

LEGISLATIVE UPDATE



Week of April 30, 2018

State Issues

Budget Subcommittee Hearings this Week

This week, the Legislature focused its attention on concluding the Budget Subcommittee hearings on the Governor's January FY 2018-19 budget proposal. This is just in time to begin their work on the May Revise, which is expected to be released next Friday, May 11.

We will be examining the Revised Budget to determine if the Governor will make any substantive adjustments from his January budget proposal, specifically around the Proposition 55 allocation formula, Proposition 56 allocation of funds to the University of California for Graduate Medical Education, and the Administration's proposal to eliminate 340B from use in the Medi-Cal program.

The **Assembly Budget Subcommittee No. 1 on Health and Human Services** heard the Governor's proposal on 340B this week. The Department of Health Care Services (DHCS) was represented by Deputy Director Rene Mollow. The extensive opposition to the proposal was led by California Hospital Association's Vice President of Strategic Financing Initiatives. It was a fiery debate between DHCS and the Legislators, who question the Department on the need to eliminate the program as opposed to simply fixing the duplicate rebate issue.

In an unusual move, both the Chair, Dr. Assemblyman Joaquin Arambula (D-Fresno) and Committee Member Blanca Rubio (D-Baldwin Park) mentioned that if they had a quorum present, they would vote to reject the Governor's proposal on the spot and urge them to come back after the May Revise with a "fix" and not an elimination. This item was, however, held open and the Committee members urged the Administration to come back at May Revise with alternative solutions to address the problems with the program – not simply continue to push the proposal to eliminate it.

The Legislative Analyst's Office has released a report covering the Governor's proposal and its potential impact, and for more information you can find it at: <http://www.lao.ca.gov/Publications/Detail/3790>.

The **Senate Budget Subcommittee No. 3 on Health and Human Services** heard the Care4All California Coalition's proposals to provide state-only financial support to families who purchase health insurance – as so many continue to be priced out of health insurance, especially given the high deductibles and out of pocket expenses for the plans.

The Care4All Coalition proposes to increase premium subsidies for individuals purchasing health insurance in the Covered California health benefit exchange to reduce the costs of obtaining coverage. According to the Coalition, the improved affordability achieved by this proposal will result in about 150,000 newly-insured individuals and lower premiums for approximately 1.2 million Covered California enrollees. They propose to provide additional subsidies so individuals under 138% of poverty (~\$17,000 income/year) would receive subsidies so they pay zero premiums. Those making 400% of

(more)

<p>Budget Subcommittee Hearings <i>(continued)</i></p>	<p>poverty (~\$36,000 income/year) would pay no more than 8% of their income in premiums. They would institute a sliding scale for those in between.</p> <p>The second proposal is designed to help improve cost-sharing requirements, including copays and deductibles, for individuals between 200% and 300% of the federal poverty limit (\$24,000-\$36,000 income/year) purchasing coverage in the exchange. According to the Coalition, individuals in this income range get little or no help paying for copays or deductibles, with one third purchasing Bronze coverage with a \$6,300 deductible. This proposal, detailed below, would improve cost-sharing affordability for 500,000 Covered California enrollees. The proposal outlines specific changes in the cost sharing requirements, including requiring \$10 copay for primary care visit as opposed to \$30/\$35/\$75 depending on plan and \$650 individual medical deductible as opposed to \$2,200/\$2,500/\$6,300 currently.</p> <p>Their final proposal would limit premiums for people who are above 400% of poverty to less than 8% of their income. According to the Coalition, some individuals in this income range pay more than 20 percent of their income for Bronze coverage. An individual over age 50 making more than \$50,000 could spend between \$4,000 and \$9,000 on premiums, depending on geographic region, and as much as \$6,300 on care. The Coalition reports this approach would primarily benefit those with incomes between 400 and 600 percent of the FPL, decrease the number of uninsured by 100,000, and improve affordability for an additional 350,000 individuals.</p> <p>The budget proposal has not had a thorough cost assessment conducted, but they do report that all of these proposals would cost “in the low billions” to be implemented as a package. They are working on specific cost estimates. The item was held open to allow for more discussion and further exploration after the May Revise.</p>
<p>Legislative Summary and Status</p>	<p>Attached please find the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>
<p><i>Hope and Healing:</i> Bishops’ Pastoral Letter on Mental Health</p>	<p>As reported in the last issue, May is Mental Health Awareness Month, and the California Catholic Conference of Bishops used the opportunity to release, this week, an extended pastoral letter on the culture of mental health and the critical need to attend to those who suffer.</p> <p>In the document "<i>Hope and Healing: A Pastoral Letter from the Bishops of California on Caring for those who Suffer from Mental Illness Addressed to All Catholics and People of Goodwill</i>" the California bishops lament the heartbreaking prevalence of mental illness in our society and the dire need to move past stigmatization toward ministry and care. The statement examines several facets of mental health including the current opioid crisis, suicide, addiction, and embraces the bond between science and religion. Representatives from Dignity Health and Providence St. Joseph Health were contributing members of the “working group” for the nearly year-long consultation on this important issue. The full pastoral letter can be found at: http://www.catholic.org/hope_and_healing.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 5/4/2018

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: 4/24/2018-A. APPR.

Calendar: 5/9/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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: 4/25/2018-A. APPR. SUSPENSE FILE

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: 4/30/2018-A. APPR.

Summary: This bill would make it the duty of obstetrician-gynecologists or licensed health care practitioners supervised by obstetrician-gynecologists who treat or attend the mother or child, or both, to screen the mother for maternal mental health conditions, as defined, during pregnancy or during the postpartum period, or both, and to report the findings of the screening to the mother's primary care physician if the obstetrician-gynecologist or health care practitioner supervised by an obstetrician-gynecologist is not the mother's primary care physician.

Position
Watch

[AB 2741](#) (Burke D) Prescription drugs: opioid medications: minors.

Location: 5/3/2018-A. THIRD READING

Calendar: 5/7/2018 #66 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

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.

Calendar: 5/9/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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: 5/3/2018-A. CONSENT CALENDAR

Calendar: 5/7/2018 #107 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS

Summary: Would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person. 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: 4/25/2018-S. APPR.

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.

Calendar: 5/15/2018 8:30 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, SKINNER, Chair

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: 5/3/2018-S. JUD.

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

Calendar: 5/14/2018 2:30 p.m. - State Capitol, Room 126 ASSEMBLY REVENUE AND TAXATION, BURKE, 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: 5/1/2018-A. APPR.

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: 4/30/2018-A. APPR.

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: 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: 4/26/2018-A. APPR.

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 written 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: 4/23/2018-A. APPR.

Calendar: 5/9/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, 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

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

Location: 4/24/2018-A. APPR.

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: 5/2/2018-A. APPR.

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: 4/25/2018-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
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: 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: 32
Total Tracking Forms: 32