

LEGISLATIVE UPDATE



Week of June 24, 2019

State Issues

Governor Newsom Signs 2019-20 Budget

Late Thursday night, just before the deadline, Governor Newsom signed the main budget bill implementing California's 2019-2020 state budget. He also signed some of the budget trailer bills, including the health care trailer bill.

In his press release, the Governor describes the budget as, "...a responsible budget that saves for challenging times ahead while investing in the present-day needs of working Californians." The \$214.8 billion budget, of which \$147.8 billion is General Fund, creates the biggest reserve in state history and makes substantive investments in a myriad of services and programs – including many in the health care delivery system.

Of note, the Budget includes total reserves of \$19.2 billion, of which \$16.5 billion is in the Rainy-Day Fund, \$1.4 billion in the Special Fund for Economic Uncertainties, \$900 million in the Safety Net Reserve, and nearly \$400 million in the Public School System Stabilization Account. The Budget prioritizes one-time investments, with 88 percent of new expenditures being temporary rather than ongoing.

The budget includes billions of new investments for health care services and supports:

- Provides \$1.45 billion over three years to increase Covered California health insurance premium support for low-income Californians – and provides premium support for the first time to qualified middle-income individuals earning up to \$72,000 and families of four earning up to \$150,000, partially funded by restoration of an enforceable Individual Mandate
- Expands Medi-Cal coverage to all income-eligible undocumented young adults ages 19 through 25
- Includes an increase of \$1 billion, using Prop 56 funding, to support increased rates to Medi-Cal providers, expanded family planning services, and value-based payments that encourage more effective treatment of patients with chronic conditions
- Invests in and supports for California's seniors by expanding health and other vital state services to this fast-growing part of California's population
- Ends the "senior penalty" in Medi-Cal by raising the income eligibility limit for older Californians
- Expands eligibility to 138 percent of the federal poverty level for the Medi-Cal Aged, Blind and Disabled program, estimated to help 22,000 Californians
- Includes \$3 million for Alzheimer's research grants with a focus on women and communities of color, and \$5 million for Alzheimer's disease local infrastructure

(more)

<p>Governor Signs Budget (continued)</p>	<ul style="list-style-type: none"> ▪ Establishes a pathway to transition Medi-Cal’s drug benefit to a model where the state is directly bargaining for the lowest drug prices ▪ Restores the 7 percent across the board reduction to IHSS service hours <p>The Governor also touts his investment in housing, which includes \$1.75 billion for the production and planning for new housing and investments in local governments to increase housing production. He also highlights his doubling of the Earned Income Tax Credit to \$1 billion, which will help low-income families with young children through a new \$1,000 credit for families with children under the age of six.</p> <p>The Budget also expands paid family leave from six to eight weeks; increases funding for child care workers and expands state-subsidized child care slots; includes nearly \$500 million for wild fire prevention services; \$1 billion investment in homeless services, including aid to local governments to provide emergency housing; and provides funding from the Cap and Trade account for the Safe and Affordable Drinking Water Fund.</p> <p>You can access the Governors full press release here: https://www.gov.ca.gov/2019/06/27/governor-newsom-signs-2019-20-state-budget/</p>
<p>Healthy California for All Commission</p>	<p>Also this week, the Legislature heard the recently released secondary health care trailer bill (AB 103), which includes a compromise between the Governor and Administration on the changes to the Council on Health Care Delivery Systems, which was created last year to explore methods and barriers to creating health care delivery system reforms and improvements. The language included in AB 103 includes most of what the Governor proposed earlier this year, which was intended to redirect the Council to focus on moving California to a single payer healthcare delivery system.</p> <ul style="list-style-type: none"> ▪ Changes the name to the Healthy California for All Commission. ▪ States that the Commission is to develop a plan for advancing progress towards a health care delivery system to provide care through a “unified financing system, including but not limited to, a single payer financing system.” ▪ Increases the makeup of the Commission to 13, including 8 Governor’s appointees, the Secretary of Health and Human Services, two appointees from the Senate and Assembly respectively, and five ex-officio, non-voting members including the Executive Director of the Exchange, the director of DHCS, the CEO of PERS, and the chairs of the Senate and Assembly Health Committees. ▪ By July 1, 2020, the Commission shall submit a report to the Legislature that includes: 1) analysis of the current health care delivery system; 2) steps California can take to prepare for transition to a unified financing system “including but limited to a single-payer financing system, including but not limited to administrative changes, reorganization of state programs, federal waivers, and statutory and constitutional changes;” 3) options for coverage expansions including those for Medi-Cal coverage for undocumented adults aged 65 and older. ▪ By July 1, 2021, the Commission shall submit a report to the legislature that includes options for key design considerations for a unified financing system including but not limited to a single payer financing system, which includes: 1) eligibility and enrollment; 2) covered benefits and services; 3) provider participation; 4) purchasing <p style="text-align: right;"><i>(more)</i></p>

<p>Healthy California for All Commission <i>(continued)</i></p>	<p>arrangements; 5) provider payments and global budgets; 6) cost containment; 7) quality improvement; 8) participant cost sharing; 9) quality monitoring and disparities reduction; 10) IT systems and financial management systems; 11) data sharing and transparency; and 12) governance and administration including federal funding.</p> <p>You can access the full bill via this link: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB103</p> <p>Budget trailer bills, like this one, will continue to move through the legislative process and are not held to the same deadlines as the budget bill. We will likely see trailer bills emerge throughout the summer, until the Legislature ends its 2019 session in mid-September.</p>
<p>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>

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Alliance of Catholic Health Care Legislative Summary and Status 6/28/2019

Access / Health Care Reform

[AB 4](#)

(Arambula D) Medi-Cal: eligibility.

Location: 6/6/2019-S. HEALTH

Calendar: 7/10/2019 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: SB 78 of the 2019–20 Regular Session would, until January 1, 2023, create an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill would, until January 1, 2023, require the board of the Exchange to develop and prepare one or more reports to be issued at least quarterly and to be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program.

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: Senate Bill 78, of the 2019–20 Regular Session, would create the Minimum Essential Coverage Individual Mandate to ensure an individual and the individual's spouse and dependants maintain minimum essential coverage, and would impose the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage. This bill, on or before March 1, 2022, and annually on or before March 1 thereafter, would require the Franchise Tax Board to report to the Legislature on specified information regarding the Minimum Essential Coverage Individual Mandate, the Individual Shared Responsibility Penalty, and state financial subsidies paid for health care coverage.

Position

Support

[SB 29](#)

(Durazo D) Medi-Cal: eligibility.

Location: 6/6/2019-A. HEALTH

Calendar: 7/9/2019 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

Calendar: 7/9/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, 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: 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: 6/25/2019-A. APPR.

Summary: Would require the Exchange, beginning no later than July 1, 2021, to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from another insurance affordability program. The bill would require enrollment to occur before coverage through the insurance affordability program is terminated, and would prohibit the premium due date from being sooner than the last day of the first month of enrollment. The bill would require the Exchange to provide an individual who is automatically enrolled in the lowest cost silver plan with a notice that includes specified information, including the individual's right to select another available plan or to not enroll in the plan.

Position
Support

Behavioral Health

AB 43 **(Gloria D) Mental health.**

Location: 6/24/2019-S. APPR.

Calendar: 7/8/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law authorizes the Mental Health Services Act (MHSA) to be amended by a 2/3 vote of each house 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 the act 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.

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. The bill, among other exclusions, would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when ordering medications to be administered to a patient in an inpatient or outpatient setting.

Position
Watch

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

Location: 5/1/2019-S. HEALTH

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

Summary: Current law requires hospitals to file an Emergency Care Data Record for each patient encounter in a hospital emergency department with the Office of Statewide Health Planning and Development. Current law requires the record to contain specified patient and health data information, including the service date and the disposition of the patient. This bill would additionally require the Hospital Discharge Abstract Data Record to note, when the source of admission is an emergency department, the service date and time and the date and time of release from emergency care.

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.

Location: 6/26/2019-S. HEALTH

Calendar: 7/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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

Summary: Would require a hospital that provides emergency medical services to provide notice, as specified, at least 180 days before a planned reduction or elimination of the level of emergency medical services. The bill would require a health facility to provide at least 180 days notice, as specified, prior to closing the facility and at least 90 days prior to eliminating or relocating a supplemental service, except as specified.

Position
Watch

[AB 1404](#) (Santiago D) Nonprofit sponsors: reporting obligations.

Location: 6/19/2019-S. JUD.

Calendar: 7/9/2019 1:30 p.m. - Room 112 SENATE JUDICIARY, JACKSON, Chair

Summary: The Nonprofit Corporation Law regulates the organization and operation of nonprofit public benefit corporations, nonprofit mutual benefit corporations, and nonprofit religious corporations, including, but not limited to, health care service plans. That law requires a nonprofit public benefit corporation to furnish annually to its members a report that includes the assets and liabilities of the corporation, revenue or receipts of the corporation, and the expenses or disbursements of the corporation. This bill would require a nonprofit sponsor to make annual disclosures to the Secretary of State at the conclusion of each taxable year for which the nonprofit sponsor files an Internal Revenue Service Form 990.

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

Calendar: 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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: 6/12/2019-S. HEALTH

Calendar: 7/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, 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: 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) Health care data disclosure.

Location: 6/25/2019-A. APPR.

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, but would authorize a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and that is operated as a unit of a coordinated group of health facilities under common management to report specified information for the group and not for each separately licensed health facility.

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

Calendar: 7/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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.

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: 6/27/2019-A. APPR.

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.

Calendar: 7/9/2019 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, 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: 36

Total Tracking Forms: 36