LEGISLATIVE UPDATE

Alliance of Catholic Health Care

Week of January 10, 2022

State Issues	
Status of Key Legislation	We are pleased to report that **SB 642 (Kamlager),** which we were successful in getting held in Senate Appropriations last year, is officially dead and will not move this year. This bill would have allowed physicians in certain circumstances to decide what services are provided in a hospital – as opposed to the hospital executive team which holds the responsibility for managing the hospital costs, meeting the needs of the community, and maintaining the institution's standards and practices. While the bill would apply to all hospitals, Senator Kamlager indicated an interest in allowing physicians to "get around" the ERDs in Catholic-affiliated hospitals. We will keep a vigilant eye for any newly introduced bills that address these same issues. On Tuesday, Assembly Health Committee heard many two-year bills, most notably, **AB 1400 (Kalra)**, which would set the stage for California to adopt a single payer health care system, named California Guaranteed Health Care for All, or CalCare. The Health Committee's analysis of this bill can be found at: https://www.dropbox.com/s/zhf1ls69qhvh6ld/202120220AB1400_Assembly%20Health%20%281%29.pdf?dl=0. The first 35 pages outline the bill's provisions, while the remaining 26 pages provide the Committee's analysis and highlights the questions not addressed in the bill. The hearing was a quite dynamic, with some audience members being disruptive and needing to be escorted out by the Sergeants before the discussion on the single payer bill even got started. It was also interesting because of the clear hostilities between some of the committee members and the author. While everyone remailed civil, several of the Republicans and moderate Democrats let their frustrations with the policy, the lack of policy detail, and the process be known. The following is not a complete nor comprehensive summary of the almost 4 hours of testimony; rather, it highlights the most relevant comments and concerns. The full debate can be accessed at : https://www.assembly.ca.gov/media/assembly-health-committee-20220111/video – AB 1400 starts around the 3:30 mark. After the author, proponents and opponents provided testimony, the public was allowed to register their positions. Then, Assembly Health Chair Jim Wood began the discussion and asked about the timing of implementation. Assembly Member Kalra indicated that these things take time and nothing will happen quickly. He assumed the ballot initiative to approve the tax structure to pay for the program would not go on the ballot until 2024. *(more)*

Status of Key Legislation *(Continued)*	When asked who will manage the new program, Kalra said that was also to be determined in the future by the CalCare Commission. However, he noted that they hope not to reinvent the wheel and specifically referenced the Department of Managed Health Care and Covered California as potentially having a role or some other entity the CalCare Board created or decided upon. This discussion really highlighted that many critical details of the proposal will be delegated to the Commission to decide, with no input from the Legislature. Dr. Wood expressed frustration that none of his other health care reform proposals have been implemented and complained that stakeholders stopped or otherwise delayed implementation of his plans. While he indicated he felt this single payer proposal was flawed, he indicated his support for it. Assembly Members Wendy Carrillo (D-Los Angeles) and Adrin Nazarian (D-North Hollywood) both praised the policy and appreciated the work of the chair and author. Carrillo asked questions of the proponent's witness, Ady Barkan, a prominent national advocate for single payer health care. He shared more details of his journey with ALS and his hopes that a single payer health system would simplify the process he's had to undertake to get the care and support services he needs to live his best life. Heath Flora (R-Ripon) expressed concerns about workers who have invested in pension funds and have come to expect a level of health care benefits based on their commitment to the union and their job. He also expressed concern about coverage for CalPERS members who now live out of state. Kalra said repeatedly that these persons and these issues will be taken care of, but also noted that these issues are all unsettled and still being discussed with the unions. Flora ended his tense questioning saying that the state does not have a good track record of running anything, and he doesn't think it is a good idea to give them our health care. Jordan Cunningham (R-San Luis Obispo) expressed concern for the thousands of Californians who have been relying on and paying to support Medicare over their lifetimes, only to be forced into the new, untested system of care. He worried about the state's ability to recruit new medical professionals and highlighted our state's current struggles with health care work force shortages. Assembly Member Aguiar Curry (D-Winters) did not hold back her frustration with the author and his process. She indicated that last year, she went personally to Kalra with questions about the bill, and he never respond to any of them. She said he must think he has the perfect bill since he has taken no amendments to it since introduction. She had additional questions for him – mostly focused on access to care issues for rural and underserved populations – and asked that he not respond now but she hoped to get answers before she sees the bill next on the Floor. She encouraged him to change the way he was working on the bill and said she would vote no on the Floor. Freddie Rodriguez (D-Pomona) said he agreed with many of the concerns raised and had several questions to pose: We need federal waivers to implement the bill; if granted by one administration, could they be revoked by another administration? What about when our state budget picture isn't as rosy as it is today? He said the analysis raises more questions than it answers, and he reserves the right to vote No on the Floor. *(more)*

Status of Key Legislation *(Continued)*	Autumn Burke (D-Inglewood) also showed her frustration with the policy and process. (Note: Burke is chair of the Revenue and Taxation Committee where the companion ACA 11 tax bill should be referred for hearing; but it is important to note that it has not yet been referred to that committee.) She asked if the author had incorporated any of the lessons learned from their many days of hearings and testimony as part of the Select Committee on Health Care Delivery Systems or taken any amendments offered by the Chair. He never directly answered, but she then directed her question to the Chair who said that he had not. She asked if there were cost containment measures in the bill – like medical loss ratios that health plans currently have. The California Nurses Association representative (sponsors of the bill) answered and indicated that there is nothing like that is in the bill, but the entire system of single payer will cut costs by eliminating provider billing, fighting with plans and establish global budgeting for hospitals, for example. CNA specially stated that they do not think traditional cost containment policies would be good in a single payer system since it could possibly result in less care being provided. Burke applauded CNA's "tenacity" but expressed concern for the process, which she described as passing the bill now, and we'll have conversations later. She also closed by indicating that she would not support the ACA 11 tax bill in its current form. Most notably in the hearing was Assembly Member Joaquin Arambula (D-Fresno), long-time champion of universal coverage. He listened to and was attentive during the entire debate, but asked no questions and made no comments. He voted aye, but he seemed to exemplify the unhappiness the moderate Democrats are feeling about being forced to vote on this policy now. The bill got out of Committee on an 11-3-1 vote, with all Democrats voting aye, except Maienschein who abstained. The three Republicans all voted no. The bill next goes to Appropriations and needs to get out by next Friday, January 21. We are also watching to see if ACA 11 gets referred to Assembly Revenue and Taxation Committee, but keep in mind, that bill is under a different timetable.
Legislative Summary and Status Report	See the attached Legislative Summary and Status report on bills of interest to the Catholic health ministry.
2022-2023 State Budget	On Monday, Governor Gavin Newsom released his 2022-2023 January Budget proposal. The state has a projected surplus of $45.7 billion, which includes $20.6 billion in General Fund for discretionary purposes, $16.1 billion in additional Proposition 98 for K-14 education, and $9 billion in reserve deposits and supplemental pension payments. You can access the full budget summary **here**, and the DHCS Highlights document **here**. The Legislative Analyst Office (LAO) came out with their quick analysis document, and you can access that **here**. There is a great deal of investment in health and human services, and California Health and Human Services Agency Director said that there isn't anything in the budget that isn't impacted by COVID. In fact, Dr. Ghaly began his call with advocates by discussing the dramatic increase in cases of COVID, the increase demand for testing, and the fact that we *(more)*

2022-2023 State Budget *(Continued)*	expect to surpass last year's peak of COVID cases soon. The other recurring theme is health inequities. Dr. Ghaly announced they will soon have a Chief Equity Officer who will work on a cross section of issues to ensure the state's policy efforts bring a health equity lens to the conversations. The Governor's Budget includes $217.5 billion for health and human services programs, with $64.7 billion coming from the state general fund – the rest are other funds including federal matching funds. Following are some of the key areas where those funds are proposed to be spent. ▪ The **Medi-Cal Caseload** is expected to decrease by 430,000 individuals to 14.1 million Californians covered by Medi-Cal in 2022-2023. ▪ The Governor proposes to **expand Medi-Cal eligibility** to the last remaining cohort of undocumented adults who are otherwise eligible for coverage. Residents aged 26-49 would be covered regardless of their immigration status. The budget expects this to cost $2.7 billion at full implementation no sooner than January 1, 2024. ▪ The Budget reappropriates $30 million for the **Office of Health Care Affordability**, which the Administration says it will move forward to establish in this budget year. The goals outlined by the Governor include addressing the underlying cost drivers and improve the affordability of health coverage. The office will be charged with increasing transparency on cost and quality, developing cost targets for the health care industry, enforcing compliance through financial penalties and improving market oversight of transactions in the health care marketplace. ▪ **Cal-AIM**, the Governor's substantive reform of the state's Medicaid program is fully funded with funding outlined through 2025: $1.2 billion for 2021-2022; $2.8 billion for 2022-2023; $2.4 billion form 2023-2024 and $1.6 billion in 2024-2015. ▪ $400 million in **Medi-Cal provider equity payments** are proposed to address the significant decline in utilization of preventative care and routine care for chronic conditions as a result of COVID. They also site the disparate impacts of COVID on communities of color and other disadvantaged Californians. To promote patient-centered models of care, the Budget includes funding for increased provider payments focused on advancing equity and improving quality care for children's preventive and other services. More detail on this will be forthcoming. ▪ Included in the Labor and Workforce Development section of the budget summary, the Administration is offering $1.7 billion investment over three years in the **"care economy workforce development."** This includes $350 million to train 25,000 new community health workers; $340 million for training and career advancement programs in alignment with the Workforce Council for Healthcare Training priorities. $10 million is provided to administer as grants to prevent and treat depression, as part of the California Initiative to Advance Precision Medicine. $270 million is for a comprehensive nursing initiative, which seeks to increase the number of health professions, and $120 million for psychiatric resident programs. *(more)*

2022-2023 State Budget *(Continued)*	▪ Included in the budget summary is a statement that the Governor intends to enter into a potential partnership with a **manufacturer of insulin** to "position the state to find drug affordability solutions as it lays the groundwork for future collaborations on other high-priority drugs…." No substantive details were provided. ▪ The state is currently using federal funds to provide subsidies for **Covered California** health coverage to reduce the cost to consumers, but the state has provided $333.4 million in a reserve fund for coverage affordability when the federal funds end. ▪ There are several budget proposals related to **reproductive health**, including a commitment to increased flexibilities with Medi-Cal coverage, HPV Vaccine coverage, one-time funding to increase clinic infrastructure and Covered California subsidies. The budget notes that the Administration will be working with stakeholders to reduce barriers to accessing abortion through managed care plans. ▪ **Behavioral health** services are augmented through many new proposals including providing $7.5 million to support a mental health crisis call line and $1.5 billion over two years for additional housing supports to those with behavioral health needs. ▪ The Governor seeks to spend $96 million for **Medication Assisted Treatment** for opioid abuse and $86 million in opioid settlement funds to provide a **public awareness campaign**. ▪ $10 million is provided to continue and expand the state's **Alzheimer's Health Brain Initiative.** ▪ $176 million is included in the budget to maintain the augmented **provider reimbursement** rates for physicians in the Medi-Cal program. The Prop 56 tobacco tax is providing that augmented rate but is dwindling due to fewer Californians smoking. ▪ The Governor seeks to **direct non-profit hospitals' community benefit funding**. The Administration will propose statutory changes that direct 25% of a non-profit hospitals community benefit dollars must go to community-based programs that address the social determinants of health. The language will also give the new Department of Health Care Access and Information enforcement authority over these requirements. **Next Steps:** All of the Governor's proposals will need to be explored further and more detail will be needed to provide a thorough assessment. To that end, the Senate is having a Budget Overview hearing next week, on Wednesday, January 19, and Budget subcommittee hearings in the Senate will begin February 1st. The Assembly is taking a slower approach to their budget process. Their first hearing to discuss the budget is Wednesday, January 26, with no published calendar of Subcommittee hearings just yet. The Administration also noted that anticipated Budget Trailer Bill language on many of their proposals will be out February 1.

Alliance of Catholic Health Care
Legislative Summary and Status 1/14/2022

Access

AB 4 **(Arambula D) Medi-Cal: eligibility.**
Location: 8/27/2021-S. 2 YEAR
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: 7/14/2021-S. 2 YEAR
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.

Position
Support

AB 875 **(Wood D) Medi-Cal: demonstration project.**
Location: 5/25/2021-A. 2 YEAR
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: 8/27/2021-A. 2 YEAR
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 with 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 60 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: 7/14/2021-A. 2 YEAR

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 642 **(Kamlager D) Health care: facilities: medical privileges.**
Location: 5/25/2021-S. 2 YEAR
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 1105 **(Rodriguez D) Hospital workers: COVID-19 testing.**
Location: 8/27/2021-S. 2 YEAR
Summary: Current law sets forth safety and health requirements for employers and employees. Current law requires a public or private employer of workers in a general acute care hospital, as defined, to supply personal protective equipment, as defined, to employees who provide direct patient care or who provide services that directly support patient care. Current law provides that, except where another penalty is specifically provided, every employer and every officer, management official, or supervisor having direction, management, control, or custody of any employment, place of employment, or of any other employee, who repeatedly violates any standard, order, or special order, or any provision of specified employment safety laws so that such repeated violation creates a real and apparent hazard to employees is guilty of a misdemeanor. This bill would require the employer to supply personal protective equipment to an employee, regardless of whether or not the employee has received a vaccination for COVID-19. This bill would also require a public or private employer of workers in a general acute care hospital to develop and implement a program to offer weekly COVID-19 screening testing for health care personnel, as defined.

Position
Oppose Unless Amend

AB 1217 **(Rodriguez D) Personal protective equipment: stockpile.**
Location: 5/25/2021-A. 2 YEAR
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 637 **(Newman D) Health facility reporting: staffing.**
Location: 9/10/2021-A. 2 YEAR
Summary: Current law provides for the licensure and regulation of certain health facilities, including general acute care hospitals, by the State Department of Public Health. This bill would require a general acute care hospital to report specified information to the department on a form and schedule determined by the department, and would require the department to publicly post the information on a

weekly basis during any health-related state of emergency in California proclaimed by the President of the United States or by the Governor, and on a monthly basis at all other times. The bill would require that the reports contain information on staffing, including, until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, on matters relating to COVID-19 cases.

Position
Oppose Unless Amend

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

Health Care Reform

AB 1130 **(Wood D) California Health Care Quality and Affordability Act.**
Location: 7/14/2021-S. 2 YEAR
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
Oppose Unless Amend

AB 1400 **(Kalra D) Guaranteed Health Care for All.**
Location: 2/19/2021-A. APPR.
Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.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. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.This bill contains other related provisions and other existing laws.

Position
Watch

AB 510 **(Wood D) Out-of-network health care benefits.**
Location: 5/7/2021-A. 2 YEAR
Summary: Existing law, 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. Existing law provides for the regulation of health insurers by the Department of Insurance. If an enrollee or insured receives services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, that includes coverage for out-of-network benefits, existing law authorizes a noncontracting individual health professional to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured if specified criteria are met, including that the enrollee or insured consents in writing to receive services from the noncontracting individual health professional at least 24 hours in advance of care. Existing law requires the consent to advise the enrollee or insured that they may seek care from a contracted provider for lower out-of-pocket costs and to be provided in the language spoken by the enrollee or insured, as specified.This bill would instead 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 1131 **(Wood D) Health information network.**
Location: 5/25/2021-A. 2 YEAR
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: 7/14/2021-S. 2 YEAR
Summary: Current law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying 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, and 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
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: 7/14/2021-A. 2 YEAR
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 279 **(Pan D) Medi-Cal: delivery systems: services.**
Location: 6/4/2021-S. 2 YEAR
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: 9/10/2021-A. 2 YEAR
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

SB 17 **(Pan D) Office of Racial Equity.**
Location: 8/27/2021-A. 2 YEAR
Summary: Would, until January 1, 2029, would 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, in consultation with state agencies, departments, and public stakeholders, as appropriate, to develop a statewide Racial Equity Framework that includes a strategic plan with policy and inclusive practice recommendations, guidelines, goals, and benchmarks to reduce racial inequities, promote racial equity, and address individual, institutional, and structural racism.

Position
Support

Workforce

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

Location: 6/4/2021-A. 2 YEAR

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: 21
Total Tracking Forms: 21