Legislative Update

May 3, 2021

State Issues	
Senate Appropriations and Bill Deadlines	As we have passed the policy committee hearing deadline, the Catholic health ministry's priority bills are now awaiting action in Senate Appropriations Committee: SB 379 (Weiner) is set to be heard on May 10, and SB 642 (Kamlager) and SB 380 (Eggman) will be heard on May 17. We expect the Senate Appropriations Suspense Calendar to be voted on May 20. Next Friday (May 14), the Governor is expected to release his May Revise of the 2021-22 state budget.
Office of Health Care Affordability	This week, the Senate Budget Subcommittee #3 held a hearing where the issue of the Office of Health Care Affordability was discussed. Dr. Jim Wood has a bill (AB 1130) on this issue that has received a great deal of the hospital community's time and attention over the last few months. You may recall, Governor Newsom's January Budget Proposal, he provided some high-level concepts in support of the Office, and this hearing focused on the Governor's proposal, the additional detailed language that was released this Spring, and the budget requests that accompany it. There is mixed news of how closely Dr. Wood and the Administration are aligned, but the latest word is they are working closely together and are beginning to vet proposed amendments from various groups on the changes needed on the concepts to make this proposal implementable in the current health care system. At this week's hearing, Dr. Richard Pan was quite agitated that the Administration has not consulted with him, Senate Health, or the Senate in general on this issue. It is clear that the Administration has been working closely with Dr. Wood and his Assembly colleagues. During the Senate Budget Committee hearing, Dr. Pan elicited a promise from new OSHPD Director Elizabeth Landsberg that they would work more closely with Dr. Pan moving forward. ▪ **Set Health Care Cost Targets by Sector**. The Office would establish a statewide health care cost target with the authority to set specific targets by sector, including by payer, provider, insurance market or line of business. ▪ **Increase Cost Transparency**. The Office would collect and analyze data from existing and emerging public and private data sources to publicly report total health care spending and factors contributing to health care cost growth. The Office would publish an Annual Report and conduct public hearings about performance against the health care cost targets, trends in health care costs, and recommendations for mitigating cost growth. ▪ **Enforce Compliance with Cost Targets**. The Office would oversee the state's progress towards meeting health care cost targets by providing technical assistance, requiring public testimony, requiring submission of corrective action plans, monitoring progress of corrective action plans, and assessing escalating civil penalties for noncompliance. ▪ **Promote and Measure Quality and Health Equity**. The Office would utilize OSHPD and other departmental data to standardize quality measures for evaluating spending of health care service plans, insurers, hospitals, and physician organizations, with consideration for minimizing administrative burden and duplication. *(more)*

Office of Health Care Affordability *(continued)*	▪ **Advance and Monitor Adoption of Alternative Payment Models.** The Office would promote a shift from payments based on fee-for-service to payments that reward high quality and cost-efficient care. The Office would measure progress towards the goal and adopt standards for alternative payment models that may be used by providers and payers during contracting. ▪ **Advance Standards for Health Care Workforce Stability and Training Needs**. The Office would monitor the effects of health care cost targets on workforce stability, high-quality jobs, and training needs of health care workers. The Office would develop standards to assist health care entities in implementing cost-reduction strategies that advance the stability of the health care workforce and avoid exacerbating existing health care workforce shortages. ▪ **Address Consolidation and Market Power.** The Office would monitor cost trends in the health care market including the impact of consolidation and market power on competition, prices, access, and quality. The Office would partner with the Attorney General, Department of Managed Health Care, and Department of Insurance to examine mergers, acquisitions, or corporate affiliations in the health care sector to promote competitive health care markets." The Subcommittee asked for testimony from various stakeholders, including the California Hospital Association and California Medical Association – both of whom expressed reservations on the proposal and noted the need for substantive amendments. CHA noted several amendments they were requesting, including one set of rules for all entities in the health care marketplace, ensuring adequate time to make all adjustments, one target for all sectors to ensure no cost shifting, and greater transparency and due process within the system. CMA's primary amendment appeared to seek exclusions of certain physician practices, and they also took the opportunity to express concerns with hospital and health plan consolidation. The Purchaser Business Group on Health, Blue Shield, Cal Labor Fed and Health Access all generally supported the concepts included in the plan. The Administration noted some changes to their proposal that they have agreed to – but are not yet in writing. OSHPD Director Landsberg mentioned they plan to push back the target dates to ensure better data collection; add additional representatives on the Advisory Panel; ensure a more "progressive" enforcement process that includes technical assistance and correction action plans prior to penalty; and ensure the cost target takes into consideration those sectors that have been traditionally underfunded like behavioral health to ensure investment in those sectors does not go against the target. All these changes sound promising, but more detail is needed, and very likely advocates have additional amendments they will be requesting. Next week, the Assembly Budget Subcommittee on Health and Human Services plans to hear this same issue as well. Tune into www.assembly.ca.gov on Wednesday at 1:30pm to watch the hearing.
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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Access

AB 4 (**Arambula** D) **Medi-Cal: eligibility.**
Location: 4/13/2021-A. APPR.
Calendar: 5/12/2021 9 a.m. - State Capitol, Assembly Chamber
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair
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.
Calendar: 5/12/2021 9 a.m. - State Capitol, Assembly Chamber
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair
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: 5/17/2021 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 10 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: 5/17/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair
Summary: 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.
Calendar: 5/12/2021 9 a.m. - State Capitol, Assembly Chamber
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair
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: 5/3/2021-S. APPR. SUSPENSE FILE
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: 4/30/2021-A. 2 YEAR
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: 5/5/2021-A. CONSENT CALENDAR
Calendar: 5/10/2021 #111 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS
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: 5/17/2021 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 10 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: 4/30/2021-A. 2 YEAR
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: 5/6/2021-A. DESK
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: 5/5/2021-A. APPR. SUSPENSE FILE
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: 4/30/2021-A. 2 YEAR
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: 5/3/2021-S. APPR. SUSPENSE FILE
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: 5/17/2021 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: 4/29/2021-A. APPR.
Calendar: 5/12/2021 9 a.m. - State Capitol, Assembly Chamber
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair
Summary: The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.

Position
Watch

AB 1204 (**Wicks** D) **Hospital equity reporting.**
Location: 5/5/2021-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. 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: 5/3/2021-S. APPR. SUSPENSE FILE
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: 5/17/2021 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

Workforce

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

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

Calendar: 5/12/2021 9 a.m. - State Capitol, Assembly Chamber
ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

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