LEGISLATIVE UPDATE

Alliance of Catholic Health Care

Week of July 8, 2019

State Issues	
Summer Recess, Surprise Billing and Other Key Bills	Friday (July 12) marks the official start of the Legislature's Summer Recess. They will reconvene on Monday, August 12, and then will have a total of five weeks to finish their work for the 2019 Session, which ends on Friday, September 13. One of the major accomplishments this week was **AB 1611 (Chiu)**, surprise medical bills, being removed from the Senate Health Committee agenda, missing the legislative deadline for policy committees to meet and report bills. AB 1611 is now a two-year bill. Dr. Richard Pan, Chair of Senate Health Committee, understood our concerns with setting hospital emergency room rates in statute. He attempted to work with the sponsors on alternatives to the bill that would continue to eliminate balance billing the patient when accessing out-of-network emergency department services, but not harm hospitals' chances of seeking fair compensation for the care provided. Those talks did not produce any compromise in time for the Committee hearing and the legislative deadline. The bill can be moved again next year, and we be attentive for any last-minute action (gut and amends) this session. We anticipate this issue will continue to be a focus in the state Legislature. Several key bills have been substantively amended in the last few days of the session, including **SB 227 (Leyva)**, which sets fines for hospitals out of compliance with the nurse staff ratio. The bill was amended to provide substantive exemptions that we will need to thoroughly review over the recess. In addition, **AB 204 (Wood)** regarding reporting of charity care and community benefit data, has been amended. The author's office has been working closely with the hospital community to arrive at a definition of charity care that is reasonable and fair. That revised definition is now in print, and we will assess whether the new language adequately addresses our concerns. We will be reviewing all of the health bills still pending and will be prepared for action when the Legislature returns in August.
Legislative Summary and Status	Attached is the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.
2018 State EOLOA Data Report	This week, the California Department of Public Health (CDPH) released the 2018 California End of Life Option Act (EOLOA) Data Report, presenting the data received from the EOLOA-mandated reporting forms received between January 1 and December 31, 2018 for those persons who participated in the assisted suicide law. The following is a brief summary reported by the Coalition of Compassionate Care of California (CCCC): *New in the report this year are four data points which were not previously reported:* 1. *Patient informed family of decision: 87% reported informing family; 3% did not inform family; 2% had no family to inform, and for 8% it was unknown.* **(more)**

2018 State EOLOA Data Report *(continued)*	2. *Class of drugs prescribed: 37% of patients were prescribed a sedative; 35% a Cardiotonic/Opioid/Sedative; 18% other; and 10% unknown.* 3. *Physician or trained healthcare provider present at the time of ingestion: 54% had a physician or trained healthcare provider present; 25% did not; and for 21% it was unknown.* 4. *Place of death (setting and/or location): 92 of patients died in a private home; 4% in an assisted living residence; 2% in a nursing home and 2% in an in-patient hospice residence.* *The report also includes cumulative data: Between June 9, 2016, when the law came into effect, and December 31, 2018, prescriptions have been written for a total of 1,108 people under the Act and 807 individuals (72.8 percent) have died from ingesting the medications.* *The 2018 data indicates that 452 individuals received prescriptions under the End of Life Option Act in that year. That figure appears to be down from a total of 577 individuals who received prescriptions under the Act in 2017* (some speculate the decrease in assisted suicide prescriptions was affected by the uncertainty created among providers due to the pending lawsuit challenging the constitutionality of the law)*. Other key 2018 data points include:* • *Of the 452 individual who received prescriptions, 337 died following their ingestion of the prescribed medications, including 23 individuals who received prescriptions prior to 2018.* • *Of those who died, 88.7 percent were 60 years of age or older, 94.4 percent had health insurance and 88.1 percent were receiving hospice and/or palliative care.* *CDPH is required to provide annual reports, including information on the number of prescriptions written and the number of known individuals who died using aid-in-dying drugs as part of the End of Life Option Act legislation. The data is collected from the forms that participating patients and providers are required to complete and submit to the state. The information is aggregated by CDPH to protect the privacy of the participants.* *The state does not report on all of the data elements it currently collects on EOLOA, which is an area of concern for CCCC and other stakeholders. We believe that the state has a duty to be as transparent as possible in sharing the EOLOA data, and we have requested that CDPH either report on all of the data collected on the forms or release the de-identified data to independent researchers to analyze. CCCC is pleased that the state included information on the four additional data points in the report this year. The data helps the state, researchers, and others to evaluate and monitor trends in the use of the law.* *To view and download the 2018 and previous EOLOA data reports, visit **CDPH's EOLOA page here**.*
Federal Issues	
New Proposals on Surprise Medical Bills	While the issue of surprise medical bills has stalled at the California state level, this issue continues to get the attention of Congress. This week, the House Energy and Commerce health subcommittee (by voice vote) advanced a measure that would limit surprise medical bills. However, a bipartisan group of members are beginning to push back on how payment disputes between health providers and health insurers are settled – the key issue in this debate. Committee chairman, Frank Pallone (D-NJ) and ranking member Greg Walden (R-OR) said they would continue to work on the bill, HR 3630 ***(more)***

Surprise Medical Bills *(continued)*	"No Surprises Act," before a full committee markup, likely next week. This measure would set a federal benchmark rate, similar to a Senate HELP Committee-passed bill, "Lower Health Care Costs Act." However, Representative Paul Ruiz (D-CA) and Phil Roe (R-TN) are seeking major changes HR 3630, in particular the key provision that governs how providers and health plans settle payment disputes. Ruiz, one of several doctors in Congress backing an alternate approach, is advocating for an arbitration model favored by hospitals and physicians. "Protecting People from Surprise Medical Bills Act" would use an independent resolution process to take patients out of the middle of disputes. It has been reported that Representative Ruiz has said that nearly half of the Energy and Commerce Committee supports his arbitration approach. According to Representative Dr. Ami Bera (D-CA), this latter bipartisan group now numbers more than 30 House members and aims to garner at least 100 cosponsors.

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Alliance of Catholic Health Care
Legislative Summary and Status 7/11/2019

Access / Health Care Reform

AB 4 **(Arambula D) Medi-Cal: eligibility.**
Location: 6/6/2019-S. HEALTH
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: 7/5/2019-S. APPR.
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: 7/11/2019-S. APPR.
Calendar: 7/11/2019 #50 SENATE ASSEMBLY BILLS - SECOND READING FILE
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: 7/9/2019-A. APPR.
Summary: Would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would expand the requirements of the eligibility and enrollment plan, such as ensuring that an individual maintains their primary care provider without disruption, would require the department to collaborate with the counties and designated public hospitals to maximize federal financial participation, and would require the department to work with designated public hospitals to mitigate any financial losses related to the implementation of these requirements.

Position
Support

SB 65 **(Pan D) Health care coverage: financial assistance.**
Location: 7/9/2019-A. APPR.

Summary: 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. The bill would require the reports to contain specified information, including, among other things, the number of applications received for the program, the disposition of those applications, and the total number of grievances and appeals filed by applicants and enrollees.

Position
Support

SB 66 **(Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.**
Location: 7/3/2019-A. APPR.
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

Behavorial Health

AB 43 **(Gloria D) Mental health.**
Location: 7/8/2019-S. APPR. SUSPENSE FILE
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. Curent 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 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
Watch

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: 7/2/2019-S. THIRD READING
Calendar: 7/11/2019 #158 SENATE ASSEMBLY BILLS - THIRD 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. 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: 7/9/2019-S. THIRD READING
Calendar: 7/11/2019 #225 SENATE ASSEMBLY BILLS - THIRD READING FILE
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. 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: 7/11/2019-S. APPR.
Calendar: 7/11/2019 #51 SENATE ASSEMBLY BILLS - SECOND READING FILE
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: 7/11/2019-S. APPR.
Calendar: 7/11/2019 #45 SENATE ASSEMBLY BILLS - SECOND READING FILE
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: 7/11/2019-S. APPR.
Calendar: 7/11/2019 #42 SENATE ASSEMBLY BILLS - SECOND READING 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: 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) 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: 7/10/2019-S. APPR.
Summary: Would require the Office of Statewide Health Planning and Development 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.

Position
Watch

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: 7/11/2019-A. THIRD READING
Calendar: 7/11/2019 #5 ASSEMBLY SECOND READING FILE -- SENATE BILLS
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: 7/11/2019-A. APPR.

Calendar: 7/11/2019 #29 ASSEMBLY SECOND READING FILE -- SENATE BILLS

Summary: The Physician Assistant Practice Act requires the physician assistant and the supervising physician and surgeon to establish written guidelines for adequate supervision, and authorizes the supervising physician and surgeon to satisfy this requirement by adopting protocols for some or all of the tasks performed by the physician assistant, as provided. The act additionally authorizes a delegation of services agreement to authorize a physician assistant to order durable medical equipment, to approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services, or to certify disability, as provided. This bill 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.

Position
Watch

Total Measures: 36
Total Tracking Forms: 36