

LEGISLATIVE UPDATE



Week of May 6, 2019

State Issues

State Budget: May Revise

On Thursday, Governor Newsom released his May Revision to his January budget proposal. The May Revision projects short-term revenues of \$3.2 billion above the Governor's Budget. However, most of the increased revenues are constitutionally obligated to reserves, debt repayment, and schools. Therefore, the budget surplus remains relatively unchanged. Despite the short-term gains, slower economic growth leads to a lower forecast in out-year revenues—\$1.6 billion lower in 2022-23 compared to the forecast in January. The Governor, as in years past, continues to highlight the eventual economic downturn and the need for California to be prepared to weather the storm.

Focusing on health care, the May Revise includes an additional \$1.1 billion in State General Fund for a variety of health and human services programs.

Coverage for Undocumented Young Adults. The budget includes \$98 million to cover undocumented adults age 19-25. The amount allocated to this is slightly lower due to a delayed implementation date and a revised calculation of the number of individuals covered. He did not follow the Legislature's wish to cover all undocumented adults over age 19 and commented that that proposal would be cost prohibitive.

Insurance Subsidies. The budget proposes to expand further his proposal to increase subsidies to California working families who purchase coverage through Covered California. This will include subsidies for families between 200-400 percent of poverty and 400-600 percent of poverty. The expanded subsidies should equate to average relief for costs for eligible Californians of \$100 per month. The Governor proposes to have the subsidies sunset in three years, and states that they are "a bridge to the work of the Healthy California for All Commission," which he proposes to focus on bringing California into a single payer health care system.

Bulk Drug Purchasing Proposal. The Governor's budget proposal does not speak specifically to his Executive Order related to drug bulk purchasing. However, he does note savings of \$393 million General Fund savings by 2022-2023 due to moving the pharmacy benefit in the Medi-Cal program from the managed care plans to the fee-for-services program. In his press conference, he made it clear that none of these savings were the result of changes to the 340B program.

Health Care Workforce. The Governor includes an increase of \$122 million for health care provider training. \$50 million additional for current OSHPD training programs; \$38.7 million in Prop 56 for "residency programs at hospitals throughout California..." and \$33.3 million for Song Brown programs. Along with other funds, the budget states that over \$600 million in funding in the coming years will be allocated to meet our future health care workforce needs.

(more)

May Revise
(continued)

Prop 56 Expenditures. Using Prop 56 funds (tobacco tax), the Governor is making a series of significant additions to the health care budget. It is noteworthy that he states again, that this is just a bridge to our single payer health care system:

- \$1 billion for supplemental rate increases for physicians, dentists, and other providers for Medi-Cal services and the Value-Based Payment Program.
- \$120 million loan repayment program for doctors and dentists who commit to service Medi-Cal beneficiaries.
- \$70 million for the Value-Based Payment Program, specifically for behavioral health integration.
- \$25 million (\$60 million over three years) to train providers to conduct trauma screenings
- And \$11.3 million to restore optical benefits for adults in the Medi-Cal program.

No MCO Tax Renewal – Yet. The budget includes a general fund reduction in the health care budget to reflect the expiration of the current Managed Care Organization (MCO) tax on June 30, 2019. The MCO tax is a tax on health plans that when matched with federal funds brings approximately \$1.2 billion investment into our Medi-Cal system. While the health plans and Administration have worked through the details of a new, revised MCO tax (and plans were surprised it was not included in the budget), the Governor indicated that the state had a great number of waivers pending at the federal level and he wanted to make sure “conditions were ripe” and to be strategic before submitting the plan for CMS approval. No set date on when that might be.

Whole Person Care Pilots. The budget adds \$20 million of Mental Health Services Act funds to the already proposed \$100 million state general fund to develop these programs that seek to coordinate health, behavioral health, and critical social services, like housing.

Infectious Diseases. The budget includes, within the Department of Public Health (DPH) budget, an allocation of \$40 million in one-time general funds to address California’s high rates of preventable infectious disease rates, including HIV and AIDS. The funds are offered through local public health departments for testing, prevention and treatment services and will be available over 4 years.

Emergency Preparedness for Health Facilities. The DPH budget also includes just under \$1 million to support health care facilities and shelters in disaster prepared, response and recover efforts. Funded activities include deployment of infection control teams and continuous updates to an existing health facility mapping application used during disasters.

Hospital Safety Net Investment. Not included in the budget was a recalculation of the allocation of **Proposition 55 funds**. While the Governor increased a variety of supports for health care, he missed a tremendous opportunity to use these funds to support California’s safety net hospitals facing the challenges of the state’s behavioral health care crisis, providing care in rural communities, training medical professionals, and that are under threat of federal cuts to needed funding.

Next steps: The Legislature has already scheduled these items to be heard in budget subcommittees next week, and they plan to close out and vote on these items by the week of May 20th. These proposals, as well as the January budget proposals, will then move to the full budget committees.

(more)

<p>May Revise (continued)</p>	<p>Unresolved issues will be sent to be negotiated in Conference Committee, and then onto the Floor of each house for vote. The budget must be sent to the Governor by June 15th.</p> <p>The Department of Health Care Services issued a summary document of the Governor’s May Revise proposal that focuses on the new budget items under their jurisdiction. It provides a bit more detail on some of the issues in the Revise. You can find that document via this link here: https://www.dhcs.ca.gov/Documents/Budget_Highlights/FY_2019-20_MR_Highlights.pdf</p>
<p>Nurse Staffing Ratio Penalties</p>	<p>With very little debate, SB 227 (Leyva) passed off the Senate Floor this week, without agreement to amend the bill. The Alliance and the hospital community will continue to oppose the bill as it moves to the Assembly. The vote count on the Senate Floor was interesting, bi-partisan and is included below:</p> <p>Ayes: Allen, Archuleta, Atkins, Beall, Bradford, Caballero, Durazo, Hertzberg, Hueso, Jackson, Leyva, McGuire, Mitchell, Monning, Pan, Portantino, Roth, Skinner, Stern, Umberg, Wieckowski, Wiener Noes: Bates, Borgeas, Chang, Dodd, Galgiani, Grove, Hill, Jones, Moorlach, Morrell, Nielsen, Stone, Wilk No Votes Recorded: Glazer, Hurtado, Rubio</p> <p>You may recall, a similar bill had a rather smooth path in the Assembly last year, with all votes being on party line votes, so much advocacy will be needed in the second house this session.</p>
<p>Legislative Summary and Status Report</p>	<p>Attached is the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>
<p>Federal Issues</p>	
<p>Surprise Billing</p>	<p>On Thursday, President Trump called on Congress to help protect patients from unexpected medical bills from out-of-network providers or for out-of-network emergency care – known as surprise billing. California has a pending bill – SB 1611 – that addresses this issue. While the President did not offer many specifics, he outlined areas for bipartisan agreement: patients who are taken to emergency rooms should not be charged extra if the hospitals or the ER doctors are outside the patients’ insurance networks, and patients should not be sent unexpectedly large bills if the hospitals and surgeons are covered by their insurers, but other specialists, such as an anesthesiologist or radiologist, are not.</p> <p>It is reported that senior administration officials said that the White House also is urging Congress to require hospitals to tell elective-surgery patients in advance whether any of their care is to be provided by practitioners who are outside the patients’ insurance networks and, if so, to require that the patients be given written price estimates and the opportunity to consent. The White House is not proposing an outright ban on billing patients for out-of-network elective care as long as patients are informed up front. Senior administration officials also said the White House does not favor a system of binding arbitration over surprise bills between physicians who provide the care and the insurers as a means of determining the proper payment.</p> <p style="text-align: right;"><i>(more)</i></p>

Surprise Billing <i>(continued)</i>	A bipartisan group of Senators plan to introduce a bill sometime this month to limit surprise bills, culminating nearly a year of legislative work on the issue. Two leaders of the group, Senators Bill Cassidy (R-LA) and Maggie Hassan (D-NH), were among the senators attending the White House event. In a joint statement, Energy and Commerce Chairman Frank Pallone Jr. (D-NJ) and the ranking Republican member, Greg Walden (OR), said they also are developing bipartisan legislation to address the issue of surprise medical bills.
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Alliance of Catholic Health Care Legislative Summary and Status 5/9/2019

Access / Health Care Reform

[AB 4](#)

(Bonta D) Medi-Cal: eligibility.

Location: 5/1/2019-A. APPR. SUSPENSE FILE

Summary: 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. Current law requires that 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, if otherwise eligible for those benefits, but for their immigration status, and would delete provisions delaying eligibility and enrollment until the director makes the determination as specified

Position

Support

[AB 174](#)

(Wood D) Health care coverage: financial assistance.

Location: 5/1/2019-A. APPR. SUSPENSE FILE

Summary: Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the Exchange's executive board, including the power to assist in the administration of subsidies for individuals with coverage made available through the Exchange. This bill would require the board to administer enhanced premium assistance to individuals with household incomes below 400% of the federal poverty level, reduce premiums to zero for individuals with household incomes at or below 138% of the federal poverty level, reduce premiums for individuals with household incomes at or between 401% and 800% of the federal poverty level and who are ineligible for federal advanced premium tax credits so their premiums do not exceed a specified percentage of their household incomes, and administer specified additional cost-sharing financial assistance for individuals with household incomes below 400% of the federal poverty level and who are eligible for premium tax credits.

Position

Support

[AB 414](#)

(Bonta D) Healthcare coverage: minimum essential coverage.

Location: 5/8/2019-A. APPR. SUSPENSE FILE

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: 4/22/2019-S. APPR. SUSPENSE FILE

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) Health care coverage: financial assistance.

Location: 4/29/2019-S. APPR. SUSPENSE FILE

Summary: Would require the California Health Benefit Exchange, only to the extent that the Legislature appropriates funding for these purposes, to administer a program of financial assistance, to be known as the Affordable Care Access Plus Program, to help low-income and middle-income Californians access affordable health care coverage with respect to individual coverage that is made available through the Exchange. The bill would require the program to provide financial assistance to California residents with household incomes below 600% of the federal poverty level, and would authorize the program to provide other appropriate subsidies designed to make health care more accessible and affordable for individuals and households.

Position

Support

[SB 66](#)

(Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.

Location: 4/8/2019-S. APPR. SUSPENSE FILE

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) Health care coverage: minimum essential coverage.

Location: 4/25/2019-S. APPR.

Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would create the Minimum Essential Coverage Individual Mandate to require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential health coverage, as defined, for each month beginning on January 1, 2020, except as specified. The bill would require the Exchange to grant exemptions from the mandate for reason of hardship or religious conscience, and would require the Exchange to establish a process for determining eligibility for an exemption.

Position

Support

[SB 260](#)

(Hurtado D) Automatic health care coverage enrollment.

Location: 4/22/2019-S. APPR. SUSPENSE FILE

Summary: Would require the Exchange, beginning no later than July 1, 2020, 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 last day of the first month of enrollment.

Position

Support

Behavioral Health

[AB 43](#)

(Gloria D) Mental health.

Location: 5/8/2019-A. APPR. SUSPENSE FILE

Summary: Current law authorizes the Mental Health Services Act (MHSA) to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Current law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote. This bill would clarify that the planning process for innovative programs is to be completed in collaboration with stakeholders and is to comply with open meetings laws.

Position

Watch

[AB 563](#) (Quirk-Silva D) Mental health: funding.
Location: 5/1/2019-A. APPR. SUSPENSE FILE
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 for the development of a 2-year pilot program. 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. The bill would require the task force to submit a report to the Legislature by July 1, 2021, and again by July 1, 2022, documenting the findings and outcomes of the pilot program.

Position
Watch

[AB 682](#) (Eggman D) Health facilities: residential mental health or substance use disorder treatment.
Location: 4/3/2019-A. APPR. SUSPENSE FILE
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) Publicly funded technology projects.
Location: 4/25/2019-A. RLS.
Summary: Would require a public agency undertaking a publicly funded major technology project that is estimated to cost \$100,000,000 or more to form an oversight committee subject to the Ralph M. Brown Act or the Bagley-Keene Open Meeting Act, as applicable, and to develop and use risk management plans throughout the course of the project. The bill would require the oversight committee to be composed of specified members selected by the public agency undertaking the project. The bill would require the oversight committee to act as the authority for critical decisions regarding the project and to have sufficient staff to support decision making.

Position
Watch

[AB 1572](#) (Chen R) Mental health services: gravely disabled.
Location: 3/14/2019-A. HEALTH
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: 4/26/2019-S. 2 YEAR
Summary: Tthe 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, or shelter 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: 4/26/2019-A. 2 YEAR

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: 5/2/2019-S. DESK

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: 5/1/2019-S. HEALTH

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, until January 1, 2027, to include the time of registration and the date and time of admission, transfer, or discharge, as well as the location of the discharge or transfer, including the name of the facility, if applicable.

Position
Watch

[AB 844](#) (Irwin D) Health facilities: mandated hospital services and activities.

Location: 4/26/2019-A. 2 YEAR

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: 4/26/2019-A. 2 YEAR

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: 4/24/2019-A. APPR. SUSPENSE FILE

Summary: Would require a licensed hospital with operating expenses of \$25,000,000 or more to annually submit a report to the office 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. 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: 4/11/2019-A. THIRD READING

Calendar: 5/9/2019 #80 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

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: 5/2/2019-A. CONSENT CALENDAR

Calendar: 5/9/2019 #222 ASSEMBLY CONSENT CALENDAR 2ND DAY-ASSEMBLY BILLS

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: 4/26/2019-A. 2 YEAR

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: 5/1/2019-A. APPR. SUSPENSE FILE

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: 4/29/2019-A. APPR.

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

Oppose Unless
Amend

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

Location: 4/26/2019-A. 2 YEAR

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: 5/6/2019-A. DESK

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: 4/25/2019-S. APPR.

Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 requires, before January 1, 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with described seismic safety regulations or standards to submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet a specified deadline for substantial compliance with those regulations and standards. This bill would require, on or before January 1, 2021, the owner of an acute care inpatient hospital to update the above-described submission by reporting the services provided in each building of the acute care inpatient hospital.

Position

Support

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

Location: 4/10/2019-A. APPR. SUSPENSE FILE

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: 5/8/2019-A. APPR. SUSPENSE FILE

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: 5/1/2019-A. APPR. SUSPENSE FILE

Summary: Would make an assault committed on the property of a public or private hospital 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: scope of practice: unsupervised practice.**

Location: 4/22/2019-A. APPR.

Summary: Would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Position

Support

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

Location: 4/30/2019-S. THIRD READING

Calendar: 5/9/2019 #19 SENATE SENATE BILLS -THIRD READING FILE

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

Oppose

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

Location: 4/26/2019-S. 2 YEAR

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

Oppose

[SB 697](#) (Caballero D) Physician assistants: practice agreement: supervision.

Location: 4/24/2019-S. APPR.

Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would remove the requirement that the Physician Assistant Board make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants. The bill, except as specified, would remove the limit on the number of physician assistants that a physician and surgeon may supervise.

Position

Watch

Total Measures: 37

Total Tracking Forms: 37