

LEGISLATIVE UPDATE

Week of April 16, 2018

State Issues

Key Bill Hearings This Week

The Legislature this week focused on moving bills by the April 17 deadline for fiscal bills to get through their first policy committee. One key health care bill was heard this week:

SB 1152 (Hernandez): Hospital patient discharge process: homeless patients. The Senate Health Committee, chaired by Dr. Ed Hernandez, heard SB 1152, which would prohibit a hospital from discharging a homeless patient to a location other than where the patient identifies as his or her residence, unless they are discharged to another licensed facility, to a social services agency, or to a provider that has agreed to accept the patient.

According to Senator Hernandez, the bill was introduced to respond to recent stories documenting homeless patients being discharged in unsafe conditions, such as being dropped off at homeless shelters without warning and without available beds. The bill outlines several specific requirements for hospitals to meet prior to discharging a homeless patient, including:

- The patient is clothed in weather appropriate attire and is not discharged into inclement weather without shelter;
- The patient has been provided with a prescription and for hospitals with an onsite pharmacy, an appropriate supply of all necessary medication;
- The patient is permitted to remain in the facility until they can be released during daytime hours or during hours where the receiving social services agency is open and available to receive the patient;
- The patient has a source of follow-up care;
- The patient has been provided with all necessary durable medical equipment;
- The patient is properly hydrated at the time of discharge and has been provided with a meal within the two hours prior to discharge;
- The patient has been offered screening for infectious disease and offered vaccinations;
- The patient does not show signs of disorientation or receives psychiatric evaluation and treatment;
- The patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage, and;
- The hospital has provided the patient with transportation to the discharge destination.

Legislative Support. This bill is co-sponsored by SEIU California and the California Pan-Ethnic Health Network (CPEHN). SEIU states that as the homeless population has grown steadily, so have reports of homeless patient dumping.

(more)

<p>Key Bill Hearings This Week (continued)</p>	<p>SEIU points out that while existing law requires hospitals to have written discharge planning policies and processes, it does not contemplate that an individual being discharged from a hospital would not have a place to go, nor family or friends to help with post-discharge needs.</p> <p>Opposition. The California Hospital Association (CHA), the California Medical Association (CMA), and the California Chapter of the American College of Emergency Physicians (California ACEP) all oppose this bill unless it is amended. In its letter to the Senate Health Committee, CHA states that when a patient is homeless, discharge planning process becomes even more critical, and that hospitals do everything possible to facilitate the patient’s eventual discharge to appropriate area shelters or other community-based services. The effectiveness of these efforts depends on the resources available in the community and the individual’s willingness to take advantage of the support. This bill outlines a process that is too prescriptive and undermines the ability of the treating physician to determine when the patient is stable for discharge and the specific post-hospitalization needs that will be required upon discharge.</p> <p>California ACEP stated emergency physicians provide more charity care than any other medical specialty. However, California ACEP states that emergency physicians will not be able to provide health care if emergency departments are also expected to deliver housing to all.</p> <p>Senate Health Committee Hearing. During the hearing, Senator Hernandez wanted to make it clear that hospitals are not the cause of these problems and many hospitals are going above and beyond in their care for these patients, but he also commented that the hospital visit is an opportunity to help this vulnerable population. Getting hospitals to work closely with the homeless services providers is a top priority of the legislation, according to the author. He acknowledged that the bill is a “wish list,” and that some of the requirements in the bill are not practical in all cases. He committed to working with the opposition on necessary amendments. Senator Holly Mitchell (D-Los Angeles) said the author was working to establish a humane floor of service, but did urge the author to work with the ER doctors on their concerns. Dr. Richard Pan (D-Sacramento) appreciated the bill but acknowledged the concerns of the hospitals and ER physicians based on his direct experience as a provider. He highlighted an outstanding program in Sacramento, where hospitals have partnered with a community clinic where they ensure the patient is directly connected with the clinic upon discharge for primary and mental health care, as opposed to seeing the hospital as their source of primary care. Senator Roth (D-Riverside) appreciated the legislation and encouraged the author to work with the opponents.</p> <p>The bill was approved on a 7-1-1 vote. Senator Janet Nguyen (R-Golden Grove) voted no and Senator Jim Nielsen (R-Red Bluff) abstained. The bill moves on to be heard in Senate Appropriations.</p>
<p>AB 3087 (Kalra): Health Care Price Cap Bill</p>	<p>Next Tuesday, April 24, the Assembly Health Committee will hear all outstanding bills related to health care. It is expected to be a lengthy, contentious hearing, with more than 30 bills set to be heard.</p> <p>One major bill on the docket includes AB 3087 (Kalra) California Health Care Cost, Quality, and Equity Commission. The bill would create a commission that would set the rates paid to California’s hospitals, physicians, health plans, and nearly all facets of health care. The Alliance is partnering with CHA, CMA and other health care</p> <p style="text-align: right;"><i>(more)</i></p>

<p>AB 3087 (Kalra): Health Care Price Cap Bill</p>	<p>providers to oppose the bill. CHA has estimated that the state’s hospitals may lose at least \$18 billion annually in revenues if AB 3087 were enacted. Specifically, about 60 percent of hospitals would likely lose money under this legislation and an estimated 175,000 health care workers could lose their jobs.</p> <p>A robust advocacy campaign is underway, with a dedicated “No on AB 3087” website up (https://www.noonab3087.org/), and advocacy targeted at the author and Assembly Health Committee members, and Assembly Leadership. The CMA had hundreds of physicians in Sacramento this week for their legislative day, and they focused only on this bill in their legislative meetings canvassing the Capitol.</p> <p>Talking points on the bill for the opposition include:</p> <ul style="list-style-type: none"> ▪ AB 3087 puts a new government bureaucracy in charge of health care. The bill would create a new politicized commission to cap rates and determine the availability of health care for all Californians. ▪ AB 3087 would harm our economy. This bill would cause an estimated 175,000 health care workers to lose their jobs, as well as limit capital investment in communities throughout the state. ▪ AB 3087 would harm patient access to care. This bill would force hospitals to close, push health care providers into early retirement, and cause a “brain drain” of talented medical and dental students and residents fleeing California for more ideal working conditions. ▪ AB 3087 would decimate California’s health care delivery system and limit patient choice. The bill would disrupt care for millions of Californians and reduce the number of health care providers willing to practice in the state. ▪ AB 3087 would take California backwards. The bill would destroy what Californians like about their health care and move us to an antiquated, “volume over value” model that discourages contracting and stifles innovation. ▪ AB 3087 is self-serving. The commission would have to pay consumer advocates who come before the commission, diverting precious health care dollars away from patients. ▪ AB 3087 would not solve the fundamental problems of the health care payment system. Because the legislation does not apply to Medicare or MediCal, hospitals and health care providers will continue to be underpaid by these governmental programs. <p>Advocates are hoping to stop the bill in Assembly Health Committee, but given the politics of the issue (stemming predominately from the Single Payer debate), it is possible the bill will get enough votes to move on. If so, it would next be heard in Assembly Appropriations Committee, where the sponsors will have to explain the enormous price tag of the measure.</p>
<p>Legislative Summary and Status Report</p>	<p>Attached is the most recent Alliance Legislative Summary and Status Report on bill of interest to the Catholic health care ministry.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 4/20/2018

Access

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

Location: 4/18/2018-A. APPR.

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)

Behavioral 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: 4/19/2018-A. APPR.

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 protocol.

Location: 4/18/2018-A. B.&P.

Calendar: 4/24/2018 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, 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.

Calendar: 4/25/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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 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: 4/18/2018-A. APPR.

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 not apply until the development of a consent form by the Medical Board of California.

Position
Watch

[AB 2843](#) (Gloria D) Mental Health Services Fund.

Location: 4/18/2018-A. APPR.

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: 4/18/2018-A. APPR.

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: 4/19/2018-S. DESK

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

Watch

[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: 4/18/2018-A. REV. & TAX

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: 4/18/2018-A. APPR.

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 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: 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, except as specified. This bill would require all hospitals with buildings subject to the January 1, 2020, deadline described above to submit a binding application to the Office of Statewide Health Planning and Development by July 1, 2019, that specifies the seismic compliance method each building will use, as specified. The bill would require the office to grant an additional extension of time to an owner who is subject to the January 1, 2020, deadline if specified conditions are met.

Position

Support

[AB 2798](#) (Maienschein R) Hospitals: licensing.

Location: 4/18/2018-A. CONSENT CALENDAR

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

AB 2874 (Thurmond D) Health facilities: notice: Attorney General.

Location: 4/18/2018-A. JUD.

Calendar: 4/24/2018 8:30 a.m. - State Capitol, Room 437 ASSEMBLY JUDICIARY, STONE, 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 the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

Position

Oppose

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: 4/18/2018-S. APPR.

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

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

Location: 4/18/2018-S. APPR.

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

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