

LEGISLATIVE UPDATE



March 15, 2021

State Issues

Key Bill Hearings

On Wednesday, **SB 379 (Weiner): UC Health contracts with health facilities, moved out of Senate Education Committee on a partisan 5-2 vote.** The bill has since been set for its **next policy hearing in Senate Health Committee on April 7.** This bill would preclude the UC Health System from contracting with any health care provider that follows non-clinical policy-based restrictions on care. This bill is seeking to keep UC Health from contracting with faith-based health care providers. The Alliance has taken an oppose position on the bill and are focusing our advocacy on the tremendous negative impact this bill would have on access to health care throughout the state. The California Hospital Association testified in opposition, while the UC System testified with “concerns” though made it clear they do not oppose the bill. There were many misstatements of facts about Catholic health care that we continue to correct. Senator Dr. Richard Pan is chair of the Senate Health Committee, as well as being a member of the Education Committee. He has strong, but misinformed, concerns about the education residents receive when their training is with Catholic health care providers, and we will be working with him to clarify the issue. UC Health and all of the Alliance members have critical contracts which bring specialty care to underserved populations in underserved areas of the state. Maintaining those partnerships is important for the state’s safety net and overall access to critical care.

SB 380 (Eggman), a bill that would make changes to the **End of Life Option Act (EOLOA)** will be heard in **Senate Health Committee on March 24.** Among other things, this bill eliminates January 1, 2026 sunset (extends the Act indefinitely), eliminates many of the “safe guards,” and begins to weaken conscience protections for providers and health facilities: removes 15 day waiting period and final attestation, allows the consulting mental health professional to include LCSW or a professional state licensed counselor, redefines activities that are considered “participation,” and requires that a patient be informed of the EOLOA and referred to a participating provider. The Alliance is an active participant in a coalition opposing SB 380.

SB 371 (Caballero): Health Information technology received some additional amendments this week and is set for hearing in **Senate Health on March 24.** It provides a foundational framework to leverage existing HIE networks by supporting interoperability for providers and to advance the uniform application of national standards for health information exchange. Sponsored by the California Medical Association, it establishes a framework to support health care data exchange in California by reestablishing data exchange leadership

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<p>Key Bill Hearings <i>(continued)</i></p>	<p>within the California Health and Human Services Agency, providing bidirectional access to public health data, and leveraging enhanced federal financial participation (FFP). This bill is a direct response and alternative to Dr. Jim Wood's bill, AB 1131, which seeks to create a single repository for all patient clinical data in the state.</p> <p>A bill of note is conspicuously not receiving any action over the last few weeks. AB 1400 (Kalra, et al): Guaranteed Health Care for All (Single Payer) has not been set for Committee hearing. It remains awaiting action and assignment from Rules Committee. As in the past, Assembly Member Anthony Rendon, Speaker of the Assembly and Dr. Jim Wood, Chair of the Assembly Health Committee (the natural first stop for the bill) have not been supporters of a single payer approach. Rumor is that they are urging Assembly Member Kalra to include more details in the bill before it is set to be heard and that the bill may be double referred. Several of Assembly Health Committee members have signed on to co-author the bill, making opposing it even more difficult for Dr. Wood. The last time this issue was debated two years ago, the rhetoric from the California Nurses Association targeted at the Speaker and Dr. Wood got exceptionally harsh. This bill can have huge political implications for nearly every other health care bill moving through the process.</p>
<p>Spring Recess</p>	<p>The Legislative Spring Recess begins at the end of business on Thursday, March 25, and ends when the Legislature reconvenes on Monday, April 5. Policy hearings will continue through April 30, which is the deadline for bills to move from policy committee to fiscal committee.</p>

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