

LEGISLATIVE UPDATE



Week of June 15, 2020

State Issues	
State Budget Update	<p>On Monday, June 15, the Legislature passed a budget bill (AB 74), that assumes additional revenue will be provided by Congress to help close our \$54 billion budget gap, rejects most of the cuts proposed by the Governor, and meets their Constitutional deadline.</p> <p>However, the Governor has indicated he still wants to negotiate with the Legislature on some key details. He hopes more federal aid comes in but would prefer to make cuts to services now – and then rescind them – based on the amount and timing of federal funds. The Governor and Legislative leadership are continuing to negotiate. The hope is to get a final budget agreement and signed budget bill before the July 1 start of the state fiscal year.</p> <p>It is important to note that the Assembly has gone on its summer recess as of today, June 19. They will be out until July 13. If the budget deal requires the Legislature to pass any additional budget bills, or budget trailer bills, it will require the Speaker to call the Assembly back from recess to cast votes.</p>
Pending Legislation	<p>This week, many health care provider advocates were focused on the Senate Appropriations Committee to see the outcome of a few key measures – but most notably SB 977 (Monning). This bill provides a great deal of new authority to the state Attorney General (AG) over hospital partnerships, transactions, mergers, and affiliations. Extends AG approval on transactions to include investor owned and physician practices and gives the AG the authority to deny any transaction unless the system proves it will improve clinical integration and availability and access to services in an underserved population. The bill makes it unlawful for a health system to engage in conduct that has anticompetitive effects and allows for civil fines of \$1 million, or twice the gross gain to the system. Health care systems and organized medicine are opposed to this bill, which is sponsored by the Attorney General. The bill passed out of Senate Appropriations and now heads to the Senate Floor.</p> <p>Other bills of note have made their way from the Assembly and are now awaiting action in the Senate. We were pleased to see the author amend AB 2037 (Wicks) to remove some of the most egregious new prescriptive and counterproductive mandates on hospital actions during a state of emergency; however, the bill still includes additional public notice requirements for hospital actions in certain circumstances, and the Alliance remains opposed to this measure.</p> <p>Originally, AB 2537 (Rodriguez) mandated that a hospital maintain a stockpile of unexpired PPE equal to one year's worth of "normal consumption," but it was amended to reduce that stockpile consumption to 6 months' worth of PPE. This remains an unnecessary, wasteful, and in some cases, unobtainable, requirement. The Alliance will continue its work to educate lawmakers.</p> <p style="text-align: right;"><i>(more)</i></p>

Pending Legislation (continued)	<p>A new development on this front is the newly introduced SB 275 (Pan, Leyva), which is the competing measure to the Rodriguez's PPE bill noted above. This bill is sponsored by SEIU. The bill (1) requires the California Department of Public Health (CDPH) to maintain a state stockpile of PPE sufficient to last through a 90-day health emergency; (2) requires CDPH to create guidelines for the procurement of the PPE stockpile; (3) requires all providers (hospitals, clinics, physicians, etc.) to maintain a PPE stockpile sufficient to last through a 90-day health emergency; (4) allows for \$25,000 in civil penalty for each violation; (5) adopts and codifies existing guidance from the Department of Industrial Relations and from the federal Occupational Safety and Health Administration regarding standards for PPE usage; and (6) requires a provider to procure at least 25% of its PPE from in-state manufacturers. While we are still reviewing the bill and gathering information, this measure seems quite problematic for health care providers and ultimately unhelpful for our communities at large.</p> <p>Finally, AB 890 (Wood) would authorize a nurse practitioner 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. This bill is hotly contested and is strongly opposed by organized medicine. Hospitals continue to support the measure as it awaits action in the Senate.</p>
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 DACA Decision	<p>On Monday, the U.S. Supreme Court ruled that the Trump Administration did not follow proper procedures in its attempt to end the Deferred Action for Childhood Arrivals (DACA) program, which protects many young immigrants from deportation. The decision means that the program will continue pending any further action by the Administration. As reported by the Catholic Health Association (CHA), Catholic health providers have strongly supported the DACA program and welcome this decision. The <i>Justice for Immigrants</i> coalition, which includes CHA, is holding a webinar today Friday, to provide more information about the court decision and the future of the DACA program. More information on the coalition can be found at: https://justiceforimmigrants.org/.</p>
Senate Hearing on Permanent Telehealth Changes	<p>As reported by the Catholic Health Association, the Senate HELP Committee held a hearing this week to examine lessons learned from changes in telehealth regulations to allow greater flexibility during the COVID-19 pandemic – see https://www.help.senate.gov/hearings/telehealth-lessons-from-the-COVID-19-pandemic.</p> <p>During the hearing HELP Chairman Lamar Alexander (R-TN) called on Medicare to permanently lift restrictions that typically limit coverage of telehealth to rural areas, a strong indication that Congress is looking to make permanent Medicare policies recently issued by the Administration. Other committee members said they would push for other permanent telehealth changes in upcoming coronavirus relief bills. Telehealth leaders testifying at the hearing gave their support for allowing Medicare to pay for telehealth visits for non-rural patients and expanding the number and</p>

(more)

Senate Hearing on Permanent Telehealth Changes <i>(continued)</i>	range of services for seniors that the program will pay for. CHA is currently gathering information from the ministry to share with Congress and the Administration regarding which key telehealth waivers should continue beyond the public health emergency.
COVID-19 Information and Resources	
<i>There is much information and many resources emerging on the coronavirus (COVID-19). This section will focus on the ethical issues and concerns in treating patients, as well as provide additional links to resources that may be helpful to those in our communities and parishes.</i>	
Webinar Series	The Catholic Health Association, in partnership with Georgetown University, and in cooperation with the Pellegrino Center for Clinical Bioethics, continue with their webinar series of up-to-the-minute information about critical ethical issues around COVID-19. You can watch past webinars or register for the complimentary upcoming programs at: https://www.chausa.org/events/calendar-of-events/ethics-webinar-series/overview .

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Alliance of Catholic Health Care Legislative Summary and Status 6/19/2020

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

[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: 6/18/2020-A. HEALTH

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

Behavioral Health

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 2015 (Eggman D) Certification for intensive treatment: review hearing.

Location: 6/9/2020-S. RLS.

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 3242 (Irwin D) Mental health: involuntary commitment.

Location: 6/9/2020-S. RLS.

Summary: 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. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Current law requires persons providing the evaluation services to be properly qualified professionals, and authorizes those professionals to provide telehealth evaluation services. Current law also provides immunity from civil and criminal liability for similar detention by specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met. This bill would authorize an examination, assessment, or evaluation specified, required, or authorized by the above-mentioned provisions to be conducted using telehealth or other audio-visual technology.

Position

Watch

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

Location: 6/18/2020-S. SECOND READING

Calendar: 6/22/2020 #5 SENATE SENATE BILLS - SECOND READING FILE

Summary: The California Mental Health Parity Act requires every health care service plan contract or disability 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 disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for 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

Hospital Operations and Finance

[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: 6/9/2020-S. RLS.

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 health 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: 6/9/2020-S. RLS.

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 2830 (Wood D) Health Care Payments Data Program.

Location: 6/11/2020-S. RLS.

Summary: Current law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Current law requires, subject to appropriation, the office to establish, implement, and administer the database by July 1, 2023. This bill would delete those provisions relative to the Health Care Cost Transparency Database and would instead require the office to establish the Health Care Payments Data Program to implement and administer the Health Care Payments Data System, which would include health care data submitted by health care service plans, health insurers, a city or county that offers self-insured or multiemployer-insured plans, and other specified mandatory and voluntary submitters.

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

Not for Profit

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

SB 977 (Monning D) Health care system consolidation: Attorney General approval and enforcement.

Location: 6/18/2020-S. THIRD READING

Summary: Would require a health care system, as defined, private equity group, or hedge fund to

provide written notice to, and obtain the written consent of, the Attorney General prior to an affiliation or acquisition between the health care system and a health care facility or provider, as those terms are defined, when the transaction value is over \$500,000. The bill would require the Attorney General to deny consent to an affiliation or acquisition between a health care system, private equity group, hedge fund, and a health care facility, provider, or both, unless the health care system, private equity group, or hedge fund demonstrates that the affiliation or acquisition will result in a substantial likelihood of clinical integration, a substantial likelihood of increasing the availability and access of services to an underserved population, or both.

Position

Oppose

Social Determinants of Health

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

Location: 6/11/2020-S. RLS.

Summary: Would create, within the Governor's office, the 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 homeless programs, services, data, and policies between federal, state, and local agencies, among other responsibilities. The bill would require the office to exercise various powers and duties, including, among others, making recommendations to the Governor and the Legislature regarding new state policies, programs, and actions on homelessness.

Position

Support

[AB 1851](#) (Wicks D) Religious institution affiliated housing development projects: parking requirements.

Location: 6/11/2020-S. RLS.

Summary: Would prohibit a local agency from requiring the replacement of religious-use parking spaces that a developer of a religious institution affiliated housing development project proposes to eliminate as part of that housing development project. The bill would prohibit the number of religious-use parking spaces requested to be eliminated from exceeding 50% of the number that are available at the time the request is made. The bill would prohibit a local agency from requiring the curing of any preexisting deficit of the number of religious-use parking spaces as a condition of approval of a religious institution affiliated housing development project.

Position

Watch

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

Location: 6/16/2020-S. RLS.

Summary: Under the MHSA, funds are distributed to counties for local assistance, and must be spent for their authorized purpose within 3 years or revert to the state to be deposited into the fund to be reallocated to other counties for the purposes for which the unspent funds were initially allocated to the original county. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by majority vote. This bill would require a county to develop a plan for the utilization of the reallocated funds with the input of specified stakeholders and to conduct a local review process. The bill would require that consideration be given to using the reallocated funds to provide services to individuals with mental illness who are also experiencing homelessness or who are involved in the criminal justice system and to provide early intervention services to youth.

Position

Watch

[SB 899](#) (Wiener D) Planning and zoning: housing development: higher education institutions and religious institutions.

Location: 6/18/2020-S. SECOND READING

Calendar: 6/22/2020 #8 SENATE SENATE BILLS - SECOND READING FILE

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 an independent institution of higher education or religious institution that partners with a qualified developer on any land owned in fee simple by the

applicant on or before January 1, 2020, if the development satisfies specified criteria.

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) Worker classification: employees and independent contractors.

Location: 6/11/2020-S. RLS.

Summary: Current law exempts specified occupations and business relationships from the application of the ABC test as specified. 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. Current exemptions include a bona fide business-to-business contracting relationship, as defined, under the specified conditions. Under current law, the business-to-business exemption does not apply to an individual worker, as opposed to a business entity, who performs labor or services for a contracting business. This bill would delete that individual worker provision.

Position
Watch

[AB 2537](#) (Rodriguez D) Personal protective equipment: health care employees.

Location: 6/9/2020-S. RLS.

Summary: Would require public and private employers of workers who provide direct patient care in a hospital setting to supply those employees with the personal protective equipment necessary to comply with the regulations, on health and safety, as specified. The bill would also require an employer to ensure that the employees use the personal protective equipment supplied to them. The bill would further require that an employer in this context maintain a supply of unexpired personal protective equipment in an amount equal to 6 months of normal consumption and to provide an inventory of its stockpile to the Division of Occupational Safety and Health upon request. The bill would authorize the assessment of a civil penalty of up to \$25,000 for each violation to maintain the required stockpile. The bill would make a statement of legislative findings.

Position
Oppose

[SB 275](#) (Pan D) Health Care and Essential Workers Protection Act: personal protective equipment.

Location: 1/6/2020-A. B.&P.

Summary: Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill, the Health Care and Essential Workers Protection Act, would require the State Department of Public Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and essential workers, as defined, and would require the stockpile to be at least sufficient for a 90-day pandemic or other health emergency.

Position
Watch

Total Measures: 27
Total Tracking Forms: 27