

# LEGISLATIVE UPDATE



Week of August 31, 2020

## State Issues

2020 Legislative Session Concludes

After midnight on Monday, August 31, the Legislature recessed after what was one of the most unusual legislative sessions in recent history. The last night of session was filled with filibusters, unprofessional communications/language, Facebook live streaming rants, extended recesses to “discuss” new proposed rules of procedures, which resulted in the clock running out to move some priority bills this session.

The Legislature is adjourned until December 7, when members come back for a one-day floor session and newly elected members are sworn in. There is some chatter for the Governor to call a special session of the Legislature this fall, but no clear agenda has been developed. The Governor has indicated a willingness to do so, if necessary, but he’s also indicated this is not something he feels compelled to call at this moment. (This unusual legislative year may not be over yet!) Following are the results of health care issues of interest this session. The Governor has until September 30 to sign or veto the measures on his desk.

**SB 275 (Pan): Health Care and Essential Workers: personal protective equipment.** Sponsored by SEIU, requires hospitals, skilled nursing facilities and dialysis clinics to maintain a 90-day “pandemic” level of PPE, beginning on January 1, 2023 or one year after regulations are crafted to define “pandemic level” of PPE (whichever is later). The bill also requires the State to develop its own stockpile of PPE, but that was amended to be “only upon appropriation” from the Legislature. The Governor stepped in to dramatically amend the bill at the 11th hour and removed community clinics and physician practices from the bill. Because the Governor asked for and got the amendments his office wanted, and by the time the bill moved off the floor all opposition was removed, the likelihood he signs the bill is high. *Awaiting action on the Governor’s desk.*

**SB 758 (Portantino) Hospitals: seismic safety.** The bill included hostile amendments from the Assembly Appropriations Committee that only proposed a 2-year extension of the 2030 seismic standards – far less than the 7 years the hospital community was asking for; and, it did not include the task force necessary to revisit the outdated standards altogether. The California Hospital Association, sponsors of the bill, decided it was best to hold the bill, not bring it up for a vote, and let the bill die for this year. CHA is strategizing steps for next year. *Held on the Assembly Floor.*

**SB 793 (Hill): Flavored tobacco products.** Bans the sale of most flavored tobacco products in the State. 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 bill moved to the Governor’s desk on August 28, and it was signed the same day. *Signed: Chapter 34, 2020.*

(more)

2020 Legislative Session Concludes  
(continued)

**SB 977 (Monning): Health care system consolidation: Attorney General approval and enforcement.** Provides the Attorney General authority to reject health care transactions, partnerships, affiliations or contracting between health care entities, including hospitals, physician practices, laboratories, etc. The opposition coalition was successful in keeping the bill from getting a vote on the Assembly Floor. ***Held on the Assembly Floor.***

**AB 890 (Wood) Nurse practitioners: scope of practice: practice without standardized procedures.** Allows nurse practitioners in certain circumstances to provide care outside of the supervision of a physician. ***Awaiting action on the Governor's desk.***

**AB 1611 (Chiu): Emergency Hospital Costs (Surprise Billing).** Seeks to mandate hospitals bear the costs not covered by insurance plans for care provided out of the insurer's network. The bill was held in Senate Health Committee. The sponsors could not come to an agreement with Dr. Pan, chair of the Committee, on a fair agreement for all the parties. ***Held in Committee.***

**AB 2537 (Rodriguez) Personal protective equipment: health care employees.** Requires hospitals to maintain a stockpile of specific PPE in the amount equal to three months of normal consumption beginning April 1, 2021. It also requires hospitals "be prepared to report" by January 15, 2021 its highest seven-day consecutive daily average consumption of personal protective equipment during the 2019 calendar year. This bill was sponsored by the California Nurses Association. It continued to move at the end of session because CNA could not come to an agreement with the sponsors of SB 275 (SEIU) on what the PPE requirements should include. ***Awaiting action on the Governor's desk.***

The following are other health care-related bills of interest that are all awaiting action on the Governor's desk:

**AB 685 (Reyes) imminent hazard to employees: exposure: notification: serious violations.** Requires employers to provide written notice and instructions to employees who may have been exposed to COVID-19 at their worksite and enhances Cal/OSHA's ability to enforce health and safety standards to prevent workplace exposure to and spread of COVID-19. This bill was hastily amended the last night of session and more review is being conducted.

**AB 2037 (Wicks): Health Facility Notices.** Increases public notice from 90 days to 120 days before a planned reduction or elimination hospital emergency medical services. Also increases the notice to at least 180 days prior to closing a hospital facility and at least 90 days prior to eliminating or relocating a supplemental service. A similar bill was vetoed by the Governor last year.

**AB 2118 (Kalra): Health care service plans and health insurers: reporting requirements.** Requires health plans to annually report to the State, by October 1, 2021, information regarding premiums, cost sharing, benefits, enrollment, and trend factors for products in the individual and small group markets. Delays, until January 1, 2023, a requirement for health plans and insurers to report specified information, including share of premium paid by enrollee; and, enrollment by benefit design, deductible, or share of premium.

(more)

<p>2020 Legislative Session Concludes <i>(continued)</i></p>	<p><b>SB 803 (Beall), Mental health services: peer support specialist certification.</b> Requires the State to establish statewide requirements for certifying peer support specialists – people with personal experience with the mental health system who are trained to support and assist others who are going through mental health challenges. Counties that choose to do so would be responsible for implementing and managing the program and could access federal funds to partially cover the cost of employing peers, helping expand the workforce of people who can respond to the state’s mental health crisis.</p> <p><b>SB 852 (Pan) Health care: prescription drugs.</b> This bill would require the Health and Human Services Agency to enter into partnerships to produce or distribute generic prescription drugs and require the Agency to submit a report to assess the feasibility and advantages of directly manufacturing and selling generic prescription drugs.</p> <p><b>SB 855 (Beall): Health coverage: mental health or substance use disorders.</b> Revises and recasts the California Mental Health Parity provisions to require a health plan issued, amended, or renewed on or after January 1, 2021, to provide coverage for the medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.</p> <p>Other policy issues that didn’t make it through the truncated session, but are likely to come back next year include: Office of Health Care Affordability, All Claims Payer Database, Single-payer health care delivery system, surprise billing, hospital seismic mandates, supplemental funding for health care providers, and access to tele-healthcare.</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 9/4/2020

## Access / Health Care Reform

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

**Location:** 8/31/2020-A. INACTIVE FILE

**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:** 8/31/2020-A. ENROLLMENT

**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:** 8/30/2020-S. ENROLLMENT

**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:** 8/30/2020-A. ENROLLMENT

**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 1611\*\*](#)**(Chiu D) Emergency hospital services: costs.****Location:** 8/18/2020-S. DEAD

**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:** 8/30/2020-A. ENROLLMENT

**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:** 8/31/2020-A. ENROLLMENT

**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:** 8/31/2020-A. ENROLLED

**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:** 8/31/2020-A. ENROLLMENT

**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 standardized 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:** 8/30/2020-A. ENROLLMENT

**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: personal protective equipment.**

**Location:** 8/31/2020-S. ENROLLMENT

**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 would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, 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 a 90-day pandemic or other health emergency.

**Position**

Oppose

**Total Measures: 19**

**Total Tracking Forms: 19**