

LEGISLATIVE UPDATE



Week of March 18, 2019

State Issues

Senate Budget Subcommittee Hearing

On Thursday, the Senate Budget and Fiscal Review Subcommittee No. 3 on Health and Human Services reviewed issues impacting the Department of Managed Care, California Health Benefit Exchange and the Department of Health Care Services, including review of Medi-Cal eligibility, benefits and issues related the Affordable Care Act (ACA).

Individual Mandate. One of the issues discussed was Governor Newsom’s proposal for a state individual mandate that would require residents without health coverage to pay a penalty of \$695 per adult per year and \$348 per child modeled after the ACA penalty. According the Department of Finance (DOF), the maximum fine would be \$2,085 per year, or 2.5 percent of annual household income – whichever is higher. It would maintain religious, veteran and other exemptions previously in place under the Affordable Care Act. Revenue from penalties (estimated \$500 million per year) would go to the general fund and pay for expanded financial assistance for people who purchase plans through Covered California. The proposal would boost subsidies for those already eligible for financial assistance under the ACA, as well as help those who currently earn too much to qualify.

If approved, households earning between 400 and 600 percent of the federal poverty level would be eligible for financial help, which would make California the first state in the nation to offer assistance beyond the maximum income level under the ACA. In total, the governor's "ACA Plus" program would expand premium assistance available to people earning 250 to 600 percent of federal poverty, equivalent to \$62,750 to \$150,000 per year for a family of four. Subsidy levels would change annually depending on the budget and how much penalty revenue comes in, creating significant fiscal uncertainty year to year. The subsidy program would sunset after three years, though the mandate and penalty would remain in place.

Senator Richard Pan (D-Sacramento), Senate budget subcommittee chair, said the subsidies should be larger. He also expressed concern about making financial assistance dependent on penalty revenue. He suggested the state renew the Managed Care Organization (MCO) tax to help offset state costs for expanded subsidies. The MCO tax generates \$1.5 billion per year for the general fund and is set to expire July 1. Senator expressed concern about people being priced out of coverage as the level of assistance drops.

Proposition 55 Funds. Dr. Pan also asked both the DOF and the Legislative Analysts’ Office (LAO) about the lack of Proposition 55 funds for the Medi-Cal budget. As you recall, in good budget years, the state should expect additional revenues to flow into the Medi-Cal program, and for the second year in a row the DOF has used a flawed formula which ensures no additional funding goes for health care. Dr. Pan expressed a great deal of frustration and concern that because the DOF was “playing games” with the funding formula that voter confidence will be undermined. Our estimates indicate that this year, with using a more appropriate formula, Medi-Cal should expect a \$700 million infusion. Dr. Pan mentioned that he knew the initiative gave DOF a great deal of discretion, but in such stellar budget years, we should expect something to come

(more)

Senate Budget Subcommittee Hearing <i>(continued)</i>	to the Medi-Cal program. He asked the LAO to estimate exactly how good the budget would have to be for funding to ever get deposited in the Medi-Cal account. We are pleased to see Dr. Pan and the Senate take up this issue. The hospital community is working with the Assembly to have them raise the same concerns.
Health Committee Hearings and Key Bill Summary	The Assembly and Senate Health Committees held hearings this week on key bills – AB 204, SB 29 and SB 66. All bills were approved. Attached is the most recent Alliance Summary and Status Report on the status of bills of interest to the Catholic health ministry.
Health Care Workforce Joint Hearing	<p>On Monday, March 25, the Assembly Budget Subcommittee on Health and Human Services will hold a joint hearing with the Assembly Budget Subcommittee on Education Finance. The topic of that informational hearing will be “Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission.” As we reported previously, the Commission was co-chaired by Dignity Health’s Lloyd Dean, and he worked with an esteemed group of health care experts to address the health care workforce crisis and to create a comprehensive action plan for building the health workforce California will need by 2030.</p> <p>The hearing includes lead testimony from Sandra Hernandez, President and CEO of the California Healthcare Foundation (CHCF). CHCF was one of the lead funders of the project.</p> <p>The hearing will have three different panel discussions following Hernandez’s testimony. The first panel will cover an overview of the 10 priority recommendations in the report. The second panel will dive deeper into discussions on how the state should be moving to implement the recommendations. And the final panel is the commentary and response from the state’s Legislative Analyst’s Office, with their assessment of the Governor’s Healthcare Workforce Budget proposals. Click here to access the full hearing packet of materials.</p> <p>On Monday, at 2:30 pm, you can watch the hearing live via the Cal Channel at www.calchannel.com under Live Webcasts tab.</p>
Healthcare Conference Materials	<p>The 2019 ITUP (Insure the Uninsured Project) conference <i>Mapping the Future of Health Reform – What’s Next?</i> was held last month, but they recently put all of the conference materials on their website for stakeholders to access.</p> <p>This year they focused on late-breaking updates on health reform at the state and federal levels, including highlights of Governor Newsom’s health care agenda and the latest on Attorney General Xavier Becerra’s fight to protect California coverage gains under the Affordable Care Act. This year’s conference covered a host of topics including health care costs and cost transparency; improving Medi-Cal mental health care; health care workforce issues; and health plan oversight.</p> <p>Access to the slides and materials for the conference presentations can be found at: http://www.itup.org/events/23rd-annual-itup-conference/</p>

For more information please contact Lori Dangberg at 1215 K Street, Suite 2000 ■ Sacramento, CA 95814
Direct line: 916.552.2633 or fax: 916.552.7652 ■ e-mail: ldangberg@thealliance.net

**Alliance of Catholic Health Care
Legislative Summary and Status 3/22/2019**

Access / Health Care Reform

[AB 4](#) (Bonta D) Medi-Cal: eligibility.

Location: 12/3/2018-A. PRINT

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Federal law prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. The bill would delete provisions delaying eligibility and enrollment until the director makes the determination as specified.

Position

Support

[AB 174](#) (Wood D) Personal income taxes: credits: health insurance premiums.

Location: 1/24/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for each taxable year beginning on or after January 1, 2020, would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for the qualified individual, certified by the board of Covered California, or the qualified individual's dependent that exceeds 8%, but no more than ____%, of the qualified individual's modified adjusted gross income, as specified.

Position

Support

[AB 414](#) (Bonta D) Healthcare coverage: minimum essential coverage.

Location: 2/15/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Position

Support

[SB 29](#) (Durazo D) Medi-Cal: eligibility.

Location: 3/20/2019-S. APPR.

Summary: The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Current law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, which includes outreach strategies. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages who are otherwise eligible for those benefits but for their immigration status, and would delete provisions delaying implementation until the director makes the determination as specified.

Position

Support

[SB 65](#) (Pan D) California Health Benefit Exchange: financial assistance.

Location: 1/16/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would require the California Health Benefit Exchange, notwithstanding the provision

establishing the California Health Trust Fund and only to the extent that the Legislature appropriates funding for these purposes, to administer financial assistance to help low-income and middle-income Californians access affordable healthcare coverage by requiring the Exchange to implement specified maximum premium contributions and to reduce copays and deductibles for individuals who meet specified income requirements. The bill would also require the Exchange to administer financial assistance in a manner that maximizes federally funded subsidies.

Position
Support

[SB 66](#) (Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.

Location: 3/21/2019-S. APPR.

Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

Position
Support

[SB 175](#) (Pan D) Healthcare coverage: minimum essential coverage.

Location: 2/6/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Position
Support

[SB 260](#) (Hurtado D) Automatic health care coverage enrollment.

Location: 2/21/2019-S. HEALTH

Summary: Would require the Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from the State Department of Health Care Services regarding an individual terminated from department-administered health coverage. The bill would require enrollment to occur before Medi-Cal coverage or coverage administered by the State Department of Health Care Services is terminated, and would prohibit the premium due date from being sooner than the 30th day of the first month of enrollment.

Position
Support

Behavioral Health

[AB 43](#) (Gloria D) Mental health.

Location: 12/3/2018-A. PRINT

Summary: Current law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. This bill would state the intent of the Legislature to enact legislation to ensure that Mental Health Services Act funds are used in accordance with the provisions of the act and that there is adequate oversight of excess unspent funds.

Position
Watch

[AB 563](#) (Quirk-Silva D) Mental health: funding.

Location: 3/21/2019-A. HEALTH

Summary: Would appropriate \$16,000,000 from the General Fund to the State Department of Health Care Services to distribute to the North Orange County Public Safety Task Force. The bill would require 1/2 of the moneys to be distributed on January 1, 2020, and 1/2 to be distributed on January 1, 2021, and would require the moneys to be used to provide a range of programs, services, and activities designed to assist individuals and families experiencing mental health crises.

Position

Watch

[AB 682](#) (Eggman D) Health facilities: residential mental health or substance use disorder treatment.

Location: 2/28/2019-A. HEALTH

Calendar: 3/26/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the State Department of Public Health, in consultation with specified entities, to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.

Position

Watch

[AB 1055](#) (Levine D) Mental health: involuntary commitment.

Location: 3/7/2019-A. HEALTH

Summary: Current law requires a person admitted to a facility for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act to receive an evaluation as soon as possible after admission and to receive whatever treatment and care the person's condition requires for the full period that the person is held. Existing law requires that person to be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part. This bill would require a person who is released to also be referred for further care and treatment on a voluntary basis, and would require a psychiatrist, psychologist, or medical director approving the release, to, prior to that release, ensure that an initial outpatient appointment with a psychiatrist or psychologist within 5 business days of the release is scheduled.

Position

Watch

[AB 1572](#) (Chen R) Mental health services: gravely disabled.

Location: 3/14/2019-A. HEALTH

Calendar: 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled." This bill would change the definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

Position

Pending Review

[SB 596](#) (Stern D) Mental health.

Location: 2/22/2019-S. RLS.

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law requires a person who receives evaluation or treatment pursuant to the act to be given a choice of physician or other professional person providing those services, in accordance with the policies of each agency providing those services, and within the limits of available staff in the agency. This bill would instead make that provision applicable to a person receiving both evaluation and treatment under the act.

Position

Pending Review

[SB 640](#) (Moorlach R) Mental health services: gravely disabled.

Location: 3/14/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to himself or others or who is gravely disabled. This bill would change the

definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in bodily harm.

Position

Pending Review

Hospital Operations and Finance

[AB 149](#) (Cooper D) Controlled substances: prescriptions.

Location: 3/11/2019-A. CHAPTERED

Summary: Current law classifies certain controlled substances into designated schedules. Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Current law requires those prescription forms to be printed with specified features, including a uniquely serialized number. This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers.

Position

Support

[AB 389](#) (Santiago D) Substance use disorder treatment: peer navigators.

Location: 2/5/2019-A. HEALTH

Calendar: 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the State Department of Health Care Services to either establish a pilot program or expand an existing pilot program for purposes of measuring the efficacy and cost avoidance of utilizing trained substance use disorder peer navigators and behavioral health peer navigators in the emergency department of an acute care hospital, as described, if Funds for this purpose are appropriated in the annual Budget Act. The bill would provide that an acute care hospital may be eligible to receive funding under the pilot program to fund peer navigator positions.

Position

Watch

[AB 714](#) (Wood D) Opioid prescription drugs: prescribers.

Location: 2/28/2019-A. B.&P.

Calendar: 3/26/2019 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair

Summary: Current law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified.

Position

Watch

[AB 774](#) (Reyes D) Health facilities: reporting.

Location: 2/28/2019-A. HEALTH

Calendar: 3/26/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law requires hospitals to file an Emergency Care Data Record for each patient encounter in a hospital emergency department with the Office of Statewide Health Planning and Development. Current law requires the record to contain specified patient and health data information, including the service date and the disposition of the patient. This bill would additionally require the report to include the time of registration and, as applicable, the date and time of admission, transfer, and discharge, as well as the location of the discharge and transfer.

Position

Watch

[AB 844](#)**(Irwin D) Health facilities: mandated hospital services and activities.****Location:** 3/4/2019-A. HEALTH**Calendar:** 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair**Summary:** Current law, until July 1, 2020, requests that the University of California to establish the California Health Benefit Review Program to assess legislation proposing to mandate a benefit or service of a health care service plan or health insurer or proposing to repeal an existing mandated benefit or service of a health care service plan or health insurer. Current law requests that the university provide that analysis to the appropriate policy and fiscal committees of the Legislature not later than 60 days after receiving a request for the analysis. This bill would establish an independent, nonpartisan body to advise the Governor and Legislature on the financial impact of proposed mandated hospital services and activities.**Position**

Support

[AB 910](#)**(Wood D) General acute care hospitals: consolidated licensing.****Location:** 3/4/2019-A. HEALTH**Summary:** Would require the State Department of Public Health, on or before January 1, 2021, to report to the Legislature the name, location, and license identification of every general acute care hospital operating under a single consolidated license that operates 2 or more physical plants located more than 15 miles apart. The bill would further require the department, on or before January 1, 2022, and annually thereafter, to update the report, as specified. The bill would also make technical changes to these provisions.**Position**

Pending Review

[AB 962](#)**(Burke D) Hospitals: procurement contracts: disclosures.****Location:** 3/4/2019-A. HEALTH**Calendar:** 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair**Summary:** Would require a licensed hospital with operating expenses of \$25,000,000 or more to annually submit a report to the Office of Statewide Health Planning and Development on its minority, women, LGBT, and veteran-owned business enterprise procurement efforts, as specified. The bill would require each report to be submitted on July 1, 2020, and then annually thereafter. The bill would impose specified civil penalties for a failure to submit that report, as specified. The bill would require the office to maintain a link on the office's internet website that provides public access to the content of those reports, as specified.**Position**

Watch

[AB 1014](#)**(O'Donnell D) Health facilities: notices.****Location:** 3/7/2019-A. HEALTH**Calendar:** 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair**Summary:** Current law requires a hospital that provides emergency medical services to, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the department, other specified entities, and the public. Current law requires a health facility implementing a downgrade or change to make reasonable efforts to ensure that the community it serves is informed of the downgrade or closure. Current law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the facility, eliminating a supplemental service, as defined, or relocating the provision of supplemental services to a different campus. This bill would require a hospital that provides emergency medical services or a health facility to provide notice, as specified, at least 180 days before making the changes described above.**Position**

Watch

[AB 1404](#)**(Santiago D) Department of Managed Health Care: Financial Solvency Standards Board.****Location:** 3/14/2019-A. HEALTH**Summary:** Current law establishes, within the Department of Managed Health Care, the Financial Solvency Standards Board, which is comprised of the director of the department and 7 members, appointed by the director. Current law authorizes the 7 appointed members to be from specified subject areas or fields, including, but not limited to, medical and health care economics, accountancy, with experience in integrated or affiliated health care delivery systems, and management and administration in integrated or affiliated health care delivery systems. This bill would add 2 appointed members to the board. The bill would also include large group health insurance purchasing and a representative of health care consumers in the list of subject areas or fields from which the director may choose board members.**Position**

Watch

[AB 1495](#) (O'Donnell D) Hospitals: seismic safety.

Location: 3/21/2019-A. HEALTH

Summary: Would specify that if a hospital submitted a seismic compliance plan based on a removal plan, but also submitted a timely seismic compliance plan or plans based on one or more of the other methods of seismic compliance, the extension may be granted for the seismic compliance plan or plans based on the methods other than the removal plan.

Position

Watch

[AB 1544](#) (Gipson D) Community Paramedicine or Triage to Alternate Destination Act.

Location: 3/14/2019-A. HEALTH

Summary: Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program, and would further require the Commission on Emergency Medical Services to review and approve those regulations.

Position

Watch

[AB 1611](#) (Chiu D) Emergency hospital services: costs.

Location: 3/14/2019-A. HEALTH

Summary: Would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment.

Position

Pending Review

[AB 1630](#) (Irwin D) Medical billing task force.

Location: 3/18/2019-A. HEALTH

Summary: Would require OSHPD, in consultation with the Insurance Commissioner, to establish a medical billing task force on or before April 1, 2020. The bill would require the task force to, among other things, engage interested parties in the development of a system to improve the readability of medical bills and create a standard medical billing form. The bill would require OSHPD, on or before December 1, 2020, to submit a report to the Legislature on the task force's efforts.

Position

Watch

[SB 343](#) (Pan D) Healthcare data disclosure.

Location: 2/28/2019-S. HEALTH

Calendar: 4/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would eliminate alternative reporting requirements for a plan or insurer that exclusively contracts with no more than 2 medical groups or a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and would instead require those entities to report information consistent with any other health care service plan, health insurer, or health facility, as appropriate. The bill would also eliminate the authorization for hospitals to report specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group basis.

Position

Pending Review

[SB 758](#) (Portantino D) Hospitals: seismic safety.

Location: 2/22/2019-S. RLS.

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. A violation of any provision of the act is a misdemeanor. This bill would state the intent of the Legislature to enact

legislation to evaluate seismic safety building standards applicable to hospitals.

Position

Pending Review

Not for Profit

[AB 204](#) (Wood D) Hospitals: community benefits plan reporting.

Location: 3/19/2019-A. APPR.

Summary: Would require the Office of Statewide Health Planning and Development, by no later than July 1, 2020, to develop regulations to standardize the calculation of the economic value of community benefits and community benefit plan reporting, as specified. The bill would require the office, upon implementation of the regulations, to annually prepare a report on community benefits, as specified, and post the report and the community benefit plans submitted by the hospitals on its Internet Web site. The bill would authorize the office to impose fines not to exceed an unspecified amount on hospitals that fail to adopt, update, or submit community benefit plans.

Position

Pending Review

Social Determinants of Health

[AB 816](#) (Quirk-Silva D) California Flexible Housing Subsidy Pool Program.

Location: 3/4/2019-A. H. & C.D.

Calendar: 4/24/2019 9:30 a.m. - State Capitol, Room 126 ASSEMBLY HOUSING AND COMMUNITY DEVELOPMENT, CHIU, Chair

Summary: Would establish the California Flexible Housing Subsidy Pool Program within the Department of Housing and Community Development for the purpose of making grants available to applicants, defined to include a city, county, city and county, or continuum of care, for eligible activities including, among other things, rental assistance, operating subsidies in new and existing affordable or supportive housing units, and specified outreach services. The bill would continuously appropriate \$450,000,000 from the General Fund every fiscal year to the department for purposes of the program, and set forth how these funds must be allocated.

Position

Pending Review

Workforce

[AB 329](#) (Rodriguez D) Hospitals: assaults and batteries.

Location: 2/11/2019-A. PUB. S.

Summary: Would make an assault committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. By expanding the scope of a crime, this bill would impose a state-mandated local program.

Position

Support

[AB 890](#) (Wood D) Nurse practitioners.

Location: 3/4/2019-A. B.&P.

Summary: Would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours. The bill would authorize a nurse practitioner to perform specified functions in addition to any other practices authorized by law, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Position

Pending Review

[SB 227](#) (Leyva D) Health and care facilities: inspections and penalties.

Location: 2/21/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair
Summary: Current law specifically requires the State Department of Public Health to adopt regulations that require a general acute care hospital, an acute psychiatric hospital, and a special hospital to meet minimum nurse-to-patient ratios and assign additional staff according to a documented patient classification system for determining nursing care requirements. Current law also generally requires the department to periodically inspect every health facility for which a license or special permit has been issued for compliance with state laws and regulations. This bill would require the periodic inspections of these specified health facilities to include reviews of compliance with the nurse-to-patient ratios and staff assignment regulations described above.

Position

Watch

SB 567 (Caballero D) Workers' compensation: hospital employees.

Location: 3/7/2019-S. L., P.E. & R.

Summary: Would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment. The bill would also make related findings and declarations.

Position

Watch

SB 697 (Caballero D) Physician assistants: scope of practice.

Location: 3/14/2019-S. B., P. & E.D.

Summary: The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. That act requires the board to issue licenses under the name of the Medical Board of California. This bill would rename the board the Physician Assistant Board of California and instead provide that the board is within the Department of Consumer Affairs. The bill would require the board to issue licenses under its name.

Position

Watch

Total Measures: 37

Total Tracking Forms: 37