

LEGISLATIVE UPDATE



Week of September 16, 2019

State Issues	
End of Session: Legislative Summary and Status	After a somewhat chaotic end to the session, the Legislature concluded its 2019 legislative session late last Friday. The Governor has until October 13 to sign or veto bills. One of the more troubling bills now on the Governor’s desk is SB 227 (Leyva), which increases the penalties and requirements surrounding the nurse staff ratios. We remain opposed and will urge the Governor to veto the bill due to the very high costs of the fines. Many of the bills of interest to the Alliance are two-year bills, and will be heard sometime in 2020 – <i>attached is the most recent Alliance Summary and Status report.</i>
Federal Issues	
House Extends Government Funding, Introduces Drug Pricing Bill	<p>On Thursday, the House of Representatives voted to approve a continuing resolution that would fund the federal government through November 21, and prevent impending Medicaid cuts, among other provisions – namely delaying the \$4 billion reduction in Medicaid disproportionate share hospital allotments scheduled to take effect October 1. Federal funding for fiscal year 2019 expires on September 30. The Senate is expected to take up the legislation next week.</p> <p>Also on Thursday, House Democratic leaders released the “Lower Drug Costs Now Act,” a bill that would make a series of changes to the Medicare program in an effort to lower the price of prescription drugs. As reported, if enacted, the bill would allow the Department of Health and Human Services to negotiate directly with drug manufacturers the price of at least 25 — and up to 250 — brand-name prescription drugs that lack price competition in the market. In addition, the bill would apply new inflationary rebates to all drugs in both the Medicare Part B and Part D programs, while also adjusting the Part D program by capping out-of-pocket costs for seniors and individuals with disabilities. It also aims to redirect the savings achieved by this bill to the research and development of new treatments and cures, and potentially to increase benefits for low-income Medicare beneficiaries.</p>
Politics: Buttigieg Releases Health Plan	This week, Democratic presidential candidate Pete Buttigieg released his health proposal, “Medicare for All Who Want It,” that would build on the Affordable Care Act and includes a government-run health insurance alternative (“public option”) to compete with private insurers. Interestingly, his plan includes multiple provisions that target health care providers, including: end “surprise billing” by requiring all providers at in-network facilities to be in-network; prohibit health care providers, including hospitals, from charging more than twice what Medicare would pay for the same service for out-of-network care; new scrutiny of nonprofit hospitals’ tax exemptions and new standards for community benefits; and, empower the federal government to challenge health care mergers that raise the cost of care without improving patient outcomes.

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Alliance of Catholic Health Care Legislative Summary and Status 9/20/2019

Access / Health Care Reform

[AB 4](#) ([Arambula D](#)) **Medi-Cal: eligibility.**

Location: 7/10/2019-S. 2 YEAR

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.**

Location: 9/12/2019-A. ENROLLED

Summary: Current law, until January 1, 2023, requires the Exchange, among other duties, to administer 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 biannual public reports 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: 9/12/2019-A. ENROLLMENT

Summary: Current state law creates the Minimum Essential Coverage Individual Mandate to ensure an individual and the individual's spouse and dependents maintain minimum essential coverage, and imposes 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: 9/15/2019-A. 2 YEAR

Summary: Would, subject to an appropriation by the Legislature, and effective July 1, 2020, 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.

Position

Support

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

Location: 8/30/2019-A. 2 YEAR

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: 9/15/2019-A. 2 YEAR

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: 9/18/2019-S. ENROLLED

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 an 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: 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. 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 himself 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:** 9/5/2019-A. CHAPTERED

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:** 9/13/2019-A. ENROLLED

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:** 9/13/2019-A. ENROLLED

Summary: Would require a licensed hospital with operating expenses of \$50,000,000 or more, and a licensed hospital with operating expenses of \$25,000,000 or more that is part of a hospital system, to

annually submit a report to the Office of Statewide Health Planning and Development on its minority, women, LGBT, and disabled veteran business enterprise procurement efforts, as specified. The bill would require the reports to be submitted on July 1, 2021, 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: 9/11/2019-A. ENROLLED

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: 9/15/2019-S. 2 YEAR

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 specified annual disclosures publicly available by posting those disclosures on the nonprofit sponsor's public internet website in the same location where it posts copies of its annual report.

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: 9/15/2019-S. 2 YEAR

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: 7/10/2019-S. 2 YEAR

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: 9/5/2019-S. CHAPTERED

Summary: Current law generally requires a health care facility to report specified data to OSHPD, but requires OSHPD to establish specific reporting provisions for a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans. Current law authorizes hospitals to report specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group basis, and exempts hospitals authorized to report as a group from reporting revenue separately for each revenue center. This bill 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.

Position

Watch

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

Location: 9/15/2019-A. 2 YEAR

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: 9/18/2019-A. ENROLLED

Summary: Current law requires private not-for-profit hospitals to, among other things, adopt and update a community benefits plan, as defined, for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements. Current law requires these hospitals to annually submit their community benefits plans to the Office of Statewide Health Planning and Development and, to the extent practicable, assign and report the economic value of community benefits provided. Current law defines specified terms for purposes of these provisions and makes certain findings and declarations regarding the social obligation of private not-for-profit hospitals to provide community benefits in the public interest. This bill 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.

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: 7/10/2019-S. 2 YEAR

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: 9/10/2019-S. ENROLLED

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, and to ensure that those periodic inspections are not announced in advance of inspection. 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: 9/19/2019-S. ENROLLED

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