

LEGISLATIVE UPDATE



Week of August 13, 2018

State Issues

Legislative Session
Final Stretch

There are only two weeks left of the Legislative session, and we are now in the final stretch. All committee hearings are officially over – unless of course “urgent,” new business emerges – and the members are charged with voting on all of the bills that survived the legislative process so far. There is some chatter that Governor Brown may call a special legislative session this fall to address the state’s wildfire policy, but most are hoping agreements can be made and policy can be finalized over the next two weeks. A few key bills to the Catholic health care ministry had substantive action 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.

The measure was recently amended with some technical tweaks, and a few important changes. The bill amends the maximum travel time or travel distance for which a hospital is required to transport a discharged homeless patient from 60 miles/60 minutes to 30 miles/30 minutes. The emergency room physicians secured language indicating these homeless discharge functions should only occur in a non-medical area, unless clinically indicated otherwise. However, it is likely that they continue to have other concerns that will keep them opposed to the bill. The bill still includes language that would allow a local program to pre-empt the state program as long as it is more stringent, and as such, it appears that this amended language will not remove any organization currently opposing the bill.

The bill will move to the Assembly Floor for a vote in the next two weeks. You can access the amended measure via this link: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1152

SB 1288 (Leyva): Health and care facilities: inspections requires the Department of Public Health (CDPH) to include reviews of compliance with nurse-to-patient-ratios and staff assignment regulations during state hospital inspections and institutes substantive penalties for lack of compliance. The bill is sponsored by SEIU, and opposed by the Alliance, along with a coalition of other hospital entities. SB 1288 creates unreasonable and arbitrary financial penalties for staffing ratio violations, regardless of whether the violation caused any harm — or risk of harm — to patients or was out of the hospital’s control. The bill moved out of Appropriations Committee this week and will next be heard on the Assembly Floor. Our coalition will continue to meet with key Assemblymembers to explain the challenges to this bill.

(more)

<p>Legislative Session Final Stretch <i>(continued)</i></p>	<p>Other bills we are supporting moved off the Appropriations Suspense calendars and will next be heard on their respective floor, including:</p> <p>AB 2112 (Santiago) community-based crisis response plan: grant, would require the Department of Health Care Services to develop and submit a proposal to solicit a grant to develop a community-based crisis response plan under the 21st Century Cures Act.</p> <p>AB 2798 (Maienschein) Hospitals: licensing, would establish specific time frames for the CDPH to review and complete hospital applications.</p> <p>SB 1125 (Atkins) Federally qualified health center and rural health clinic services, allows federally qualified health centers (FQHCs) or rural health clinics to apply for an adjustment to their per-visit rate to allow those entities to bill a medical visit and a mental health visit separately, so that they can take place on the same day at a single location.</p>
<p>Legislative Summary and Status</p>	<p>Attached please find the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 8/17/2018

Access

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

Location: 8/6/2018-S. APPR. SUSPENSE FILE

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: 8/8/2018-A. APPR. SUSPENSE FILE

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: 8/6/2018-S. APPR. SUSPENSE FILE

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 1998](#) ([Rodriguez D](#)) **Opioids: safe prescribing policy.**

Location: 8/6/2018-S. APPR. SUSPENSE FILE

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: 8/6/2018-S. APPR. SUSPENSE FILE

Summary: Current federal law, the 21st Century Cures Act, authorizes the United States Secretary of Health and Human Services to award competitive grants to state and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems that, among

other things, promote integration and coordination between local public and private entities engaged in crisis response, such as first responders, health care providers, and behavioral health providers, and addresses gaps in community resources for crisis intervention and prevention. This bill would require the 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: 8/6/2018-S. APPR. SUSPENSE FILE

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 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: 8/14/2018-A. CONCURRENCE

Calendar: 8/20/2018 #211 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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: 8/8/2018-A. APPR. SUSPENSE FILE

Calendar: 8/20/2018 #112 ASSEMBLY SECOND READING FILE -- SENATE BILLS

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: 8/7/2018-A. CONCURRENCE

Calendar: 8/20/2018 #153 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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

Health Care Reform

[AB 2459](#) (Friedman D) Personal income taxes: credits: health insurance premiums.

Location: 8/13/2018-S. APPR. SUSPENSE FILE

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, 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, certified by the board of Covered California, or the qualified individual's dependent that exceeds 8% of the qualified individual's modified adjusted gross income, as specified.

Position

Watch

[AB 2565](#) (Chiu D) Affordability assistance: cost sharing.

Location: 8/6/2018-S. APPR. SUSPENSE FILE

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

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: 8/7/2018-S. THIRD READING

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: 8/6/2018-S. APPR. SUSPENSE FILE

Summary: Would prescribe timelines for the State Department of Public Health to approve a written application submitted by a general acute care hospital or an acute psychiatric hospital to, 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

SB 1152 (Hernandez D) Hospital patient discharge process: homeless patients.

Location: 8/16/2018-A. SECOND READING

Calendar: 8/20/2018 #1 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 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: 8/16/2018-A. THIRD READING

Calendar: 8/20/2018 #351 ASSEMBLY THIRD READING FILE - SENATE BILLS

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

Oppose

Total Measures: 18

Total Tracking Forms: 18