dental care;
- ee. podiatric care;
- ff. chiropractic care;
- gg. acupuncture;
- hh. blood and blood products;
- ii. emergency care products;
- jj. vision care;
- aaa. adult day care;
- bbb. case management and coordination to ensure services necessary to enable a person to remain in the least restrictive setting;
- ccc. substance abuse treatment;
- ddd. care of up to 100 days in a skilled nursing facility following hospitalization;
- eee. dialysis;
- fff. benefits offered by a bona fide church, sect, denomination, or organization whose principles include healing entirely by prayer or spiritual means.

1. Would provide that the Commissioner may expand benefits beyond the minimum outlined above when expansion meets the intent of the statute and can be sufficiently funded;
2. Would exclude the following services from coverage by the CHIS:
  - a. health care services determined by the Commissioner and chief medical officer to have no medical indication;
  - b. in general, services primarily for cosmetic purposes;
  - c. private rooms in inpatient health facilities;
  - d. services of a provider or facility that is not licensed by the state.
1. Would preclude the Commissioner from instituting deductible payments or copayments during the initial two years of the system's operation but would require the Commissioner to review this policy annually beginning in the 3rd year of operation to determine

whether deductibles or copayments should be established;

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- 2. Would require patients to incur a copayment charge for un-referred specialist visits;
- 3. Would limit copayments and deductibles each to \$250 per year for individuals and to \$500 per year for families;
- 4. Would not allow copayments or deductibles to apply to preventive care as determined by a patient's primary care provider.

Delivery of care provisions of this bill:

- 1. Would allow all licensed and accredited health care providers in the state to participate in the CHIS;
- 2. Would prohibit a provider from refusing to care for a patient solely on any basis that is specified in the prohibition of employment discrimination specified in the Fair Employment and Housing Act;
- 3. Would allow individuals to select a primary care provider, and would allow women to select an obstetrician-gynecologist in addition to a primary provider;
- 4. Would require individuals enrolling in integrated health care systems to retain membership for at least one year after an initial 3 month evaluation period during which they could withdraw at any time;
- 5. Would require patients to have a referral from a primary care provider to see a specialist, except that referrals would not be needed to see a dentist;
- 6. Would allow a specialist to serve as the primary care provider if the provider agrees to coordinate the patient's care;
- 7. Would allow a patient to appeal the denial of a referral through the dispute resolution mechanism established by the Commissioner;
- 8. Would establish the Office of Health Care Planning to establish electronic initiatives including

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integrated statewide health care databases and electronic systems that allow standard of care guidelines to be embedded in a patient's electronic medical records and systems that offer patients information about the performance of health care providers;

- 9. Would require the Commissioner to establish the Office of Health Care Quality in order to establish processes for measuring the quality of care delivered in the health insurance system;
- 10. Would require the chief medical officer to establish evidence-based standards of care for the CHIS;
- 11. Would require the consumer advocate to establish a grievance system for all grievances except those involving the delay, denial, or modification of health care services;
- 12. Would require the chief medical officer to establish a separate grievance system for all grievances involving the delay, denial, or modification of health care services;

13. Would require the chief medical officer to establish an independent medical review system to act as an independent, external process to examine services denied or modified by a finding that it is not medically necessary and coverage decisions regarding experimental or investigational therapies;
14. Would require the chief medical officer to immediately adopt the determinations of an independent medical review organization and would require the CHIS to promptly implement the decision.

COMMENTS

1. Purpose of the bill . To finance health care for all California residents by making the state the sole payer of nearly all health care costs. \_
2. Support . According to the author, "SB 840 is a

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response to California's overwhelming need for an overhaul of our health care system. The current system fails because there are no uniform regulations and statutes governing the health care system. Existing law has led to a highly fragmented health insurance and delivery system that is administratively complex and that annually diverts billions of dollars in health care spending from direct health care services to administrative costs.

"SB 840 establishes a streamlined finance system for health care in California, allowing the state to consolidate the administrative functions of thousands of different insurance companies and plans into one comprehensive insurance plan - saving businesses, consumers, and the state billions of dollars in the first year. Additionally, SB 840 directs the state to use its enormous purchasing power to achieve the same deep discounts for prescription drugs that all other industrialized nations receive."

The author and supporters of SB 840 state that a single payer health care system could provide health insurance to all California residents while reducing overall health spending in the state. In general, supporters contend that savings from reduced administrative costs would more than offset the increased utilization of health care by currently uninsured and underinsured individuals.

Supporters cite a January 2005 Lewin Group report on a substantially similar bill (SB 921 Kuehl 2003-04) that found that despite increases in utilization of health care by the 4.7 estimated uninsured Californians, cost offsets from bulk pharmaceutical purchases and low administrative costs would reduce total spending by nearly \$8 billion in 2006. The report finds that state and local governments would save about \$900 million on employee benefits; that private employers who currently offer benefits to employees will save about \$47.9 billion, assuming that their payroll tax payments to the new health system would be lower than what they pay for benefits under current law; and that family health care spending would decrease by \$340 per family in 2006. Assuming that spending growth would be constrained by the growth in state GDP, savings by

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year 2015 would total \$343.6 billion.

Supporters also cite the findings of the state Health Care Options Project, which studied various options to increase health care coverage in California and found the single payer system to be the most cost effective

universal coverage. Health Access writes that "insurance is not a sensible means of financing health care: it assumes that care is expensive and infrequent. Instead, health care is a routine service, frequently needed, and often needed by those least able to pay. Spreading these costs across society through public financing makes sense."

Numerous supporters state that over 6.5 million Californians went without insurance in 2003, and that as health care costs go up, employers are reducing or dropping coverage altogether. "The United States spends twice as much per person as every other industrialized country on health care, yet we are the only industrialized nation where people go bankrupt because of medical costs (supporters cite a recent Harvard Medical School study which linked half of US bankruptcies to medical costs). Most importantly, our health care system ranks at the bottom of industrialized nations, according to the World Health Organization."

3. Opposition . Opponents generally challenge the savings that proponents attribute to single payer systems and criticize the quality of care provided by single payer systems in other countries. Opponents also state that a single payer system would stifle medical innovation.

Regarding the cost of a single payer system, the Association of California Life and Health Insurance Companies and the California Association of Health Plans disagree with the premise that a government-run system would be more efficient than the private market, noting that both Medi-Cal and Medicare have turned to private managed care contracts in order to control spending. ACLHIC challenges the estimates that a single payer system would create substantial administrative savings, stating that they "erroneously disregard all other government services that [a single

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payer system] would utilize, such as the Department of General Services, the Department of Finance, the Department of Personnel Administration, and technology services" in addition to the newly created government bodies that would run the system directly. CAHP states that the bulk of health plan administrative costs would be replicated by a single payer system in essential administrative procedures such as claims payment, utilization review, drug formulary development, and customer service functions.

America's Health Insurance Plans cites a study's findings that a recently defeated single payer initiative in Oregon would have necessitated increased revenues of \$14.5 billion to \$21.4 billion, or \$10,000 to \$15,000 per Oregon household.

The California Chamber of Commerce states that SB 840 does not address the underlying costs impacting the price of health insurance. Health Net notes that the bill gives broad discretion to providers in deciding what services to provide patients, and that no other single payer system grants this level of discretion because of cost concerns. Several opponents states that a single payer system would force tax hikes.

As for quality of care, AHIP and Health Net write that consumers have less access to care under single payer health systems, and cite Canadian experiences with long waiting times for treatment after diagnosis, rationed hospital care, and sub-average supplies of medical technology such as MRI units and CT scanners. For example, AHIP states that among Canada's population of 31 million more than 878,000 people are waiting for treatment. Health Net cites a book published in conjunction with the National Center for Policy Analysis in stating that while in the US, 5% of patients had to wait 4 months or more for elective surgery, in Canada about 25% wait more than 4 months. "In Britain colon cancer treatment is delayed so often that 20% of cases that were curable at the time of diagnosis are incurable by the time of treatment."

AHIP writes that single payer health systems compromise the quality of patient care, citing World Health Organization statistics that show the five-year

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survival rate for men with colon cancer is 41% in the UK versus 64% in the US and that for women's breast cancer the five-year survival rates are 67% and 84% respectively.

The Insurance Brokers and Agents of the West and others object to the bill on the grounds that it would limit consumer choice of health care coverage. IBA West writes that consumers currently select the type of health insurance that suits their particular needs - be it a flexible Preferred Provider Organization or a staff-model HMO such as Kaiser - and that SB 840 would only provide a "cookie-cutter" health plan regardless of consumers' varying health needs.

Regarding medical innovation, the California Healthcare Institute states that single payer systems in European nations and Canada have tended to discourage investment in biotechnology and advanced medical devices because they use price controls to restrain spending. "It is hard to exaggerate how destructive price controls would be to California's vibrant biosciences industry. California leads the world in biomedical progress because we have enjoyed a free market that rewards high-risk investment."

The California Chiropractic Association opposes the bill unless it is amended to provide direct patient access to doctors of chiropractic and to establish a reasonable rate of reimbursement for providers.

The California Optometric Association opposes the bill unless it is amended to allow patients to select optometrists as their primary vision care providers without referral from a primary care physician.

1. Prior Legislation . SB 921 (Kuehl, 2003) would have implemented a system substantially similar to that of SB 840. SB 921 was held in the Assembly Health Committee.

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POSITIONS

Support

- 488 Individuals
- 72 Individual physicians
- 233 members of the California School Employees Association
- ACLU
- American Federation of Teachers
- American Medical Student Association, UCSF Chapter
- American Nurses Association of California
- Asian Pacific American Legal Center of Southern California
- Asilomar Pharmaceuticals, Inc.
- California Commission on the Status of Women
- California National Organization for Women
- California Physicians Alliance
- City of Santa Monica
- Consumers Union
- El Cerrito Democratic Club
- El Cerrito Democratic Club
- Equality California
- Gray Panthers of South Bay

Health Access  
 Health Care for All - California  
 Health Care for All - California, Santa Barbara Chapter  
 Health Care for All - Los Angeles  
 League of Women Voters Central San Mateo County  
 League of Women Voters of California  
 League of Women Voters of Whittier  
 Mexican American Legal Defense and Educational Fund  
 Musicians Union Local 6  
 National Association of Social Workers, California Chapter  
 National Council of Jewish Women  
 Older Women's League  
 Older Women's League of California  
 Organization of Farmworker Women Leaders in California  
 Physicians for Social Responsibility, San Francisco Bay  
 Area Chapter  
 Planned Parenthood Affiliates of California  
 Planned Parenthood Los Angeles  
 Progressive Democrats of Los Angeles  
 Resources for Independent Living  
 Service Employees International Union  
 Sober Living Network  
 The Greenlining Institute

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Venice Family Clinic

Oppose

America's Health Insurance Plans  
 Association of California Life and Health Insurance  
 Companies  
 California Association of Health Plans  
 California Chamber of Commerce  
 California Family Alliance  
 California Healthcare Institute  
 Health Net  
 Insurance Brokers and Agents of the West  
 Napa Chamber of Commerce  
 National Association of Insurance and Financial Advisors of  
 California  
 National Federation of Independent Business  
 Western Growers

Oppose unless amended

California Chiropractic Association  
 California Optometric Association

Consultant: Soren Tjernell. 916-651-4770.

September 18, 2006

To: Board Members

From: Tom Bishop

Subject: Reminder of Upcoming Events and Schedules

**Wednesday, October 4, 2006**

International Walk to School Day

**Saturday, October 7, 2006**

Salute to Teachers, Civic Theatre, 7:00 p.m.

**Monday, October 16, 2006**

Del Mar City Council, Proclamation – Red Ribbon Week

**Monday, October 23 – Friday, October 27, 2006**

Red Ribbon Week and Parent/Teacher Conference Week

**Wednesday, October 25, 2006**

Board of Trustees meeting, 6:00 p.m., Del Mar Hills

**Thursday, November 2-4, 2006**

ACSA 2006 Annual Conference, Hyatt Hotel, San Diego

**Friday, November 10, 2006**

Veteran's Day Holiday – No School

**Wednesday, November 15**

Board of Trustees meeting, 6:00 p.m., Del Mar Hills

**November 20-24, 2006**

School Closed – Thanksgiving Week; District Office closed on November 23 & 24

**November 27-Dec. 1, 2006**

6<sup>th</sup> grade camp – Carmel Del Mar, Del Mar Heights, Sycamore Ridge, Del Mar Hills

RECOMMENDED: Information Item Only; No Action Required