

LEGISLATIVE UPDATE



Week of April 1, 2019

State Issues

A Week of Legislative Hearings

This week, the Alliance advocated for universal health care coverage and coverage affordability by supporting several bills aimed to improve access to Medi-Cal and the individual health insurance marketplace.

AB 4 (Bonta) and **SB 29 (Durazo)** removes eligibility barriers to full-scope Medi-Cal for low-income undocumented adults. SB 29 was heard in Senate Health on March 20, and was approved on a vote of 7-1-1. It will next be heard in Senate Appropriations. AB 4 is set to be heard in Assembly Health next Tuesday, April 9.

AB 174 (Wood) would provide for enhanced premium subsidies for individuals in a variety of income levels, with the ultimate goal of making health care coverage in Covered California more affordable. The bill is set to be heard in Assembly Health on April 9.

SB 65 (Pan) requires Covered California to administer financial assistance to help low- and middle-income Californians access to affordable health care coverage in the exchange. The bill is set to be heard on April 10 in Senate Health.

SB 175 (Pan) institutes a state-only insurance mandate. The goal is to help ensure stability in the individual market and prevent premium spikes by maintaining the individual mandate penalty at the state level, improving affordability in Covered California and encouraging enrollment. The bill is set to be heard on April 10 in Senate Health.

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. The bill was heard in Senate Health on April 3 and was approved on an 8-0-1 vote.

We also supported **SB 66 (Atkins)**, which is designed to improve access to mental health services in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) by allowing those facilities the ability to charge for a visit when the behavioral health visit is the second of the day. The bill was approved in Senate Health on March 20 with an 8-0-1 vote. It will next be heard in Senate Appropriations on April 8, where it will likely go to the Suspense File.

We took a position to oppose **SB 227 (Leyva)**. This bill would require the California Department of Public Health (CDPH) to impose administrative penalties for violations of nurse-to-patient staffing ratios and would eliminate the department's ability to link the penalty amount to the actual risk of harm to patients. The penalty for the first violation is \$30,000 and all subsequent penalties are \$60,000 each. Hospitals are dynamic environments in which patient and

(more)

<p>A Week of Legislative Hearings <i>(continued)</i></p>	<p>staff needs change rapidly and in unpredictable ways. SB 227 places needless, draconian penalties on hospitals where no patient harm has been shown. It ignores the many factors that contribute to improving the quality and safety of patient care, instead placing undue emphasis on nurse ratios alone. The bill is set to be heard in Senate Health on April 10.</p> <p>And finally, we are supporting AB 890 (Wood). Following the report by the California Future Health Workforce Commission, co-chaired by Dignity Health CEO Lloyd Dean, Dr. Wood has proposed this legislation which will allow Nurse Practitioners (NPs) a scope expansion and independent practice. California's health system is facing a substantial workforce crisis, which at its core is the simple fact that California does not have enough of the right types of health workers in the right places to meet the needs of its growing, aging, and increasingly diverse population. According to the Commission's Report, allowing NPs to practice to their full expertise not only improves access, but also reduces costs significantly. If this bill's provisions were implemented in 2020, increased access to care through NPs could reduce avoidable emergency room visits by as much as 50,000 — resulting in savings of \$58 million. The bill will be heard in Assembly Business and Professions on April 9.</p>
<p>Alliance Legislative Summary and Status</p>	<p>Attached is the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>
<p>Federal Issues</p>	
<p>Bills Introduced to Bolster the ACA</p>	<p>This week, the House Energy and Commerce Committee advanced to the floor six measures to bolster the Affordable Care Act (ACA). All bills passed the committee in votes along party lines: HR 1385 would provide \$200 million annually for state-based Affordable Care Act marketplaces; HR 1386 would provide \$100 million to the federal navigator program; and HR 1425, is a reinsurance bill intended to lower ACA premiums. The goal of the three other bills is to push back on some of the Trump Administration policies that may weaken the ACA: HR 1010 would reverse the Administration's expansion of short-term health plans; HR 986 would require the administration to rescind guidance that made it easier for plans in general to soften protections for pre-existing conditions; and HR 987, the MORE Health Education Act, would restore ACA outreach and enrollment funding that had been cut, while restricting the funds from going to any marketing for short-term plans.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 4/5/2019

Access / Health Care Reform

[AB 4](#)

(Bonta D) Medi-Cal: eligibility.

Location: 3/28/2019-A. HEALTH

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

Summary: 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. Current law requires that 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, if otherwise eligible for those benefits, but for their immigration status, and would delete provisions delaying eligibility and enrollment until the director makes the determination as specified

Position

Support

[AB 174](#)

(Wood D) Health care coverage: financial assistance.

Location: 1/24/2019-A. HEALTH

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

Summary: Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the Exchange's executive board, including the power to assist in the administration of subsidies for individuals with coverage made available through the Exchange. This bill would require the board to administer enhanced premium assistance to individuals with household incomes below 400% of the federal poverty level, reduce premiums to zero for individuals with household incomes at or below 138% of the federal poverty level, reduce premiums for individuals with household incomes at or between 401% and 800% of the federal poverty level and who are ineligible for federal advanced premium tax credits so their premiums do not exceed a specified percentage of their household incomes, and administer specified additional cost-sharing financial assistance for individuals with household incomes below 400% of the federal poverty level and who are eligible for premium tax credits.

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: 3/20/2019-S. APPR.

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) Health care coverage: 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, only to the extent that the Legislature appropriates funding for these purposes, to administer a program of financial assistance, to be known as the Affordable Care Access Plus Program, to help low-income and middle-income Californians access affordable health care coverage with respect to individual coverage that is made available through the Exchange. The bill would require the program to provide financial assistance to California residents with household incomes below 600% of the federal poverty level, and would authorize the program to provide other appropriate subsidies designed to make health care more accessible and affordable for individuals and households.

Position
Support

[SB 66](#) (Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.

Location: 3/21/2019-S. APPR.

Calendar: 4/8/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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 and marriage and family therapist. Under existing 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) Health care 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: Would create the Minimum Essential Coverage Individual Mandate to require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential health coverage, as defined, for each month beginning on January 1, 2020, except as specified. The bill would require the Exchange to grant exemptions from the mandate for reason of hardship or religious conscience, and would require the Exchange to establish a process for determining eligibility for an exemption.

Position
Support

[SB 260](#) (Hurtado D) Automatic health care coverage enrollment.

Location: 4/3/2019-S. APPR.

Calendar: 4/22/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require the Exchange, beginning no later than July 1, 2020, 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, or upon receiving information from the State Department of Health Care Services regarding an individual terminated from department-administered health coverage. The bill would require enrollment to occur before Medi-Cal coverage or coverage administered by the State Department of Health Care Services is terminated, and would prohibit the premium due date from being sooner than the last day of the first month of enrollment.

Position
Support

Behavioral Health

[AB 43](#) (Gloria D) Mental health.

Location: 3/25/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law authorizes the Mental Health Services Act (MHSA) to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Current law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote. This bill would clarify that the planning process for innovative programs is to be completed in collaboration with stakeholders and is to comply with open meetings laws.

Position

Watch

[AB 563](#) (Quirk-Silva D) Mental health: funding.

Location: 3/21/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would appropriate \$16,000,000 from the General Fund to the State Department of Health Care Services to distribute to the North Orange County Public Safety Task Force. The bill would require 1/2 of the moneys to be distributed on January 1, 2020, and 1/2 to be distributed on January 1, 2021, and would require the moneys to be used to provide a range of programs, services, and activities designed to assist individuals and families experiencing mental health crises.

Position

Watch

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

Location: 4/3/2019-A. APPR. SUSPENSE FILE

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) Publicly funded technology projects.

Location: 3/7/2019-A. HEALTH

Summary: Would require a public agency undertaking a publicly funded major technology project that is estimated to cost \$100,000,000 or more to form an oversight committee subject to the Ralph M. Brown Act or the Bagley-Keene Open Meeting Act, as applicable, and to develop and use risk management plans throughout the course of the project. The bill would require the oversight committee to be composed of specified members selected by the public agency undertaking the project. The bill would require the oversight committee to act as the authority for critical decisions regarding the project and to have sufficient staff to support decision making.

Position

Watch

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

Location: 3/14/2019-A. HEALTH

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

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

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

Summary: Tthe 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, or shelter 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](#) (Santiago D) Substance use disorder treatment: peer navigators.

Location: 2/5/2019-A. HEALTH

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: 3/26/2019-A. HEALTH

Calendar: 4/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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: 4/2/2019-A. THIRD READING

Calendar: 4/8/2019 #80 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

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, until January 1, 2027, to include the time of registration and the date and time of admission, transfer, or discharge, as well as the location of the discharge or transfer, including the name of the facility, if applicable.

Position

Watch

[AB 844](#) (Irwin D) Health facilities: mandated hospital services and activities.

Location: 3/4/2019-A. HEALTH

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: 4/2/2019-A. APPR.

Calendar: 4/8/2019 #54 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

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: 4/2/2019-A. APPR.

Calendar: 4/10/2019 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ, 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) Department of Managed Health Care: Financial Solvency Standards Board.

Location: 3/14/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law establishes, within the Department of Managed Health Care, the Financial Solvency Standards Board, which is comprised of the director of the department and 7 members,

appointed by the director. Current law authorizes the 7 appointed members to be from specified subject areas or fields, including, but not limited to, medical and health care economics, accountancy, with experience in integrated or affiliated health care delivery systems, and management and administration in integrated or affiliated health care delivery systems. This bill would add 2 appointed members to the board. The bill would also include large group health insurance purchasing and a representative of health care consumers in the list of subject areas or fields from which the director may choose board members.

Position

Watch

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

Location: 3/21/2019-A. HEALTH

Summary: Would specify that if a hospital submitted a seismic compliance plan based on a removal plan, but also submitted a timely seismic compliance plan or plans based on one or more of the other methods of seismic compliance, the extension may be granted for the seismic compliance plan or plans based on the methods other than the removal plan.

Position

Watch

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

Location: 3/14/2019-A. HEALTH

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

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

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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

Oppose Unless
Amend

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

Location: 3/18/2019-A. HEALTH

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: 4/3/2019-S. APPR.

Calendar: 4/22/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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: 4/3/2019-S. HEALTH

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 requires, before January 1, 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with described seismic safety regulations or standards to submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet a specified deadline for substantial compliance with those regulations and standards. This bill would require, on or before January 1, 2021, the owner of an acute care inpatient hospital to update the above-described submission by reporting the services provided in each building of the acute care inpatient hospital.

Position
Support

Not for Profit

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

Location: 3/19/2019-A. APPR.

Calendar: 4/10/2019 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ, 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.

Calendar: 4/24/2019 9:15 a.m. - State Capitol, Room 126 ASSEMBLY HOUSING AND COMMUNITY DEVELOPMENT, CHIU, Chair

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: scope of practice: unsupervised practice.

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

Calendar: 4/9/2019 9:30 a.m. - Capitol Room 437 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair

Summary: Would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the Board of Registered Nursing who practices in certain settings to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Position

Support

[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

Oppose

[SB 567](#) (Caballero D) Workers' compensation: hospital employees.

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

Calendar: 4/24/2019 9:30 a.m. - Rose Ann Vuich Hearing Room (2040) SENATE LABOR, PUBLIC EMPLOYMENT AND RETIREMENT, HILL, Chair

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.

Calendar: 4/22/2019 12 p.m. and upon adjournment of Session - Room 3191 SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, GLAZER, Chair

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

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Total Measures: 37

Total Tracking Forms: 37