

# LEGISLATIVE UPDATE



Week of January 22, 2018

State Issues	
<p>Bill Introduction Deadline Approaching</p>	<p>Most legislators and advocates this week have been focused on refining proposed bill language and/or shoring up authors for the upcoming bill introduction deadline, which is set for February 16. After that date, we will have a clear picture of what policy issues lie ahead for us this session.</p>
<p>Select Committee Hearing on Physician Assisted Suicide Law</p>	<p>On Wednesday, the Assembly Select Committee on End of Life Health Care held a 3-hour hearing on the implementation of the state’s physician assisted suicide law, including barriers and opportunities to improve access to aid in dying. The select committee is chaired by Assemblymember Susan Eggman, coauthor of the California End of Life Option Act (EOLOA), and committee members include all Democrats, with the exception of one Republican – all whom supported passage of the EOLOA. Senator Bill Monning, and former Senator Lois Wolk (both coauthors of the failed regular session bill in 2015) attended the hearing. Attached is the official agenda for the hearing. While this was a legislative committee, Compassion &amp; Choices, and their lobbying firm, took the lead in planning and organizing the hearing.</p> <p>Following is a summary of the testimony and recommendations that emerged from the discussion:</p> <p><b>Overview of Data: California Department of Public Health (CDPH).</b> The Department briefly reviewed the 2016 data report that reflected the first 6 months of reporting on the EOLOA. CDPH informed the committee that the forms physicians are required to complete by law are not all compliant; however, the Department has no enforcement authority to ensure compliance. CDPH collects data that is required by law, but does not report all data collected, as allowed by law. All other non-reporting data will be kept for 3 years, after which CDPH indicated it will then be destroyed. During subsequent panels the need for more detailed data collection was emphasized.</p> <p><b>Panel I: The Medical Provider Experience.</b> The physicians from Stanford and UC San Diego described their experience as participating physicians in the EOLOA. In both their testimony, and in subsequent responses to committee member questions, several disturbing themes or recommendations emerged: There needs to be “equitable distribution” given that the EOLOA is “serving the privileged” and minority and low-income communities have less access to aid in dying; there is a need for formal training and integrated medical school curriculum on end of life/aid in dying; the process is too burdensome and lengthy for patients, and consideration should be given to reducing the waiting period request to obtaining the lethal drugs from 15 days to 7-10 days; physicians face challenges in determining an accurate prognosis that would make a patient eligible for aid in dying (this is particularly true for patients such as those with ALS), therefore extend the prognosis requirements from 6 months or less to live to 12 months; lack of participation of hospice agencies has created access issues; telehealth consults are taking place to allow physicians to conduct assessments required under the law (the law is silent on using telehealth); and, access to the lethal drugs</p> <p style="text-align: right;"><i>(more)</i></p>

<p>Select Committee Hearing on Physician Assisted Suicide Law (continued)</p>	<p>(mainly Seconal) and the availability of a compounding pharmacy to supply an alternative lethal cocktail are creating barriers to obtaining the lethal drug.</p> <p><b>Panel II: The Health System Experience.</b> Representative from UC Davis, UCLA and Kaiser North described their policy and processes for when a patient requests the EOLOA. Most outlined a patient navigator or clinical coordinator dedicated to the EOLOA process within these institutions. Some of these institutions go beyond the law in requiring reviews of requests by the bioethics committee or an interdisciplinary team; and, described the medical education required for medical students and non-medical groups.</p> <p>UCLA is conducting a health system survey around policies and participation in the EOLOA. While the research is still in process, the UCLA researcher articulated several impressions from the data so far: there is little information on what are the policies of health systems/hospitals; patients lack knowledge about the law and the required process to obtain the lethal drugs; there is a need for information from “neutral resources” rather than aid in dying advocacy groups; and there are challenges in provider coordination (e.g. pharmacists/hospice) in helping patients participate and obtain the lethal drugs. During subsequent panels and questions, there was a recommendation to require providers to make their policies publicly known to help patients make better informed decisions about the EOLOA; and related to that discussion, Compassion &amp; Choices indicated it has an on-line repository of providers participating in the EOLOA. However, when pressed about the access issues to the EOLOA by Senator Monning, the UCLA physician rightly emphasized that “... one needs to have an adequate palliative structure to even consider, as an institution or as a system, putting resources into aid in dying.”</p> <p><b>Panel II: The Hospice Experience.</b> The hospice representatives described their process for addressing patient requests for the EOLOA and using an interdisciplinary team to help develop their policies. A big emphasis was to ensure staff felt supportive of their decision to participate or not and provide support when they declined to have conversations about the EOLOA. There is tension between providing every day end of life care to patients and providing support under the EOLOA. One representative described how an adverse event related to the EOLOA has instituted a required suicide risk aversion process during the admission process.</p> <p><b>Next Steps.</b> The select committee did not indicate whether or not they would introduce legislation to address some of the issues discussed at the hearing, but it should be noted that Legislators have until February 16 to introduce new bills for the 2018 session. Assemblymember Eggman did comment that she intends to have yearly hearings on the EOLOA. The Alliance, working in collaboration with its member health systems/hospitals, the California Catholic Conference, our disability rights partners and others, will be developing a response to the hearing and the need to have a broader policy discussion around quality end of life, not just the EOLOA. We also will use this as an opportunity to highlight the work we are doing under the Whole Person Care Initiative.</p>
<p>Budget Update: Children’s Health Insurance Program (CHIP)</p>	<p>The Legislative Analyst’s Office released a report providing an overview and update of the recent Congressional action regarding the Children’s Health Insurance Program (CHIP), and how the uncertainty is being addressed in the Governor’s budget proposal. They review that CHIP is a joint federal-state program that provides health insurance coverage to children in low-income families, but with incomes too high to qualify for Medicaid. The state and federal governments share the cost of CHIP.</p> <p style="text-align: right;"><i>(more)</i></p>

<p>Budget Update: Children’s Health Insurance Program (CHIP) <i>(continued)</i></p>	<p>At the time the administration was putting together the proposed budget, Congress had not yet acted on a longer-term CHIP funding plan. As such, for the purposes of the budget, the administration assumed Congress would reauthorize the program for the remainder of the state’s 2017-18 and 2018-19 fiscal years at the lower, historical federal cost share of 65 percent, meaning the state would contribute 35 percent of the program’s cost.</p> <p>However, in recent action, the Congress reauthorized CHIP through 2022-2023, and they agreed to fund the program at a higher rate of 88 percent federal funds, and only 12 percent state funds. This demonstrates the broad support for the program from both sides of the aisle. This action results in \$900 million in state funds over two fiscal years previously earmarked for CHIP that are no longer needed for the program due to the higher federal share.</p> <p>The LAO is encouraging the administration to use this unexpected windfall for one-time purposes. Health care advocates will likely be encouraging the administration to reinvest those dollars in the health care budget. The full report can be accessed at <a href="http://lao.ca.gov/Publications/Report/3734">http://lao.ca.gov/Publications/Report/3734</a>.</p>
<p>California Medical Association Political Action</p>	<p><b>Political Endorsements.</b> This week, the California Medical Association (CMA) endorsed Eleni Kounalakis’ 2018 bid to become California’s next Lieutenant Governor. What is most unusual in this is that her democratic opponent is Senator Dr. Ed Hernandez, chair of the Senate Health Committee and current member of the association. In their endorsement announcement, CMA states “Today’s political environment demands leaders focused on pragmatic solutions to improve quality access to health care, address our looming physician shortage crisis and champion public health initiatives. We believe Eleni has the passion, temperament and experience to best represent California’s citizens and interests.” Kounalakis, in her response, noted that physicians are critical stakeholders in assuring the state can achieve affordable and accessible health care for all, and makes a nod to health care access for all – which is a clear distinction from Single Payer health care.</p> <p><b>Single Payer Opposition.</b> In conjunction with this news, CMA also launched coalition of health care providers, opposing Senator Lara’s single payer bill, SB 562 – see <a href="https://www.protectaccessca.org/">https://www.protectaccessca.org/</a>. They state, “The Coalition to Protect Access to Care will actively oppose efforts in Washington, DC, to repeal and replace the ACA, as well as provide a more realistic and responsible solution to California’s SB 562 – flawed legislation that would dismantle the health care marketplace and destabilize the state’s economy. The Coalition also seeks to tie the current federal and state health care debate to practical realities that health care providers experience throughout the state.” One of the several reasons they cite for not supporting single payer is that with so much uncertainty in politics and policy in Washington, DC, now is not the time to walk away from the progress achieved in California under the ACA “in favor of establishing a new and undefined health care system.” They also site the concern that the billions of dollars needed to fund the new system would pit health care groups against public education advocates in a battle for state budget dollars, “forcing Californians to choose between quality education and quality health care – an unfair, irresponsible and unnecessary request.”</p> <p>The Coalition is committed to the following principles:</p> <ul style="list-style-type: none"> <li>▪ Aggressively protect and expand access to health care by building upon the successes of the Affordable Care Act.</li> <li>▪ Work to expand access to care to the remaining 2-3 million Californians who are still without coverage.</li> </ul> <p style="text-align: right;"><i>(more)</i></p>

California Medical Association Political Action <i>(continued)</i>	<ul style="list-style-type: none"><li>▪ Oppose efforts to repeal or undermine the Affordable Care Act.</li><li>▪ Oppose Senate Bill 562 and any other health care proposal that destabilizes California's health care system by calling for unrealistic revenue increases that could destabilize our state budget.</li><li>▪ Commit to improving and expanding care for all Californians through an approach that builds upon California's existing health care delivery system.</li></ul>
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# Assembly California Legislature



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**SUSAN TALAMANTES EGGMAN, Ph.D.**  
CHAIR, ASSEMBLY COMMITTEE ON ACCOUNTABILITY AND ADMINISTRATIVE REVIEW  
ASSEMBLYMEMBER, THIRTEENTH DISTRICT

## AGENDA

Wednesday, January 24, 2018

9:30 a.m. State Capitol, Room 447

### End of Life Policy Issues

#### *Overview of Data: California Department of Public Health*

Dr. Jim Greene, MD, MS, Deputy Director, Center for Health Statistics and Informatics

#### *Panel I: The Medical Provider Experience*

Dr. Catherine Forest – Stanford

Dr. Lynette Cederquist – UC San Diego

#### *Panel II: The Health System Experience*

Dr. Nathan Fairman – UC Davis

Dr. Cindy Cain – UCLA

Dr. Neil Wenger – UCLA

Melissa Stern – Kaiser North

#### *Panel III: The Hospice Experience*

Yelena Zatulovsky, National Director – Seasons Healthcare Management, Inc.

MK (Martha Kay) Nelson, Director of Spiritual Care – Mission Hospice and Home Care

Liz Sumner, Triage Manager – Elizabeth Hospice

***Panel IV: The Patient Experience***

Kat West and Dan Diaz, Compassion and Choices

Dr. Barbara Koenig, UCSF

Raheem Hosseini

Kelly Davis

Roberta Stone

Jackie Minor

***Public Comment***