

LEGISLATIVE UPDATE



Week of May 28, 2018

State Issues

House of Origin
Legislative
Deadline

Today, June 1, marks the final day for all bills to move from their house of origin to the next house. The Senate and Assembly floor schedules were full this week, and following is the status of a few remaining key bills of interest.

AB 2874 (Thurmond) Health facilities: notice: Attorney General, which the Alliance strongly opposed, failed to pass the Assembly on Thursday evening. This bill was an even worse version of SB 687 (Skinner) from last session that was vetoed by the Governor. It would have required all hospitals to get permission of the Attorney General before making any changes in their services. This approval from the Attorney General is in addition to the already lengthy Department of Public Health process. The bill was sponsored by the California Nurses Association. After realizing he did not have the votes to pass the bill, Assemblymember Thurmond offered some last minute proposed amendments to eliminate the requirement that the Attorney General approve the changes in services but maintained the public hearing process and lengthy timelines before a hospital could make the changes. The Alliance, along with the California Hospital Association (CHA) and others in the hospital community, were able to quickly share with legislators that these amendments would still add unnecessary and time-consuming burdens on hospitals in their quest to adjust services to better meet the needs of their communities. The hastily proposed amendments did not sway legislators, and the bill failed passage on a 33-23-22 vote.

Other bills supported by the hospital community made it through the Assembly floor on the consent calendar, including **AB 2112 (Santiago)**, which would require the Department of Health Care Services to develop and submit a proposal to solicit a grant to develop a community-based crisis response plan under the 21st Century Cures Act; and, **AB 2798 (Maienschein)**, which would establish specific time frames for the California Department of Public Health to review and complete hospital applications.

SB 1152 (Hernandez): Hospital patient discharge process: homeless patients made it off the Senate floor on a party-line vote of 26-13. This bill requires each hospital to include, as part of its hospital discharge policy, a written homeless patient discharge planning policy and process. More specifically, it prohibits a hospital from discharging a homeless patient to a location other than where the patient identifies as his or her residence unless to another licensed facility, or to a social services agency or provider that has agreed to accept the patient, and requires certain conditions to be met prior to discharging the homeless patient. Substantial amendments were taken on the Senate floor to improve the bill, but CHA and others still remain opposed, unless amended, given some new language added to the bill.

Problematic language includes a requirement that hospitals include the housing status and disposition of patients as part of the data submitted to the Office of Statewide Health Planning and Development, and language that allows any

(more)

<p>Legislative Deadline (continued)</p>	<p>local jurisdiction to develop more stringent homeless discharge policies – ensuring a patchwork of varying obligations and expectations for hospital systems that operate in different locations throughout the state.</p> <p>Positive changes to the bill include that it no longer includes language that would require discharge during daylight hours only; require the patient be provided with all necessary durable medical equipment; and prohibit discharge in inclement weather. Instead of the requirement that the patient receive a psychiatric evaluation and treatment, the bill now requires a mental health status exam be provided. The bill now eliminates all references to community benefit plans.</p> <p>The bill now moves to the Assembly, where it will first be heard in Assembly Health Committee sometime in June.</p>
<p>Legislative Summary and Status</p>	<p>Attached please find the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>
<p>State Budget Negotiations Begin</p>	<p>The Budget Conference Committee began its hearing this week to work out differences between what the two houses have approved for funding in the 2018-19 state budget.</p> <p>Late last week, both the Senate and Assembly announced their members of the Conference Committee: Assemblymembers Phil Ting, Richard Bloom, Joaquin Arambula, Jay Olbernalte, and Rocky Chavez; and Senators Holly Mitchell, John Moorlach, Jim Nielsen, Richard Roth, and Nancy Skinner. In a pointed move, the women’s caucus issued a statement highlighting that Speaker Rendon did not appoint any women to represent the Assembly in the Conference negotiations. They then lobbied for their primary budget ask, which is expanding access to child care slots and early learning opportunities. They point out that lack of affordable child care often leads to one parent sacrificing a career to care for their children and leads to greater income inequality between men and women. It will be worth observing whether this issue will be addressed in the budget this year.</p> <p>There are many health care related items in Conference, including the majority of the Assembly’s \$1 billion health care investment package, which includes allowing undocumented persons who are 19-25 years old and those over 65 years old to be covered by Medi-Cal if certain criteria are met.</p> <p>Another interesting item in Conference Committee is the proposal by the California Chapter of the American College of Emergency Physicians (CalACEP), which requests \$20 million in one-time funds for the creation of a statewide pilot program that places a certified drug and alcohol counselor in each of the roughly 400 emergency departments (EDs) throughout California, at an estimated cost of \$50,000 per counselor. The pilot would include data collection to measure the efficacy of treatment and the cost savings to the Medi-Cal program and to other payers. Both the Senate and Assembly Budget Subcommittees approved this item at the \$20 million one-time fund level. However, the budget item is in Conference Committee because the two houses identified differing funding streams: The Assembly proposes to have the funds allocated out of the Mental Health Services Act (MHSA) State Administration Fund; and, the Senate proposes to use State General Fund (SGF). CalACEP does not have a preference on where the funds come from, but the compromise offered may be that SGF are used, but the program is managed by the MHSA Oversight and Accountability Commission.</p> <p style="text-align: right;"><i>(more)</i></p>

Election Politics	<p>On June 5, California will hold its statewide primary election for all statewide races, including Governor, Lieutenant Governor, Attorney General, Secretary of State, Controller, Treasurer, Insurance Commissioner, and Superintendent of Public Instruction. Recent polls show Democrat Gavin Newsom and Republican John Cox may be the likely candidates in the November run-off election for Governor. In addition, all of the Assembly seats are in play and half of the Senate seats. There also is a recall election for Senator Josh Newman, and special elections for Assembly seats vacated by Raul Bocanegra and Matt Dababneh, and the Senate seat vacated by Tony Mendoza.</p> <p>Word around the Capitol is that Senate Pro Tem Toni Atkins may make some adjustments to Committee chair positions next week, post-election. The Appropriations Committee (currently chaired by Senator Ricardo Lara, who is running for Insurance Commissioner), and Health Committee (currently chaired by Senator Dr. Ed Hernandez, who is running for Lieutenant Governor) are likely to have new chairs. Rumors for who will get those new choice assignments are many, but Dr. Richard Pan (D-Sacramento) for Health Committee and Nancy Skinner (D-Berkeley) for Appropriations Committee are getting the most chatter around the Capitol.</p>
Recap: Status of Physician Assisted Suicide Law	<p>On May 15, a Riverside county Superior Court judge issued an oral ruling that the process by which the California Legislature approved the physician assisted legislation, during a special session on health care funding, was unconstitutional. The state Attorney General (AG) was given five days to petition the court of appeal for an emergency writ – to immediately block the trial court judge’s ruling. This was denied by the Fourth District Court of Appeal.</p> <p>Late last Friday, May 25, the trial court judge signed the judgment (confirming his ruling). As a result, the End of Life Option Act (EOLOA) is now illegal.</p> <p>While the appellate court denied the AG’s motion, it gave all parties to the lawsuit time to “show cause” as to why the court should, or should not, grant the AG’s motion to reverse the ruling that nullifies the EOLOA. This exchange of legal briefs must be done within 25 days, with another 15 days for additional appeals, culminating in a hearing before the appellate court (sometime before the end of June).</p> <p>Bottom line: Until and unless the law is reinstated by an appeals court, or state Supreme Court, physician assisted suicide is not legal in California. Therefore, physicians may not legally prescribe lethal drugs to patients; and, patients who have already obtained the prescription should not take the lethal medication as it could be considered suicide (creating challenges on issues related to insurance, etc.).</p>

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Alliance of Catholic Health Care Legislative Summary and Status 6/1/2018

Access

[AB 2965](#) ([Arambula D](#)) **Medi-Cal: immigration status.**

Location: 5/31/2018-S. RLS.

Summary: Would extend eligibility for full-scope Medi-Cal benefits to individuals who are under 26 years of age and who are 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 described above. The bill would require the department to provide, indefinitely, the above-described monthly updates to the legislative committees. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

Position

Pending Review
(Support in
Concept)

[SB 199](#) ([Hernandez D](#)) **The California Health Care Cost, Quality, and Equity Atlas.**

Location: 9/1/2017-A. 2 YEAR

Summary: Would require the Secretary of California Health and Human Services, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified. The bill would require the secretary to charge the advisory committee with identifying the type of data, purpose of use, and entities and individuals that are required to report to, or that may have access to, a health care cost, quality, and equity atlas, and with developing a set of recommendations based on specified findings of the March 1, 2017, report.

Position

Watch

[SB 974](#) ([Lara D](#)) **Medi-Cal: immigration status: adults.**

Location: 5/30/2018-A. DESK

Summary: 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, be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. Current law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals 65 years of age or older, if otherwise eligible for those benefits, but for their immigration status, subject to an appropriation.

Position

Pending Review
(Support in
Concept)

Behavioral and Mental Health

[AB 1136](#) ([Eggman D](#)) **Health facilities: residential mental or substance use disorder treatment.**

Location: 2/5/2018-S. HEALTH

Summary: Would require the State Department of Public Health 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 beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.

Position

Watch

[AB 1795](#) ([Gipson D](#)) **Emergency medical services: behavioral health facilities and sobering centers.**

Location: 5/25/2018-A. DEAD

Summary: Would authorize a local emergency medical services agency to submit, as part of its emergency medical services plan, a plan to transport specified patients who meet triage criteria to a

behavioral health facility or a sobering center, as defined. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided during transport to a behavioral health facility or a sobering center. The bill would authorize a city, county, or city and county to designate, and contract with, a sobering center to receive patients, and would establish standards that apply to sobering centers, as specified.

Position
Support

[AB 1998](#) (Rodriguez D) Opioids: safe prescribing policy.

Location: 5/31/2018-S. RLS.

Summary: Would require, by July 1, 2019, every health care practitioner who prescribes, orders, administers, or furnishes opioids classified as Schedule II and Schedule III to adopt, review, and periodically update a safe opioid prescribing policy, as specified. The bill would prohibit the safe opioid prescribing policy from placing a limitation on the prescription, ordering, administration, or furnishing of opioids to patients with prescribed conditions.

Position
Watch

[AB 2112](#) (Santiago D) Federal 21st Century Cures Act: community-based crisis response plan: grant.

Location: 5/31/2018-S. DESK

Summary: Current federal law, the 21st Century Cures Act, authorizes the United States Secretary of Health and Human Services to award competitive grants to state and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems that, among other things, promote integration and coordination between local public and private entities engaged in crisis response, such as first responders, health care providers, and behavioral health providers, and addresses gaps in community resources for crisis intervention and prevention. This bill would require the department to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, and consistent with federal grant application requirements, a plan for specified objectives.

Position
Support

[AB 2193](#) (Maienschein R) Maternal mental health.

Location: 5/31/2018-S. DESK

Summary: This bill would make it the duty of obstetrician-gynecologists or licensed health care practitioners supervised by obstetrician-gynecologists who treat or attend the mother or child, or both, to screen the mother for maternal mental health conditions, as defined, during pregnancy or during the postpartum period, or both, and to report the findings of the screening to the mother's primary care physician if the obstetrician-gynecologist or health care practitioner supervised by an obstetrician-gynecologist is not the mother's primary care physician.

Position
Watch

[AB 2741](#) (Burke D) Prescription drugs: opioid medications: minors.

Location: 5/17/2018-S. B., P. & E.D.

Calendar: 6/11/2018 12 p.m. and upon adjournment of Session - Room 3191 SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, HILL, Chair

Summary: Would prohibit a prescriber, as defined, from prescribing more than a 5-day supply of opioid medication to a minor unless the prescription is for specified uses. The bill would also require a prescriber to take certain steps before prescribing a minor a course of treatment with opioid medication, including discussing opioid risks and obtaining verbal consent, except in specified instances. The bill would make a violation of the bill's provisions unprofessional conduct and would subject the prescriber to discipline by the board charged with regulating his or her license.

Position
Watch

[AB 2843](#) (Gloria D) Mental Health Services Fund.

Location: 5/25/2018-A. THIRD READING

Summary: The Mental Health Services Act requires funds allocated to a county that have not been spent within a specified time to revert to the Mental Health Services Fund and to be reallocated to other counties for the purposes for which the unspent funds were initially allocated to the original county. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA. This bill would additionally require those funds subject to reversion to be reallocated to cities, special districts, school districts, or other public entities for the provision of mental health services consistent with the intent of the MHSA.

Position

Watch

[AB 2983](#) ([Arambula D](#)) Health care facilities: voluntary psychiatric care.

Location: 5/24/2018-S. HEALTH

Summary: Would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

[SB 1125](#) ([Atkins D](#)) Federally qualified health center and rural health clinic services.

Location: 5/30/2018-A. DESK

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. 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

End of Life/Palliative Care

[AB 282](#) ([Jones-Sawyer D](#)) Aiding, advising, or encouraging suicide: exemption from prosecution.

Location: 5/16/2018-S. THIRD READING

Calendar: 6/4/2018 #23 SENATE SEN THIRD READING FILE - ASM BILLS

Summary: Current law makes a person who deliberately aids, advises, or encourages another to commit suicide guilty of a felony. This bill would prohibit a person whose actions are compliant with the End of Life Option Act from being prosecuted for deliberately aiding, advising, or encouraging suicide.

Position

Watch

[AB 937](#) ([Eggman D](#)) Health care decisions: order of priority.

Location: 7/21/2017-S. 2 YEAR

Summary: The Health Care Decisions Law, among other things, provides for an individual's use of a request regarding resuscitative measures, which is a written document, signed by an individual with capacity or a legally recognized health care decisionmaker for the individual, and the individual's physician, that directs a health care provider regarding resuscitative measures for the individual. This would provide that, to the extent of that conflict, the most recent order signed by the individual or instruction made by the individual is effective. The bill would deem a request regarding resuscitative measures signed by specified persons on behalf of the individual to be signed by the individual. The bill would also make technical conforming changes.

Position

Watch

[AB 3211](#) ([Kalra D](#)) Advance health care directives.

Location: 5/3/2018-S. JUD.

Summary: The Health Care Decisions Law, among other things, establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. The law provides a form that may be used or modified to create an advance health care directive, and expressly does not require the use of the form. This bill would revise and recast the portion of the form relating to a person's gift of his or her organs, tissues, and parts.

Position

Watch

[SB 481](#) ([Pan D](#)) Long-term health facilities: informed consent.

Location: 7/14/2017-A. 2 YEAR

Summary: Current law requires the attending physician of a resident in a skilled nursing facility or intermediate care facility who prescribes or orders a medical intervention of a resident that requires

the informed consent of a patient who lacks the capacity to provide that consent, as specified, to inform the skilled nursing facility or intermediate care facility. Current law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention. This bill would, before implementing a medical intervention that requires informed consent for a resident who lacks capacity to make health care decisions and there is no person with legal authority able and willing to make those decisions, require the physician, skilled nursing facility, or intermediate care facility, to promptly notify the resident, orally and in writing, that it has been determined that the resident lacks capacity, and other information, as specified.

Position
Support

[SB 1336](#) (Morrell R) Public health: End of Life Option Act.

Location: 4/27/2018-S. DEAD

Summary: Current law requires the State Department of Public Health to create a report with information collected from attending physician followup forms and to post that report to its Internet Web site. Current law requires that information to include, among other things, the underlying illness of the qualified individual. Current law authorizes the Medical Board of California to update the attending physician checklists and forms required under these provisions. This bill would require the report described above to further include the areas of practice of each physician who wrote a prescription for an aid-in-dying drug, the motivating reason or reasons behind a patient's decision to request the aid-in-dying drug, as specified, and the number of patients who received a mental health specialist assessment prior to receiving the aid-in-dying drug.

Position
Support

Health Care Reform

[AB 2459](#) (Friedman D) Personal income taxes: credits: health insurance premiums.

Location: 5/31/2018-S. RLS.

Summary: Would, for each taxable year beginning on or after January 1, 2019, and before January 1, 2026, 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 or the qualified individual's dependent that exceeds 8% of the qualified individual's modified adjusted gross income, as specified. The bill would make the credit operative only for taxable years for which resources are authorized in the annual Budget Act for the Franchise Tax Board to oversee and audit returns associated with the credit.

Position
Watch

[AB 2502](#) (Wood D) Health care payments database.

Location: 5/30/2018-S. RLS.

Summary: Would state the intent of the Legislature to establish a system to collect information regarding the cost of health care. The bill would require the Secretary of California Health and Human Services, no later than January 1, 2020, to establish, implement, and administer the California Health Care Payments Database, among other duties. The bill would require certain health care entities, including health care service plans, to provide specified information to the secretary. The bill would authorize the secretary to report a health care entity that fails to comply with that requirement to the health care entity's regulating agency, and would authorize the regulating agency to enforce that requirement using its existing enforcement procedures, as specified.

Position
Watch

[AB 2517](#) (Wood D) Health care coverage.

Location: 5/30/2018-S. RLS.

Summary: Would establish the Advisory Panel on Health Care Delivery Systems and Universal Coverage in the California Health and Human Services Agency and would require the advisory panel to develop a plan to achieve universal coverage and a unified publicly financed health care system. The bill would require the Secretary of California Health and Human Services to appoint members to the advisory panel, as provided, and would require the advisory panel to convene public meetings at least quarterly, beginning on or before March 1, 2019.

Position
Watch

[AB 2565](#) (Chiu D) Affordability assistance: cost sharing.

Location: 5/31/2018-S. RLS.

Summary: Current state law establishes the California Health Benefit Exchange, also known as Covered California, within state government. Current law specifies the powers and duties of the board governing Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill would require the board to subsidize the premium payments of individuals who enroll in health care coverage through the Exchange and who, under federal law, would be eligible for premium tax subsidies, as specified. The bill would make this requirement operative only to the extent that funding to cover the cost of the state subsidy is provided, by express reference, in the annual Budget Act or in another act making an appropriation for this purpose.

Position

Watch

[SB 562](#) ([Lara D](#)) **The Healthy California Act.**

Location: 7/14/2017-A. 2 YEAR

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, 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. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Position

Watch

Hospital Operations and Finance

[AB 1250](#) ([Jones-Sawyer D](#)) **Counties: contracts for personal services.**

Location: 9/5/2017-S. RLS.

Summary: Would establish specific standards for the use of personal services contracts by counties. The bill would allow a county or county agency to contract for personal services currently or customarily performed by employees, as applicable, when specified conditions are met. The bill would exempt certain types of contracts from its provisions, and would exempt a city and county from its provisions. By placing new duties on local government agencies, the bill would impose a state-mandated local program. The bill also would provide that its provisions are severable.

Position

Oppose

[AB 2190](#) ([Reyes D](#)) **Hospitals: seismic safety.**

Location: 5/25/2018-S. DESK

Summary: Current law provides that, after January 1, 2008, a general acute care hospital building that is determined to be a potential risk of collapse or to pose significant loss of life in the event of seismic activity be used only for nonacute care hospital purposes, except that the Office of Statewide Health Planning and Development may grant 5-year and 2-year extensions under prescribed circumstances, except as specified. This bill would require all hospitals with buildings subject to the January 1, 2020, deadline described above to submit a written application to the Office of Statewide Health Planning and Development by July 1, 2019, that specifies the seismic compliance method each building will use, as specified. The bill would require the office to grant an additional extension of time to an owner who is subject to the January 1, 2020, deadline if specified conditions are met.

Position

Support

[AB 2798](#) ([Maienschein R](#)) **Hospitals: licensing.**

Location: 5/31/2018-S. DESK

Summary: Would prescribe timelines for the State Department of Public Health to approve a written application submitted by a general acute care hospital or an acute psychiatric hospital to modify, add, or expand a service or program. The bill would require the department to approve or deny a completed application to modify or add a service or program within 45 business days of receipt of the completed application. The bill would require the department to approve a written application to expand a service that is currently being provided within 30 business days of receipt of the completed application, unless the hospital is out of compliance with existing laws governing the service to be expanded.

Position

Support

[AB 2874](#) ([Thurmond D](#)) **Health facilities: notice: Attorney General.**

Location: 5/25/2018-A. THIRD READING

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

Oppose

AB 3087 (Kalra D) California Health Care Cost, Quality, and Equity Commission.

Location: 5/25/2018-A. DEAD

Summary: Would create the California Health Care Cost, Quality, and Equity Commission, an independent state agency, to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other health care providers, among other things. The bill would provide that funding for the commission would be provided from the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

Position

Oppose

SB 538 (Monning D) Hospital contracts.

Location: 7/14/2017-A. 2 YEAR

Summary: This bill, the Health Care Market Fairness Act of 2017, would prohibit contracts between hospitals and contracting agents, health care service plans, or health insurers from containing certain provisions, including, but not limited to, setting payment rates or other terms for nonparticipating affiliates of the hospital, requiring the contracting agent, plan, or insurer to keep the contract's payment rates confidential from any payor, as defined, that is or may become financially responsible for the payment, and requiring the contracting agent, plan, or insurer to submit to arbitration, or any other alternative dispute resolution program, any claims or causes of action that arise under state or federal antitrust laws after those claims or causes of action arise, except as provided.

Position

Oppose

SB 1152 (Hernandez D) Hospital patient discharge process: homeless patients.

Location: 5/30/2018-A. DESK

Summary: Current law requires each hospital to have a written discharge planning policy and process that requires that the appropriate arrangements for posthospital care are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. This bill would require each hospital to include within the hospital discharge policy, a written homeless patient discharge planning policy and process that includes, among other requirements, coordinating services and referrals for homeless patients, and procedures for homeless patient discharge referrals to shelters, medical care, and behavioral health care.

Position

Watch

SB 1288 (Leyva D) Health and care facilities: inspections.

Location: 5/29/2018-A. DESK

Summary: Would require state periodic inspections of health facilities to include reviews of compliance with the nurse-to-patient ratios and staff assignment regulations as specified. The bill would require the State Department of Public Health to ensure that these inspections are not announced in advance of the date of inspection.

Position

Watch

Social Determinants of Health

SB 100 (De León D) California Renewables Portfolio Standard Program: emissions of greenhouse gases.

Location: 9/8/2017-A. U. & E.

Summary: The Legislature has found and declared that its intent in implementing the California Renewables Portfolio Standard Program requires the PUC is to attain, among other targets for sale of

eligible renewable resources, the target of 50% of total retail sales of electricity by December 31, 2030. This bill would revise the above-described legislative findings and declarations to state that the goal of the program is to achieve that 50% renewable resources target by December 31, 2026, and to achieve a 60% target by December 31, 2030.

Position

Support

Workforce/Labor Issues

[AB 2759](#) (Santiago D) Clinics and health facilities: nurses.

Location: 4/27/2018-A. DEAD

Summary: Would prohibit clinics and health facilities that receive public funds from excluding students enrolled in a public community college associate degree prelicensure nursing program from clinical placement slots if the program has been approved by the Board of Registered Nursing, as specified. The bill would also prohibit clinics and health facilities from discriminating against a person because he or she has completed an associate degree nursing program instead of a baccalaureate degree nursing program. The bill would specify that a violation of these provisions is not a crime.

Position

Oppose

Total Measures: 32

Total Tracking Forms: 32