

LEGISLATIVE UPDATE



Week of June 18, 2018

State Issues

Legislative Update

Senator Bill Monning (D-Carmel) has decided to pull his bill SB 538 regarding hospital contracting from this coming Tuesday's hearing of Assembly Health. The bill will not be heard, and with this being the last regularly scheduled hearing before the upcoming legislative deadline, the bill is likely dead for the year. The Alliance and members played a strong advocacy role last year to get this bill held in Health Committee, and again as the bill was revived over the last two weeks.

Anthem Blue Cross, the California Labor Federation, and Health Access, led by Chairman Jim Wood (D-Healdsburg), renewed their interest in the bill a few weeks ago, which would prohibit 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.

Citing political pressures and the overall higher cost of health care in northern California, the Chair sought to move the bill; however, this go around, he was looking to craft a specific amendment to be included that would exempt his district from the provisions of the bill -- acknowledging some of the important and innovative work several of the hospital systems in his district are embarking on. This did not sit well with many of Dr. Wood's colleagues, who also acknowledge the good work many of the hospital systems in their districts are also doing and the damaging nature of this bill to that work.

The challenges of crafting such a narrow amendment and the challenges many of Dr. Wood's colleagues faced to accept such an amendment, the bill's author and Chair decided not to move the bill after all.

We are very pleased with this victory, as the bill would have been damaging to hospital systems and patient access to care throughout the state.

Budget Update

The budget bill and many of the accompanying budget trailer bills are awaiting the Governor's signature. He has until next Saturday, June 30 to sign or veto the measures. Several budget trailer bills are still making their way through the Legislative process, and while many of them will be signed at the same time as the main budget bill, the rules allow for trailer bills to be signed passed the July 1st deadline, as long as they are passed by the end of the Legislative session - August 31st.

(more)

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.
Appeals Court Reinstates End of Life Option Act	<p>Late last Friday, the Fourth District Court of Appeals <u>reinstated</u> the End of Life Option Act (EOLOA), ruling that it can remain in effect, at least temporarily, while legal challenges are considered. The fate of the legalization of physician assisted suicide in California likely will end up at the state’s Supreme Court – a prolonged process. This latest judicial action only addresses the process by which the EOLOA was approved. The original case has another claim that deals with the validity of the law itself. Once the court settles the question about the process by which the law was passed, it will then take on the substance of the law. Following is an overview of the recent judicial actions taken during 2018:</p> <p>May 15 A Riverside County Superior Court judge issued a temporary (oral) ruling that the process by which the California Legislature approved the physician assisted suicide legislation, during a special session on health care funding, was unconstitutional. According to the trial court, the EOLOA is not reasonably related to the health care issues that were the subject of the special session.</p> <p>May 21 California Attorney General (AG) Xavier Becerra filed an emergency appeal of the ruling and also asked that the EOLOA law be allowed to remain in effect while the matter moves through the courts.</p> <p>May 23 The AG’s request for an emergency stay which would allow the law to remain in effect was denied by the Fourth District Court of Appeals. The plaintiffs were notified that they had 25 days to show why the appellate court should not overturn the ruling.</p> <p>May 25 The trial court judge finalized (signed) his ruling; as a result, the EOLOA was deemed illegal.</p> <p>May 30 The trial court judge rejected a motion filed by two people with terminal cancer and a physician to reverse his ruling. However, he scheduled a hearing on June 29 to consider a separate motion by the AG to vacate the judgment.</p> <p>June 15 California’s Fourth District Court of Appeals granted the AG’s request for a “discretionary stay” of the lower court ruling. As a result, the EOLOA law was reinstated while the court considers the case. Opponents of the law now have until the first part of July to file a petition opposing the appellate court’s decision; and, then the proponents will have another two weeks to respond.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 6/22/2018

Access

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

Location: 6/20/2018-S. APPR.

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: 6/20/2018-A. APPR.

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 health or substance use disorder treatment.**

Location: 2/5/2018-S. HEALTH

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

Summary: Would require the State Department of Public Health, in consultation with specified entities, to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.

Position

Watch

[AB 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: 6/18/2018-S. HEALTH

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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: Would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient, or pediatric care for an infant, to offer to screen a mother for maternal mental health conditions. The bill would require a licensed health care practitioner to appropriately screen for maternal mental health conditions during pregnancy and the postpartum period if the mother agrees to be screened.

Position
Watch

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

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

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 MHS Act 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 MHS Act. 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: 6/25/2018 #37 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 3211](#) (Kalra D) Advance health care directives.

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

Calendar: 7/3/2018 1:30 p.m. - Room 112 SENATE JUDICIARY, JACKSON, Chair

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.

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

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: 6/20/2018-S. APPR.

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

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 may grant 5-year and 2-year extensions under prescribed circumstances, except as specified. Current law requires an owner of a general acute care hospital building that is classified as nonconforming to submit a report to the office no later than November 1, 2010, describing the status of each building in complying with the extension provisions, and to annually update the office with any changes or adjustments. Current law authorizes certain hospital owners who do not have the financial capacity or other reasons to bring certain buildings into compliance by the January 1, 2013, deadline to instead replace those buildings or take other action by January 1, 2020, as specified. This bill would require all hospitals with buildings subject to the January 1, 2020, deadline described above and that are seeking an extension for their buildings to submit an application to the Office of Statewide Health Planning and Development by April 1, 2019, that specifies the seismic compliance method each building will use, as specified.

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, among other things, modify, add, or expand a service or program. The bill would require the department to complete its evaluation and approve or deny an application within 100 days of receipt of the application.

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: 6/26/2018 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: 6/21/2018-A. APPR.

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

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: 29

Total Tracking Forms: 29