

LEGISLATIVE UPDATE



Week of June 25, 2018

State Issues

Legislative Hearings and Deadline

Today marks a key legislative deadline for policy bills with a fiscal impact to pass the policy committee – or not – and make their way to the Appropriations Committee for consideration. Next Friday marks the beginning of the Legislative Summer Recess and is the last day for policy committees to approve bills. Among the many bills heard, following are a few of the bills with substantial action taken this week.

SB 1152 (Hernandez): Hospital patient discharge process: homeless patients. The bill would prohibit a hospital from discharging a homeless patient to a location other than where the patient identifies as his or her residence unless to another licensed facility, or to a social services agency or provider that has agreed to accept the patient. The bill also requires that the hospital meet certain conditions prior to discharging the homeless patient.

Substantial amendments were taken on the Senate floor to improve the bill, but new amendments were taken in Assembly Health Committee this week. These amendments just came out in print late Thursday night and are being reviewed for their feasibility and potential burden on ensuring timely patient discharge. The bill still contains the language that allows local entities to maintain their own homeless discharge policies, as long as they are more rigorous than the state policy. The bill passed out of Assembly Health on a 12-3 vote, with Chairman Jim Wood and other expressing their strong support. The bill will next be heard in Assembly Appropriations Committee.

AB 2790 (Maienschein) Hospital Licensing, which is sponsored by the California Hospital Association, was heard in Senate Health Committee this week. The bill requires the Department of Public Health (DPH) to approve or deny an application submitted by a hospital to the centralized application unit within 100 days of receiving the application; requires DPH, if the application is to expand a service that the hospital already provides, to approve the expansion within 30 days; and, includes other set timelines for DPH action. The bill received a positive hearing and a unanimous 9-0 vote out of Committee; however, the DPH has just issued an oppose letter – indicating that they will be asking the Governor to veto the bill should it make it to his desk. The bill will next be moved to Senate Appropriations, which has a new chair in Senator Anthony Portantino.

SB 1288 (Leyva): Health and care facilities: inspections, requires DPH to include reviews of compliance with nurse-to-patient-ratios and staff assignment regulations during state hospital inspections, and requires DPH to assess specific penalties not to exceed \$125,000 for violations of the nurse-to-patient ratios and staff assignment regulations. We are hearing the Administration has asked for the penalties included in the bill to be reduced slightly, but that otherwise, they seem satisfied with the bill as it is currently written. The bill moved out of Committee on a partisan 11-4 vote. It will next move to Assembly Appropriations.

(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.
2017 State EOLOA Data Report	<p>This week, the California Department of Public Health released the 2017 California End of Life Option Act (EOLOA) Data Report. This first, full calendar-year report presents the data received from the EOLOA-mandated reporting forms received between January 1 and December 31, 2017 for those persons who participated in the assisted suicide law. In summary:</p> <ul style="list-style-type: none"> 632 persons started the EOLOA process 577 persons received a lethal prescription 241 unique physicians prescribed the 577 individual lethal drugs 363 (62.9%) of these latter individuals died following the ingestion of the assisted suicide drugs 86 (14.9%) did not ingest the lethal drugs and subsequently died of their underlying illness 128 (22.2%) of those prescribed EOLOA drugs have unknown outcomes 11 additional persons prescribed lethal drugs in 2016 died from ingesting the drugs in 2017 <p>Like Oregon and Washington, the majority of those who died under California’s assisted suicide law were older/elderly (90.4% were more than 60 years in age), white (88.9%), well-educated (72.7% had some college education – a majority of which had at least an undergraduate degree) and a cancer patient (68.5%).</p> <p>However, unlike Oregon and Washington, California does not mandate key data to be reported: reasons why the person decided to use the law; the time of death after ingesting the lethal drugs; whether there were complications; and, if anyone witnessed the death.</p> <p>See the full report at https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/2017EOLADataReport.pdf.</p>

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 6/28/2018

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: 6/27/2018-S. APPR.

Calendar: 7/2/2018 #5 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS

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: 6/27/2018-S. APPR.

Calendar: 7/2/2018 #56 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS

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: 6/27/2018-S. APPR.

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: 6/27/2018-S. APPR.

Calendar: 7/2/2018 #58 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS

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: 6/27/2018-S. APPR.

Calendar: 7/2/2018 #8 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS

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: 6/26/2018-A. APPR.

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:

6/28/2018 #63 SENATE SEN THIRD READING FILE - ASM BILLS

7/2/2018 #103 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 donation of his or her organs, tissues, and parts, as specified, and would include a provision relating to authorizing an agent to consent to any temporary medical procedure if necessary for purposes of that donation.

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

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.

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: 6/27/2018-S. APPR.

Calendar: 7/2/2018 #27 SENATE SEN SECOND READING FILE - 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 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: 6/27/2018-S. APPR.

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

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: 6/26/2018-A. APPR.

Calendar: 6/28/2018 #4 ASSEMBLY SECOND READING FILE -- SENATE BILLS

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