

# LEGISLATIVE UPDATE



Week of June 22, 2020

## State Issues

<p>State Budget</p>	<p>This week, the Legislature and Governor announced a budget deal that strikes a balance between the Governor’s original proposal and the Legislature. While they made slight adjustments on how each side calculated revenues, anticipated expenditures and what will be triggered if the State doesn’t secure enough revenue from the Federal government, the key issue for the health ministry is that the cuts to health and human services remain rejected. The only new negative impact from the budget deal directly on health care is the withdrawal of the proposal to cover undocumented adults over age 65 by the Medi-Cal program if all other eligibility criteria have been achieved. Senator Elena Durazo has been a champion of this issue for the last several years and even held a bill that made its way to the Governor last year, at his request. She and other colleagues have made several comments about their disappointment with the lack of progress covering older adults – particularly as there are more ongoing public health concerns this year.</p> <p>Last night, the Senate voted on the new “Budget Bill Jr.” which makes some of those adjustments and a myriad of budget trailer bills that implement various budget-related policies.</p> <p>The health care trailer bill included a great deal of language around the implementation of an all-claims payer database for the state. The bill states, “It is the intent of the Legislature ... to establish a system to collect information regarding health care costs, utilization, quality, and equity.” They hope to improve data transparency to achieve “a sustainable health care system with more equitable access to affordable and quality health care for all.” The language puts the Office of Statewide Health Planning and Development in charge, creates an advisory board that offers recommendations on data collection by July 2024, and sets up the basic parameters for what health care cost data needs to be collected based on some best practices that are already being implemented in other states. They have made voluntary some of the entities that need to report data, including hospitals and clinics. The language also requires the creation of a report that analyzes and compiles all of the data. This database will be an issue of ongoing interest to the health care as the State continues to look at cost containment and price transparency issues.</p>
<p>Pending Legislation of Interest</p>	<p>This week, many health care provider advocates were focused on the Senate Floor waiting the outcome of a few key measures – but most notably <b>SB 977 (Monning)</b>. This bill provides a great deal of new authority to the state Attorney General over health care partnerships, transactions, mergers, and affiliations. Health care systems and organized medicine are opposed to this bill, which is sponsored by the Attorney General. Senator Monning and the Attorney General were personally lobbying the bill, and after promising a series of amendments that have not been put into writing, today the bill passed the Senate Floor by one vote.</p>

(more)

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.
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# Alliance of Catholic Health Care Legislative Summary and Status 6/26/2020

## 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

**Calendar:** 6/26/2020 #33 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:** 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:** 6/23/2020-S. HEALTH

**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:** 6/23/2020-S. JUD.

**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:** 6/23/2020-S. HEALTH

**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:** 6/25/2020-A. DESK

**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:** 6/23/2020-S. HEALTH

**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:** 6/23/2020-S. HEALTH

**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:** 6/22/2020-S. THIRD READING

**Calendar:** 6/26/2020 #43 SENATE SENATE BILLS -THIRD READING FILE

**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 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 entity and a health care facility or provider, as those terms are defined, when the transaction value is over \$500,000.

**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:** 6/25/2020-A. DESK

**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:** 6/23/2020-S. B., P. & E.D.

**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:** 6/23/2020-S. L., P.E. & R.

**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**