

LEGISLATIVE UPDATE



Week of July 2, 2018

State Issues	
Summer Recess Begins	<p>The Legislature is now officially off on its Summer recess from July 6 through August 6. While Legislators are back in their districts and there are no committee meetings or floor sessions, staff and advocates continue their work. Stakeholder discussions on key bills will continue during the break. When the session resumes in August, time will move quickly – the Legislature is set to adjourn August 31.</p>
Ballot Initiatives	<p>An even dozen initiatives will be on the upcoming November ballot. This is less than the 17 that appeared in 2016, but still reflects Californians’ love of statewide initiatives to manage public policy development. Lawmakers finalized the November 6 propositions last Thursday, and state voters have several health-related initiatives to consider.</p> <p>The ballot initiative process has been under a great deal of scrutiny this year. It is clearly becoming a tactic in leveraging negotiations for a host of issues (including health care-related contracting). Organizations, including health care labor unions, submit and even gather signatures for a ballot initiative to either help bring stakeholders to the negotiating table or to gain the upper hand in ongoing negotiations. This is evident in health care but has also played out on tax issues and privacy rights issues, just to name a few of the most notable.</p> <p>Included below is an overview of the 2018 health ballot initiatives and some of the players and issues involved, a potential 2020 health ballot initiative, and the remainder of the 2018 measures that will get much attention over the next few months.</p> <p>November 2018 Health Ballot Measures</p> <ul style="list-style-type: none">▪ Proposition 2: Using Mental Health Dollars for Low-Income Housing. This measure would provide for \$2 billion in bonds to serve California’s chronically homeless people. The original bonds are part of the Mental Health Services Act, approved by voters in 2004 to provide mental health services to Californians. Legislators tried to appropriate this money two years ago, but that law has been tied up in courts ever since. The MHSA has been criticized since its inception for how the money it collects has been spent and allocated, mostly by counties, and those dissatisfied voices have only grown this year. The State Auditor released a report earlier this spring that outlines how much money each county is holding on to in reserves – instead of using it to provide care to its people – and the numbers were astounding. There is some hope this initiative will get some of this money directed where it can do some good – even if it is not exactly how those who voted for the original bond expected.▪ Proposition 4: Authorizing Bonds for Children’s Hospitals. This would approve \$1.5 billion of bonds to build, expand, renovate and equip qualifying children’s hospitals. The majority of funds would go to private nonprofit hospitals

(more)

Ballot Initiatives
(continued)

that provide services to children who qualify for certain government programs. This includes children with special needs who qualify for the for the California Children’s Services program. The rest of the funds would be allocated to the University of California’s acute care children’s clinics, and public and private nonprofit hospitals that serve qualified children. This initiative, sponsored by the California Children’s Hospital Association (CCHA), would provide \$1.5 billion over 15 years to expand and renovate California’s Children’s hospitals so they can upgrade and improve their facilities and acquire the latest technology and life-saving medical equipment. This is not the first bond CCHA has run, and they have been successful in getting things passed. Voters have been sympathetic to the health care needs of sick children and want to support those trying to help them. Funds from previous bond measures have been spent to ensure hospital seismic safety, add inpatient beds, and acquire new technology. CCHA says the growing demand for care means additional funds are needed to continue delivering high-quality care for the most seriously ill and injured children in the state.

- **Proposition 8: Limiting Dialysis Clinic Revenue.** If passed, it would put a cap how much outpatient kidney dialysis clinics may charge patients and would impose penalties for “excessive” bills. The measure would also prohibit clinics from discriminating against patients based on their method of payment and would require an annual report to the state explaining their costs, revenue, and charges. For the first time, this measure would set a price cap or a medical loss ratio for health care providers – currently a medical loss ratio is only set for insurers to ensure they don’t regulate health care to such a degree that no insured is able to access the care they are paying for. The health care unions are using this measure – and the preceding, failed legislation – to attempt to unionize the private dialysis clinics throughout the state. On a related matter, SEIU-UHW has filed a suit against the dialysis companies. As a tremendously growing sector in the health care field, unions are actively working to add dialysis clinics to their unionized ranks.
- **Proposition 11: Requiring Ambulance Employees to Be On-Call During Breaks.** This measure would require ambulance workers at for-profit medical-response companies to be on-call during meal and rest breaks, meaning that they would need to be reachable by mobile device in case of emergency. Workers would be required to be paid at their regular rate during these breaks, and interrupted breaks would not be counted toward the breaks a worker is required to receive per shift. The measure also requires companies to provide additional specialized training to ambulance workers, and to offer mental health services to employees. Companies would be required to either offer 10 paid mental health services per year, or to offer medical insurance that covers long-term mental health care, if the company provides health insurance. These issues have been the source of a great number of lawsuits over the years, including those focused on security guards. The state Supreme Court recently ruled on a security guard case and the applicability of that case – which mandated rest periods – to emergency medical workers is still being debated. This initiative is the attempt by the American Medical Response company to end the debate and thereby end their liability for meal and rest breaks for ambulance workers. They argue that having these staff be “off duty” and therefore not required to accept an emergency call during their shift puts people at risk and would require them to hire 25% more employees.

Proposed 2020 Ballot Initiative – Sugar Sweetened Beverages

- **November 2020: Soda Tax.** In addition to the ones detailed above that will appear on the November 2018 ballot, a new public health measure has been filed to potentially appear on the 2020 ballot: a statewide soda tax to provide funds for targeted health care issues. In the last few days of the Legislative session, before members went on their summer break,

(more)

Ballot Initiatives
(continued)

the soda companies won a 12-year ban on local soda taxes from legislators in exchange for a promise from business groups to withdraw a ballot initiative that would have required cities and counties to get supermajority approval from voters to raise any new taxes, including but not limited to soda taxes. That initiative, which had qualified for the November ballot, made mayors and labor unions representing local government workers with the prospect of a higher vote threshold that could limit efforts to collect new tax revenue for cities and counties. Minutes after Governor Jerry Brown signed the bill that contained the soda tax ban (which moved with record speed through the legislative process), proponents pulled their broader tax initiative from the ballot.

Then, just days after Brown signed the local soda tax ban and the soda company ban on local taxes was off the ballot, the California Medical Association and the California Dental Association introduced for the November 2020 a \$.02 per ounce tax on Sugar Sweetened Beverages. This would result in an additional 24 cents tacked onto the cost of a 12-ounce can, or an extra \$1.34 for a 2-liter bottle sold in the state. In addition, the proposed initiative would codify in the California Constitution the right of local governments to impose soda taxes. The tax would not apply to diet sodas, fruit and vegetable juices with no added sugar and drinks in which milk is the primary ingredient. Proponents say the initiative could raise between \$1.7 billion and \$1.9 billion a year. The act itself includes very little detail of how the money would specifically be spent, except to say the money will go toward programs to combat and prevent diabetes, obesity and dental disease.

Ballot Measures This Fall

- **Affordable Housing and Home-Purchase Assistance for Veterans.** If passed, **Proposition 1** would authorize the sale of \$4 billion in bonds to finance existing housing programs, as well as infrastructure work and grants to match a local housing trust fund dollar-to-dollar. One-quarter of this \$4 billion would help veterans purchase farms, homes and mobile homes.
- **Authorizing Bonds for Safe Drinking Water and Water Infrastructure.** With **Proposition 3**, voters will decide whether to authorize \$8.87 billion in state bonds for water infrastructure. The majority of the revenue would go to safe drinking-water projects and watershed and fishery improvements, with money also going to habitat protection, dam repairs and other programs. The proposition also gives priority to disadvantaged communities and would require some projects to come up with matching funds from non-state sources.
- **Granting Property Tax Break to Senior Citizens and Disabled Persons.** **Proposition 5** would grant a property tax break to property owners who are over 55 years old or severely disabled. The measure would allow them to transfer their property tax to a replacement property of equal or lesser value in a specific county.
- **Repealing the Gas Tax.** Lawmakers' increase to the gas tax has been contentious since the moment it passed last year. Democratic state Senator Josh Newman was recalled in June in part over his "yes" vote on the tax. **Proposition 6** would allow voters to repeal the gas tax increase that currently generates revenue to pay for improvements to local roads, state highways and public transportation; and, also requires that the Legislature submit any future tax or fee on gas or diesel fuel, or on those driving a vehicle on public highways, to voters. Governor Brown came out against the measure when it qualified for the ballot, calling it "flawed and dangerous."

(more)

<p>Ballot Initiatives (continued)</p>	<ul style="list-style-type: none"> ▪ Revisiting Daylight Saving. California lawmakers have considered eliminating seasonal time changes for years. Proposition 7 itself would not make permanent or abolish daylight saving time; instead, the measure repeals a 1949 proposition that established Daylight Saving Time in California and would leave it up to the Legislature to decide how the state’s time should be set. The driving force behind the measure, San Jose Democratic Assemblymember Kansen Chu, has been fighting to end daylight saving time for the past few years with no success — until his bill landed on Governor Brown’s desk. Brown signed it, and now, it’s up to the voters to decide whether the Legislature gets the chance to end seasonal time changes. ▪ Dividing California. Proposition 9 is just the first step in a long — many say improbable — process toward potentially splitting California into three separate states. If passed, the measure would require the Governor to send the proposal to Congress for a vote, and only with Congressional approval would California be allowed to split itself. The proposed divisions would create three new states: Northern California, which would encompass Sacramento, San Francisco and the 40 northern counties of California; Southern California, which would include the counties along the Eastern and Southern borders; and, California, which would be made up of Los Angeles, Monterey, San Benito, San Luis Obispo, Santa Barbara and Ventura counties. Silicon Valley venture capitalist Tim Draper is the person behind this measure. He previously tried (and failed) to get a measure proposing to split California into six states on the 2016 ballot. Both of California’s two gubernatorial candidates have said that they oppose the initiative. ▪ Allowing Local Authorities to Enact Rent Control. A measure seeking to give local authorities more freedom to enact rent control policies will be on the November ballot. Proposition 10 would repeal the Costa-Hawkins Rental Housing Act and its ban on certain types of rent control, including protections for tenants of single-family homes, condos and apartments built after 1995. ▪ Increasing Requirements for Farm Animal Confinement. Proposition 12 bans the sale of meat derived from animals and their food products that are confined within certain areas. By 2121, the measure would also require that all eggs sold in California be from hens raised according to the United Egg Producers’ 2017 cage free guidelines. California passed a similar measure in 2008, Proposition 2, which banned the sale of certain animal products if the animals were confined in spaces that left them unable to turn around, lie down, stand up and fully extend their limbs.
<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>

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 7/6/2018

Access

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

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

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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 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: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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: 6/27/2018-S. APPR.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require, by July 1, 2019, every health care practitioner, with the exception of veterinarians, who prescribes, 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: 7/3/2018-S. APPR.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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: 6/27/2018-S. APPR.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.

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 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: 6/27/2018-S. APPR.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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 after his or her written consent for treatment and transfer is documented or in the absence of evidence of probable cause for detention, as defined. By creating a new crime, this bill would impose a state-mandated local program.

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

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: 7/5/2018-S. THIRD READING

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.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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

[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: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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: 6/27/2018-S. APPR.

Calendar: 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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

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.

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 a written homeless patient discharge planning policy and process within the hospital discharge policy, as specified.

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: 28

Total Tracking Forms: 28