

LEGISLATIVE UPDATE



Week of March 11, 2019

State Issues

Alliance Legislative Summary and Status on New Bills

Attached please find the Alliance's Legislative Summary and Status Report on newly-introduced bills of interest to the Catholic health care ministry. This week, the Alliance took action to support several key health care bills that will be heard next Wednesday, March 20, in Senate Health:

- **SB 66 (Atkins)**, would remove unnecessary barriers to health care access by vulnerable, low-income patients and improve access to physical, dental and mental health care in a community-clinic setting. Specifically, SB 66 removes a key barrier to care by enabling authorized health clinics to be reimbursed for a maximum of two visits (rather than only one) taking place on the same day at single location. We supported last year's version of this bill, SB 1125, also by Senator Atkins, which was vetoed by Governor Brown. The hope is that Governor Newsom will look at this issue with a fresh perspective.
- **SB 260 (Hurtado)** will require health plans and insurers to give consumers who lose their coverage, for any reason, notices of the availability of Medi-Cal and Covered California coverage. The bill will also make it easier for Covered California to reach out to consumers, who have lost their coverage, to help minimize gaps in their coverage. SB 260 reduces coverage gaps which can lead to long-term negative impacts on health and family finances. SB 260 is important to ensure that Californian consumers remain covered during life transitions, which helps not just the insured individual but the whole health care delivery system.
- **SB 29 (Durazo)** builds on the gains California has made and moves California closer to universal coverage. SB 29 will allow undocumented adults to have access to Medi-Cal coverage if they are otherwise eligible for the coverage. This bill was originally introduced by Senator Ricardo Lara who has now moved onto his new role as state Insurance Commissioner. Ensuring that everyone has access to health care, regardless of their immigration status, is a key part of any strategy to reach universal coverage, and that our state is stronger and healthier when everyone has access to health care coverage. The Governor has proposed in his January Budget to covered undocumented young people, aged 19-26 years old, so it is still unclear if he would be supportive of covering all adults.

A key bill will be heard next week on Tuesday, March 19, in the Assembly Health Committee. **AB 204 (Wood)** will require development of regulations to standardize how hospitals calculate the economic value of their community benefits and calculate charity care, and prohibits filing consolidated community benefit reports, thus requiring that reporting community benefits be at the individual hospital (rather than system or consolidated license) level. This bill has been amended and the hospital community continues to work with Dr. Wood on acceptable amendments.

(more)

<p>Alliance Legislative Summary and Status on New Bills</p>	<p>At this time, the Alliance is reviewing the proposed amendments and has not taken a position on the bill as currently written.</p> <p>And finally, another bill supported by the Alliance was set for hearing this week, but was pulled from the agenda at the last minute. AB 329 (Rodriguez) would correct a glaring oversight in current law and would ensure that hospital staff are afforded protections, due process, and justice when they are victims of assault while in a hospital setting. Specifically, the bill would bring parity to punishments for assaults committed against health care workers providing care in health care facilities with that of punishments for assaults committed against health care workers outside health care facilities. We believe that our hospitals must be safe environments for our staff to work. These positions are already exceptionally challenging; our staff should not have the added concern of being denied protections for being assaulted in the health care facility. The ACLU is suggesting that California already has Penal Code language that addresses these issues. Hospital attorneys are looking into this claim by the ACLU and will amend or take up the bill again in the next few weeks.</p>
<p>Budget Hearings: Subcommittees on Health</p>	<p>Next Thursday, March 21, the Senate Budget and Fiscal Review Subcommittee No. 3 on Health and Human Services will hold a hearing reviewing issues impacting the Department of Managed Care, California Health Benefit Exchange and the Department of Health Care Services, that will include review of Medi-Cal eligibility, benefits and issues related the Affordable Care Act.</p> <p>On the following Monday, March 25, there will be a joint informational hearing of the Assembly Budget Subcommittee No. 1 on Health and Human Services and the Budget Subcommittee No. 2 on Education Finance on “Meeting the Demand for Health: Report of the California Future Health Workforce Commission,” As we reported previously, co-chaired by Dignity Health’s Lloyd Dean, the goal of the commission was to address the looming health care workforce crisis and to create a comprehensive action plan for building the health workforce California will need by 2030. The three overall strategies include: 1) Increase opportunity for all Californians to advance in the health professions; 2) Align and expand education and training to prepare health workers to meet California’s health needs; and 3) Strengthen the capacity, effectiveness, well-being, and retention of the health workforce.</p>
<p>Federal Issues</p>	
<p>Budget Outlines Proposes Health Care Cuts</p>	<p>On Monday, President Trump released his FY 2020 \$4.75 trillion budget blueprint entitled, “A Budget for a Better America,” that includes \$1.9 trillion in cuts to health care programs such as Medicaid and Medicare. As reported by the Catholic Health Association of the U.S., the budget outline also proposes steep cuts of \$1.1 trillion to discretionary spending programs over the next ten years. However, the proposal already has met stiff resistance from House leadership and even from some of the Administration’s congressional allies, making it unlikely that much if any of its provisions will make it into FY 2020 appropriations bills. Further complicating the budget process, mandatory across-the-board spending caps are scheduled to go into effect later this year. House Democrats are beginning work on their own budget outline that also would avoid the mandatory caps, but it is not likely to result in a House vote on the overall budget. Instead, the individual committees will begin work on their appropriations bills with budget allocations provided by the leadership.</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 3/15/2019**

Access / Health Care Reform

[AB 4](#) (Arambula D) Medi-Cal: eligibility.

Location: 12/3/2018-A. PRINT

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and 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. Federal law prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if 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 as specified.

Position

Support

[AB 174](#) (Wood D) Personal income taxes: credits: health insurance premiums.

Location: 1/24/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for each taxable year beginning on or after January 1, 2020, would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for the qualified individual, certified by the board of Covered California, or the qualified individual's dependent that exceeds 8%, but no more than ____%, of the qualified individual's modified adjusted gross income, as specified.

Position

Support

[AB 414](#) (Bonta D) Healthcare coverage: minimum essential coverage.

Location: 2/15/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Position

Support

[SB 29](#) (Durazo D) Medi-Cal: eligibility.

Location: 1/16/2019-S. HEALTH

Calendar: 3/20/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. 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 to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, which includes outreach strategies. 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, and would delete provisions delaying implementation until the director makes the determination as specified.

Position

Support

[SB 65](#) (Pan D) California Health Benefit Exchange: financial assistance.

Location: 1/16/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would require the California Health Benefit Exchange, notwithstanding the provision establishing the California Health Trust Fund and only to the extent that the Legislature appropriates funding for these purposes, to administer financial assistance to help low-income and middle-income Californians access affordable healthcare coverage by requiring the Exchange to implement specified maximum premium contributions and to reduce copays and deductibles for individuals who meet specified income requirements. The bill would also require the Exchange to administer financial assistance in a manner that maximizes federally funded subsidies.

Position

Support

SB 66

(Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.

Location: 1/16/2019-S. HEALTH

Calendar: 3/20/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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, including a physician. Under current law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. 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 a mental health visit or a dental visit, as defined.

Position

Support

SB 175

(Pan D) Healthcare coverage: minimum essential coverage.

Location: 2/6/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Position

Support

SB 260

(Hurtado D) Automatic healthcare coverage enrollment.

Location: 2/21/2019-S. HEALTH

Calendar: 3/20/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would require the Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county. The bill would require enrollment to occur before Medi-Cal coverage is terminated, and would prohibit the premium due date from being sooner than the 30th day of the first month of enrollment. The bill would require the Exchange to provide an individual who is automatically enrolled in the lowest cost silver plan with a notice that includes specified information, including the individual's right to select another available plan or to not enroll in the plan.

Position

Support

Behavioral Health

AB 43

(Gloria D) Mental health.

Location: 12/3/2018-A. PRINT

Summary: Current law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. This bill would state the intent of the Legislature to enact legislation to ensure that Mental Health Services Act funds are used in accordance with the provisions of the act and that there is adequate oversight of excess unspent funds.

Position

Watch

[AB 563](#) (Quirk-Silva D) Mental Health Services Fund.

Location: 2/13/2019-A. PRINT

Summary: Current law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would make technical, nonsubstantive changes to those provisions.

Position

Watch

[AB 682](#) (Eggman D) Health facilities: residential mental health or substance use disorder treatment.

Location: 2/28/2019-A. HEALTH

Calendar: 3/26/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the State Department of Public Health, in consultation with specified entities, 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 the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.

Position

Watch

[AB 1055](#) (Levine D) Mental health: involuntary commitment.

Location: 3/7/2019-A. HEALTH

Summary: Current law requires a person admitted to a facility for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act to receive an evaluation as soon as possible after admission and to receive whatever treatment and care the person's condition requires for the full period that the person is held. Existing law requires that person to be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part. This bill would require a person who is released to also be referred for further care and treatment on a voluntary basis, and would require a psychiatrist, psychologist, or medical director approving the release, to, prior to that release, ensure that an initial outpatient appointment with a psychiatrist or psychologist within 5 business days of the release is scheduled.

Position

Watch

[AB 1572](#) (Chen R) Mental health services: gravely disabled.

Location: 3/14/2019-A. HEALTH

Summary: Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled." This bill would change the definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

Position

Pending Review

[SB 596](#) (Stern D) Mental health.

Location: 2/22/2019-S. RLS.

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law requires a person who receives evaluation or treatment pursuant to the act to be given a choice of physician or other professional person providing those services, in accordance with the policies of each agency providing those services, and within the limits of available staff in the agency. This bill would instead make that provision applicable to a person receiving both evaluation and treatment under the act.

Position

Pending Review

[SB 640](#) (Moorlach R) Mental health services: gravely disabled.

Location: 3/14/2019-S. HEALTH

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of

a person who is a danger to themselves or others or who is gravely disabled. This bill would change the definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in bodily harm.

Position

Pending Review

Hospital Operations and Finance

[AB 149](#) (Cooper D) Controlled substances: prescriptions.

Location: 3/11/2019-A. CHAPTERED

Summary: Current law classifies certain controlled substances into designated schedules. Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Current law requires those prescription forms to be printed with specified features, including a uniquely serialized number. This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers.

Position

Support

[AB 389](#) (Arambula D) Substance use disorder treatment: peer navigators.

Location: 2/15/2019-A. HEALTH

Calendar: 3/26/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the State Department of Health Care Services to either establish a pilot program or expand an existing pilot program for purposes of measuring the efficacy and cost avoidance of utilizing trained substance use disorder peer navigators and behavioral health peer navigators in the emergency department of an acute care hospital, as described, if Funds for this purpose are appropriated in the annual Budget Act. The bill would provide that an acute care hospital may be eligible to receive funding under the pilot program to fund peer navigator positions.

Position

Watch

[AB 714](#) (Wood D) Opioid prescription drugs: prescribers.

Location: 2/28/2019-A. B.&P.

Calendar: 3/26/2019 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair

Summary: Current law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified.

Position

Watch

[AB 774](#) (Reyes D) Health facilities: reporting.

Location: 2/28/2019-A. HEALTH

Calendar: 3/26/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law requires hospitals to file an Emergency Care Data Record for each patient encounter in a hospital emergency department with the Office of Statewide Health Planning and Development. Current law requires the record to contain specified patient and health data information, including the service date and the disposition of the patient. This bill would additionally require the report to include the time of registration and, as applicable, the date and time of admission, transfer, and discharge, as well as the location of the discharge and transfer.

Position

Watch

[**AB 844**](#)

(Irwin D) Health facilities: mandated hospital services and activities.

Location: 3/4/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law, until July 1, 2020, requests that the University of California to establish the California Health Benefit Review Program to assess legislation proposing to mandate a benefit or service of a health care service plan or health insurer or proposing to repeal an existing mandated benefit or service of a health care service plan or health insurer. Current law requests that the university provide that analysis to the appropriate policy and fiscal committees of the Legislature not later than 60 days after receiving a request for the analysis. This bill would establish an independent, nonpartisan body to advise the Governor and Legislature on the financial impact of proposed mandated hospital services and activities.

Position

Support

[**AB 910**](#)

(Wood D) General acute care hospitals: consolidated licensing.

Location: 3/4/2019-A. HEALTH

Summary: Would require the State Department of Public Health, on or before January 1, 2021, to report to the Legislature the name, location, and license identification of every general acute care hospital operating under a single consolidated license that operates 2 or more physical plants located more than 15 miles apart. The bill would further require the department, on or before January 1, 2022, and annually thereafter, to update the report, as specified. The bill would also make technical changes to these provisions.

Position

Pending Review

[**AB 962**](#)

(Burke D) Hospitals: procurement contracts: disclosures.

Location: 3/4/2019-A. HEALTH

Calendar: 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require a licensed hospital with operating expenses of \$25,000,000 or more to annually submit a report to the Office of Statewide Health Planning and Development on its minority, women, LGBT, and veteran-owned business enterprise procurement efforts, as specified. The bill would require each report to be submitted on July 1, 2020, and then annually thereafter. The bill would impose specified civil penalties for a failure to submit that report, as specified. The bill would require the office to maintain a link on the office's internet website that provides public access to the content of those reports, as specified.

Position

Watch

[**AB 1014**](#)

(O'Donnell D) Health facilities: notices.

Location: 3/7/2019-A. HEALTH

Calendar: 4/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law requires a hospital that provides emergency medical services to, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the department, other specified entities, and the public. Current law requires a health facility implementing a downgrade or change to make reasonable efforts to ensure that the community it serves is informed of the downgrade or closure. Current law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the facility, eliminating a supplemental service, as defined, or relocating the provision of supplemental services to a different campus. This bill would require a hospital that provides emergency medical services or a health facility to provide notice, as specified, at least 180 days before making the changes described above.

Position

Watch

[**AB 1404**](#)

(Santiago D) Payers' Bill of Rights.

Location: 3/14/2019-A. HEALTH

Summary: The Payers' Bill of Rights requires a hospital, upon the request of a person without health coverage, to provide a written estimate of the amount the hospital will require the person to pay for the healthcare services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, as specified. Current law also requires the hospital to provide information about its financial assistance and charity care policies, contact information for a hospital employee or office from which the person may obtain further information about these policies, and an application form for financial assistance or charity if requested. This bill would additionally require the hospital to provide information about how that person can apply for public health coverage programs.

Position

Watch

[AB 1495](#) (O'Donnell D) Hospitals: seismic safety.

Location: 2/22/2019-A. PRINT

Summary: Current law requires all hospitals with buildings subject to a seismic compliance deadline of January 1, 2020, and that are seeking an extension for their buildings to submit an application to the Office of Statewide Health Planning and Development by April 1, 2019, that specifies the seismic compliance method each building will use. Current law authorizes the extension to be until July 1, 2022, if the compliance is based on a replacement or retrofit plan, as defined, or until January 1, 2025, if the compliance is based on a rebuild plan, as defined. This bill would make a technical, nonsubstantive change to those provisions.

Position

Watch

[AB 1544](#) (Gipson D) Community Paramedicine or Triage to Alternate Destination Act.

Location: 3/14/2019-A. HEALTH

Summary: Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program, and would further require the Commission on Emergency Medical Services to review and approve those regulations.

Position

Watch

[AB 1611](#) (Chiu D) Emergency hospital services: costs.

Location: 3/14/2019-A. HEALTH

Summary: Would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment.

Position

Pending Review

[AB 1630](#) (Irwin D) Medical billing task force.

Location: 2/22/2019-A. PRINT

Summary: Would require OSHPD, in consultation with the Insurance Commissioner, to establish a medical billing task force on or before April 1, 2020. The bill would require the task force to, among other things, engage interested parties in the development of a system to improve the readability of medical bills and create a standard medical billing form. The bill would require OSHPD, on or before December 1, 2020, to submit a report to the Legislature on the task force's efforts.

Position

Watch

[SB 343](#) (Pan D) Healthcare data disclosure.

Location: 2/28/2019-S. HEALTH

Calendar: 4/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would eliminate alternative reporting requirements for a plan or insurer that exclusively contracts with no more than 2 medical groups or a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and would instead require those entities to report information consistent with any other health care service plan, health insurer, or health facility, as appropriate. The bill would also eliminate the authorization for hospitals to report specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group basis.

Position

Pending Review

[SB 758](#) (Portantino D) Hospitals: seismic safety.

Location: 2/22/2019-S. RLS.

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 establishes, under the

jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. A violation of any provision of the act is a misdemeanor. This bill would state the intent of the Legislature to enact legislation to evaluate seismic safety building standards applicable to hospitals.

Position
Pending Review

Not for Profit

[AB 204](#) (Wood D) Hospitals: community benefits plan reporting.

Location: 2/4/2019-A. HEALTH

Calendar: 3/19/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the Office of Statewide Health Planning and Development, by no later than July 1, 2020, to develop regulations to standardize the calculation of the economic value of community benefits and community benefit plan reporting, as specified. The bill would require the office, upon implementation of the regulations, to annually prepare a report on community benefits, as specified, and post the report and the community benefit plans submitted by the hospitals on its Internet Web site. The bill would authorize the office to impose fines not to exceed an unspecified amount on hospitals that fail to adopt, update, or submit community benefit plans.

Position
Pending Review

Social Determinants of Health

[AB 816](#) (Quirk-Silva D) California Flexible Housing Subsidy Pool Program.

Location: 3/4/2019-A. H. & C.D.

Summary: Would establish the California Flexible Housing Subsidy Pool Program within the Department of Housing and Community Development for the purpose of making grants available to applicants, defined to include a city, county, city and county, or continuum of care, for eligible activities including, among other things, rental assistance, operating subsidies in new and existing affordable or supportive housing units, and specified outreach services. The bill would continuously appropriate \$450,000,000 from the General Fund every fiscal year to the department for purposes of the program, and set forth how these funds must be allocated.

Position
Pending Review

Workforce

[AB 329](#) (Rodriguez D) Hospitals: assaults and batteries.

Location: 2/11/2019-A. PUB. S.

Summary: Would make an assault committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. By expanding the scope of a crime, this bill would impose a state-mandated local program.

Position
Support

[AB 890](#) (Wood D) Nurse practitioners.

Location: 3/4/2019-A. B.&P.

Summary: Would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours. The bill would authorize a nurse practitioner to perform specified functions in addition to any other practices authorized by law, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Position
Pending Review

[SB 227](#)

(Leyva D) Health and care facilities: inspections and penalties.

Location: 2/21/2019-S. HEALTH

Calendar: 4/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Current law specifically requires the State Department of Public Health to adopt regulations that require a general acute care hospital, an acute psychiatric hospital, and a special hospital to meet minimum nurse-to-patient ratios and assign additional staff according to a documented patient classification system for determining nursing care requirements. Current law also generally requires the department to periodically inspect every health facility for which a license or special permit has been issued for compliance with state laws and regulations. This bill would require the periodic inspections of these specified health facilities to include reviews of compliance with the nurse-to-patient ratios and staff assignment regulations described above.

Position

Watch

[SB 567](#)

(Caballero D) Workers' compensation: hospital employees.

Location: 3/7/2019-S. L., P.E. & R.

Summary: Would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment. The bill would also make related findings and declarations.

Position

Watch

[SB 697](#)

(Caballero D) Physician assistants: scope of practice.

Location: 3/14/2019-S. B., P. & E.D.

Summary: The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. That act requires the board to issue licenses under the name of the Medical Board of California. This bill would rename the board the Physician Assistant Board of California and instead provide that the board is within the Department of Consumer Affairs. The bill would require the board to issue licenses under its name.

Position

Watch

Total Measures: 37

Total Tracking Forms: 37