

LEGISLATIVE UPDATE



Week of February 12, 2018

State Issues	
Legislative Process	<p>The bill introduction deadline is set for today - Friday, February 16th. We are hearing hundreds of bills are still being processed by Legislative Counsel. As bills come into print, we will sort through the myriad of issues and determine any impact on the Catholic health care ministries. We are expecting a dozen or more bills attempting to address the opioid epidemic and provide a better system of care for patients with mental illness. In addition, one of the patient advocacy groups with close ties to unions has indicated it will be putting forward a 15-20 package of bills aimed at reducing the cost of health care and moving California towards universal health care coverage.</p> <p>Meantime, attached please find the most recent Alliance Summary and Status report on bills of interest to the Catholic health care ministry.</p>
Assembly Member Leave of Absence	<p>Another California Assembly Member has taken a leave of absence due to sexual harassment allegations – Christina Garcia (D-Bell Gardens, located in southeastern Los Angeles). She also took leave as the Chair of the Women’s Caucus, after which Assembly Member Susan Eggman was named the new chair. Based on the number, severity and corroboration of the allegations, there is a great deal of speculation that she will ultimately resign her position, but that has not yet occurred. California now has three vacancies in the Assembly, and an Assembly Member and Senator on leave pending investigation and/or resignation.</p> <p>Primary elections for the three vacant Assembly seats is April 3rd with the general elections for those seats being June 5th. For all the other statewide races, the primary is June 5th, with the general election for statewide political office and the voter initiatives that make it on the ballot to be held November 6th.</p>
Statewide Politics	<p>Both the California Nurses Association and the Service Employees International Union endorsed Senate President Pro tem Kevin de Leon for U.S. Senate over incumbent Senator Diane Feinstein. In their endorsements, CNA praised de Leon’s advocacy on SB 562 regarding Single Payer, while SEIU focused on his work championing the state’s \$15 minimum wage legislation and his work on immigration. These endorsements proceed the California Democratic Convention, which is set for next weekend in San Diego.</p> <p>In addition, a new Democrat has entered the California Governor’s race. Amanda Renteria is a California native, Stanford grad, who worked at Goldman Sachs before coming back to the Central Valley to be a high school math teacher. She worked for Diane Feinstein and was Chief of Staff for Debbie Stabenow (D-MI). She was the national political director for Hillary Clinton’s 2016 campaign, and she is now Chief of Operations for California Attorney General Xavier Becerra.</p>

(more)

Statewide Politics <i>(continued)</i>	Finally, the SEIU-sponsored ballot initiative targeting Kaiser Permanente has been withdrawn from circulation for signatures and is no longer a candidate for the November 2018 ballot.
Covered California Board Changes	The Governor this week appointed two new Board members to California's health benefit exchange, Covered California. New members of the 5-member panel include Jerry Flemming, a former national Senior Vice President for Kaiser Foundation Health Plan. During his tenure, he focused on health care reform implementation and policy for the Northern California region of Kaiser. The Governor also appointed Sandra Hernandez, the current President and CEO of California Health Care Foundation. Dr. Hernandez also is an assistant clinical professor at the UCSF School of Medicine. These appointments replace Marty Morgenstern and Genoveva Islas, both who have served since 2015. The Board members remaining include Diana Dooley and Paul Fearer (both original members of the Board), and Art Torres.

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Alliance of Catholic Health Care Legislative Summary and Status 2/16/2018

Behavioral and Mental Health

[AB 451](#) ([Arambula D](#)) **Health facilities: emergency services and care.**

Location: 9/1/2017-S. 2 YEAR

Summary: Would specify that a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital, excluding certain state hospitals, regardless of whether it operates an emergency department, is required to provide emergency services and care to treat a person with a psychiatric emergency medical condition who has been accepted by the facility, as specified, if the facility has appropriate facilities and qualified personnel. The bill would make conforming changes to related provisions.

Position

Watch

[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 1372](#) ([Levine D](#)) **Crisis stabilization units: psychiatric patients.**

Location: 9/6/2017-S. INACTIVE FILE

Summary: Would authorize a certified crisis stabilization unit designated by a mental health managed care plan, at the discretion of the mental health managed care plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours in those cases in which the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit.

Position

Watch

[AB 2112](#) ([Santiago D](#)) **Federal 21st Century Cures Act: community-based crisis response plan: grant.**

Location: 2/8/2018-A. PRINT

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

End of Life/Palliative Care

[AB 282](#) ([Jones-Sawyer D](#)) **Aiding, advising, or encouraging suicide: exemption from prosecution.**

Location: 1/18/2018-S. DESK

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 authorized pursuant to the End of Life Option Act from being prosecuted for deliberately aiding, advising, or encouraging suicide.

Position
Pending Review

[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

[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

Health Care Reform

[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 1795](#) (Gipson D) Emergency medical services: community care facilities.

Location: 1/22/2018-A. HEALTH

Summary: Would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. 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 community care facility, as specified.

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: 2/14/2018-S. RLS.

Summary: Current law prohibits specified health facilities from causing the transfer of homeless patients from one county to another county for the purpose of receiving supportive services from a social service agency, health care service provider, or nonprofit social service agency within the other county, without prior notice and authorization. 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 a written plan for coordinating services and referrals for homeless patients including procedures for homeless patient discharge referrals, designated liaisons at each participating entity, and coordination protocols.

Position

Pending Review

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

Total Measures: 13

Total Tracking Forms: 13