

LEGISLATIVE UPDATE



Week of February 19, 2018

State Issues

Newly
Introduced
Legislation

Thousands of bills were introduced last week that we continue to review and assess for impact on the Catholic health care ministry. Of note, a bipartisan group of Assembly members held a press conference outlining a package of bills designed to combat the opioid epidemic. The package of over a dozen bills would seek to tighten prescription regulations, expand access to alternative treatments, increase prescriber training, and enhance the tools available to health professionals and law enforcement. In addition, many bills related to pharmacies and pharmacists were introduced, as well as many bills related to mental health care. Following are a few other bills of interest:

SB 974 (Lara). Medi-Cal Immigration Status. This bill would extend Medi-Cal coverage for adults otherwise eligible, regardless of immigration status.

SB 1125 (Atkins). FQHC and Rural Health Clinics. This bill would allow Federally Qualified Health Centers and rural health clinics to bill for and be reimbursed for 2 visits taking place on the same day, within certain parameters.

SB 1152 (Hernandez). Hospital Patient Discharge: Homeless. This bill would require hospitals to adopt prescriptive policies around the discharge of homeless patients. The rules include the patient be discharged to their home or other designated setting. In addition, the hospital must ensure the patient has weather appropriate clothing, a meal within two hours of discharge, all necessary durable medical equipment, provided all vaccinations and infectious disease screenings, and screened for health care coverage.

SB 1288 (Leyva). Health and Care Facilities: Inspections. This measure would require state inspections of health facilities to include compliance with the nurse-to-patient staffing ratios.

SB 1336 (Morrell). End of Life Option Act. The measure would require an attending physician to request that a qualified individual inform the physician in written or orally as to the motivating reason(s) for receiving the aid-in-dying drug, and that the information be included in a report to the Department of Public Health. The patient must be offered the following answer options among any others: Pain or the fear of pain; Concern about being a burden to others; Loss of autonomy; Sense of hopelessness. Additional information about the physician, length of time the patient has been in his/her care and the number of patients who received mental health specialist assessment

AB 2193 (Maienschein). Maternal Mental Health. This bill would require all health care practitioners who treat a mother or child, or both, to screen the mother for maternal mental health conditions at least once during pregnancy and once during the postpartum period and to report the findings to the mother's primary care physician.

(more)

<p>Newly Introduced Legislation (continued)</p>	<p>The bill would also make it the responsibility of the facility ensure that those practitioners perform the required screening and report the findings.</p> <p>AB 2589 (Bigelow). Hospital Community Benefit. This is a spot bill related to hospital community benefits. The bill does not contain any detail as to its ultimate intent, but we will be working with the author to determine his plans for the bill. This author has not authored legislation detrimental to hospitals in the past.</p> <p>AB 2759 (Santiago). Clinics and Health Facilities. Nurses. This measure would prohibit health care facilities from excluding and discriminating against associate level nurses from clinical placement slots in favor of baccalaureate degree nurses. The bill is sponsored by the California Nurses Association.</p> <p>AB 2861 (Salas). Medi-Cal Telehealth. Substance Disorder Services. This measure would require Medi-Cal to reimburse for substance use disorder treatment via telehealth.</p> <p><i>Attached is the most recent Alliance Legislative Summary and Status Report on bills of interest to the Catholic health care ministry.</i></p>
<p>Budget Hearings</p>	<p>The Legislature is beginning to hold Budget Subcommittee hearings, reviewing the Governor’s January Budget proposal. Next Monday, the Assembly Budget Subcommittee #1 on Health and Human Services will be discussing some of the budget proposals related to the Department of Public Health and the Emergency Medical Services Authority. Within DPH, they will cover the Center for Chronic Disease Prevention and Health Promotion, the Center for Environmental Health and the Center for Health Care Quality. You can access the detailed agenda below: http://abgt.assembly.ca.gov/sites/abgt.assembly.ca.gov/files/February%2026%202018%20EMSA%20DPH%20Sub%201.pdf</p>
<p>Single Payer Healthcare</p>	<p>The California Democratic Convention will be held this weekend in San Diego. We are expecting representatives from the California Nurses Association to hold large rallies promoting single payer healthcare, and threatening Democrats who do not support their cause. We will be monitoring any outcomes related to healthcare policy as a result of this weekend’s events.</p>
<p>Capitol Politics</p>	<p>This week, Senator Tony Mendoza (D-Artesia) resigned, moments before the Senate was prepared to vote to expel him office. In his resignation letter, Mendoza indicated he was resigning as “it was clear” Pro Tem Kevin de Leon was not going to rest until he had Mendoza’s “head on a platter.” Mendoza vowed to maintain his lawsuit against the Senate for their handling of the investigation process, and he called out Pro Tem (and U.S. Senate Candidate) de Leon for using this investigation to convince the #MeToo movement of his sincerity. We now have three vacancies in the Assembly, one now in the Senate, and one more Assembly Member on a leave of absence pending investigation. The resignation letter can be found at: https://www.documentcloud.org/documents/4385521-Mendoza-Resignation-Letter.html.</p>

For more information please contact Lori Dangberg at 1215 K Street, Suite 2000 ▪ Sacramento, CA 95814
Direct line: 916.552.2633 or fax: 916.552.7652 ▪ e-mail: ldangberg@thealliance.net

Alliance of Catholic Health Care Legislative Summary and Status 2/23/2018

Access

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

Location: 2/14/2018-S. HEALTH

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

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: 2/22/2018-A. HEALTH

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](#) (Maienchein R) Maternal mental health.

Location: 2/12/2018-A. PRINT

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

Pending Review

[AB 2861](#) (Salas D) Medi-Cal: telehealth: substance use disorder services.

Location: 2/16/2018-A. PRINT

Summary: Would require the State Department of Health Care Services to allow a licensed practitioner of the healing arts or a certified substance use disorder counselor to receive Medi-Cal reimbursement for substance use disorder services provided through telehealth in accordance with the Medicaid state plan. This bill contains other existing laws.

Position

Pending Review

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

[SB 1336](#) ([Morrell R](#)) **Public health: End of Life Option Act.**

Location: 2/16/2018-S. RLS.

Summary: Would, prior to prescribing an aid-in-dying drug, require an attending physician to request that a qualified individual inform the physician orally or in writing as to the motivating reason or reasons for receiving an aid-in-dying drug, as specified. The bill would require that information to be included in the report of the Department of Public Health as specified. The bill would further require that report to include additional information about each attending physician and the length of time that he or she provided care to a patient, and the number of patients who received a mental health specialist assessment.

Position
Pending Review

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: 2/22/2018-S. HEALTH

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

Not for Profit Health Care

[AB 2589](#) (Bigelow R) Hospitals: community benefits.

Location: 2/15/2018-A. PRINT

Summary: Current law declares that significant public benefit would be derived if private, not-for-profit hospitals periodically reviewed and reaffirmed their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities that they serve, and requires each hospital to annually adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements. Each hospital is also required to annually submit its community benefits plan to the Office of Statewide Health Planning and Development. This bill would make technical, nonsubstantive changes to those provisions.

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

Workforce/Labor Issues

[AB 2759](#) (Santiago D) Clinics and health facilities: nurses.

Location: 2/16/2018-A. PRINT

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

Pending Review

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

Location: 2/16/2018-S. RLS.

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
Pending Review

Total Measures: 20
Total Tracking Forms: 20