

# LEGISLATIVE UPDATE



Week of May 7, 2018

## State Issues

### Health Care Funding Package

The Governor will release his May Revise budget proposal today, and we will be looking for any adjustments to the health care budget items he introduced in January, including those regarding 340B, Prop 55 or Prop 56 implementation.

Meantime, the Assembly is making some health-related budget news of its own. On Monday, Assemblymember Joaquin Arambula (D-Fresno), chair of the Budget Subcommittee on Health and Human Services, Assemblymember Jim Wood (D-Santa Rosa), chair of the Health Committee, and Assemblymember Phil Ting (D-San Francisco), chair of the Budget Committee, and David Chiu (D-San Francisco) announced a \$1 billion investment to fund significant improvements in California's health care system through the Assembly's budget proposal. The package is a result of the work of the Assembly's Select Committee on Health Care Delivery Systems and Universal Coverage and includes funding for expanded health care coverage, increases in workforce capacity, improve health care cost transparency and make health care more affordable for the middle class. Details for each element are as follows:

#### Expanded Coverage

- \$26 million – Streamline Medi-Cal eligibility to uninsured children and pregnant women who are enrolling in the Women, Infant and Children Nutrition Program (WIC). The proposal would support 90,000 children and 13,000 pregnant women applying for WIC by simultaneously obtaining express lane eligibility for Medi-Cal or Medi-Cal Access Program.
- \$30 million – Expand Medi-Cal enrollment for low-income seniors and disabled. This will expand Medi-Cal coverage to 20,000 seniors and disabled person whose income level are between 123% and 138% of the federal poverty level (FPL).
- \$24 million – Extend Transitional Medi-Cal from 6 months to 12 months. This will allow families who are transitioning off CalWORKS to maintain their Medi-Cal coverage for an additional 6 months to establish financial stability as they transition.
- \$250 million – Extend Medi-Cal to portion of uninsured and low-income undocumented youth, ages 19-25, approximately 114,000 individuals. This is geared to support those undocumented individuals who received coverage as children but are now aging out of the child-only program.

#### Accountability and Transparency

- \$50 million – Establish an all-payer payments database to obtain information on payments made for services. The database is aimed at promoting transparency on health care spending and will allow the state to monitor trends in health care spending and pricing.

*(more)*

<p>Health Care Funding Package (continued)</p>	<p><b>Affordability</b></p> <ul style="list-style-type: none"> <li>▪ \$300 million – Provide enhanced premium assistance to low-income individuals and families enrolled in Covered California. This targeted premium assistance will help offset health care cost for people whose income is between 200% and 400% of FPL, and it will increase financial assistance to approximately 550,000 people enrolled through Covered California.</li> <li>▪ \$200 million - \$250 million. A refundable tax credit for people with income levels of between 400% and 600% FPL for enrollees in the individual market. It is estimated that 371,000 individuals will receive the tax credit.</li> </ul> <p><b>Workforce Capacity</b></p> <ul style="list-style-type: none"> <li>▪ \$84 million – Expand the Song-Brown Program for multiple years. This year’s budget includes \$33 million for the Song-Brown Program which helps increase the number of primary care physicians in medically underserved areas by financially supporting residency programs in targeted areas. The appropriation will include \$17 million in 2018-19, \$17 million in 2019-20 and \$50 million in 2020-21, bringing the total amount for this program to \$150 million over three years.</li> <li>▪ \$30 million – Expand the UC Programs in Medical Education (PRIME) program over three years, which serves California’s underserved populations in both rural communities and urban areas. \$10 million a year will fully fund UC PRIME and expand enrollment to 393 full-time students.</li> </ul> <p><b>Support for the Proposal.</b> Dozens of health care patient advocates testified in support of the package. Many advocates highlighted the value of the \$26 million to provide streamlined enrollment for women and children on WIC. In addition, many advocates urged them to consider providing coverage for the undocumented elderly, in addition to the undocumented 19-25-year olds.</p> <p><b>Opposition.</b> Also of note, the Department of Finance provided official opposition testimony – stating that they oppose because it is outside of the Governor’s budget plan currently pending before the Legislature.</p> <p><b>Votes.</b> Devon Mathis (R-Visalia) stated that he appreciates what Drs. Arambula and Wood are trying to do – which is newsworthy for a Republican. However, he suggested leaving it open so that additional detail could be provided to the Republicans before a vote; Assemblymember Harper (R-Huntington Beach) echoed that concern. Mathis moved to have the item held open, but that motion failed to pass. The Committee majority (Wood, Arambula and Blanca Rubio) passed the measure on a 3-1-1 vote (with Harper voting no and Mathis not voting).</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>

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# Alliance of Catholic Health Care Legislative Summary and Status 5/11/2018

## Access

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

**Location:** 4/18/2018-A. APPR.

**Summary:** 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. 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:** 4/4/2018-S. APPR.

**Calendar:** 5/22/2018 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

**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 of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also delete provisions delaying implementation until the director makes the determination described above.

**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:** 4/19/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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 protocol.**

**Location:** 5/9/2018-A. APPR. SUSPENSE FILE

**Summary:** Would require, by June 1, 2019, every health care practitioner authorized to prescribe opioids classified as Schedule II and Schedule III to adopt a safe prescribing protocol, as specified. The bill would require the health care practitioner to note the reason the safe prescribing protocol was not followed if, in the health care practitioner's professional judgment, adherence to the safe prescribing protocol is not appropriate for a patient's condition. The bill would make the failure to develop or adhere to the protocol, except as specified, unprofessional conduct and enforceable by the health care practitioner's licensing board.

**Position**

Watch

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

**Location:** 4/25/2018-A. APPR. SUSPENSE FILE

**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 State Department of Health Care Services 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, a plan for specified objectives.

**Position**

Support

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

**Location:** 4/30/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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:** 5/7/2018-S. DESK

**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 specified written 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. The provisions of the bill requiring the prescriber to assess whether the minor has or is taking prescription drugs for treatment of a substance use disorder, discuss opioid risks, and obtain written consent would not apply until the development of a consent form by the Medical Board of California.

**Position**

Watch

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

**Location:** 5/9/2018-A. APPR. SUSPENSE FILE

**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:** 5/10/2018-S. DESK

**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:** 4/25/2018-S. APPR.

**Calendar:** 5/22/2018 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

**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 another health visit, as defined.

**Position**

Support

## End of Life/Palliative Care

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

**Location:** 3/15/2018-S. PUB. S.

**Calendar:** 5/15/2018 8:30 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, SKINNER, Chair

**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

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**Health Care Reform**

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**AB 2459 (Friedman D) Personal income taxes: credits: health insurance premiums.**

**Location:** 4/18/2018-A. REV. & TAX

**Calendar:** 5/14/2018 2:30 p.m. - State Capitol, Room 126 ASSEMBLY REVENUE AND TAXATION, BURKE, Chair

**Summary:** Would, for each taxable year beginning on or after January 1, 2019, allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums for 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. If the allowed credit amount exceeds tax liability, the bill would also allow a payment in excess of that credit amount upon appropriation by the Legislature.

**Position**

Watch

**AB 2502 (Wood D) Health care payments database.**

**Location:** 5/1/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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:** 4/30/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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:** 4/18/2018-A. APPR.

**Summary:** Current law specifies the powers and duties of the board governing Covered California, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Current law establishes the California Health Trust Fund and continuously appropriates moneys in the fund for these purposes. This bill would require the board to offer enhanced premium assistance to individuals who enroll in health care coverage through Covered California and who, under federal law, would be eligible for premium tax subsidies, as specified. By requiring the board to offer this additional assistance, this bill would make an appropriation.

**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:** 4/26/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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:** 5/9/2018-A. APPR. SUSPENSE FILE

**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:** 4/24/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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**  
Oppose

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

**Location:** 5/2/2018-A. APPR.

**Calendar:** 5/16/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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:** 4/18/2018-S. APPR.

**Summary:** Current law requires each hospital to have a written discharge planning policy and process, including requiring 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 those health facilities to include within the hospital discharge policy, a written homeless patient discharge planning policy and process, as specified. The bill would require the health facilities to develop and annually update a written plan for coordinating services and referrals for homeless patients, including procedures for homeless patient discharge referrals to shelters, medical care, and mental health care, designated liaisons at each



participating entity, and coordination protocols with participating entities.

**Position**  
Watch

**[SB 1288](#) (Leyva D) Health and care facilities: inspections.**

**Location:** 4/25/2018-S. APPR.

**Calendar:** 5/22/2018 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

**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**