

LEGISLATIVE UPDATE



Week of January 24, 2022

State Issues

Single Payer
Awaiting Action

AB 1400 (Kalra) that establishes a single payer health system (CalCare) is awaiting debate on the Assembly Floor. The deadline for it to move off the floor is next Monday, January 31. Amendments were taken in Assembly Appropriations Committee, which do nothing to remove opposition from health care stakeholders. The amendments require the CalCare Board to contract for a fiscal analysis to determine “whether revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare’s implementation.” The Legislature would then review the report and then be required to pass another bill granting the CalCare Board the authority to implement a single payer system.

While the measure cannot be implemented without adequate funding, it is important to note that the bill is not directly tied to ACA 11 (the proposed funding measure) or any other specific funding bill. Amendments leave the door open saying that the implementation authority “shall not become operative until the people of California approve a proposition that creates the revenue mechanisms necessary to implement this title, after taking into consideration consolidation of existing revenues for health care coverage and anticipated savings from a single-payer health care coverage and a health care cost control system.” In future Updates, we will expand on the many challenges ACA 11 will face, the least of which will be whether it has enough support in either house for approval.

The Assembly Floor session is scheduled to start at 1:00pm on Monday.

Mandatory Sick
Leave Policy

This week, Governor Newsom announced that he and legislative leaders have agreed on a “framework” to extend supplemental paid sick leave. The actual language of the proposal is not yet available, causing some consternation among advocates. The general outline that has been shared is that it would require a company that has 26 or more workers to provide any full-time employee 40 hours of paid leave if they can show proof that they or a family member has tested positive for COVID. Employers must pay for and provide the test. If a worker refuses to take a test or refuses to show the employer proof that they tested positive, no additional sick leave will be granted.

The deal is reported to also cover an additional 24 hours of leave for employees getting the vaccine and/or recovering from the vaccine side effects. The leave will be retroactive to any time off starting January 1.

Businesses will be expected to absorb the costs of the paid leave, but it is being promoted that they will be helped by restoring tax credits for research and development and net operating losses, through tax relief for recipients of federal relief grants for restaurants and shuttered venues and additional funding for more small business grants.

(more)

<p>Mandatory Sick Leave Policy (continued)</p>	<p>CalMatters reports that the number of Californians who were not working in the last month because they or a family member had COVID-19 increased by 320%, according to a California Budget and Policy Center analysis of census data.</p> <p>The press release from the Governor notes that he is hoping for early budget action on this proposal. Assembly Budget Chair Phil Ting mentioned that the Assembly would be having a sperate hearing on this policy in the next few weeks.</p>
<p>Budget Subcommittee Hearings Set</p>	<p>Both the Senate and Assembly Budget Subcommittees on Health have announced their schedule for hearing the Governor’s January Budget proposal.</p> <p>Some key dates and agendas for the Assembly Budget Subcommittee #1 include:</p> <ul style="list-style-type: none"> ▪ Monday, February 7: The Office of Health Care Affordability and the Department of Public Health’s early action items. ▪ Monday February 14: Health4All and provider health equity payments. ▪ Monday, March 21: Funding for the POLST program and the Governor’s Hospital Community benefit proposal. <p>While the Senate has noticed hearings in the Daily File, they include less detail on the topics covered. More information will be forthcoming, but here are some key dates for the Senate Budget Subcommittee #3 to date:</p> <ul style="list-style-type: none"> ▪ Thursday, February 3: California Health and Human Services Agency; Emergency Medical Services Authority; Department of Health Care Access and Information (formerly OSHPD); Department of Managed Health Care; Mental Health Services Oversight and Accountability Commission; and California Health Benefit Exchange ▪ Thursday February 24: Department of Health Care Services ▪ Thursday, March 3: Open Issues – including all stakeholder proposals (including the hospital community’s Medi-Cal Budget request)
<p>Legislative Summary and Status</p>	<p>See the attached Legislative Summary and Status report on bills of interest to the Catholic health ministry.</p>
<p>New Survey of Californians Views on Health Care</p>	<p>The California Health Care Foundation and NORC at the University of Chicago, a nonpartisan research organization, conducted a statewide survey of California residents in late 2021 to understand their views on health care policy, as well as their experiences with COVID-19 and the health care system overall. Results from this survey are reported and, where applicable, compared to the prior annual survey published last January to understand emerging trends.</p> <p>They highlight a few key findings from their research:</p> <ul style="list-style-type: none"> ▪ Health care costs. Half of Californians (49%) skipped or postponed some type of health care in the last 12 months due to cost. Among those who postponed care, 47% report that their condition worsened as a result, an increase from last year’s survey (41%). ▪ Problems paying medical bills. One in four Californians (25%) say they or someone in their family had problems paying at least one medical bill in the past 12 months, an increase from 20% in last year’s survey. Forty-three percent of Californians with lower incomes report having issues paying for medical bills, an increase from 32% last year. <p style="text-align: right;"><i>(more)</i></p>

New Survey of Californians Views on Health Care
(continued)

- **Homelessness.** One in five Californians (19%) say they or someone close to them has experienced a period of homelessness in the past five years. The same proportion (19%) are “very” or “somewhat” worried about experiencing homelessness themselves. Californians also see a connection between affordable housing and health status, with 80% of Californians saying lack of affordable housing impacts the physical or mental health of people with low incomes “a lot” or “some.”
- **Telehealth.** More Californians are receiving care via telehealth than last year. More than half (55%) report receiving care by phone in the last 12 months, an increase from 45% in last year’s poll, and more than 4 in 10 (44%) by video, an increase from 35%. Californians are satisfied with the quality of health care they receive via telehealth, with more than 8 in 10 (83%) “very satisfied” or “satisfied” with their care by video, and a similar proportion (79%) “very satisfied” or “satisfied” with care by phone.
- **Equity.** Nearly 6 in 10 Californians (59%) believe that the health care system treats people unfairly based on their race or ethnic background — one quarter (26%) “regularly” and a third (33%) “occasionally.” Eighty-three percent of Black Californians expressed this belief, a significantly higher percentage than any other race or ethnic group. In addition, Black and Latinx Californians were more likely than White or Asian Californians to report negative experiences by a doctor or other health care provider.

You can find information about this study and access to the data via this link to their website at:
<https://www.chcf.org/publication/2022-chcf-california-health-policy-survey/>.

And the full report can be found at: <https://www.chcf.org/wp-content/uploads/2022/01/CHCF2022CAHealthPolicySurvey.pdf>.

For more information, please contact Lori Dangberg at 1215 K Street, Suite 2000 ■ Sacramento, CA 95814
Direct line: 916.552.2633 or e-mail: ldangberg@thealliance.net

Alliance of Catholic Health Care Legislative Summary and Status 1/28/2022

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: 1/21/2022-A. DEAD

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: 1/21/2022-S. DEAD

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: 1/21/2022-A. DEAD

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: 1/14/2022-A. DEAD

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: 1/25/2022-A. THIRD READING

Calendar: 1/31/2022 #80 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary: 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. 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.

Position

Watch

[ACA 11](#) (Kalra D) Taxes to fund health care coverage and cost control.

Location: 1/5/2022-A. PRINT

Summary: Would impose an excise tax, payroll taxes, and a State Personal Income CalCare Tax at specified rates to fund comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of every resident of the state, as well as reserves deemed

necessary to ensure payment, to be established in statute. The measure would authorize the Legislature, upon an economic analysis determining insufficient amounts to fund these purposes, to increase any or all of these tax rates by a statute passed by majority vote of both houses of the Legislature.

Position
Watch

Hospital Operations and Finance

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

Location: 1/21/2022-A. DEAD

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: 1/21/2022-A. DEAD

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: 1/14/2022-A. DEAD

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: 22

Total Tracking Forms: 22