

LEGISLATIVE UPDATE



Week of August 24, 2020

State Issues

End of 2020
Legislative Session
Nears

We are rapidly approaching the end of the oddity that is the 2020 Legislative Session – midnight next Monday, August 31. This week is usually one of the busiest in the Legislative calendar, with all bills left standing needing action before the end of session deadline.

On Wednesday, there was an unexpected and abrupt stop in the action. The Senate sent out a note announcing a positive COVID-19 test result of a member of the Senate and ordered everyone to shelter in place. If members and staff were already in the Capitol that morning, they asked them to stay in their offices; and, for members not yet in the building, they asked them to stay home. Senator Brian Jones (R-Santee) had been diagnosed with COVID-19 and had exposed the entire Republican Senate Caucus by attending an RNC watch party Monday night and the Caucus lunch on Tuesday. While the Senate halted all action for the day to conduct contract tracing and determine how best to proceed, the Assembly continued with committee hearings and a brief floor session. By Thursday, both houses continued with brief actions – with the entire Republican Senate delegation in quarantine and unable to participate (minus Senator Nielsen who did not attend the caucus events earlier in the week.) By the end of the day on Thursday, Senate President Pro Tem Toni Atkins announced a plan to let all quarantined Senators to participate remotely in the end of session debates and votes. The legality of members participating off site will likely be challenged at some point in the courts, but for now it appears to be the best option for the Pro Tem. Her only other option was to end all Republican participation in the last few days of session or cancel the end of session altogether and bring every back in a few months. Neither of those options were appealing!

Therefore, with Republican Senators Zooming in their participation, the Legislature is trying to make up time and will be holding session all weekend in the hopes of wrapping up before the Monday night deadline. Despite this drama, the Legislature made some moves on key bills that impact health care.

SB 275 (Pan) saw some last-minute amendments adopted on the Assembly Floor, which made this SEIU-sponsored PPE supply mandate bill more palatable to the provider community. While there is still concern that the State is shifting their responsibility to providers, the bill has been amended to delay implementation until regulations are created, reduced the amount of PPE that must be maintained in the out years, and some customization of the rules to account for different facility types. It is important to note that **AB 2537 (Rodriguez)** sponsored by California Nurses Association and takes a different approach to PPE mandates also is still moving. The fight between SEIU and CNA on their approaches continues, and the Governor's office is now wading into the debate. AB 2537 is a more straightforward bill and does not include a state stockpile mandate – making it less costly for the state to implement; however, SEIU's bill (SB 275) is more comprehensive, which includes a stakeholder and regulatory process to flesh out some of the key details, and has a champion in Dr. Pan, chair of the Senate Health Committee. We are waiting to see if more amendments are forthcoming and if the Governor weighs in on which bill he wants to see on his desk.

(more)

<p>End of 2020 Legislative Session News</p>	<p>SB 758 (Portantino) regarding hospital seismic and disaster preparedness also passed out of Assembly Appropriations Committee. The bill is sponsored by the California Hospital Association, but received hostile amendments proposed by CNA and SEIU. As amended, the bill provides for a 2-year extension (rather than the proposed 7-year extension) of the 2030 seismic compliance standards, and it eliminates the task force designed to explore alternative standards for hospitals to meet to ensure public safety during emergencies. CHA and its members are working together to determine how best to proceed. Options include moving the bill with just the 2-year extension and seek other reforms in the next few years or holding the bill in this unprecedented year and start the process next year when hopefully there are fewer disruptions in the process. A decision will need to be made soon on which strategy the hospital community will pursue.</p> <p>SB 977 (Monning), which grants extraordinary authority to the Attorney General to oversee health care transactions is awaiting action on the Assembly Floor. The Attorney General took some last-minute amendments to the bill that muddy the waters, but only removed the opposition of the optometrists and dentists. The hospital community and all other providers continued to oppose the bill. The bill has secured just enough votes to pass out of the various committees, and the health care community continues its advocacy to stop the bill on the Assembly Floor.</p> <p>AB 890 (Wood), which allows for nurse practitioners in certain circumstances to provide care outside of the supervision of a physician, passed out of Senate Appropriations with a few technical amendments. As currently in print, the bill allows a certified nurse practitioner to practice independently after completing a three-year transition to practice and with a minimum of three years practice experience in good standing according to standardized procedures or protocols with a physician. The bill is one of the top priorities of the California Medical Association to defeat. The rest of the health care community, along with Dr. Jim Wood, are hoping to secure enough votes to pass it out and put it on the Governor's desk.</p> <p>SB 793 (Hill) which would ban the sale of most flavored tobacco products passed off the Senate floor on a 50-0 vote. This is a monumental achievement in public health that has been attempted many times before, but this year the Legislature had the resolve to move it forward. The tobacco companies continue to increase their public ad campaign against the bill, claiming that the bill would hurt people of color and that it would hurt cancer research. More ads opposing the bill are expected as it moves to the Senate for concurrence. The Governor indicated earlier this year that he's inclined to vote for something like this bill.</p>
<p>Budget Update</p>	<p>The Assembly Budget Subcommittee #6 finally held its hearing this week to begin the formal process of moving a handful of Budget Trailer bills. They focused on Education funding, cannabis tax revenue and policy, juvenile justice realignment and a handful of other general government funding issues. No health care trailer bill was taken up and there is no protection for our current telehealth access in any of the other bills. There is not consensus on many of the items included in the Trailer Bills, and we expect more rancorous debate as the bills move to the Assembly Floor.</p>
<p>Legislative Summary and Status</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 8/28/2020

Access / Health Care Reform

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

Location: 8/27/2020-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: 8/21/2020-A. DEAD

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

Behavioral Health

[AB 3242](#) **(Irwin D) Mental health: involuntary commitment.**

Location: 8/25/2020-S. THIRD READING

Calendar: 8/28/2020 #81 SENATE ASSEMBLY BILLS - THIRD READING FILE

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.

Position

Watch

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

Location: 8/26/2020-S. 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: 8/26/2020-S. THIRD READING

Calendar: 8/28/2020 #113 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2024, the Community Paramedicine or Triage to Alternate Destination Act of 2020. 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, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. The bill would require the director of the authority, on or before March 1, 2021, to establish a community paramedicine and triage to alternate destination oversight advisory committee to advise the authority on the development and oversight of specialties for those programs.

Position

Watch

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

Location: 8/24/2020-S. THIRD READING

Calendar: 8/28/2020 #72 SENATE ASSEMBLY BILLS - THIRD READING FILE

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 120 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: 8/27/2020-A. ENROLLED

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

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

Location: 8/25/2020-A. THIRD READING

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 requires an owner of a general acute care inpatient hospital, no later than January 1, 2030, to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the standards established pursuant to the act or seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those standards. This bill would extend the deadline to January 1, 2032, and require the office to revise its regulations to reflect the revision of the deadline as emergency regulations.

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: 8/24/2020-A. THIRD READING

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 a change of control, as defined, or an acquisition between the entity and a health care facility or provider, as those terms are defined, except as specified.

Position

Oppose

Social Determinants of Health

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

Location: 8/27/2020-S. SECOND READING

Calendar: 8/28/2020 #4 SENATE ASSEMBLY BILLS - SECOND READING FILE

Summary: Would create, within the Governor's office, the Office to End Homelessness, which would be administered by the Secretary on 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: 8/26/2020-A. ENROLLMENT

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

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

Location: 8/21/2020-A. DEAD

Summary: 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. The bill would define various terms for these purposes. Among other things, the bill would require that 100% of the units, exclusive of manager units, in a housing development project eligible for approval as a use by right under these provisions be affordable to lower income households, except that 20% of the units may be for moderate-income households, provided that all the units are provided at affordable rent or affordable housing cost, as specified. The bill would authorize the development to include ancillary uses on the ground floor of the development, as specified.

Position

Watch

Workforce

[AB 890](#) (Wood D) Nurse practitioners: scope of practice: practice without standardized procedures.

Location: 8/26/2020-S. THIRD READING

Calendar: 8/28/2020 #110 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the Board of Registered Nursing on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. 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 standardizing procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.

Position

Support

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

Location: 8/26/2020-S. THIRD READING

Calendar: 8/28/2020 #118 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Current law requires an employer to furnish employment and a place of employment that is safe and healthful for the employees and to establish, implement, and maintain an effective injury prevention program, as prescribed. Regulations enacted by the Department of Industrial Relations regulate the nature and use personal protective equipment and regulate practices in health care facilities connected with aerosol transmissible diseases. This bill would require public and private employers of workers in a general acute care hospital, as defined, to supply those employees who

provide direct patient care or provide services that directly support personal care with the personal protective equipment necessary to comply with the regulations described above, as specified. The bill would also require an employer to ensure that the employees use the personal protective equipment supplied to them.

Position

Oppose

SB 275

(Pan D) Health Care and Essential Workers Protection Act: personal protective equipment.

Location: 8/25/2020-A. THIRD READING

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 new PPE for health care workers and essential workers, as defined, and would require the stockpile to be at least sufficient for a 45-day pandemic or other health emergency. The bill would require the department to establish guidelines for the procurement of the PPE stockpile, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during the pandemic or other health emergency, which would represent the amount of PPE to be maintained in the stockpile.

Position

Oppose

Total Measures: 18

Total Tracking Forms: 18