# LEGISLATIVE UPDATE

Alliance of Catholic Health Care

**Week of May 14, 2018**

| State Issues | |
|---|---|
| State Budget Update: 340B Program | This week, the Senate Budget Subcommittee No. 3 on Health and Human Services, chaired by Senator Richard Pan (D-Sacramento) rejected the Administration's proposal to eliminate the 340 B program from Medi-Cal. Absent any fanfare or substantive discussion, all three members of the panel voted to reject the plan. The Committee analysis states, "While it is clear that a mechanism should be found to avoid inappropriate duplicate prescription drug rebates, eliminating 340B drugs from the Medi-Cal program would have a significant negative impact on essential safety net providers, putting access to care for beneficiaries at risk. The subcommittee encourages the Administration to continue to work with stakeholders to find a solution to the duplicate rebates problem that mitigates or eliminates these negative impacts."<br><br>The Assembly has not yet acted on this proposal but a vote is planned for next Thursday. If the Assembly also rejects the proposal, it will no longer be on the table in the official budget negotiations; however, the Administration could always put it back on the table if it feels strongly enough to prioritize it in the budget negotiations. Conversely, if the Assembly approves the proposal, it will likely make its way through the Assembly Budget process and into the Joint Senate and Assembly Conference Committee – where each house negotiates on the outstanding items.<br><br>More budget Subcommittee hearings will take place all next week, and the full Senate Budget Committee is set to have its first meeting next Tuesday. |
| Health Care Price Cap Bill | **AB 3087 (Kalra) California Health Care Cost, Quality, and Equity Commission** (otherwise known as the health care price cap bill) was pulled from hearing in Assembly Appropriations at the last minute this week, but it will be rescheduled for hearing next week. According to the author's office, no new amendments are being worked on.<br><br>The Appropriations Committee analysis was released this week, and it is very favorable to the proponents of the measure. It states that the relatively small cost of $15 million annually would be needed to start up the Commission. The analysis outlined several other items that would increase administrative costs – like data collection and data sharing and an appeals process for providers along with legal costs – but no set figures were tied to those obligations. Also noted in the analysis is that if the proposal "is successful in slowing long-term cost growth trends" the state would save through a variety of the health care programs it funds, but it also stated, "the potential for dramatic cost reductions is limited, however, because to retain an adequate provider workforce, California's provider payments would need to be competitive with payments in other states that do not limit reimbursement." The analysis also points to potential increase in costs to the state's general fund for the Medi-Cal program if the intent is to align Medi-Cal rates with Medicare rates – and that will cost the state over $5 billion annually.<br><br>***(more)*** |

| | |
|---|---|
| Health Care Price Cap Bill *(continued)* | We continue to oppose the bill along with a large group of stakeholders; and will continue to educate Appropriations Committee members – as well as all of the members of the Assembly – of the damage this bill would have on our health care delivery system. |
| Legislative Summary and Status | Attached please find the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry. |
| New Assemblymember | On Monday, a new legislator was welcomed to the Assembly chamber. Assemblymember Sydney Kamlager-Dove (D-Los Angeles) was sworn in, representing the district vacated at the end of last year by Sebastian Ridley Thomas. Her premiere committee assignment is Public Safety, which was a big campaign issue for her. She will have much catch up on, as both budget and policy issues are moving at a very quick pace. |
| Judge Nullifies Assisted Suicide Law | On Tuesday, a Riverside county Superior Court judge issued an oral ruling that the process by which the California Legislature approved the physician assisted legislation was unconstitutional. In 2015, legislation to legalize physician assisted suicide stalled during the regular legislative session. However, subsequently, a new bill was introduced during the "special session" called by Governor Brown to address Medi-Cal funding shortfalls, services for the disabled and in-home health support services.<br><br>The plaintiffs in this case argued that the End of Life Option Act was not related or even incidental to the stated purpose of the special session. The judge agreed saying that "the End of Life Option Act does not fall within the scope of access to health care services," and that it "is not a matter of health care funding."<br><br>The EOLOA law was not stayed to give the state Attorney General five days to petition the court of appeal for an emergency writ (officially protest the oral ruling). Conventional wisdom is that the emergency writ is usually a high burden; however, this ruling may be the exception and the court may be inclined to grant it. If the latter is the case, the law likely would remain in effect until the case goes through the appeals process. If the court denies the emergency writ, the law is nullified. If that is the case, Senator Monning (author of previous efforts to legalize physician assisted suicide) has said in media interviews that he would introduce new legislation in the regular legislative session. More to come next week.<br><br>Following is the link to the statement on the ruling from the California Catholic Conference: http://www.cacatholic.org/eoloa_unconstitutional. |
| Report on Health Insurance Affordability | The California Health Care Foundation has a new report that provides insight into the affordability – or lack thereof – of health insurance in California for seniors and older adults, titled: "*Older Californians Struggle to Afford Lowest-Cost Plans on Covered California.*"<br><br>Under the Affordable Care Act (ACA), California has now covered 93% of its adult population — a record high. Federal ACA subsidies through Covered California have made coverage more affordable for hundreds of thousands of Californians. ***(more)*** |

| | |
|---|---|
| Report on Health Insurance Affordability *(continued)* | The ACA further protected consumers' finances by requiring insurers to pay a minimum level of medical expenses and by outlawing annual and lifetime caps on what insurers pay for care. However, 1.2 million Californians are eligible to purchase coverage on Covered California but remain uninsured, mainly because of cost.<br><br>Older Californians who are not covered by an employer or by Medi-Cal or Medicare, and who earn just above the maximum income to qualify for federal ACA subsidies (400% of the federal poverty level [FPL] — approximately $48,000 for an individual, $65,000 for a couple), may find it especially challenging to find affordable plans. For example, to purchase the lowest-cost bronze plan on Covered California:<br><br>▪ A 55-year-old single consumer earning $48,361 (401% FPL) would spend between 10% and 15% of her income on premiums, depending on where she lived.<br>▪ A 55-year-old married couple earning $65, 122 (401% FPL for a family of two) would pay between 15% and 22% of their income on premiums.<br><br>As consumers age, premiums increase:<br><br>▪ A 64-year-old earning $48,361 would pay between 13% and 20% of his income on premiums.<br>▪ A 64-year-old married couple earning $65,122 would pay between 20% and 30% of their income on premiums.<br><br>You can access specific data for several counties via this link: https://www.chcf.org/publication/lowest-cost-plans-covered-california/. |

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

# Alliance of Catholic Health Care
# Legislative Summary and Status 5/18/2018

## Access

**AB 2965** **(Arambula D) Medi-Cal: immigration status: adults.**
**Location:** 4/18/2018-A. APPR.
**Calendar:** 5/23/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair
**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)

## Behavorial 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:** 5/16/2018-A. APPR. SUSPENSE FILE
**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:** 5/16/2018-A. APPR. SUSPENSE FILE
**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.
**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 notapply 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 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:** 5/21/2018 #75 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:** 5/16/2018-A. APPR.
**Calendar:** 5/23/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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 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. 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:** 5/16/2018-A. APPR. SUSPENSE FILE
**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:** 5/16/2018-A. APPR. SUSPENSE FILE
**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.
**Calendar:** 5/23/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair
**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:** 5/17/2018-A. CONSENT CALENDAR
**Calendar:** 5/21/2018 #94 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS
**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:** 5/16/2018-A. APPR. SUSPENSE FILE
**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:** 5/23/2018 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:** 5/15/2018-S. THIRD READING
**Calendar:** 5/21/2018 #52 SENATE SEN THIRD READING FILE - SEN BILLS
**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**