LEGISLATIVE UPDATE

Alliance of Catholic Health Care

Week of April 29, 2019

State Issues	
Nurse Staffing Penalty Bill	This week, our advocacy focused on bills being heard on the floors of the two houses. A key focus was on **SB 227 (Leyva),** which if passed would impose unnecessary and restrictive nurse staffing ratio requirements and exorbitant penalties. The Alliance opposes this bill and our work this week was focused on educating the members of the Senate about how detrimental this bill would be for their local hospitals. The Senator had hoped to take up the bill for a vote on Thursday, but she realized she did not have the votes needed to pass it. She has until the end of the month to get it off the Senate Floor, so there is still ample time for our education work to continue.
Legislative Summary and Status Report	Attached is the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.
Senate Health Budget Subcommittee Reviews Governor's Plan to Focus on Single Payer	On Thursday, the Senate Budget Subcommittee No. 3 on Health and Human Services met and discussed, among other things, Governor Newsom's revamped "Healthy California For All Commission" that will refocus efforts on a path forward to single payer health care. The Budget Trailer Bill language (TBL) outlines two reports that the Commission is mandated to provide to the Legislature. The first one is due by July 2020 (notably after the budget is due to be signed). This report is intended to include an analysis of the current health care delivery system and short-term suggestions to amend the current system to prepare it for transformation into single payer system. Topics for review include cost containment, quality improvement, reorganization of state programs, and discussion of coverage expansion options. The second report is due in February 2021 and is supposed to cover key design considerations for a single payer system including eligibility and enrollment, benefit coverage options, information technology and transparency, provider payment plans, and purchasing arrangements. It is also supposed to address governance and administration options, including "integration of federal funding sources." Senate Budget Subcommittee Chair, Dr. Richard Pan (D-Sacramento), asked for more detail on how the $5 million the Governor wants to fund the Commission is going to be spent, but also took the opportunity to highlight the federal funding aspect of our current and any future health care delivery system. He pointed out that funding of more than 70% of our current public health care programs comes from the federal government, reminding everyone that any single payer health care system California wants to create will require a great deal of federal support. As we reported last week, Assembly Speaker Anthony Rendon has already come out against this TBL revision and would prefer a "broader conversation" on health care delivery in the State. *(more)*

Senate Health Budget Subcommittee *(continued)*	He stated to Politico, "if we start closing doors or start narrowing the scope, then we're not doing justice to the issue." Undoubtedly, this will be part of the Budget negotiations moving forward. You can find the proposed Trailer Bill Language here: http://www.dof.ca.gov/Budget/Trailer_Bill_Language/documents/HHSAHealthyCaliforniaforAllCommission.pdf. And the Subcommittee's summary can be found on page 17 here: https://sbud.senate.ca.gov/sites/sbud.senate.ca.gov/files/05022019%20-%200530%20CHHSA%204150%20DMHC%204440%20State%20HospitalsOPEN%20ISSUES%20%28002%29.pdf.
Study Finds Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services	A new report was released by the state Auditor outlining the lack of appropriate oversight by the Department of Health Care Services (DHCS) into the proper access of children in the Medi-Cal program to medically appropriate and needed preventative care. This week, the Assembly Health Committee joined the Joint Legislative Audit Committee to review the report, question the Department, and hear from stakeholders, including the health plans, about how best to move forward. Some of the key findings in the report include: ▪ An average of 2.4 million children in Medi-Cal per year did not receive all required preventive services during fiscal years 2013-14 through 2017-18. California's utilization rate for preventive services has remained below 50 percent and ranked 40th for all states. ▪ Although DHCS has focused on childhood immunizations, it has not met its 80 percent vaccination goal for the past five years with rates ranging from 70 to 75 percent. ▪ Many families do not have adequate access to health care providers due, in part, to low Medi-Cal reimbursement rates (some of the lowest in the nation). ▪ While DHCS can impose financial sanctions or penalties when plans do not meet established performance levels, plans rarely face such penalties. ▪ Although it delegates many of its responsibilities for serving children in Medi-Cal to managed care plans, DHCS does not provide effective guidance and oversight. ▪ It relies on plans to perform outreach to families of children who have not used preventive services but does not follow up to ensure plans have done so. It relies on provider information that could be inaccurate and may hinder access to care. ▪ Although the State's diverse cultures – a broad spectrum of ethnicities and languages – have dramatically different utilization rates, DHCS has not done enough to mitigate disparities. To improve the health of children in Medi-Cal, the Audit recommended that the Legislature should direct DHCS to do the following: ▪ Ensure plans assist members in locating out-of-network providers when travel times and distances to in-network providers are unreasonable. ▪ Implement a pay-for-performance program to ensure that plans are more consistently providing preventive services to children in Medi-Cal. *(more)*

Study on Children in Medi-Cal *(continued)*	One of the more interesting findings in the Audit was regarding the state's adoption of "*alternative access standards,*" giving Medi-Cal Managed Care Plans waivers from meeting the strict time and distance standards that are in place to ensure patients have access to needed care and treatment in a timely manner and within reasonable distances from their homes. DHCS' implementation of these new network adequacy requirements shows that children in many parts of the State have limited access to care. State law permits plans to request these alternative access standards if the plans are unable to meet the new time and distance standards. According to state law, DHCS may allow alternative access standards if the requesting plan has exhausted all other reasonable options to obtain providers to meet the applicable standard. After these laws became effective in 2018, plans submitted nearly 80,000 alternative access standards requests for exceptions to the State's time and distance standards. Of the almost 10,000 requests that DHCS approved, nearly 70 percent, or 6,800, were for providers who see children in specific zip codes. Counties that include more than 200 alternative access standards include Sacramento, Los Angeles, San Joaquin, San Bernardino and San Diego. While some of the counties with the largest number of exclusions are rural, many are urban centers. DHCS' analysis shows there is a lack of pediatricians in both rural and urban counties within the time and distance standards. As an example of the impact of these alternative access standards, some families in Mono County may have to travel almost nine hours, or 365 miles, to see a pediatric dermatologist instead of the 90 minutes and 60 miles permitted under the original access standards. In San Joaquin County, some families may have to travel up to six hours, or 245 miles, to see a pediatric ophthalmologist instead of the 60 minutes and 30 miles permitted under the original access standards. In San Bernardino County, some families may have to travel nearly two hours, or 70 miles, to see a pediatric primary care physician instead of the 30 minutes and 10 miles permitted under the original access standards. The audit clearly states that the state needs to increase provider payment rates in order to increase the number of doctors who will provide preventive services to children in Medi-Cal. Their analysis shows that there are not enough doctors in California willing to treat children in Medi-Cal. This is, at least in part, because California's reimbursement rates are low compared to other states. The report stated that Medi-Cal rates are not always sufficient to allow for the delivery of high-quality, timely services to health plan members. DHCS is working to attract more medical providers for children through recruitment incentives and by providing additional payments for certain services, but these methods are not targeted to specific areas of the State. A recent federal study found that the most effective way to increase provider participation is through increasing reimbursement rates. You can access the full report and its data sets via this link: http://auditor.ca.gov/reports/2018-111/index.html.
Federal Issues	
HHS Issues Final Conscience Protection Rule	The Department of Health and Human Services (HHS) has issued its final "Conscience Rule" – a welcomed effort to implement and enforce existing federal laws providing conscience protections. The agency states that the rule will protect health care providers, individuals and other health care entities from having to provide, participate in, pay for, or refer for services which violate their conscience including abortion, sterilization or assisted suicide. The rule also *(more)*

HHS Issues Final Conscience Protection Rule *(continued)*	seeks to protect the right of diverse faith-based health care institutions to retain their religious beliefs and identity as part of their core mission. More information, and a summary, about the final rule will be forthcoming as it becomes available. Meantime, it is reported that the city of San Francisco is suing the Trump Administration over its Conscience Rule. Its City Attorney filed the lawsuit in U.S. District Court for Northern California on Thursday, just after the release of the announcement, arguing that HHS exceeded its statutory authority when it created the rule, and that San Francisco could lose nearly $1 billion in federal funding for health care programs such as Medicaid and Medicare. It also has been reported that California Attorney General Xavier Becerra also "hinted" the state may sue over the new rule.
CBO Releases its Single Payer Analysis	This week, the Congressional Budget Office (CBO) released a detailed analysis of single-payer health care but, as expected, did not include a formal score. "The transition toward a single-payer system could be complicated, challenging, and potentially disruptive," the CBO wrote in its report, which was requested early this year by House Budget Committee Chairman John Yarmuth (D-KY). The report describes the primary features of single-payer systems, and it discusses some of the design considerations and choices that policymakers will face as they develop proposals for establishing such a system in the United States. The report does not address all of the issues involved in designing, implementing, and transitioning to a single-payer system, nor does it analyze the budgetary effects of any specific proposal. The full analysis can be found at: https://www.cbo.gov/system/files/2019-05/55150-singlepayer.pdf

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Alliance of Catholic Health Care
Legislative Summary and Status 5/3/2019

Access / Health Care Reform

AB 4 **(Bonta D) Medi-Cal: eligibility.**
Location: 5/1/2019-A. APPR. SUSPENSE FILE
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: 5/1/2019-A. APPR. SUSPENSE FILE
Summary: Currentstate 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: 4/9/2019-A. APPR.
Calendar: 5/8/2019 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ, 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: 4/22/2019-S. APPR. SUSPENSE FILE
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: 4/29/2019-S. APPR. SUSPENSE FILE
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: 4/8/2019-S. APPR. SUSPENSE FILE
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: 4/25/2019-S. APPR.
Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, 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: 4/22/2019-S. APPR. SUSPENSE FILE
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

Behavorial Health

AB 43 **(Gloria D) Mental health.**
Location: 4/23/2019-A. APPR.
Calendar: 5/8/2019 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ, 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: 5/1/2019-A. APPR. SUSPENSE FILE
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 for the development of a 2-year pilot program. 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. The bill would require the task force to submit a report to the Legislature by July 1, 2021, and again by July 1, 2022, documenting the findings and outcomes of the pilot program.

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: 4/25/2019-A. RLS.
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
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: 4/26/2019-S. 2 YEAR
Summary: Tthe Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themself 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: 4/26/2019-A. 2 YEAR
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: 5/2/2019-S. DESK
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: 5/1/2019-S. HEALTH
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: 4/26/2019-A. 2 YEAR
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: 4/26/2019-A. 2 YEAR
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: 4/24/2019-A. APPR. SUSPENSE FILE
Summary: Would require a licensed hospital with operating expenses of $25,000,000 or more to annually submit a report to the office 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. 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: 4/11/2019-A. THIRD READING
Calendar: 5/6/2019 #33 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS
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: 5/2/2019-A. CONSENT CALENDAR
Calendar: 5/6/2019 #178 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS
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: 4/26/2019-A. 2 YEAR
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: 5/1/2019-A. APPR. SUSPENSE FILE
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: 4/29/2019-A. APPR.
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: 4/26/2019-A. 2 YEAR
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: 4/23/2019-S. THIRD READING
Calendar: 5/6/2019 #18 SENATE SENATE BILLS -THIRD READING FILE
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: 4/25/2019-S. APPR.
Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair
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: 4/10/2019-A. APPR. SUSPENSE FILE
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: 4/24/2019-A. APPR.
Calendar: 5/8/2019 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ, 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: 5/1/2019-A. APPR. SUSPENSE FILE
Summary: Would make an assault committed on the property of a public or private hospital 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: 4/22/2019-A. APPR.
Summary: Would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations 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: 4/30/2019-S. THIRD READING
Calendar: 5/6/2019 #32 SENATE SENATE BILLS -THIRD READING FILE
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: 4/26/2019-S. 2 YEAR
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
Oppose

SB 697 **(Caballero D) Physician assistants: practice agreement: supervision.**
Location: 4/24/2019-S. APPR.
Calendar: 5/13/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair
Summary: Would remove the requirement that the Physician Assistant Board make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants. The bill, except as specified, would remove the limit on the number of physician assistants that a physician and surgeon may supervise.

Position
Watch

Total Measures: 37
Total Tracking Forms: 37