

LEGISLATIVE UPDATE



Week of October 1, 2018

State Issues

Governor's Action:
Final 2017-18
Legislative Session
Update

Yesterday, September 30, was the deadline for Governor Brown to sign, veto, or allow bills to go into effect without his signature. Listed below are the results of several key bills for the Catholic health ministry that were on the Governor's desk:

Requested a Signature

SIGNED | AB 2190 (Reyes): Hospitals: seismic safety allows 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.

SIGNED | AB 2112 (Santiago) community-based crisis response plan: grant, requires 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.

SIGNED | AB 2798 (Maienschein) Hospitals: licensing, establishes specific time frames for the California Department of Public Health (CDPH) to review and complete hospital applications. CDPH and Department of Finance opposed the bill.

VETOED | SB 1125 (Atkins) Federally qualified health center and rural health clinic services, allows federally qualified health centers 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. *In his veto message, the Governor stated that this bill required "significant, ongoing general fund commitment" and that it "should be considered as part of the budget process."*

Requested a Veto

VETOED | SB 1288 (Leyva): Health and care facilities: inspections, would have required periodic inspections of hospitals by CDPH to include reviews of compliance with nurse staffing ratios, and would have established administrative penalties for nurse staffing ratio violations of \$15,000 for a first violation, and \$30,000 for subsequent violations. Late session amendments allowed the penalties to rebase after three years, included some rural exceptions, and allowed for some flexibility if a nurse was sick or injured. *In his veto message, the Governor stated that hospitals "are best evaluated in a comprehensive manner and I am reluctant to start singling out specific violations for a separate penalty."*

Neutral Position

SIGNED | SB 1152 (Hernandez): Hospital patient discharge process: homeless patients. The bill prohibits 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.

(more)

Legislative Summary and Status	Attached is the final 2017-2018 Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.
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Alliance of Catholic Health Care Legislative Summary and Status 10/1/2018

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 199](#) ([Hernandez D](#)) **The California Health Care Cost, Quality, and Equity Atlas.**

Location: 8/17/2018-A. DEAD

Summary: Would require the Secretary of California Health and Human Services, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified. The bill would require the secretary to charge the advisory committee with identifying the type of data, purpose of use, and entities and individuals that are required to report to, or that may have access to, a health care cost, quality, and equity atlas, and with developing a set of recommendations based on specified findings of the March 1, 2017, report.

Position

Watch

[SB 974](#) ([Lara D](#)) **Medi-Cal: immigration status: adults.**

Location: 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 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: 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: 9/10/2018-A. CHAPTERED

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: 9/26/2018-A. CHAPTERED

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: 6/29/2018-S. DEAD

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: 8/31/2018-A. DEAD

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: 9/27/2018-A. CHAPTERED

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: 9/27/2018-S. VETOED

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: 9/5/2018-A. CHAPTERED

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: 9/6/2018-A. CHAPTERED

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: 8/31/2018-S. DEAD

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 2502](#) (Wood D) Health care payments database.

Location: 6/29/2018-S. DEAD

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: 6/29/2018-S. DEAD

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: 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

[SB 562](#) (Lara D) The Healthy California Act.

Location: 6/29/2018-A. DEAD

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

Hospital Operations and Finance

[AB 1250](#) (Jones-Sawyer D) Counties: contracts for personal services.

Location: 8/31/2018-S. DEAD

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: 9/22/2018-A. CHAPTERED

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: 9/29/2018-A. CHAPTERED

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: 6/29/2018-A. DEAD

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: 9/30/2018-S. CHAPTERED

Summary: Would require each hospital to include a written homeless patient discharge planning policy and process within the hospital discharge policy, as specified. The bill would require a hospital to document specified information before discharging a homeless patient. The bill would, commencing on July 1, 2019, require a hospital to develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social service agencies in the region, health care providers, and nonprofit social service providers, as available, to assist with ensuring appropriate homeless patient discharge.

Position

Watch

[SB 1288](#) (Leyva D) Health and care facilities: inspections.

Location: 9/30/2018-S. VETOED

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

Social Determinants of Health

[SB 100](#) (De León D) California Renewables Portfolio Standard Program: emissions of greenhouse gases.

Location: 9/10/2018-S. CHAPTERED

Summary: The Legislature has found and declared that its intent in implementing the California Renewables Portfolio Standard Program is to attain, among other targets for sale of eligible renewable resources, the target of 50% of total retail sales of electricity by December 31, 2030. This bill would revise the above-described legislative findings and declarations to state that the goal of the program is to achieve that 50% renewable resources target by December 31, 2026, and to achieve a 60% target by December 31, 2030.

Position

Support

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: 30

Total Tracking Forms: 30