

# LEGISLATIVE UPDATE



Week of June 11, 2018

State Issues	
State Budget Update	<p>This week, the Legislature amended, heard, voted on and sent the final budget to the Governor's desk. They took their final action ahead of the June 15 deadline, completing all their work by Thursday afternoon. This Governor has secured increased control over the budget process each year he's been in office, and there is keen interest in whether the Legislature will seek to secure more of their power when the new Governor comes into office for the next budget cycle.</p> <p>Governor Brown has until July 1 to sign or veto the budget bills and associated budget trailer bills. (Note: many of the budget trailer bills – including the Health Trailer Bill – are still waiting to be voted on, likely early next week.) The Governor has the authority to blue pencil veto individual appropriations, but he cannot increase appropriations above that approved by the Legislature. Word in the Capitol is that there will be few, if any, vetoes this year, as the Governor already approved all of the elements of the budget deal.</p>
Hospital Contracting Bill Moving	<p>The California Labor Federation, Health Access, Anthem Blue Cross and others – including Chair of Assembly Health Committee, Dr. Jim Wood (D-Healdsburg) – have revived SB 538 (Monning), which is a bill that prohibits hospitals from including several key elements in contracts with third party payers. One key provision would preclude hospital systems from negotiating with insurers as a system.</p> <p>The Alliance, along with a large coalition of hospital and medical providers, were successful last year in stopping the bill from moving and it was held in Assembly Health Committee. However, Dr. Wood has decided he'd like the bill to move – citing political reasons. He is also concerned with the cost of health care – particularly in northern California where he represents.</p> <p>Amendments have been made to the bill in the hopes of removing some of the opposition. An amendment was taken to delete the arbitration language in the bill, which removed the opposition of the California Chamber of Commerce. Another amendment was taken in an attempt to remove the opposition of physicians and physician groups, but the amendment was so poorly constructed that the California Medical Association and the American Physician Groups remain opposed to the bill. An attempt was also made to exclude rural hospitals, in order to secure some support from Republicans who represent rural communities, but again, that amendment was written so narrowly as to only exclude a small fraction of rural hospitals and none that are affiliated with health systems.</p> <p>Our renewed coalition is continuing our advocacy with Assembly Health Committee members, as well as members of the Assembly Appropriations Committee, and full Assembly. The bill is set to be heard in Assembly Health Committee on Tuesday, June 19. If it is approved by the Committee – which Chair Dr. Jim Wood is championing – the bill would</p>

*(more)*

<p>Hospital Contracting Bill Moving <i>(continued)</i></p>	<p>next be heard in Assembly Appropriations and could stay in that Committee until August 17. If the bill moves, and then is held on the Appropriation Suspense File over the summer break, our advocacy will continue through the Summer Recess with Legislators while they are in their districts – and a grassroots advocacy campaign will be ramped up.</p>
<p>Legislative Summary and Status</p>	<p>Attached please find the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>
<p>Newly-Elected Assemblymembers</p>	<p>The Assembly seated two new members this week, <b>Assemblymember Jesse Gabriel</b> and <b>Assemblymember Luz Rivas</b>. Gabriel won the special election to fill Matt Dababneh’s seat, while Rivas is taking over Raul Bocanegra’s seat. Speaker Anthony Rendon made a series of Committee adjustments to accommodate the new members. Of note, Rivas was appointed to the Revenue and Taxation Committee and Gabriel was named to the leadership as Assistant Majority Whip.</p> <p><b>Jesse Gabriel</b> is a Los Angeles County Commissioner and constitutional rights attorney who has represented clients before the United States Supreme Court. He highlights his career suing the Trump Administration to protect undocumented young people in the DACA program. Prior to beginning his law practice, Gabriel worked in Washington, DC as a senior advisor to former United States Senator Evan Bayh. He serves on the board of directors of the Los Angeles League of Conservation Voters and the Jewish Federation of Greater Los Angeles, and as a Commissioner on the Los Angeles County Commission on Local Government Services. He is a graduate of Harvard Law School and UC Berkeley.</p> <p><b>Luz Rivas</b> is the founder of DIY Girls, a nonprofit organization dedicated to helping girls become interested in and pursue training and careers in math, science, engineering, and technology. She earned a bachelor’s degree in Electrical Engineering from MIT and worked as an Electrical Engineer at Motorola. Subsequently, her interest in getting kids involved in science and technology led her to earn a Master of Education degree from Harvard University. After graduating, Rivas returned to the central valley, and in 2011, she founded her nonprofit. Since 2012, the program has served over 2000 girls from grades 4-12, helping them develop skills as engineering and designers. DIY Girls also works with schools to create new science and technology programs. Most recently, Luz served as a City of Los Angeles Public Works Commissioner where she continued her gender equity work. In that capacity she worked on events to help women-owned businesses compete for city contracts. She also led a recruitment initiative for women engineers in Public Works by reaching out to groups like the Society of Women Engineers to increase the number of women applicants.</p> <p>In addition, on the Senate side, <b>Pro Tem Toni Atkins</b> announced new Committee assignments to accommodate the recall of <b>Senator Josh Newman</b>. <b>Senator Jim Beall</b> will take his place on Senate Health. In addition, the Pro Tem removed <b>Senator Ed Hernandez</b> from another Committee and replaced him with <b>Senator Bill Monning</b> as Chair of Legislative Ethics.</p> <p style="text-align: right;"><i>(more)</i></p>

## Federal Issues

### AMA Reconsiders PAS Policy

On Monday, the American Medical Association's (AMA) House of Delegates voted to table a resolution that would maintain its current policy opposing physician assisted suicide. After a two-year study, its Council on Ethical and Judicial Affairs (CEJA) recommended that AMA maintain its Code of Medical Ethics' opposition to physician assisted suicide. However, on a vote of 56%-44%, the Delegates voted to refer the report back to CEJA for further study. In the interim, AMA remains opposed to physician assisted suicide.

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# Alliance of Catholic Health Care Legislative Summary and Status 6/15/2018

## Access

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

**Location:** 6/13/2018-S. HEALTH

**Calendar:** 6/20/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

**Summary:** Would extend eligibility for full-scope Medi-Cal benefits to individuals who are under 26 years of age and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying eligibility and enrollment until the director makes the determination described above. The bill would require the department to provide, indefinitely, the above-described monthly updates to the legislative committees. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

**Position**

Pending Review  
(Support in  
Concept)

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

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

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

**Position**

Watch

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

**Location:** 6/7/2018-A. HEALTH

**Calendar:** 6/19/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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 65 years of age or older, if otherwise eligible for those benefits, but for their immigration status, subject to an appropriation.

**Position**

Pending Review  
(Support in  
Concept)

## Behavioral and Mental Health

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

**Location:** 2/5/2018-S. HEALTH

**Summary:** Would require the State Department of Public Health to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.

**Position**

Watch

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

**Location:** 5/25/2018-A. DEAD

**Summary:** Would authorize a local emergency medical services agency to submit, as part of its emergency medical services plan, a plan to transport specified patients who meet triage criteria to a behavioral health facility or a sobering center, as defined. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided during transport to a behavioral health facility or a sobering center. The bill would authorize a city, county, or city and county to designate, and contract with, a sobering center to receive patients, and would establish standards that apply to sobering centers, as specified.

**Position**

Support

**AB 1998 (Rodriguez D) Opioids: safe prescribing policy.**

**Location:** 6/7/2018-S. B., P. & E.D.

**Calendar:**

6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

6/18/2018 12 p.m. and upon adjournment of Session - Room 3191 SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, HILL, Chair

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

**Position**

Watch

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

**Location:** 6/13/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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

**Position**

Support

**AB 2193 (Maienschein R) Maternal mental health.**

**Location:** 6/13/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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:** 5/17/2018-S. B., P. & E.D.

**Calendar:** 6/18/2018 12 p.m. and upon adjournment of Session - Room 3191 SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, HILL, Chair

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

**Position**

Watch

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

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

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

**Position**

Watch

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

**Location:** 5/24/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

**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:** 6/7/2018-A. HEALTH

**Calendar:** 6/26/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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:** 6/18/2018 #27 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 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:** 6/7/2018-S. GOV. & F.

**Summary:** Would, for each taxable year beginning on or after January 1, 2019, and before January 1, 2026, would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for the qualified individual or the qualified individual's dependent that exceeds 8% of the qualified individual's modified adjusted gross income, as specified. The bill would make the credit operative only for taxable years for which resources are authorized in the annual Budget Act for the Franchise Tax Board to oversee and audit returns associated with the credit.

**Position**

Watch

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

**Location:** 6/7/2018-S. HEALTH

**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:** 6/7/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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:** 6/7/2018-S. HEALTH

**Calendar:** 6/20/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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

**Position**  
Watch

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

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

**Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

**Position**  
Watch

## Hospital Operations and Finance

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

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

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

**Position**  
Oppose

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

**Location:** 6/7/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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:** 6/13/2018-S. HEALTH

**Calendar:** 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

**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:** 6/1/2018-A. DEAD

**Summary:** Current law requires a hospital that provides emergency medical services to, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the department, other specified entities, and the public. Current law requires a health facility implementing a downgrade or change to make reasonable efforts to ensure that the community it serves is informed of the downgrade or closure. Current law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the facility, eliminating a supplemental service, as defined, or relocating the provision of supplemental services to a different campus. This bill would require a hospital that provides emergency medical services or a health facility to provide notice, as specified, at least 180 days before making the changes described above.

**Position**

Oppose

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

**Location:** 5/25/2018-A. DEAD

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

**Position**

Oppose

**[SB 538](#) (Monning D) Hospital contracts.**

**Location:** 6/11/2018-A. HEALTH

**Calendar:** 6/19/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

**Summary:** This bill, the Health Care Market Fairness Act of 2018, would prohibit contracts between hospitals, as defined, 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, and 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. The bill would make any prohibited contract provision void and unenforceable. The bill would define "contracting agent" and "hospital" for those purposes.

**Position**

Oppose

**[SB 1152](#) (Hernandez D) Hospital patient discharge process: homeless patients.**

**Location:** 6/7/2018-A. HEALTH

**Calendar:** 6/26/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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

**Position**

Watch

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

**Location:** 6/4/2018-A. HEALTH

**Calendar:** 6/19/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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.

**Calendar:** 7/3/2018 9 a.m. - State Capitol, Room 447 ASSEMBLY UTILITIES AND ENERGY, HOLDEN, Chair

**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: 31**

**Total Tracking Forms: 31**