

LEGISLATIVE UPDATE



Special Edition | March 17, 2020

State Issues	
<p>COVID-19 and Legislative Recess</p>	<p>Last night, the Legislature passed two measures that allocate \$1 billion in state funding to address the Coronavirus (COVID-19) – one focused on health care, the other on education. Then both houses passed ACR 189: Joint Recess, which adjourned the Legislative Session until April 13.</p> <p>The budget bills passed provide Governor Newsom with a great deal of latitude in making decisions on how the funds need to be spent during the crisis. The health care bill (AB/SB 89) includes funding to acquire shuttered hospitals to increase bed capacity, buy hotels and motels to provide quarantine space and house the vulnerable homeless population, helping local jurisdictions reduce the spread of the virus in homeless populations, and support hospitals in dealing with the virus. The education bill (AB/SB 117) provides funding for equipment to properly sanitize schools, ensures on-going school funding (even when students are quarantined), and provides time extensions for other school mandates. The bills are scant on details – leaving it up to Governor Newsom to decide specifics on funding priorities as the crisis evolves. He will need to get approval of the Joint Legislative Budget Committee at spending intervals, but not the full Legislature.</p> <p>The votes on the two bills was bipartisan and unanimous. Republican Vice Chair of the Assembly Budget Committee Jay Olberholte spoke specifically to this: “We are placing an extraordinary degree of trust in Governor Gavin Newsom; however, these are extraordinary times.”</p> <p>The Legislature has, in essence, extended its typical one-week Spring Recess to a three-week break to allow Legislators and their staff to return to their districts. Both houses made it clear that this was not a vacation. They will be working in their districts to address the local issues with the virus and quarantines. Capitol staff will be able to work from home, but each office must be available by phone; and, telephone meetings on public policy issues are proceeding.</p> <p>The Joint Recess legislation also made it clear that they Legislature could reconvene at any time during this period if it felt it appropriate, and they could extend the break if it is warranted.</p> <p>If the Legislature returns on April 13 as scheduled, they will have two weeks before the first Committee policy deadline for bills to be heard or die for the year. There is much speculation, but no definitive answer, to what this means for policy bills this year. The Legislature has the power to move all of those deadlines and work through Summer recess; or alternatively, narrow the bills they consider and vote on. They are not making that call now – leaving it for later discussion and decision as needed, and when they know more about where we stand in addressing the virus.</p> <p>Meantime, we will be proceeding as best we can with the information available and as this extraordinary situation evolves. Flexibility and communication will be key. We will continue to send additional information as it develops. Do not hesitate to reach out to the Alliance if you have any questions.</p>
<p>Legislative Summary and Status Report</p>	<p>Attached is the most recent Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 3/17/2020

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 2032](#) **(Wood D) Medi-Cal: medically necessary services.**

Location: 3/2/2020-A. HEALTH

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, for individuals 21 years of age and older, a service is "medically necessary" if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Current law provides that for individuals under 21 years of age, "medically necessary" or "medical necessity" standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.

Position

Watch

[AB 2130](#) **(Arambula D) Health care professionals: underserved communities.**

Location: 2/10/2020-A. PRINT

Summary: Would declare the intent of the Legislature to enact legislation to increase the number of health care professionals in underserved communities.

Position

Watch

[AB 2158](#) **(Wood D) Health care coverage.**

Location: 2/20/2020-A. HEALTH

Summary: Current law requires a group or individual health care policy issued, amended, renewed, or delivered on or after September 23, 2010, to comply with the requirements of the PPACA, and any rules or regulations issued under the PPACA, that require a group health plan and health insurance issuer offering group or individual health insurance coverage to, at a minimum, provide coverage for specified preventive services, and prohibits the plan or health insurance issuer from imposing any cost-sharing requirements for those preventive services. Current law requires a health insurer to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a health insurer comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health insurance policy to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements.

Position

Watch

[AB 2159](#) **(Wood D) Health care coverage.**

Location: 2/20/2020-A. HEALTH

Calendar: 3/24/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING POSTPONED - HEALTH, WOOD, Chair

Summary: Current law provides for the regulation of health insurers by the Department of Insurance.

Current law requires a health insurer 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 insurer offering group or individual coverage from imposing lifetime or annual limits on the dollar value of benefits for an insured. Current law requires an insurer to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a health insurer 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 insurance policy from establishing lifetime or annual limits on the dollar value of benefits for an insured, thereby indefinitely extending the prohibitions on lifetime or annual limits.

Position

Watch

[AB 2817](#) (Wood D) Office of Health Care Quality and Affordability.

Location: 3/2/2020-A. HEALTH

Summary: Would create the Office of Health Care Quality and Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs, and create a strategy to control health care costs. The bill would require the office to be governed by a board with specified membership, and would require the board to hire an executive director to organize, administer, and manage the operations of the office.

Position

Watch

[AB 2841](#) (Wood D) Health care coverage.

Location: 2/20/2020-A. PRINT

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. The act requires a health care service plan to meet specified requirements, including, but not limited to, the requirement that the health care service plan contract provide to subscribers and enrollees certain basic health care services. This bill would make technical, nonsubstantive changes to those provisions.

Position

Watch

[AB 3177](#) (Wood D) Health care coverage.

Location: 2/21/2020-A. PRINT

Summary: Current law requires health care service plans and health insurers participating in the Exchange to fairly and affirmatively offer, market, and sell in the Exchange at least one product in each of these 5 levels of coverage, except as specified. Current law requires a health care service plan or health insurer that does not participate in the Exchange to offer at least one standardized product designated by the Exchange in each of the platinum, gold, silver, and bronze levels of coverage. This bill would make technical, nonsubstantive changes to provisions defining the required levels of coverage applicable to health care service plans and health insurers.

Position

Watch

[SB 29](#) (Durazo D) Medi-Cal: eligibility.

Location: 1/3/2020-A. THIRD READING

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

Watch

SB 910**(Pan D) Population health management program.****Location:** 3/16/2020-S. HEALTH

Summary: Would require the State Department of Health Care Services to require, by January 1, 2022, each Medi-Cal managed care plan to implement a population health management program to identify, assess, and manage the needs of Medi-Cal beneficiaries who are enrolled in each plan. The bill would require a Medi-Cal managed care plan to describe case management services provided to enrollees and to report to the department on specified information, including the number of enrollees receiving in-lieu-of services. The bill would require the department to establish metrics for, and require the federally required external quality review organization (EQRO) to evaluate the effectiveness of, the enhanced care management and in-lieu-of services provided to enrollees, to establish metrics for evaluating the program, and to require the EQRO to conduct an analysis of each Medi-Cal managed care plan's program.

Position

Watch

SB 916**(Pan D) Medi-Cal: health care services.****Location:** 3/16/2020-S. HEALTH

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services either through a fee-for-service or a managed care delivery system. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under current law, the Medi-Cal program comprises a department-administered uniform schedule of health care benefits. Current law limits health care services, for purposes of the Medi-Cal program, to a schedule of benefits, as specified. This bill, commencing July 1, 2021, would add enhanced care management, as described, to the schedule of benefits for a beneficiary to obtain as covered Medi-Cal services.

Position

Watch

SB 936**(Pan D) Medi-Cal managed care plans: contract procurement.****Location:** 2/20/2020-S. HEALTH**Calendar:** 4/1/2020 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Would require the Director of Health Care Services to conduct a contract procurement at least once every 5 years if the director contracts with a commercial Medi-Cal managed care plan for the provision of care of Medi-Cal beneficiaries on a state-wide or limited geographic basis, and would authorize the director to extend an existing contract for one year if the director takes specified action, including providing notice to the Legislature, at least one year before exercising that extension. The bill

would require the department to establish a stakeholder process in the planning and development of each Medi-Cal managed care contract procurement process, and would provide that the stakeholders include specified individuals, such as health care providers and consumer advocates.

Position

Watch

Behavioral Health

[AB 1861](#) (Santiago D) Mental health: involuntary commitment.

Location: 1/7/2020-A. PRINT

Summary: Under current law, if a person, as a result of a mental disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation. Current law prohibits specified mental health personnel from taking certain actions that interfere with a peace officer seeking to transport, or having transported, a person detained for 72-hour treatment and evaluation. This bill would make technical, nonsubstantive changes to these provisions.

Position

Watch

[AB 1938](#) (Eggman D) Mental Health Services Act: inpatient treatment funding.

Location: 1/23/2020-A. HEALTH

Summary: Would specify, to the extent MHPA funds are otherwise available for use pursuant to the Mental Health Services Act, those funds may be used to provide inpatient treatment, including involuntary treatment of a patient who is a danger to self or others or gravely disabled, in specified settings, including an acute psychiatric hospital, an institution for mental disease, and a mental health rehabilitation center, as defined. The bill would state that this change is declaratory of existing law.

Position

Support

[AB 1946](#) (Santiago D) Mental health services: involuntary detention.

Location: 1/17/2020-A. PRINT

Summary: Would state the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of "gravely disabled" to add a condition in which a person is unable to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.

Position

Watch

[AB 2015](#) (Eggman D) Certification for intensive treatment: review hearing.

Location: 2/14/2020-A. HEALTH

Calendar: 3/17/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING CANCELED - HEALTH, WOOD, Chair

Summary: Current law authorizes a peace officer or a professional designated by the county to take a person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, when the person is a danger to self or others, or is gravely disabled, as a result of a mental health disorder. Current law also authorizes a court to order the evaluation of a person who is alleged to be a danger to self or others as a result of a mental disorder, or the evaluation of a criminal defendant who appears to be a danger to self or others, or to be gravely disabled, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs. Current law requires that a certification review hearing be held, as specified, and governs the procedure for presenting evidence at the hearing. This bill would authorize the evidence presented in support of the certification decision to include information regarding the person's medical condition and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled. The bill would require the hearing officer to consider the information in the determination of probable cause.

Position

Watch

[AB 2055](#) (Wood D) Specialty mental health services and substance use disorder treatment.

Location: 3/5/2020-A. HEALTH

Summary: Would require the State Department of Health Care Services to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the Drug Medi-Cal organized

delivery system for purposes of preparing those entities for implementation of the behavioral health components included in the Medi-Cal Healthier California for All initiative, and would establish in the State Treasury the Behavioral Health Quality Improvement Account to fund those efforts. The bill would require the department to determine the methodology and distribution of funds appropriated to those entities.

Position

Watch

[AB 2464](#) ([Aguiar-Curry D](#)) **Statewide pediatric behavioral telehealth networks.**

Location: 2/27/2020-A. HEALTH

Calendar: 3/31/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING POSTPONED - HEALTH, WOOD, Chair

Summary: Would establish a grant program for purposes of establishing and funding a statewide pediatric behavioral telehealth network, subject to a competitive grant process. The California Health and Human Services Agency shall implement the grant program. The bill would require funding made available for these purposes to be expended to build the clinical infrastructure to support 10 telehealth hubs, as defined, throughout the state.

Position

Watch

[AB 2775](#) ([Ting D](#)) **Timely access to health care.**

Location: 2/20/2020-A. PRINT

Summary: Would declare the intent of the Legislature to ensure that patients receive timely access to health care services, including nonemergency followup appointments with mental health care providers within 10 business days.

Position

Watch

[AB 2899](#) ([Jones-Sawyer D](#)) **Mental health: involuntary commitment.**

Location: 3/5/2020-A. HEALTH

Calendar: 3/24/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING POSTPONED - HEALTH, WOOD, Chair

Summary: Current law provides for the involuntary commitment and treatment of persons for 72 hours following a court-ordered evaluation that determines the person, as a result of a mental health disorder, or as a result of impairment by chronic alcoholism, is a danger to self or others, or is gravely disabled. If a person is involuntarily detained for 72 hours under those provisions, the person may be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions, including that the professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of a mental health disorder or impairment by chronic alcoholism, a danger to others, or to self, or gravely disabled, and that the person has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis. This bill would authorize the person, after being detained for the initial 72 hours, to be certified for that intensive treatment for a period longer than 14 days, as determined by the professional staff providing the evaluation, and under those same conditions.

Position

Watch

[AB 2909](#) ([Eggman D](#)) **California Emergency Solutions and Housing Program: eligible activities.**

Location: 3/12/2020-A. H. & C.D.

Summary: Current law requires the Department of Housing and Community Development to allocate specified moneys under the California Emergency Solutions and Housing Program to administrative entities, as defined, that submit an application for funding for eligible activities relating to homelessness within specified Continuum of Care service areas in response to a notice of funding availability issued by the department, as provided. Current law specifies the eligible activities for which an administrative entity may use funds allocated to it under the program, including operating support for housing interventions, as specified. This bill would additionally authorize an administrative entity to use funds allocated to it under the program to establish a reimbursement rate for emergency housing interventions, including navigation centers, street outreach services, and shelter diversions, as provided.

Position

Watch

[AB 3188](#) ([Wood D](#)) **Mental health: involuntary treatment.**

Location: 2/21/2020-A. PRINT

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of

persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would make technical, nonsubstantive changes to those provisions.

Position
Watch

[AB 3242](#) (Irwin D) Mental health treatment.

Location: 2/21/2020-A. PRINT

Summary: Current law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Current law also specifies that the act does not limit the right of a person to voluntarily apply, at any time, to a public or private agency or practitioner for mental health services, as specified. This bill would make technical, nonsubstantive changes to these provisions.

Position
Watch

[SB 855](#) (Wiener D) Health coverage: mental health or substance abuse disorders.

Location: 1/22/2020-S. HEALTH

Summary: The California Mental Health Parity Act requires every health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions

Position
Watch

Catholic Identity

[AB 2781](#) (Wicks D) Health care coverage: treatment for infertility.

Location: 3/2/2020-A. HEALTH

Summary: Would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2021, to provide coverage for the treatment of infertility. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies.

Position
Watch

End of Life/Palliative Care

[SB 1252](#) (Moorlach R) Advance health care directives: mental health treatment.

Location: 3/5/2020-S. JUD.

Summary: Current law authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health treatment. The bill would revise the statutory advance health

care directive form to clarify that a person may include instructions relating to mental health treatment.

Position

Watch

Hospital Operations and Finance

[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 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

[AB 2037](#) (Wicks D) Health facilities: notices.

Location: 2/14/2020-A. HEALTH

Calendar: 3/17/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING CANCELED - HEALTH, WOOD, Chair

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. The bill would require the mandatory public notice to include specific notifications, including, among others, a continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the hospital or health facility is located.

Position

Watch

[AB 2157](#) (Wood D) Health care coverage: independent dispute resolution process.

Location: 2/20/2020-A. HEALTH

Calendar: 3/24/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING POSTPONED - HEALTH, WOOD, Chair

Summary: Current law requires the Department of Managed Health Care and the Department of Insurance to establish an independent dispute resolution process to resolve a claim dispute between a health care service plan or health insurer, as appropriate, and a noncontracting individual health professional, and sets forth requirements and guidelines for that process, including contracting with an independent organization for the purpose of conducting the review process. Current law requires each department to establish uniform written procedures for the submission, receipt, processing, and resolution of these disputes, as specified. Existing law requires the independent organization, in deciding the dispute, to base its decision regarding the appropriate reimbursement on all relevant information. This bill would require the procedures established by each department to include a process for each party to submit into evidence information that will be kept confidential from the other party, in order to preserve the confidentiality of the source contract.

Position

Watch

[AB 2600](#) (Kamlager D) Hospitals: licensing.

Location: 2/20/2020-A. PRINT

Summary: Current law provides for the licensure of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, as defined, by the State Department of Public Health. This bill would make technical, nonsubstantive changes to a related provision.

Position

Watch

[AB 2747](#) (Santiago D) Health data disclosure: health policy organizations and labor unions.

Location: 3/5/2020-A. HEALTH

Summary: Current law requires an organization that operates, conducts, owns, or maintains a health facility, each hospital, and each general acute care hospital and freestanding ambulatory surgery clinic to make and file with the Office of Statewide Health Planning and Development certain information regarding patients that is recorded on a Hospital Discharge Abstract Data Record, an Emergency Care Data Record, and an Ambulatory Surgery Data Record, respectively, as described. The information includes, among other things, the date of birth, race, date of services, and principal diagnosis of the patient. Current law requires the office to disclose this information to certain entities, including any California hospital and any local health department or local health officer in California, except as specified. This bill would also require the office to disclose the information to any nonprofit health policy organization and any labor union and would prohibit those entities from disclosing the information, as described above.

Position

Watch

[AB 2830](#) (Wood D) Health care cost transparency database.

Location: 3/2/2020-A. HEALTH

Summary: Would state the intent of the Legislature to establish a system to collect health information related to health care cost, quality, and efficiency by January 1, 2022. The bill would direct the office to take a number of actions with respect to developing and implementing the Health Care Cost Transparency Database, including, among other things, ensuring the database can map to other databases, contracting with a data collection vendor, as necessary, collecting and incorporating data from other state and federal agencies, developing and maintaining a master person index, a master provider index, and a master payer index, developing data quality and improvement processes, and developing an information security program to ensure the privacy of individuals and the security of the data collected.

Position

Watch

[AB 2928](#) (Eggman D) Health facilities.

Location: 2/21/2020-A. PRINT

Summary: Under current law, the State Department of Public Health is responsible for the licensing and regulation of health facilities, as defined. A violation of these provisions is a crime. Current law authorizes the exercise of privileges in a health facility to be limited, restricted, or revoked for a violation of the health facility's rules, regulations, or procedures, as specified. This bill would make technical, nonsubstantive changes to that provision.

Position

Watch

[AB 3083](#) (Arambula D) Ambulatory surgical centers.

Location: 2/21/2020-A. PRINT

Summary: Would enact the California Outpatient Cardiology Patient Safety, Cost Reduction, and Quality Improvement Act. The bill would authorize the State Department of Public Health, within the PCI Program, to certify an ambulatory surgical center to provide elective cardiac catheterization laboratory services that meet certain requirements to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients

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

[SB 901](#) (Wilk R) Hospitals: seismic safety.

Location: 1/30/2020-S. RLS.

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 establishes a program of seismic safety building standards for certain hospitals. Current law requires hospitals with buildings subject to a seismic compliance deadline of January 1, 2020, and that are seeking an extension for their buildings to submit an application to the Office of Statewide Health Planning and Development by April 1, 2019, subject to certain exceptions. Current law requires final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. This bill would make technical, nonsubstantive changes to those provisions.

Position

Watch

[SB 1084](#) (Umberg D) Pharmacy: dispensing: controlled substances.

Location: 3/5/2020-S. B., P. & E.D.

Calendar: 3/23/2020 10 a.m. and upon adjournment of Session, if necessary - Room 3191 SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, GLAZER, Chair

Summary: Would, with certain exceptions require a pharmacist who dispenses in solid oral dosage form a controlled substance in Schedule II or Schedule IIN of the federal Controlled Substances Act to dispense it in a lockable vial, as defined, provide an educational pamphlet on controlled substances, and, if the lockable vial uses an alphanumeric or other code, include the code in any patient notes in the database or other system used by the pharmacy in the dispensing of prescription drugs.

Position

Watch

[SB 1216](#) (Hueso D) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Location: 3/5/2020-S. HEALTH

Summary: Would require a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician. The bill would authorize a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. The bill would prohibit the department that licenses the health care facility from enforcing these provisions, and compliance with the bill would not be a condition for obtaining, retaining, or renewing a license as a health care facility.

Position

Oppose

[SB 1309](#) (Monning D) Health care service plans.

Location: 2/21/2020-S. RLS.

Summary: Current law establishes the Department of Managed Health Care to execute the laws of this state relating to health care service plans and the health care service plan business. Current law makes the Director of the Department of Managed Health Care the chief officer of the department. Current law requires the director to consult with the Insurance Commissioner prior to adopting any regulations applicable to health care service plans that are subject to the act and other entities governed by the Insurance Code for the specific purpose of ensuring, to the extent practical, that there is consistency of regulations applicable to these plans and entities by the Insurance Commissioner and the director. This bill would make technical, nonsubstantive changes to that requirement.

Position

Watch

Not for Profit

[AB 2036](#) (Muratsuchi D) Nonprofit public benefit corporations: sale of assets: health facilities.

Location: 2/14/2020-A. HEALTH

Calendar: 3/17/2020 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEARING CANCELED - HEALTH, WOOD, Chair

Summary: Current law requires any nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. Current law authorizes the Attorney General to determine what information is required to be contained in the notice. This bill would specify that if the Attorney General imposes a condition on its consent to an agreement or transaction pursuant to the provisions described above, that condition shall remain in effect for the entire period of time specified by the Attorney General, regardless of whether the health facility is subject to an additional or subsequent sale, transfer, purchase, lease, exchange, option, conveyance, or other disposition of assets.

Position

Watch

Social Determinants of Health

[AB 1845](#) (Rivas, Luz D) Homelessness: Office to End Homelessness.

Location: 3/11/2020-A. APPR.

Summary: Would create, within the Governor's office, the Governor's Office to End Homelessness, which would be administered by the Secretary on Housing Insecurity and Homelessness appointed by the Governor. The bill would require that the office serve the Governor as the lead entity for ending homelessness in California and would task the office with coordinating the various federal, state, and local departments and agencies that provide housing and services to individuals experiencing homelessness or at risk of homelessness.

Position

Support

[AB 1851](#) (Wicks D) Faith-based organization affiliated housing development projects: parking requirements.

Location: 1/30/2020-A. L. GOV.

Summary: Would upon the request of a developer of a housing development project, require a local agency to ministerially approve a request to that local agency to reduce or eliminate any parking requirements that would otherwise be imposed by that local agency on the development if the housing development project qualifies as a faith-based organization affiliated housing development project, as defined. This bill would prohibit a local agency from requiring the replacement of religious-use parking spaces proposed to be eliminated by a faith-based organization affiliated housing development project pursuant to a request made and ministerially approved pursuant to the bill, or from requiring the curing of any preexisting deficit of religious-use parking as a condition of approval of a faith-based organization affiliated housing development project.

Position

Watch

[AB 2576](#) (Gloria D) Mental health: homelessness.

Location: 2/20/2020-A. PRINT

Summary: Would state the intent of the Legislature to enact legislation to use existing, unspent resources to assist individuals with mental illness who are also experiencing homelessness.

Position

Watch

[SB 899](#) (Wiener D) Planning and zoning: housing development: nonprofit hospitals or religious institutions.

Location: 3/16/2020-S. HOUSING

Summary: The Planning and Zoning Law requires each county and city to adopt a comprehensive, long-term general plan for its physical development, and the development of certain lands outside its boundaries, that includes, among other mandatory elements, a housing element. That law allows a development proponent to submit an application for a development that is subject to a specified streamlined, ministerial approval process not subject to a conditional use permit if the development satisfies certain objective planning standards. This bill would require that a housing development project be a use by right upon the request of a nonprofit hospital, nonprofit diagnostic or treatment center, nonprofit rehabilitation facility, nonprofit nursing home, or religious institution that partners with a qualified developer on any land owned in fee simple by the applicant if the development satisfies specified criteria. The bill would define various terms for these purposes.

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

[AB 1850](#) (Gonzalez D) Employee classification: still photographers, photojournalists: freelancers.

Location: 2/14/2020-A. L. & E.

Summary: Current statutory law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the "ABC" test is met. Existing law exempts specified occupations and business relationships, including persons providing professional services under specified circumstances. Current law instead provides that these exempt relationships are governed by the multifactor test previously adopted in the case of *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341. This bill would replace the submission limit and instead exempt still photographers, photojournalists, freelance writers, editors, and newspaper cartoonists from the application of *Dynamex* and these provisions based upon different specified criteria, including that these persons provide professional services pursuant to a contract that includes specified items, as provided.

Position

Watch

[AB 2537](#) (Rodriguez D) Illness and injury prevention program: opioid exposure.

Location: 3/12/2020-A. L. & E.

Summary: Would require employers of workers who provide direct patient care to patients being treated for opioid overdose in specific settings to create, implement, and maintain an illness and injury prevention program (IIPP) to protect those employees. The bill would require the IIPP to meet specific requirements, including a screening protocol, the provision of personal protective equipment, decontamination and cleaning protocols, postexposure followup, training, and assessment.

Position

Watch

[SB 900](#) (Hill D) Department of Industrial Relations.

Location: 2/12/2020-S. L., P.E. & R.

Summary: Current law expressly authorizes the Department of Industrial Relations to assist and cooperate with the federal Wage and Hour Division and the federal Children's Bureau in enforcing of the federal Fair Labor Standards Act of 1938 within this state. This bill would recast those provisions and would delete the express authorization for the department to assist and cooperate with the bureau.

Position

Watch

[SB 965](#) (Nielsen R) Worker status: independent contractors: healthcare industry.

Location: 2/20/2020-S. L., P.E. & R.

Summary: Current law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. This test is commonly known as the "ABC" test, as described above. Current law exempts specified occupations and business relationships from the application of Dynamex, including licensed insurance agents, certain health care professionals, including physicians and surgeons, dentists, and podiatrists, subject to meeting certain conditions and license requirements. This bill would expand the above-described exemptions to also include health facilities, as defined, which contract with companies that employ health care providers who provide services to patients at those facilities.

Position

Watch

[SB 966](#) (Nielsen R) Worker status: independent contractors: pharmacists.

Location: 2/20/2020-S. L., P.E. & R.

Summary: Current law establishes that, for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration is considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. This test is commonly known as the "ABC" test. Current law exempts specified occupations and business relationships from the application of Dynamex and these provisions. Existing law instead provides that these exempt relationships are governed by the test adopted in *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341. This bill would expand the above-described exemptions to also include individuals who are licensed pharmacists.

Position

Watch

Total Measures: 57

Total Tracking Forms: 57