# LEGISLATIVE UPDATE

Alliance of Catholic Health Care

**Week of April 9, 2018**

| State Issues | |
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| Key Bill Hearings | The legislative deadline for bills with fiscal implications to move through a policy committee is rapidly approaching – April 27th. As a result, the push is for all the outstanding spot bills to get amended with substantive language and for everyone to start finalizing positions on bills and getting on the record. The Alliance has acted on a number of bills so far this session of substantive importance.<br><br>**AB 3087 (Kalra): California Health Care Cost, Quality, and Equity Commission.** The Alliance opposes this bill, as it is a rather radical health care measure that would result in government management of California's health care marketplace. It will create significant harm to patient access to physician care through a government-run price setting system, while doing nothing to improve the quality of the care or our state's health care delivery system. Specifically, AB 3087 would establish a government-run commission with nine political appointees who would unilaterally set the price for all medical services that are not already controlled by the government, essentially eliminating commercial health care markets in California. None of the political appointees on the commission are required to be patient-focused or have any tangible experience in the delivery of health care to patients. California Hospital Association (CHA), California Medical Association, and many others are vocally opposing the bill, and the Alliance is part of a broad coalition in advocating against the measure. The California Chamber of Commerce just added the bill to its "Job Killer" list. The California Nurses Association has not taken an official position as of this writing, but they have expressed some negative views on the measure. They continue to push for single payer health care. The California Health Plan Association is being oddly quiet, and have said that they have it under review, but generally oppose price controls. The bill is sponsored by the California Labor Federation, Health Access, SEIU, Teamsters, Unite Here and other labor organizations. ***The bill will be heard in Assembly Health on April 24th.***<br><br>**SB 1336 (Morrell): Public Health: End of Life Option Act.** The Alliance supported the bill which would improve the quality and scope of data collected and published relating to the implementation of the End of Life Option Act of 2015 (EoLOA). The modest bill simply seeks to collect information regarding the areas of practice of each physician who wrote a prescription for an aid-in-dying drug, the motivating reason behind a patient's decision to request the aid-in-dying drug, and the number of patients who received a mental health specialist assessment prior to receiving the aid-in-dying drug. This data set still falls short of the data required under similar statutes in Oregon and Washington. **Failed passage in Senate Health on a partisan vote, with Dr. Richard Pan not voting.**<br><br>**AB 2112 (Santiago): Federal 21st Century Cures Act: community based crisis response plan**, 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. ***This bill passed Assembly Health Committee on a unanimous vote and is awaiting action in Assembly Appropriations.*** ***(more)*** |

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| Key Bill Hearings *(continued)* | **AB 1795 (Gibson): Emergency Medical Services: behavioral health facilities-sobering centers**, is supported by the Alliance and sponsored by CHA. It would allow for more direct patient access to the most appropriate care while increasing efficiency for local emergency response systems. The bill would authorize a local emergency medical services agency to allow specially trained paramedics to triage patients who meet specific criteria to a locally designated behavioral health treatment facility or sobering center. ***The bill is set to be heard in Assembly Health on April 17th.***<br><br>**AB 2874 (Thurmond): Health Facilities: Attorney General.** Opposed by the Alliance, this bill is another attempt of a bill from last year that received a veto from the Governor (SB 687, Skinner). It would require nonprofit hospitals to notify the Attorney General in writing no later than 180 days prior to closing a facility or eliminating a supplemental service and obtain the office's consent. Hospitals generally do not reduce or eliminate services if the patient volume is sufficient to keep them open. For example, a hospital emergency department is the most expensive setting in which to provide care because of the required staffing, clinical expertise and available ancillary and other services. If emergency department visits are low, the cost of care in that setting becomes even more expensive, inefficient and difficult to sustain. ***This bill is set to be heard in Assembly Health on April 17th.***<br><br>**AB 2798 (Maienschein): Hospitals: licensing**, would establish specific time frames for the California Department of Public Health (CDPH) to review and complete hospital applications. If the time frames are not met, the application would subsequently be deemed approved. AB 2798 would also require CDPH to develop an assistance unit to help hospitals with the application process to fully automate the application process and to publish performance metrics. ***The Alliance supports this bill, which is set to be heard on April 17th.*** |
| Alliance Summary and Status Report | Attached please find the most recent Alliance Summary and Status Report on bills of interest to the Catholic health care ministry. |
| Mental Health in California: For Too Many, Care Not There | The California Health Care Foundation has issued a new report outlining the barriers to mental health care that so many Californian's face, despite the numerous statutes and funding streams aimed at improving access to our mentally ill population. Public and private entities have devoted significant resources to expand access to care, better integrate physical and mental health care, and reduce stigma. Despite these efforts, the incidence of some mental illnesses continues to rise, many Californians still fail to receive treatment for their mental health needs, and many have poor overall health outcomes.<br>Using the most recent data available, *Mental Health in California: For Too Many, Care Not There* provides an overview of mental health in California: disease prevalence, suicide rates, supply and use of treatment providers, and mental health in the correctional system. The report also highlights available data on quality of care and mental health care spending.<br><br>Key findings include:<br>▪ The prevalence of serious mental illness varied by income, with much higher rates of mental illness at lower income levels for both children and adults.<br>▪ Compared to the US, California had a lower rate of suicide, although it varied considerably within the state by gender, age, race/ethnicity, and region.<br>▪ About two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment. ***(more)*** |

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| Mental Health in California *(continued)* | ▪ Medi-Cal pays for a significant portion of mental health treatment in California. The number of adults receiving specialty mental health services through Medi-Cal has increased by nearly 50% from 2012 to 2015, coinciding with expansion of Medi-Cal eligibility.<br>▪ The supply of acute psychiatric beds may have stabilized after a long period of decline. However, emergency department visits resulting in an inpatient psychiatric admission increased by 30% between 2010 and 2015. More robust community services might decrease emergency department use.<br>▪ The incidence of mental illnesses in California's jails and prisons is very high. In 2015, 38% of female prison inmates and 23% of the male prison population received mental health treatment while incarcerated.<br><br>You can access the full report and a number excellent charts highlighting their data collection via this link: https://www.chcf.org/publication/mental-health-in-california-for-too-many-care-not-there/ |

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# Alliance of Catholic Health Care
# Legislative Summary and Status 4/13/2018

## Access

**AB 2965** **(Arambula D) Medi-Cal: immigration status: adults.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages 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:** 9/1/2017-A. 2 YEAR
**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:** 4/4/2018-S. 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 of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also delete provisions delaying implementation until the director makes the determination described above.

**Position**
Pending Review (Support in Concept)

## Behavorial and Mental Health

**AB 1136** **(Eggman D) Health facilities: residential mental or substance use disorder treatment.**
**Location:** 2/5/2018-S. HEALTH
**Summary:** Would require the State Department of Public Health 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 beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.

**Position**
Watch

**AB 1795** **(Gipson D) Emergency medical services: behavioral health facilities and sobering centers.**
**Location:** 1/22/2018-A. HEALTH

**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**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 before and 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 sobering center standards.

**Position**
Support

**AB 1998** **(Rodriguez D) Opioids: safe prescribing protocol.**
**Location:** 2/12/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Would require, by June 1, 2019, every health care practitioner authorized to prescribe opioids classified as Schedule II and Schedule III to adopt a safe prescribing protocol, as specified. The bill would require the health care practitioner to note the reason the safe prescribing protocol was not followed if, in the health care practitioner's professional judgment, adherence to the safe prescribing protocol is not appropriate for a patient's condition. The bill would make the failure to develop or adhere to the protocol, except as specified, unprofessional conduct and enforceable by the health care practitioner's licensing board.

**Position**
Watch

**AB 2112** **(Santiago D) Federal 21st Century Cures Act: community-based crisis response plan: grant.**
**Location:** 4/3/2018-A. APPR.
**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 State Department of Health Care Services 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, a plan for specified objectives.

**Position**
Support

**AB 2193** **(Maienschein R) Maternal mental health.**
**Location:** 2/26/2018-A. HEALTH
**Calendar:** 4/24/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Would make it the duty of licensed health care practitioners who treat or attend the mother or child, or both, to screen the mother for maternal mental health conditions, as defined, at least once during pregnancy and once during the postpartum period and to report the findings of the screening to the mother's primary care physician if the health care practitioner is not the mother's primary care physician. The bill would also make it the duty of any facility where those practitioners treat or attend the mother or child, or both, in the first postdelivery appointment to ensure that those practitioners perform the required screening and report the findings.

**Position**
Watch

**AB 2741** **(Burke D) Prescription drugs: opioid medications: minors.**
**Location:** 4/10/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Would 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 specified written 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. The provisions of the bill requiring the prescriber to assess whether the minor has or is taking prescription drugs for treatment of a substance use disorder, discuss opioid risks, and obtain written consent would notapply until the development of a consent form by the Medical Board of California.

**Position**
Watch

**AB 2843** **(Gloria D) Mental Health Services Fund.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**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:** 3/8/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**
Watch

**SB 1125** **(Atkins D) Federally qualified health center and rural health clinic services.**
**Location:** 2/22/2018-S. HEALTH
**Calendar:** 4/25/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, 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 another health visit, as defined.

**Position**
Support

## End of Life/Palliative Care

**AB 282** **(Jones-Sawyer D) Aiding, advising, or encouraging suicide: exemption from prosecution.**
**Location:** 3/15/2018-S. PUB. S.
**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 937** **(Eggman D) Health care decisions: order of priority.**
**Location:** 7/21/2017-S. 2 YEAR
**Summary:** The Health Care Decisions Law, among other things, provides for an individual's use of a request regarding resuscitative measures, which is a written document, signed by an individual with capacity or a legally recognized health care decisionmaker for the individual, and the individual's physician, that directs a health care provider regarding resuscitative measures for the individual. This would provide that, to the extent of that conflict, the most recent order signed by the individual or instruction made by the individual is effective. The bill would deem a request regarding resuscitative measures signed by specified persons on behalf of the individual to be signed by the individual. The bill would also make technical conforming changes.

**Position**
Watch

**AB 3211** **(Kalra D) Advance health care directives.**
**Location:** 3/22/2018-A. JUD.

**Calendar:** 4/17/2018 9 a.m. - State Capitol, Room 437 ASSEMBLY JUDICIARY, STONE, Chair
**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 gift of his or her organs, tissues, and parts.

**Position**
Pending Review

**SB 481** **(Pan D) Long-term health facilities: informed consent.**
**Location:** 7/14/2017-A. 2 YEAR
**Summary:** Current law requires the attending physician of a resident in a skilled nursing facility or intermediate care facility who prescribes or orders a medical intervention of a resident that requires the informed consent of a patient who lacks the capacity to provide that consent, as specified, to inform the skilled nursing facility or intermediate care facility. Current law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention. This bill would, before implementing a medical intervention that requires informed consent for a resident who lacks capacity to make health care decisions and there is no person with legal authority able and willing to make those decisions, require the physician, skilled nursing facility, or intermediate care facility, to promptly notify the resident, orally and in writing, that it has been determined that the resident lacks capacity, and other information, as specified.

**Position**
Support

**SB 1336** **(Morrell R) Public health: End of Life Option Act.**
**Location:** 3/1/2018-S. HEALTH
**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:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Would, for each taxable year beginning on or after January 1, 2019, allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums for 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. If the allowed credit amount exceeds tax liability, the bill would also allow a payment in excess of that credit amount upon appropriation by the Legislature.

**Position**
Watch

**AB 2502** **(Wood D) Health care payments database.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/24/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**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. The bill would require certain health care entities, including health care service plans, to provide specified information to the secretary.

**Position**
Watch

**AB 2517** **(Wood D) Health care coverage.**

**Location:** 4/2/2018-A. HEALTH
**Calendar:** 4/24/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**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.

**Position**
Watch

**AB 2565** **(Chiu D) Affordability assistance: cost sharing.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**Summary:** Current law specifies the powers and duties of the board governing Covered California, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Current law establishes the California Health Trust Fund and continuously appropriates moneys in the fund for these purposes. This bill would require the board to offer enhanced premium assistance to individuals who enroll in health care coverage through Covered California and who, under federal law, would be eligible for premium tax subsidies, as specified. By requiring the board to offer this additional assistance, this bill would make an appropriation.

**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

## Hospital Operations

**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 2798** **(Maienschein R) Hospitals: licensing.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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 modify, add, or expand a service or program. The bill would require the department to approve or deny a completed application to modify or add a service or program within 45 business days of receipt of the completed application. The bill would require the department to approve a written application to expand a service that is currently being provided within 30 business days of receipt of the completed application, unless the hospital is out of compliance with existing laws governing the service to be expanded.

**Position**
Support

**SB 538** **(Monning D) Hospital contracts.**
**Location:** 7/14/2017-A. 2 YEAR
**Summary:** This bill, the Health Care Market Fairness Act of 2017, would prohibit contracts between

hospitals 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, 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, and requiring the contracting agent, plan, or insurer to submit to arbitration, or any other alternative dispute resolution program, any claims or causes of action that arise under state or federal antitrust laws after those claims or causes of action arise, except as provided.

**Position**
Oppose

**SB 1152** **(Hernandez D) Hospital patient discharge process: homeless patients.**
**Location:** 2/22/2018-S. HEALTH
**Calendar:** 4/18/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair
**Summary:** Current law requires each hospital to have a written discharge planning policy and process, including requiring 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 those health facilities to include within the hospital discharge policy, a written homeless patient discharge planning policy and process, as specified. The bill would require the health facilities to develop and annually update a written plan for coordinating services and referrals for homeless patients, including procedures for homeless patient discharge referrals to shelters, medical care, and mental health care, designated liaisons at each participating entity, and coordination protocols with participating entities.

**Position**
Watch

## Hospital Operations and Finance

**AB 2190** **(Reyes D) Hospitals: seismic safety.**
**Location:** 2/26/2018-A. HEALTH
**Calendar:** 4/24/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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 of Statewide Health Planning and Development may grant 5-year and 2-year extensions under prescribed circumstances. Current law additionally allows the office to grant a hospital that has received extensions under specified provisions an extension of up to 7 years for a hospital building that it owns or operates if the hospital meets specified milestones. The office may revoke an extension granted pursuant to the latter authority under certain circumstances. This bill would require the office to provide a 30-day notice to the hospital prior to revoking an additional extension as described above and to provide the hospital with the opportunity to provide evidence and information to challenge the revocation.

**Position**
Support

**AB 2874** **(Thurmond D) Health facilities: notice: Attorney General.**
**Location:** 3/22/2018-A. HEALTH
**Calendar:** 4/17/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
**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:** 3/22/2018-A. HEALTH
**Calendar:** 4/24/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

**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 specified funds, including the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

**Position**
Oppose

**SB 1288** **(Leyva D) Health and care facilities: inspections.**
**Location:** 3/1/2018-S. HEALTH
**Calendar:** 4/18/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, 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

## Social Determinants of Health

**SB 100** **(De León D) California Renewables Portfolio Standard Program: emissions of greenhouse gases.**
**Location:** 9/8/2017-A. U. & E.
**Summary:** The Legislature has found and declared that its intent in implementing the California Renewables Portfolio Standard Program requires the PUC 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:** 3/15/2018-A. HEALTH
**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: 32**
**Total Tracking Forms: 32**