

LEGISLATIVE UPDATE



Week of June 10, 2019

<p>State Budget Negotiations</p>	<p>The Senate Budget Committee and the Assembly Budget Committees held hearings this week on the Conference Committee report, budget bill and some of the budget trailer bills. On Thursday, both houses voted on the final budget bill, which is now headed to the Governor – ahead of the June 15 deadline. The Governor has until July 1 to sign the bill. For more information on the outcome of some of the key health care Conference Committee items, please see details below.</p> <p>Now that the budget bill is finalized, attention will focus on the budget trailer bills. Some of the trailer bills will be voted on early next week, but some may more time. The Legislature and the Governor still are negotiating some key issues. One of the health care items without a compromise is the fate of the “Council on Health Care Delivery,” which was approved by the Legislature last year and was tasked with developing a plan for improving California’s health care delivery system and a “unified” financing system. The Governor has shifted the focus of the Council – beginning with increasing the numbers of participants and renaming it the “Healthy California For All Commission.” The other big change is that the Governor’s proposed Commission is tasked with a “single-payer” financing system. The Speaker, who faced a great deal of scrutiny for stalling the California Nurses Association-sponsored single payer bill several years ago, has opposed the Governor’s changes. He says that narrowing the work of the Council/Commission to focus on a single payer health care system, as opposed to health care reform on a broader scale, is a mistake.</p> <p>We will continue to track and monitor this latter issue and other health care trailer bills next week and over the next several months.</p> <p>Key Health Care Conference Committee Outcomes:</p> <ul style="list-style-type: none">▪ Expanding Medi-Cal to undocumented residents. APPROVED. The Governor remains committed to his January proposal to include \$74.3 million to cover undocumented young adults, ages 19-25 years old. The Assembly had adopted this plan, but the Senate included in its proposal covering 19-25-year old’s, but also covering those undocumented residents over the age of 65. <i>The Conference Committee approved the Governor’s plan to provide Medi-Cal coverage to only those aged 19 through 25.</i>▪ Increased funding for state-only subsidies for families below 600% of the federal poverty level. APPROVED as Conference Compromise. The Governor proposed \$295 million in the budget year, with substantial increases over the next two budget years. The Assembly adopted the Governor’s proposal. The measure was in Conference, however, because the Senate proposed an additional \$300 million in affordability assistance to the proposal. <i>The Conference Committee approved the Governor’s original proposal of additional supports, but they also adopted an additional \$450 million over three years to provide even greater subsidies.</i>
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State Budget
Negotiations
(continued)

Continuing the ACA Individual Mandate. APPROVED. The Governor proposed to develop a state-only mandate, with penalty revenue going to improve affordability of coverage. The Senate adopted the Governor's proposal, but the Assembly indicated the budget is contingent on their policy bill AB 414 (Bonta) being approved. **The Conference Committee approved the mandate and directed the penalty funds to support additional subsidies.**

▪ **Revision of the Healthy California for All Commission. DEFERRED FOR LATER ACTION.** The Governor has proposed to reframe and redirect the Commission created last year to explore health care reform. The Governor would like to direct the group to explore specific ways to get the state to a single payer health care system; the Senate approved that proposal, but the Assembly has taken no action – preferring to keep that Commission focused more broadly. The Speaker of the Assembly has publicly come out strongly opposed to the Governor's single payer focus, and so the negotiations will continue through the budget process. **The Conference Committee took no action and indicated this will be part of the ongoing negotiations between the Governor and the Legislature.**

▪ **Restoring Optional Medi-Cal Benefits. APPROVED as Conference Compromise.** The Governor proposed to restore optical benefits to the Medi-Cal program, utilizing the Prop 56 tobacco tax funding stream. The Senate proposed to adopt that plan, but to also include additional optional services not currently offered, including audiology, podiatry, speech therapy and incontinence creams. The Assembly proposed to include all of the Senate proposed services, as well as chiropractic. **The Conference Committee approved all optional benefits, except Chiropractic, to be funded out of the General Fund – not Prop 56.**

▪ **Investments in Medi-Cal from Prop 56 Tobacco Tax Funds.** The Governor proposed spending nearly \$500 million from Prop 56 on a myriad of Medi-Cal and Denti-Cal investments, including funding for family planning, supplemental payment rates and loan forgiveness programs for physicians, dentists, HIV/AIDS services, home health, etc. He proposed that all of these allocations sunset in three years, as he sees these allocations as a bridge to a single payer health care delivery system. **The Conference Committee compromise includes much of the funding noted above, in addition, it provides funds for pediatric subacute facilities, community-based adult services, non-emergency medical transportation, and pediatric hospital-based physician services. The Compromise does not sunset the funding automatically, but it states that the funding is "suspended" on December 31, 2021, unless the Director of Finance determines the state's revenue is projected to exceed expenditures in the 2021-22 fiscal year.**

Substance Use Counselors in Emergency Departments. APPROVED as Conference Compromise. The Assembly proposed \$20 million in one-time funding to support the hiring of substance use peer navigators in EDs of acute care hospitals. The Senate approved \$10 million. The Governor had no proposal. **The Conference Committee approved the Assembly version of \$20 million.**

▪ **Mental Health Workforce Development. APPROVED as Conference Compromise.** The Governor proposed adding \$50 million in one-time funds to augment the state's development of mental health care workforce. The Senate and Assembly adopted that proposal, but each added additional revenue and additional targets for the funding. **The Conference Committee approved \$46.3 million for Mental Health Workforce Development; \$1 million in scholarships for former foster youth; and \$2.7 for psychiatry fellowships.**

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State Budget
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(continued)

- **Managed Care Organization (MCO) Tax. *APPROVED as Conference Compromise.*** This is the tax on health plans that when matched with federal funds brings approximately \$1 billion investment into our Medi-Cal system. The Governor did not include it in any of his budget proposals indicating the state had a great number of waivers pending at the federal level and he wanted to make sure the timing was right to submit the plan for CMS approval. The Assembly and the Senate both adopted the MCO tax, but with different revenue numbers. ***The Conference Committee approved placeholder trailer bill language to authorize the MCO tax, but they did not score revenue from the tax – pending federal approval.***
- **Hospital Reimbursement for New High Cost Drugs. *REJECTED.*** The Assembly adopted placeholder trailer bill language to establish a new reimbursement methodology for hospitals outside of the DRG payment system to account for the cost of newly approved, high-cost drugs. ***The Conference Committee did not approve this proposal.***
- **Sexually Transmitted Disease Prevention Funding. *APPROVED as Conference Compromise.*** The Governor, Assembly and Senate all proposed varying funding levels to support local health jurisdictions for the prevention of sexually transmitted diseases – from a low of \$2 million to a high of \$20 million.

The Conference Committee approved \$5 million and placeholder trailer bill language to guide the distribution of funds.
- **Comprehensive HIV Prevention Resources. *APPROVED as Conference Compromise.*** The Governor had no proposal, but the Senate and Assembly included funds for grants to local health jurisdictions and community-based organizations for HIV prevention care. ***The Conference Committee approved \$5 million and placeholder trailer bill language to guide the distribution of funds.***
- **Hepatitis C Prevention Funding. *APPROVED as Conference Compromise.*** Neither the Governor nor the Senate had any proposal related to Hep C, but the Assembly proposed a \$10 million allocation for Hep C prevention programs. ***The Conference Committee approved \$5 million and placeholder trailer bill language to guide the distribution of funds.***
- **Alzheimer’s Early Detection and Diagnosis Infrastructure. *APPROVED as Conference Compromise.*** While the Governor had no proposal, the Senate and the Assembly proposed \$10 million in one-time General Fund grants to build a statewide infrastructure to support early detection and timely diagnosis of Alzheimer’s. The Assembly additionally had \$5 million to fund respite care. ***The Conference Committee approved \$5 million in one-time funds for the Alzheimer’s infrastructure.***
- **Sickle Cell Disease Centers of Excellence. *APPROVED.*** While the Governor and Senate took no action, the Assembly – spearheaded by Assembly Member Mike Gipson – approved \$15 million General Fund one-time funds to establish Centers of Excellence to provide care to adults with Sickle Cell Disease throughout the state. ***The Conference Committee approved the Assembly’s \$15 million and will include budget bill language.***

Some items were not officially in Conference but ended up on the **Not-In-Conference (NIC) list**, which was revealed late Thursday. Some of the health care items in the report include:

- \$2 million within the Department of Public Health to fund the International AIDS Conference
- \$2 million in one-time funds to OSHPD for pediatric residency slots

(more)

State Budget Negotiations <i>(continued)</i>	<ul style="list-style-type: none"> ▪ Adopt placeholder trailer bill language to establish the Office of the Surgeon General, establish the Surgeon General's authority and responsibility, and make the appointees subject to Senate Confirmation (after July 1, 2019). ▪ Deferred approval of the Governor's request for a Health and Human Services Deputy Director for Health Care Reform.
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.
Federal Issues	
Palliative Care and Hospice Education and Training Act (PCHETA)	<p>The Catholic health community is encouraged to reach out to their House of Representatives to ask they become co-sponsors of HR 647, the Palliative Care and Hospice Education and Training Act (PCHETA). This bipartisan legislation, re-introduced in January, will increase federal research funding for palliative care, including symptom and pain management, and would establish palliative care education and training programs for doctors, nurses and other health professionals. It would also create a national public education and awareness campaign to educate patients and providers about the availability and benefits of palliative care. As part of the Patient Quality of Life Coalition, Catholic health care will be participating in a lobby day on June 20 in Washington, DC</p> <p>See the following link for the current list of California cosponsors: https://www.congress.gov/bill/116th-congress/house-bill/647/cosponsors?q=%7B%22cosponsor-state%22%3A%22California%22%7D.</p>
AMA Retains Opposition to Assisted Suicide	On Monday, the American Medical Association (AMA) voted to affirm a report recommending that the organization retain its opposition to assisted suicide. The vote was 65-35, a strong showing against pressure to change the AMA's position. For more information on the issue see this article .

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 6/14/2019

Access / Health Care Reform

[AB 4](#)

(Arambula D) Medi-Cal: eligibility.

Location: 6/6/2019-S. HEALTH

Calendar: 6/26/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: 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. Current law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination, and requires the department to seek any necessary federal approvals to obtain federal financial participation for purposes of implementing the requirements. Current law requires that benefits for services under these provisions be provided with state-only funds only if federal financial participation is not available for those services. 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: 6/6/2019-S. HEALTH

Calendar: 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would require the board, contingent on an appropriation in the 2019–20 Budget Act, 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. The bill would authorize the board to proportionally reduce enhanced premium assistance if the projected cost for a fiscal year exceeds the amount appropriated in the Budget Act for that fiscal year. If the federal government reduces or eliminates funding for the advanced premium tax credit, the bill would end the administration of enhanced premium assistance 6 months after that change in federal funding.

Position

Support

[AB 414](#)

(Bonta D) Health care coverage: minimum essential coverage.

Location: 6/12/2019-S. HEALTH

Calendar: 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care 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.

Position

Support

[SB 29](#)

(Durazo D) Medi-Cal: eligibility.

Location: 6/6/2019-A. HEALTH

Calendar: 6/25/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 19 to 25 years of age, inclusive, or who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status, and would extend eligibility for full-scope Medi-Cal benefits to individuals beyond 26 years of age in subsequent calendar years, as specified.

Position
Support

[SB 65](#) (Pan D) Health care coverage: financial assistance.

Location: 6/6/2019-A. HEALTH

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: 6/3/2019-A. HEALTH

Calendar: 7/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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: 6/4/2019-S. 2 YEAR

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: 5/30/2019-A. HEALTH

Calendar: 6/25/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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: 6/6/2019-S. HEALTH

Calendar: 6/19/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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: 5/17/2019-A. 2 YEAR

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 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

Watch

[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

Watch

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

Location: 4/26/2019-S. 2 YEAR

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, 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

Watch

[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: 6/10/2019-S. APPR.

Calendar: 6/17/2019 #7 SENATE ASSEMBLY BILLS - SECOND READING FILE

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

Watch

[AB 962](#) (Burke D) Hospitals: procurement contracts: disclosures.

Location: 5/30/2019-S. RLS.

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: 6/12/2019-S. APPR.

Calendar: 6/17/2019 #5 SENATE ASSEMBLY BILLS - SECOND READING FILE

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: 5/22/2019-S. HEALTH

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: 6/12/2019-S. 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: 6/12/2019-S. 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

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: 5/24/2019-A. HEALTH

Calendar: 6/25/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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

Watch

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

Location: 6/6/2019-A. 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: 6/6/2019-S. HEALTH

Summary: Would require the Office of Statewide Health Planning and Development, 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 website. The bill would authorize the office to impose fines not to exceed \$5,000 on hospitals that fail to adopt, update, or submit community benefit plans. The bill would authorize the office to grant an extension under these provisions, as specified. This bill contains other related provisions.

Position

Pending Review

Social Determinants of Health

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

Location: 5/8/2019-A. APPR. SUSPENSE FILE

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

Watch

Workforce

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

Location: 6/6/2019-S. PUB. S.

Calendar: 6/25/2019 8:30 a.m. - Room 3191 SENATE PUBLIC SAFETY, SKINNER, Chair

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: 6/4/2019-A. 2 YEAR

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: 5/16/2019-A. HEALTH

Calendar: 6/25/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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: 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: 6/6/2019-A. B.&P.

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: 36

Total Tracking Forms: 36