

# LEGISLATIVE UPDATE



Week of August 6, 2018

## State Issues

Back from Recess:  
Final Weeks of  
Legislative Session

We are now one week into the end of session push; and only three weeks remain (August 31 is the last day of this 2-year legislative session) to finalize hundreds of bills still in legislative limbo.

Several bills remain on the Appropriations Committee Suspense calendar. This includes **AB 2112 (Santiago)**, which 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 and **AB 2798 (Maienschein)**, which would establish specific time frames for the California Department of Public Health (CDPH) to review and complete hospital applications. Both the CDPH and the Department of Finance have official oppose positions on the Maienschein bill, which will make it difficult for it to move or be signed by the Governor. These and the other suspense items will be taken up for final vote on or before next Friday, August 17.

**SB 1152 (Hernandez): Hospital patient discharge process: homeless patients** were set to be heard this week in Assembly Appropriations, but was pulled at the last minute. Word in the Capitol is that Appropriations Chair Lorena Gonzalez-Fletcher has some questions about the bill, and she wanted more time to get her questions answered before it is heard. It likely will be set for hearing next week, just before the Suspense hearing. The Department of Finance has officially come out in opposition to SB 1152, citing mostly UC costs and potentially higher Medi-Cal rates. You can find the analysis here: [http://www.dof.ca.gov/legislative\\_analyses/LIS\\_PDF/17/SB-1152-20180808050220PM-SB01152.pdf](http://www.dof.ca.gov/legislative_analyses/LIS_PDF/17/SB-1152-20180808050220PM-SB01152.pdf). The California Hospital Association (CHA) met with the Governor's office over the break to discuss the bill, and the word is that that office did not express any concerns with the bill. CHA is still working on technical amendments and remains opposed due to the preemption issue.

**SB 1288 (Leyva): Health and care facilities: inspections** are set to be heard in Assembly Appropriations next week and is sponsored by SEIU. The bill requires the 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. One concern with the measure is that this bill would single out one type of licensing violation for enhanced administrative penalties, separate from the current CDPH regulations, which thoroughly considers patient safety and the complexity of the health care environment. Furthermore, this bill is unnecessary because CDPH already has the authority to evaluate hospital compliance with nurse-to-patient ratios and determine whether a violation warrants a financial penalty — and, if so, what that penalty should be. 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. We will be working in conjunction with CHA to oppose this misguided measure.

*(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.
340B Program Update	The Administration has indicated they are not planning on moving legislation or budget trailer bill language this session to address the duplicate rebate issue within the 340B program in Medi-Cal. They have indicated to stakeholders, including the California Hospital Association, health care clinics, and Med-Cal managed care health plans, that the state intends to address the issues through administrative remedies. This could include all plan letters to health plans, adjustments to the contracts between health plans and the state, or other regulatory change efforts. The Department has not share more of their thinking yet. But, we expect some action in the next few months – before the Governor’s term is up. We will pass on more intel as soon as we get more information from the Department.

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# Alliance of Catholic Health Care Legislative Summary and Status 8/10/2018

## Access

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

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

**Calendar:** 8/16/2018 Upon adjournment of Session - 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:** 8/8/2018-A. APPR. SUSPENSE FILE

**Calendar:** 8/16/2018 Upon adjournment of Session - State Capitol, Room 4202  
ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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

**Calendar:** 8/16/2018 Upon adjournment of Session - 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 1998](#) ([Rodriguez D](#)) **Opioids: safe prescribing policy.**

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

**Calendar:** 8/16/2018 Upon adjournment of Session - 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:** 8/6/2018-S. APPR. SUSPENSE FILE

**Calendar:** 8/16/2018 Upon adjournment of Session - 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:** 8/6/2018-S. APPR. SUSPENSE FILE

**Calendar:** 8/16/2018 Upon adjournment of Session - 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 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:** 8/7/2018-S. THIRD READING

**Calendar:** 8/13/2018 #217 SENATE SEN THIRD READING FILE - ASM 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 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:** 8/16/2018 Upon adjournment of Session - State Capitol, Room 4202  
ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**Summary:** Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

**Position**

## 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:** 8/13/2018 #10 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  
**Calendar:** 8/13/2018 #119 SENATE SEN THIRD READING FILE - ASM BILLS  
**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:** 8/8/2018-S. APPR.  
**Calendar:** 8/13/2018 10 a.m. - John L. Burton Hearing Room (4203)  
 SENATE APPROPRIATIONS, PORTANTINO, Chair  
**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  
**Calendar:** 8/16/2018 Upon adjournment of Session - 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

## 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

**Calendar:** 8/13/2018 #176 SENATE SEN THIRD READING FILE - ASM 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:** 8/6/2018-S. APPR. SUSPENSE FILE

**Calendar:** 8/16/2018 Upon adjournment of Session - 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

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

**Location:** 8/6/2018-A. APPR.

**Calendar:** 8/15/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**Summary:** Current law requires each hospital to have a written discharge planning policy and process that requires that the appropriate arrangements for posthospital care are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. This bill would require each hospital to include 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.

**Calendar:** 8/15/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

**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

**Total Measures: 18**

**Total Tracking Forms: 18**