

# LEGISLATIVE UPDATE



April 26, 2021

## State Issues

<p>Legislative Deadline</p>	<p>Today marks the last day for policy committees to approve bills with a fiscal impact. Very few bills were stopped in the policy committees, with most making their way through the first part of this legislative process, and most awaiting action in their respective Appropriations Committees. The next key legislative deadline is May 21 – the date that all bills must be approved to continue to the next step in the legislative process in the second house.</p>
<p>Key Bills Now Pending Senate Appropriations</p>	<p>Several of our top priority bills are pending Senate Appropriations Committee, including <b>SB 379 (Weiner)</b>, which would preclude the University of California from contracting with any religiously affiliated health care provider, and <b>SB 380 (Eggman)</b> which extends the sunset date for the End of Life Option Act and amends several of the patient and hospital conscience protections included in the statute.</p> <p><b>SB 642 (Kamlager)</b> had its final policy hearing this week in Senate Health, and was approved on a vote of 9-1, with one member not voting. This bill would give physicians sweeping authority over hospital decision-making that is contrary to fundamental principles of hospital operations and would expose hospital patients to the threat of serious harm from incompetent physicians and inadequate resources. Moreover, while the bill does not expressly mention religion, the author made it clear in Committee that its intent is to target Catholic health care and prohibit Catholic health care facilities from operating in accordance with their faith-based beliefs.</p> <p>In response to question by fellow committee member Senator Roth, Senator Kamlager explicitly said that ... <i><b>“this [bill] would impact ERDs. They would no longer apply. And it would be up to the entire medical staff to make that decision.”</b></i></p> <p>In addition to questions by Senator Roth, several key legislators asked probing questions of the author and sponsors – casting some doubt on this extreme and onerous bill. There was a call from many of Senator Kamlager’s colleagues for greater balance in the bill – as opposed to being one sided in favor of the medical staff over the hospital administration. The author’s office did comment that some clarifying amendments would be forthcoming. We expect the amendments to be centered around curtailing “rogue” individual doctors from bad actions, but still putting much authority regarding hospital operations – with none of the responsibility – in the hands of the collective medical staff.</p> <p>The Alliance opposes this bill and is working closely with the California Hospital Association and other critical stakeholders. The bill is supported by the California Medical Association. The University of California Office of the President testified in a Support in Concept position and is working with the author on some amendments to get them to a full support. This represents a serious split from the rest of the hospital community.</p>

(more)

Legislative Summary and Status Report	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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For more information, please contact Lori Dangberg at 1215 K Street, Suite 2000 ■ Sacramento, CA 95814  
Direct line: 916.552.2633 or fax: 916.552.7652 ■ e-mail: [ldangberg@thealliance.net](mailto:ldangberg@thealliance.net)

# Alliance of Catholic Health Care Legislative Summary and Status 4/30/2021

## Access

### [AB 4](#) **(Arambula D) Medi-Cal: eligibility.**

**Location:** 4/13/2021-A. APPR.

**Summary:** Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions

#### **Position**

Support

### [AB 32](#) **(Aguiar-Curry D) Telehealth.**

**Location:** 4/28/2021-A. APPR.

**Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

#### **Position**

Support

### [AB 369](#) **(Kamlager D) Medi-Cal services: persons experiencing homelessness.**

**Location:** 4/20/2021-A. APPR.

**Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

#### **Position**

Watch

### [AB 875](#) **(Wood D) Medi-Cal: demonstration project.**

**Location:** 4/27/2021-A. APPR.

**Summary:** Current law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates to apply for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process. The bill would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program.

#### **Position**

Watch

### [SB 56](#) **(Durazo D) Medi-Cal: eligibility.**

**Location:** 3/22/2021-S. APPR. SUSPENSE FILE

**Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, 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 256](#) (Pan D) California Advancing and Innovating Medi-Cal.**

**Location:** 4/28/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

**Position**  
Watch

## Catholic Identity

**[SB 379](#) (Wiener D) University of California: contracts: health facilities.**

**Location:** 4/21/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would prohibit the University of California, on and after January 1, 2022, from entering into, amending, or renewing any contract with any health facility contractor or subcontractor in which a health care practitioner employed by the University of California or a trainee of the University of California providing care in the health facility under that contract would be limited in the practitioner's or trainee's ability to provide patients with medical information or medical services due to policy-based restrictions on care in the health facility. The bill would require any contract between the University of California and a health facility pursuant to which a University of California-employed health care practitioner or trainee of the University of California provides care in the health facility to include a provision restating the substance of that prohibition.

**Position**  
Oppose

**[SB 642](#) (Kamlager D) Health care: facilities: medical privileges.**

**Location:** 4/28/2021-S. APPR.

**Calendar:** 5/3/2021 #16 SENATE SENATE BILLS - SECOND READING FILE

**Summary:** Current law prohibits health care service plans and their contracting entities from including provisions in their contracts that interfere with the ability of a physician and surgeon or other licensed health care provider to communicate with a patient regarding their health care. This bill would prohibit a health facility from requiring a physician or surgeon, as a condition of obtaining or maintaining clinical privileges, to agree to comply with criteria, rules, regulations, or other policies or procedures that are not knowingly and explicitly ratified, issued, or promulgated by the medical staff, that directly or indirectly prohibit, limit, or restrict the ability of the physician or surgeon to provide a particular medical treatment or service that falls within the scope of their privileges, or from requiring a physician or surgeon to obtain permission from a nonphysician or nonsurgeon to perform a particular medical treatment or service for which consent has been obtained from the patient or the patient's representative, except as provided.

**Position**  
Oppose

## COVID Related

**[AB 1217](#) (Rodriguez D) Personal protective equipment: stockpile.**

**Location:** 4/21/2021-A. APPR.

**Summary:** Would authorize the State Department of Public Health to rotate PPE in the stockpile by selling the PPE to a nonprofit agency, local government, or provider, and by contracting to purchase PPE on behalf of a local government or provider. The bill would require a nonprofit agency, local government, or provider that obtains PPE pursuant to these provisions to reimburse the department for the costs of the PPE. The bill would also make a technical change to the date in these provisions.

**Position**

Watch

**[SB 510](#) (Pan D) Health care coverage: COVID-19 cost sharing.**

**Location:** 4/7/2021-S. APPR.

**Calendar:** 5/3/2021 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would require a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs for COVID-19 testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, and would prohibit that contract or policy from imposing cost sharing or prior authorization requirements for that coverage. The bill would also require a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified.

**Position**

Watch

**End of Life/Palliative Care**

**[AB 1234](#) (Arambula D) Physician Orders for Life Sustaining Treatment forms: registry.**

**Location:** 3/4/2021-A. HEALTH

**Summary:** Current law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual's physician, directing a health care provider regarding resuscitative measures. Current law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Current law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Current law distinguishes a request regarding resuscitative measures from an advance health care directive. This bill would establish similar provisions relating to the validity and enforceability of POLST forms and would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.

**Position**

Support

**[AB 1280](#) (Irwin D) California Hospice Licensure Act of 1990.**

**Location:** 4/27/2021-A. APPR.

**Calendar:** 5/5/2021 9 a.m. - State Capitol, Assembly Chamber  
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

**Summary:** Would prohibit a hospice provider, employed hospice staff, or an agent for the hospice from paying referral sources for the referral of patients to the hospice. The bill would prohibit a hospice salesperson, recruiter, agent, or employee who receives compensation or remuneration for hospice referrals or admissions from providing consultation on hospice services, hospice election, or informed consent to a patient, patient's family, or patient's representative. The bill would require a specified person, including a registered nurse or medical social worker, to complete the election of hospice, informed consent, completed signatures, and counsel on the election of hospice with a patient, patient's family, or patient's representative.

**Position**

Watch

**[SB 353](#) (Roth D) Hospice: services to seriously ill patients.**

**Location:** 4/22/2021-A. DESK

**Summary:** Under the California Hospice Licensure Act of 1990, the State Department of Public Health

licenses and regulates persons or agencies that provide hospice, which is a type of interdisciplinary health care that includes palliative care to individuals experiencing the last phases of life due to the existence of a terminal disease and supportive care to the primary caregivers and family of the hospice patient. The act authorizes, until January 1, 2022, a licensee under the act to provide any of the authorized interdisciplinary hospice services, including palliative care, to a patient who has a serious illness. This bill would extend the authority under these provisions until January 1, 2027.

**Position**  
Support

**SB 380** **(Eggman D) End of life.**

**Location:** 4/21/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would allow for an individual to qualify for aid-in-dying medication by making 2 oral requests a minimum of 48 hours apart. The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual's medical record and would require that upon a transfer of care, that record be provided to the qualified individual. The bill would extend the operation of the act indefinitely, thereby imposing a state-mandated local program by extending the operation of crimes for specified violations of the End of Life Option Act.

**Position**  
Oppose

**SB 664** **(Allen D) Hospice licensure: moratorium on new licenses.**

**Location:** 4/28/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. The act also provides for the renewal of a license. The act imposes criminal penalties on any person who violates any provision of the act or any rule or regulation promulgated under the act. This bill would impose, beginning on January 1, 2022, a moratorium on the department issuing a new license to provide hospice services, unless the department makes a written finding that an applicant for a new license has shown a demonstrable need for hospice services in the area where the applicant proposes to operate based on the concentration of all existing hospice services in that area.

**Position**  
Watch

## Health Care Reform

**AB 1130** **(Wood D) California Health Care Quality and Affordability Act.**

**Location:** 4/28/2021-A. APPR. SUSPENSE FILE

**Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

**Position**  
Watch

**AB 1400** **(Kalra D) Guaranteed Health Care for All.**

**Location:** 2/19/2021-A. PRINT

**Summary:** The Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

**Position**

Watch

**[SB 326](#) (Pan D) Health care coverage: federal health care reforms.**

**Location:** 4/20/2021-S. THIRD READING

**Calendar:** 5/3/2021 #44 SENATE SENATE BILLS -THIRD READING FILE

**Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Current law requires the above-described federal health care coverage market reforms to apply to a health care service plan, but conditions the operation of certain of these market reforms on the continued operation of PPACA or certain of its requirements. This bill would delete the conditional operation of the above-described provisions based on the continued operation of PPACA, the federal individual mandate, the federal coverage guarantee, and federal essential health benefits coverage requirements.

**Position**

Support

**Hospital Operations and Finance**

**[AB 510](#) (Wood D) Out-of-network health care benefits.**

**Location:** 2/18/2021-A. HEALTH

**Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

**Position**

Watch

**[AB 1020](#) (Friedman D) Health care debt and fair billing.**

**Location:** 4/20/2021-A. APPR.

**Calendar:** 5/5/2021 9 a.m. - State Capitol, Assembly Chamber  
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

**Summary:** Current law requires a hospital to maintain an understandable written policy regarding discount payments for financially qualified patients and an understandable written charity care policy. Current law requires that uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level be eligible for charity care or discount payments from a hospital. This bill would instead require that uninsured patients or patients with high medical costs who are at or below 400% of the federal poverty level be eligible for charity care or discount payments from a hospital, and would authorize a hospital to grant eligibility for charity care or discount payments to patients with incomes over 400% of the federal poverty level. The bill would redefine "high medical costs" to include annual out-of-pocket costs at the hospital that exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months.

**Position**

Watch

**[AB 1131](#) (Wood D) Health information network.**

**Location:** 4/28/2021-A. APPR. SUSPENSE FILE

**Summary:** Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network.

**Position**

Watch

**[AB 1132](#) (Wood D) Medi-Cal.**

**Location:** 4/27/2021-A. APPR.



**Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

**Position**

Oppose

**[AB 1464](#) (Arambula D) Hospitals: seismic safety.**

**Location:** 3/11/2021-A. HEALTH

**Summary:** The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. A violation of any provision of the act is a misdemeanor. The act 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, 2023, 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 371](#) (Caballero D) Health information technology.**

**Location:** 4/20/2021-S. APPR. SUSPENSE FILE

**Summary:** Would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards.

**Position**

Watch

## Mental and Behavioral Health

**[SB 221](#) (Wiener D) Health care coverage: timely access to care.**

**Location:** 3/17/2021-S. APPR.

**Calendar:** 5/3/2021 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards.

**Position**

Watch

**[SB 279](#) (Pan D) Medi-Cal: delivery systems: services.**

**Location:** 4/28/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current law authorizes the State Department of Health Care Services to create the Health



Home Program for Medi-Cal enrollees with chronic conditions, subject to federal approval and the availability of federal financial participation. Existing law generally conditions the implementation of the program on no additional General Fund moneys being used to fund the administration and costs of services. This bill would authorize, commencing with the 2021–22 state fiscal year, the Health Home Program to be implemented using General Fund moneys upon appropriation by the Legislature. The bill would require the department to cease implementing the Health Home Program on January 1, 2022, or as specified, and would repeal the Health Home Program’s provisions on January 1, 2023.

**Position**

Watch

## Social Determinants of Health

**[AB 71](#) (Rivas, Luz D) Homelessness funding: Bring California Home Act.**

**Location:** 4/19/2021-A. H. & C.D.

**Summary:** Would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. This bill contains other related provisions and other existing laws.

**Position**

Watch

**[AB 1204](#) (Wicks D) Hospital equity reporting.**

**Location:** 4/13/2021-A. APPR.

**Calendar:** 5/5/2021 9 a.m. - State Capitol, Assembly Chamber  
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

**Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines “vulnerable populations” for these purposes to mean a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs. This bill would add racial and ethnic groups experiencing disparate health outcomes and socially disadvantaged groups to the definition of “vulnerable populations” for community benefits reporting purposes.

**Position**

Watch

**[SB 17](#) (Pan D) Office of Racial Equity.**

**Location:** 4/14/2021-S. APPR.

**Calendar:** 5/3/2021 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

**Position**

Support

**[SB 65](#) (Skinner D) Maternal care and services.**

**Location:** 4/28/2021-S. APPR.

**Calendar:** 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** The Song-Brown Health Care Workforce Training Act provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Current law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties

and maximize the delivery of primary care and family physician services to underserved areas of the state. This bill would require the Office of Statewide Health Planning and Development to contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife, and would require the office to contract only with programs that include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities.

**Position**

Watch

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**Workforce**

**[AB 650](#) (Muratsuchi D) Employer-provided benefits: health care workers: COVID-19: hazard pay retention bonuses.**

**Location:** 4/22/2021-A. APPR.

**Summary:** The Healthy Workplaces, Healthy Families Act of 2014 requires employers to provide an employee, who works in California for 30 or more days within a year from the commencement of employment, with paid sick days for prescribed purposes, to be accrued at a rate of no less than one hour for every 30 hours worked. Existing law authorizes an employer to limit an employee's use of paid sick days to 24 hours or 3 days in each year of employment. Current law charges the Labor Commissioner, who is the Chief of the Division of Labor Standards Enforcement, with enforcement of various labor laws. This bill, the Health Care Workers Recognition and Retention Act, would require a covered employer, as defined, to pay hazard pay retention bonuses in the prescribed amounts on January 1, 2022, April 1, 2022, July 1, 2022, and October 1, 2022, to each covered health care worker, as defined, that it employs.

**Position**

Watch

**Total Measures: 31**

**Total Tracking Forms: 31**