

# LEGISLATIVE UPDATE



Week of August 27, 2018

## State Issues

Legislative Session Update

The legislature will be closing down the 2017-2018 legislative session by midnight tonight. We had been hearing all week that everyone was anxious to get home early for the long weekend, but we all knew that was a pipe dream given how much work they had to do. The work of the Conference Committee on wildfires, bills eliminating cash bail, and numerous other public safety bills stole the spotlight this week, but there was still a great deal of health policy work being finalized by the Legislature this week, too. A brief summary of some of those bills are included below. We will have a full overview of the year once the dust settles.

**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. CHA and others in the hospital and medical community were able to secure numerous amendments to make the bill something that hospitals could actually implement, though several problems remain. The bill failed to secure enough votes on its first go round on the Assembly Floor, but later in the day passed on a 48-26-6 vote, with Republicans voting no and most of those not voting were moderate democrats. It passed on Senate concurrence on a party line vote. The bill is headed to the Governor's desk. CHA has indicated that if the bill gets signed, they will be working with members to develop best practice-sharing opportunities.

**SB 1288 (Leyva): Health and care facilities: inspections** received a great deal of attention from the Governor's office last week. After the sponsors, SEIU, rejected amendments from the Department of Public Health earlier this summer, the Governor's staff offered some additional amendments. The language still institutes severe penalties under strict liability for hospitals being out of compliance with nurse-staff ratios – at any time – but the penalties put forward by the Governor are less than originally included in the bill. The new amendments, including some by Senator Richard Roth, allow the penalties to rebase after three years, includes some rural exceptions, and allows for some flexibility if a nurse is sick or injured. The bill was taken up on Tuesday afternoon and passed on a 49-26-5 vote, which was mostly split on party lines, with several moderate Democrats not voting. The Governor's office has indicated it is unsure – even with the new amendments – if the Governor will sign or veto the measure. CHA is leading a strong veto campaign.

*(more)*

Legislative Session  
Update  
(continued)

**AB 2190 (Reyes): Hospitals: seismic safety** would allow for a short extension of the timelines for certain hospitals to achieve structural requirements, as long as the facilities meet strict timelines and are subject to rigorous oversight. The bill ensures only those hospitals that are underway in their seismic planning can qualify for the extension. While we heard the California Nurses Association was going to oppose the bill as amended, their opposition never came. The bill has received overwhelming bi-partisan support to date and that continued; the bill passed on a 39-0 vote in the Senate and 80-0 on concurrence in the Assembly. The Governor's office has indicated they are supportive of the policy included in the measure.

**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 21<sup>st</sup> Century Cures Act. The bill was approved on Consent in the Senate and passed the Assembly on consent for Concurrence. It will now head to the Governor.

**AB 2798 (Maienschein) Hospitals: licensing**, would establish specific time frames for the California Department of Public Health (CDPH) to review and complete hospital applications. The bill moved on the Senate Special Consent Calendar earlier this week and passed the Assembly also on consent. It will now head to the Governor. Both the Department of Public Health and Department of Finance have oppose positions on the bill.

**SB 1125 (Atkins) Federally qualified health center and rural health clinic services**, which 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. The bill has been amended to clarify how the clinic rate is to be defined. The bill is awaiting action on the Assembly Floor. With the \$1-11 million price tag on the bill, there are concerns if the Governor will veto the measure; however, given the author's leadership position and the fact that they are taking last minute amendments may mean it has legs.

**AB 3115 (Gipson) Community Paramedicine or Triage to Alternate Destination Act** got a lot of attention this week, as an end of session gut and amend bill reviving policy that had died on the Appropriations calendar last month in SB 344 (Hertzberg). The bill would further policy related to community paramedicine and alternate destinations. This bill permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties: (1) providing short-term post discharge follow-up; (2) providing directly observed tuberculosis therapy; (3) providing case management services to frequent emergency medical services users; (4)

(more)

Legislative Session Update <i>(continued)</i>	providing hospice services to treat patients in their homes; and, (5) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. The measure sunsets the provisions of this bill on January 1, 2025. CHA has a number of substantive and technical concerns with the bill as drafted and is opposing the bill.
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.

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](mailto:ldangberg@thealliance.net)

# Alliance of Catholic Health Care Legislative Summary and Status 8/31/2018

## Access

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

**Location:** 8/17/2018-S. DEAD

**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:** 8/17/2018-A. DEAD

**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:** 8/17/2018-S. DEAD

**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:** 8/17/2018-S. DEAD

**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:** 8/29/2018-A. ENROLLMENT

**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:** 8/29/2018-A. ENROLLMENT

**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:** 8/27/2018-A. ENROLLED

**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:** 8/28/2018-A. THIRD READING

**Calendar:** 8/31/2018 #57 ASSEMBLY THIRD 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:** 8/24/2018-A. ENROLLED

**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:** 8/29/2018-A. ENROLLED

**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:** 8/17/2018-S. DEAD

**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:** 8/30/2018-A. ENROLLMENT

**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:** 8/29/2018-A. ENROLLMENT

**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:** 8/28/2018-S. ENROLLMENT

**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:** 8/29/2018-S. ENROLLMENT

**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**