LEGISLATIVE UPDATE

Alliance of Catholic Health Care

Week of January 27, 2020

State Issues	
Key Legislation and Seismic Hearing	This week, **AB 890 (Wood)**, which would allow nurse practitioners to have an independent practice, passed the Assembly Floor on a 59-1-20 vote. The bill is sponsored by nurse practitioners as well as a myriad of health care provider and patient advocacy organizations. The bill was opposed by the California Medical Association, and new to the opposition was the California Nurses Association. Dr. Wood agreed to several amendments to try to address CMA's concerns, including adding physicians to the board that would provide oversight to these practices, and increase the number of hours the NPs must have under the supervision of a physician before being eligible for independent practice. The bill stems from a recommendation from a report from the California Health Workforce Commission, on which Dr. Wood participated. The overall goal of the Commission, and the bill, is to seek solutions to the state's health care workforce shortage and an effort to improve patient's access to needed care. You can access their full report at: https://futurehealthworkforce.org/ Also, this week, the Senate and Assembly Health Committees held a joint informational hearing titled ***"Hospital Seismic Safety: Looking Ahead to 2030 Requirement to Remain Operational."*** Panels included representatives from OSHPD, which oversees hospital compliance with the regulations, as well as the California Hospital Association (CHA) and several individual hospitals sharing their concerns with the current standards if changes are not made. Union representatives from the California Nurses Association and the building trades also presented testimony, opposing hospitals' interest in adjusting the requirements. Assembly Health Chair, Dr. Wood, who represents California's rural North Coast region, expressed concerns about the high cost of meeting the standards for his small, rural hospitals which are already struggling financially. Senate Health Chair, Dr. Pan, who represents the Sacramento region, seemed to indicate an interest in how best to help hospitals achieve the standard, as opposed to adjusting the standard. CHA focused some of their attention on their analysis that the 2030 standards are outdated and no longer reflect what it takes for hospitals to remain safe to provide care after a seismic event. Organized labor suggested the state should issue a $130 billion statewide bond to support hospitals in reaching the current requirements. This will be an ongoing debate, particularly as CHA's sponsored bill, SB 758 (Portantino), is heard and debated later this spring and summer. You can access all of the hearing materials at: https://shea.senate.ca.gov/content/2019-2020-informational-hearings. *(more)*

New DHCS Director Named	This week, Governor Newsom named Dr. Bradley Gilbert as the new director of the Department of Health Care Services (DHCS). Gilbert, a primary care physician and former CEO for the Inland Empire Health Plan takes the reins from Richard Figueroa, who was the interim director and now will return to his role as Newsom's deputy cabinet secretary. Gilbert has been a retired annuitant at the Inland Empire Health Plan since 2019, where he has held several positions since 1996, including medical director, chief medical officer and chief executive officer. He was director of public health at the County of Riverside Health Services Agency Department of Public Health from 1993 to 1996. Gilbert was director of public health at the San Mateo County Department of Health Services Division of Public Health. He is a board member of the California Healthcare Foundation, Planned Parenthood and Manifest Medex. This position requires Senate confirmation.
Court Rules California's Assisted Suicide Law Was Legally Enacted	After several rulings and appeals over the past few years on the fate of California's End of Life Option Act (EOLOA), it has been reported that last week the Riverside County Superior Court ruled that 1) the California Legislature acted within its authority when it passed the EOLOA within a special session on health care in 2015, and 2) the plaintiffs (Ahn v. Hestrin) did not have legal standing to bring the case. In its January 23 ruling, the Court wrote, "...it was reasonable for the Legislature to conclude that aid-in-dying legislation concerns a subject germane to improving the effective delivery of health care services to benefit Californians, thus [was] not enacted in violation of the Constitution." The Court also ruled the plaintiffs do not have standing to bring the case, not having been personally damaged by the defendants' conduct, then the court need not address the merits of the case.
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.
Federal Issues	
SCOTUS Allows Enforcement of "Public Charge" Immigration Rule	On Monday in a 5-4 vote, the U.S. Supreme Court allowed the Trump Administration to begin enforcing the "public charge" rule that expands the government's ability to refuse green cards or visas for legal immigrants determined to be dependent on public assistance ("public charge"). Those using or likely to use Medicaid, food stamps and other safety net programs would face greater scrutiny from immigration officials. Even before this ruling, and with the earlier threat of the public charge rule being enforced, many eligible legal immigrants and families had dropped health coverage. The court's action means the rule will be implemented in every state (except Illinois) even as the legal challenges continue, and the Administration has stated its intention to apply the new rules for any immigration petition dated on or after February 24. On January 23, the Catholic Health Association and other hospital organizations filed an amicus brief with the 9th Circuit Court of Appeals seeking to uphold a lower court's injunction on the rule, but the Supreme Court action has made another nationwide injunction unlikely. *(more)*

Trump Administration Moves to Enforce Weldon Amendment	This week, the Trump administration announced it is taking steps to enforce the Weldon Amendment, a federal law that prohibits discrimination by states against health insurance plans that do not cover abortion – taking aim at California. In August 2014, the California Department of Managed Health Care (DMHC), suddenly and without prior notice, issued a mandate to private market health care plans in California requiring them to cover all abortions as a "basic health care service" (prior to this mandate, California limited coverage to medically necessary abortions.) This new mandate violated a longstanding federal civil rights law – the Weldon Amendment. Congress first enacted Weldon in 2002 to protect health care providers and insurers from governmental discrimination on the basis that they choose not to provide, pay for, provide coverage of, or refer for abortions. Currently, victims of this type of governmental discrimination have only one recourse: file a complaint with the Department of Health and Human Services' Office for Civil Rights (OCR). Therefore, following the DMHC mandate, the Bishops of California filed a complaint with OCR. The OCR, then under the Obama Administration, contended that the Bishops did not have standing and dismissed the complaint. The penalty for violating the Weldon Amendment includes the federal government withholding all federal health, education and labor funds – a move that is considered too draconian to realistically be enforced. The Alliance and other Catholic organizations have long advocated that Weldon should be amended to give the victims of discrimination the ability to defend themselves in federal court against state mandates that compel them to cover, provide, pay or refer for abortion.

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Alliance of Catholic Health Care
Legislative Summary and Status 1/31/2020

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: 10/12/2019-A. CHAPTERED
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: 10/12/2019-A. CHAPTERED
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: 1/3/2020-A. THIRD READING
Calendar: 2/3/2020 #6 ASSEMBLY THIRD READING FILE - SENATE BILLS
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: 1/23/2020-A. APPR.
Summary: Current law creates the California Health Benefit Exchange (the Exchange), also known as Covered California, for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under the PPACA. Until January 1, 2023, current law requires the Exchange, among other duties, to administer an individual market assistance program to provide assistance, including premium assistance subsidies, to program participants with household incomes at or below 600% of the federal poverty level. This bill would reduce premiums to zero for

program participants with household incomes at or below 138% of the federal poverty level, and would specify the premium assistance subsidy amount for program participants with household incomes of 139% to 600%, inclusive, of the federal poverty level.

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.**
Location: 1/27/2020-A. DESK
Summary: Current law requires a health care service plan that issues, sells, renews, or offers plan contracts for health care coverage in the state to comply with the requirements of the PPACA, and any rules or regulations issued under the PPACA, that generally prohibit a health plan offering group or individual coverage from imposing lifetime or annual limits on the dollar value of benefits for a participant or beneficiary. Current law requires a plan to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a plan comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract from establishing lifetime or annual limits on the dollar value of benefits for an enrollee, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified.

Position
Support

SB 260 **(Hurtado D) Automatic health care coverage enrollment.**
Location: 10/12/2019-S. CHAPTERED
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

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 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) In-home supportive services: additional higher energy allowance.**
Location: 1/29/2020-A. DESK
Summary: Would require a county human services agency to, using existing materials, inform each applicant for benefits under the IHSS program that the applicant may be eligible to receive that higher energy allowance and any advanced notifications that may be provided by a public utility when the public utility plans to deenergize portions of the electrical distribution system or in an emergency. By creating additional duties for counties, this bill would impose a state-mandated local program.

Position
Watch

SB 640 **(Moorlach R) Mental health services: gravely disabled persons.**
Location: 12/20/2019-S. HEALTH
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 also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person's basic personal needs for food, clothing, or shelter. This bill would authorize a county to instead use a definition of "gravely disabled" for these purposes that would 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 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 910 **(Wood D) Medi-Cal: dispute resolution.**
Location: 1/30/2020-S. RLS.
Summary: Would require a county mental health plan and Medi-Cal managed care plan that are unable to resolve a dispute to submit a request for resolution to the State Department of Health Care Services. The bill would require the department to issue a written decision to the plans within 30 calendar days from receipt of the request by either the county mental health plan or the Medi-Cal plan. The bill would also prohibit the dispute from delaying the provision of medically necessary services, as specified.

Position
Watch

AB 962 **(Burke D) Hospitals: procurement contracts.**
Location: 10/12/2019-A. CHAPTERED
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 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 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

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: 10/7/2019-A. CHAPTERED
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: practice without standardized procedures.**
Location: 1/28/2020-S. RLS.
Summary: Would, until January 1, 2026, establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled

Position
Support

SB 227 **(Leyva D) Health and care facilities: inspections and penalties.**
Location: 10/12/2019-S. CHAPTERED
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 697 **(Caballero D) Physician assistants: practice agreement: supervision.**
Location: 10/9/2019-S. CHAPTERED
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: 28

Total Tracking Forms: 28