

LEGISLATIVE UPDATE



Week of May 23, 2022

State Issues

Key Bills Approved
in House of Origin

Today (May 27) is the last day for bills to move out of their house of origin, with the Senate and Assembly focused this week on hundreds of bills authored by their colleagues. Several legislators are out due to new COVID infections, and the Assembly remains shorthanded with two vacancies; therefore, there were some odd vote counts depending on what day of the week the vote occurred and what absences were recorded that day. Following are a few key health care bills both of interest to the Catholic health ministry and some of interest to the broader health care community.

AB 2080 (Wood): Health care consolidation. This bill grants the Attorney General authority to approve, deny, or offer conditions over health care transitions. It is opposed by a large coalition of providers, including hospitals, physicians, health plans, and the California Chamber of Commerce. On the floor, the author bemoaned the lack of amendments proposed by the opposition and some legislators urged both parties to work together. A myriad of amendments are expected to be proposed from all potentially covered entities. *Passed on a 41-17-20 vote, which reflects last minute support from women's reproductive health organizations making this about access to abortion services.*

AB 1797: (Weber) Immunization registry. The bill requires health care providers, schools and childcare facilities to disclose certain immunization information to local health departments and the Department of Public Health. *Passed on a 54-20-4 vote with Republicans voting no.*

AB 2046 (Medina) Inland Rising Fund. The bill would appropriate \$1.46 billion to UC Riverside and UC Merced to support climate change and health care and medical research. *Passed the Assembly with a unanimous 56-0 vote.*

AB 2697 (Aguiar Curry): Medi-Cal Community Health Workers and promotores. Requires DHCS to implement a community health worker and promotores benefit under the Medi-Cal program. *Passed out of the Assembly with a 59-12-7 vote*

AB 2724 (Arambula): Medi-Cal alternate health care services plan. Codifies the Administration's proposal to award Kaiser Permanente a state-wide, sole source, Medi-Cal contract that allows them to select the beneficiaries they serve. DHCS Director Michelle Baass was seen late Thursday night at the Capitol lobbying directly with members to secure the very close vote. *Passed with a slim margin at 41-16.*

SB 838 (Pan): Prescription drugs. Would require, upon appropriation by the Legislature, the development of a California-based manufacturing facility for generic drugs. *Passed off the Senate floor 27-8-5.*

(more)

<p>Key Bills Approved in House of Origin <i>(continued)</i></p>	<p>SB 923 (Weiner) gender affirming care. The bill mandates health plans require patient-facing employees to complete an evidence based cultural competency training for the purpose of providing trans-inclusive care and require plans to ensure the provider directory lists in-network providers who offer gender-affirming care. <i>Passed out of the Senate with a vote of 28-7-5.</i></p> <p>SB 958 (Limon): Medication and Patient Safety Act of 2022. Would prevent health plans from mandating the use of third-party vendors for specialty medications. The bill is sponsored by the California Hospital Association and supported by the Association of Northern California Oncologists, California Children’s Hospital Association and others. <i>Passed with a solid vote of 30-9-1 over the strong opposition by health plans who downplay the impact on patients.</i></p> <p>SB 987 (Portantino): California cancer care equity act. The bill would require DCHS to seek federal approvals to require health plans to have a National Cancer Institute-Designated Cancer Center in its network and refer all patients with complex cancer to those centers for care. <i>Passed out of the Senate with a vote of 34-0-6.</i></p> <p>SB 1199 (Roth) UC Riverside School of Medicine. The bill authorizes the UC Regents to secure a teaching hospital in Riverside County to train UC Riverside School of Medicine students. The bill requires an appropriation by the Legislature. <i>Passed with a 39-0-1 vote.</i></p> <p>SB 1339 (Pan) hospital seismic reporting. As currently drafted, the bill requires some additional hospital reporting related to seismic requirements. However, Dr. Pan would like this bill to be a vehicle for broader agreement between hospitals and unions related to disaster preparedness. <i>Passed with 37-0-3 vote.</i></p> <p>SB 1375 (Atkins): Nursing: nurse practitioners. Allows trained nurse practitioners in certain settings to provide abortion services, as defined. <i>Passed the Senate with a partisan 30-9-1 vote.</i></p>
<p>Legislative Summary and Status Report</p>	<p>Attached is the Alliance’s Legislative Summary and Status report on bills of interest to the Catholic health ministry.</p>
<p>Governor’s Proposal for Hospital Worker Retention Pay</p>	<p>The Administration has followed up its May Revise proposal to offer state-funded retention pay to health care providers with the Trailer Bill Language, but the release of the language resulted in even more questions and concerns than it resolved. You can access the language here: https://esd.dof.ca.gov/trailer-bill/public/trailerBill/pdf/758.</p> <p>Generally, Governor Newsom wants to provide State General Fund retention bonuses to hospital staff in the amount of \$1,000 for full time staff and \$750 for part time staff. The proposal also includes an option for hospitals to provide additional bonuses that can be matched at \$500 for full time staff and \$750 for part time staff. Several of the key questions that will need to be resolved are outlined below:</p>

(more)

<p>Governor's Proposal for Hospital Worker Retention Pay (continued)</p>	<p>Who does the policy apply to? This is frankly the biggest unanswered question and has a tremendous impact on how much money needs to be properly allocated to ensure every worker gets what is promised. As written, the policy applies to acute care hospital staff and skilled nursing facility staff who worked in the hospital this fiscal year and are still working there 2 months after the budget trailer bill is passed. It excludes outpatient providers creating havens and have nots within the same hospital. The Administration wants it to apply to travelling nurses and contract workers, however, the hospitals do not directly pay those providers and it could hardly be considered "retention pay" when the person working isn't employed by the hospital. Parttime employees are included, but it is unclear if physicians are included.</p> <p>What constitutes a matching bonus? The proposal allows hospitals to provide additional bonuses – on top of the bonus provided by the state – and allows those additional bonuses to be matched by the State up to a certain limit. However, the timeline provided in the current draft language for determining what past bonuses should count does not reflect bonuses paid at the end of last year – when many hospitals provided their own retention bonuses. As written, the Administration's language would allow part time staff to make more money in this process than full time staff if the matching bonuses are maxed out, and we presume the latter is not what is intended.</p> <p>Will there be enough money to provide bonuses to all the Administration says should get bonuses? The language clearly allows the Department to lessen the amounts of the awards to staff depending on how much they are given by the Legislature. Especially given how vague and all-encompassing the language is, there is concern that the state will set expectations with staff that it cannot uphold.</p>
<p>MICRA Reforms</p>	<p>This week Governor Newsom signed the MICRA compromise language found in AB 35 (Reyes). Surrounded by representatives of the Californians Allied for Patient Protection, California Hospital Association, California Medical Association, patients, attorneys, Assembly Speaker Rendon, and bill authors Assembly Member Reyes and Senator Umberg, the Governor signed AB 35 to reform MICRA. This follows the proponents removing the MICRA initiative from the November ballot last week.</p> <p>You can find a link to the Governor's press release here: announcement: https://www.gov.ca.gov/2022/05/23/governor-newsom-signs-legislation-to-modernize-californias-medical-malpractice-system/.</p> <p>And a link to the bill here: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB35.</p>

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 5/27/2022

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 1878](#) **(Wood D) California Health Benefit Exchange: affordability assistance.**

Location: 5/26/2022-S. DESK

Summary: Current law requires the California Health Benefit Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Current law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. The bill would specify the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would require the Exchange to adopt standard benefit designs consistent with these specifications.

Position

Support

[AB 2530](#) **(Wood D) California Health Benefit Exchange: financial assistance.**

Location: 5/24/2022-S. RLS.

Summary: This bill, upon appropriation by the Legislature, would require the California Health Benefit Exchange (Exchange) to administer a program of financial assistance to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute. Under the bill, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute would receive the same premium assistance and cost-sharing reductions as an individual with a household income of 133% of the federal poverty level, and would also not pay a deductible for any covered benefit.

Position

Support

[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 944](#)**(Pan D) California Health Benefit Exchange: affordability assistance.****Location:** 5/23/2022-A. DESK

Summary: Current law requires the California Health Benefit Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Current law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost-sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits.

Position

Support

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.

PositionOppose Unless
Amend**[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.

PositionOppose Unless
Amend

[SCR 5](#)

(Melendez R) State of emergency: COVID-19: termination.

Location: 2/10/2021-S. G.O.

Summary: This measure, in accordance with specified law, would declare that the state of emergency proclaimed by the Governor on March 4, 2020, is at an end, thereby terminating the emergency powers granted to the Governor as a result of that proclamation.

Position

Oppose

End of Life/Palliative Care

[AB 1852](#)

(Patterson R) Health facilities: automated drug delivery systems.

Location: 5/4/2022-S. HEALTH

Calendar: 6/1/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

Summary: Current law authorizes the use of automated drug delivery systems, as defined, for pharmacy services in nursing, skilled nursing, and intermediate care facilities. This bill would add licensed hospice facilities to the list of facilities authorized to use an automated drug delivery system, and would expressly include an automated unit dose system within the definition of an automated drug delivery system. By expanding the scope of a crime, this bill would impose a state-mandated local program.

Position

Watch

[AB 1884](#)

(Voepel R) Hospice care: standards.

Location: 4/29/2022-A. DEAD

Summary: Under the California Hospice Licensure Act of 1990, a licensed hospice, at the State Department of Public Health's option, is subject to periodic inspection by a duly authorized representative of the department. The act requires that the reports of each inspection be prepared by the representative who conducted the inspection and be filed with the department. This bill would instead require that a licensed hospice be inspected by a representative every 3 years. The bill would require that results of an inspection be made available to the public to the extent consistent with federal and state privacy laws.

Position

Watch

[AB 2288](#)

(Choi R) Advance health care directives: mental health treatment.

Location: 5/11/2022-S. JUD.

Calendar: 5/31/2022 Upon adjournment of Session - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, Chair

Summary: Current law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Current law also authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health mental health conditions. The bill would revise the statutory advance health care directive form to clarify that a person may include instructions relating to mental health conditions.

Position

Watch

[AB 2338](#)

(Gipson D) Health care decisions: decisionmakers and surrogates.

Location: 5/24/2022-S. RLS.

Summary: Current law authorizes an adult having capacity to give an individual health care instruction and to designate a health care decisionmaker, including an agent designated in a power of attorney or a surrogate effective for a specified period of time, to make health care decisions on the person's behalf. Current law authorizes a patient to disqualify a person, including a family member, from acting as the patient's surrogate. This bill would authorize legally recognized health care decisionmakers, in an order of priority, to make health care decisions on a patient's behalf if the patient lacks the capacity to make a health care decision. If a patient does not have a legally recognized health care

decisionmaker, the bill would specify individuals, in an order of priority, who may be chosen as a surrogate if the patient lacks the capacity to make a health care decision.

Position

Oppose Unless
Amend

Health Care Reform

[AB 1130](#) (Wood D) California Health Care Quality and Affordability Act.

Location: 2/14/2022-S. HEALTH

Summary: Current law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Current law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. This bill would establish, within Department of Health Care Access and Information (HCAI), 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 and purchasers, 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

Hospital Operations and Finance

[AB 35](#) (Reyes D) Civil damages: medical malpractice.

Location: 5/23/2022-A. CHAPTERED

Summary: Current law, referred to as the Medical Injury Compensation Reform Act of 1975 (MICRA), prohibits an attorney from contracting for or collecting a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon alleged professional negligence in excess of specified limits. This bill would recast those provisions and base the amount of contingency fee that may be contracted for upon whether recovery is pursuant to settlement agreement and release of all claims executed before a civil complaint or demand for arbitration is filed, or pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed, as specified. The bill would add and revise definitions for these purposes.

Position

Support

[AB 1721](#) (Rodriguez D) Seismic retrofitting: soft story multifamily housing.

Location: 5/26/2022-S. DESK

Summary: Would establish the Seismic Retrofitting Program for Soft Story Multifamily Housing for the purposes of providing financial assistance to owners of soft story multifamily housing for seismic retrofitting to protect individuals living in multifamily housing that have been determined to be at risk of collapse in earthquakes, as specified. The bill would also establish the Seismic Retrofitting Program for Soft Story Multifamily Housing Fund, and its subsidiary account, the Seismic Retrofitting Account, within the State Treasury. Moneys in the fund would be available, upon appropriation by the Legislature, to the California Earthquake Authority for the purposes of distributing funds pursuant to the program. The bill would require the Controller, upon appropriation, to transfer \$400,000,000 annually to the fund. The bill would require OES and CEA to enter into or use a joint powers agreement to develop and administer the program, as specified. The bill would require OES and CEA to submit a specified report to the Legislature by July 1, 2042, regarding the implementation of the program. The bill would make these provisions inoperative on July 1, 2042, and would repeal them as of January 1, 2043.

Position

Support

[AB 1770](#) (Rodriguez D) Ambulance patient offload time.

Location: 4/29/2022-A. DEAD

Summary: Current law requires the Emergency Medical Services Authority to develop, using input from stakeholders and after approval by the Commission on Emergency Medical Services, and adopt a statewide standard methodology for the calculation and reporting by a local emergency medical services (EMS) agency of ambulance patient offload time (APOT). Current law defines APOT as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location

and the emergency department assumes responsibility for care of the patient. Current law requires the authority to report twice per year to the commission the APOT by local EMS agency jurisdiction and by each facility in that jurisdiction. This bill would instead require the authority to report the APOT data to the commission every 6 months.

Position

Watch

AB 1882 (Rivas, Robert D) Hospitals: seismic safety.

Location: 5/25/2022-S. HEALTH

Calendar: 6/8/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 requires an owner of a general acute care inpatient hospital, no later than January 1, 2030, to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed pursuant to the act, or seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those regulations and standards. Current law requires, within 60 days following the department's approval of a report relating to a general acute care hospital owner's plan to comply with those regulations and standards, a general acute hospital building owner to take specified actions, including informing the local office of emergency services or the equivalent agency, the Office of Emergency Services, and the department, of each building's expected earthquake performance. This bill would instead require general acute hospital building owners, commencing July 1, 2023, to take those actions annually until each of the hospital buildings owned by that owner are compliant with those regulations and standards.

Position

Oppose Unless
Amend

AB 2080 (Wood D) Health Care Consolidation and Contracting Fairness Act of 2022.

Location: 5/26/2022-S. DESK

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's or health facility's entrance into a contract that contains specified terms.

Position

Oppose

AB 2092 (Weber, Akilah D) Acute hospital care at home.

Location: 4/29/2022-A. DEAD

Summary: The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program, including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff.

Position

Support

AB 2724 (Arambula D) Medi-Cal: alternate health care service plan.

Location: 5/26/2022-S. DESK

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSPP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the

department. The bill would authorize the department to contract with an AHCSF as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available and for which the AHCSF maintains appropriate licensure or an approved exemption from the Department of Managed Health Care.

Position

Watch

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 CHSA 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

SB 923 (Wiener D) Gender-affirming care.

Location: 5/23/2022-A. DESK

Summary: Would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

Position

Watch

SB 958 (Limón D) Medication and Patient Safety Act of 2022.

Location: 5/25/2022-A. DESK

Summary: Would prohibit a health care service plan or health insurer, or its designee, from requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would authorize a plan or insurer, or its designee, to arrange for an infused or injected medication to be administered in an enrollee's or insured's home when the treating health care provider and patient determine home administration is in the best interest of the patient. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met.

Position

Support

SB 988 (Hueso D) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Location: 5/12/2022-A. HEALTH

Summary: The Compassionate Access to Medical Cannabis Act or Ryan's Law requires specified types of health care facilities to allow a terminally ill patient's use of medicinal cannabis within the health care facility, subject to certain restrictions. Current law requires a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician. Current law requires a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. Existing law requires that health care facilities permitting patient use of medical cannabis comply with other drug and medication requirements, as specified, and makes those facilities subject to enforcement actions by the State Department of Public Health. This bill would repeal the requirement that health care facilities permitting patient use of medical cannabis comply with other drug and medication requirements, as specified, and the requirement that those facilities be subject to enforcement actions by the State Department of Public Health.

Position

Watch

SB 1339 (Pan D) Hospitals.

Location: 5/26/2022-A. DESK

Summary: Current law requires, by January 1, 2030, owners of all acute care inpatient hospitals to either seismically retrofit all acute care inpatient hospitals, or demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with regulations and standards developed by the department in accordance with the act, as specified. This bill would require the Department of Health Care Access and Information to provide the Legislature with a report containing specified information that would provide, among other things, the Legislature with an assessment of projected costs to retrofit each hospital building in order to meet the 2030 seismic requirements.

Position

Support if
Amended

Maternal Health

[AB 2176](#) (Wood D) Live birth registration.

Location: 5/4/2022-S. HEALTH

Calendar: 6/1/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

Summary: Current law requires each live birth to be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event. This bill would instead require each live birth to be registered with the local registrar within 21 days following the date of the event.

Position

Support

[AB 2199](#) (Wicks D) Birthing Justice for California Families Pilot Project.

Location: 5/26/2022-S. RLS.

Summary: Would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people. The bill would require the State Department of Public Health to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1, 2024. The bill would require a grant recipient to use grant funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing, managing, or expanding doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher.

Position

Watch

Mental and Behavioral Health

[AB 2020](#) (Gallagher R) Mental health services: gravely disabled.

Location: 4/29/2022-A. DEAD

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of food, clothing, or shelter. This bill would, if a county elects to use this meaning and subject to an appropriation of funds for these purposes, expand the definition of "gravely disabled" for these purposes to mean a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, their own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

Position

Watch

[AB 2242](#) (Santiago D) Mental health services.

Location: 5/26/2022-S. DESK

Summary: Would, on or before July 1, 2023, require the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. The bill would require the model care coordination plan and process to outline who would be on the care team and how the communication would occur to coordinate care. Among other components, the bill would require the model care coordination plan to require that an individual exiting a temporary hold or a conservatorship be provided with a detailed plan that includes a scheduled first appointment with a behavioral health professional. The bill would declare the intent of the Legislature that counties and hospitals implement the care coordination plan by February 1, 2024.

Position

Watch

[AB 2275](#) (Wood D) Mental health: involuntary commitment.

Location: 5/26/2022-S. RLS.

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. Current law requires a certification review hearing to be held when a person is certified for a 14-day or 30-day intensive treatment detention, except as specified, and requires it to be within 4 days of the date on which the person is certified. Current law, after the involuntary detention has begun, prohibits the total period of detention, including intervening periods of voluntary treatment, from exceeding the total maximum period during which the person could have been detained, if the person had been detained continuously on an involuntary basis, from the time of initial involuntary detention. This bill would, among other things, specify that the 72-hour period of detention begins at the time when the person is first detained. The bill would, if a facility detaining a person on a 72-hour detention is not a county-designated facility for evaluation and treatment, require the facility staff, or other person designated by the county, to take all possible steps to release the detained person or transfer them to a designated facility within 72 hours of their detention, as specified.

Position

Watch

[SB 929](#) (Eggman D) Community mental health services: data collection.

Location: 5/26/2022-A. DESK

Summary: Current law requires the State Department of Health Care Services to collect and publish annually quantitative information concerning the operation of various provisions relating to community mental health services, including the number of persons admitted for evaluation and treatment for certain periods, transferred to mental health facilities, or for whom certain conservatorships are established, as specified. Current law requires each local mental health director, and each facility providing services to persons under those provisions, to provide the department, upon its request, with any information, records, and reports that the department deems necessary for purposes of the data collection and publication. This bill would additionally require the department to collect and publish annually quantitative information relating to, among other things, the number of persons detained for 72-hour evaluation and treatment, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods prior to receiving an evaluation or care, and an assessment of all contracted beds. The bill would specify that the information be from each county for some of those data.

Position

Watch

[SB 965](#) (Eggman D) Conservatorships: medical record: hearsay rule.

Location: 5/19/2022-A. JUD.

Summary: The Lanterman-Petris-Short Act authorizes the appointment of a conservator, in the County of Los Angeles, the County of San Diego, or the City and County of San Francisco, for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder. Current law establishes the hearsay rule, under which evidence of a statement is generally inadmissible if it was made other than by a witness while testifying at a hearing and is offered to prove the truth of the matter stated. Current law sets forth exceptions to the hearsay rule to permit the admission of specified kinds of evidence. Under this bill, for purposes of an expert witness in any proceeding relating to the appointment or reappointment of a conservator pursuant to the above-described provisions, the statements of specified health practitioners or a licensed clinical social worker included in the medical record would not be hearsay. The bill would authorize the court to grant a reasonable continuance if an expert witness in a proceeding relied on

the medical record and the medical record has not been provided to the parties or their counsel upon request within a reasonable time before the proceeding.

Position

Watch

[SB 1019](#) (Gonzalez D) Medi-Cal managed care plans: mental health benefits.

Location: 5/26/2022-A. DESK

Summary: Current law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits.

Position

Support

[SB 1154](#) (Eggman D) Facilities for mental health or substance use disorder crisis: database.

Location: 5/26/2022-A. DESK

Summary: Would require, by January 1, 2024, the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, and have the capacity to, among other things, enable searches to identify beds that are appropriate for the treatment of individuals in a mental health or substance use disorder crisis.

Position

Watch

[SB 1207](#) (Portantino D) Health care coverage: maternal and pandemic-related mental health conditions.

Location: 5/24/2022-A. DESK

Summary: Current law requires health care service plans and health insurers to provide specified mental health and substance use disorder coverage, and requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Current law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1, 2023.

Position

Watch

[SB 1238](#) (Eggman D) Behavioral health services: existing and projected needs.

Location: 5/25/2022-A. DESK

Summary: Current law authorizes the State Department of Health Care Services to award competitive grants to expand the community continuum of behavioral health treatment resources. This bill would require the department, commencing January 1, 2024, and at least every 5 years thereafter, to conduct a review of, and produce a report regarding, the current and projected behavioral health care infrastructure and service needs in each region of the state. The bill would require the department to consult with the council of governments, cities, counties, and cities and counties regarding the assumptions and methodology to be used by the department, and would require local governments to provide specified data for the region. The bill would require the department to share this data and its report with the Mental Health Services Oversight and Accountability Commission.

Position

Watch

- [AB 1990](#) (Arambula D) Department of Fair Employment and Housing: Californians with disabilities: workgroup.**
Location: 5/20/2022-A. DEAD
Summary: Existing law sets forth the powers and duties of the Department of Fair Employment and Housing, which include receiving, investigating, conciliating, mediating, and prosecuting complaints alleging unlawful practices or violations of specified civil rights provisions, including those based on a mental or physical disability, as defined. This bill would require the department to convene a workgroup to make recommendations to the Legislature for the development of accessibility and antidiscrimination laws for people with disabilities, as defined. The bill would require membership of the workgroup to include interested parties and stakeholders that reflect the diversity of the state, including, among other groups, individuals who have personal experience with a disability.
- Position**
Watch
- [AB 2325](#) (Rivas, Luz D) Coordinated homelessness response: Office of the Interagency Council on Homelessness.**
Location: 5/20/2022-A. DEAD
Summary: Current law requires the Governor to establish the California Interagency Council on Homelessness, formerly known as the Homeless Coordinating and Financing Council, and to appoint specified members of that coordinating council. Current law requires agencies and departments administering state programs created on or after July 1, 2017, to collaborate with the council to adopt guidelines and regulations to incorporate core components of Housing First, as defined. Current law establishes the goals of the council, which include identifying mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California. Current law requires that the coordinating council be under the direction of an executive director, who is under the direction of the Business, Consumer Services, and Housing Agency, and staffed by employees of that agency. This bill would place the California Interagency Council on Homelessness under the jurisdiction of the Office of the Interagency Council on Homelessness, which the bill would establish within the Governor's office, under the control of a director, on or before September 30, 2023.
- Position**
Support
- [AB 2360](#) (Arambula D) Emergency response advisory working group.**
Location: 5/24/2022-S. RLS.
Summary: Would, subject to an appropriation of funds, require the Office of Health Equity to convene an advisory working group, consisting of specified stakeholders, to develop tools and protocols for the future allocation of funds to reduce racial disparities in recovery, response, and repair efforts following state and local emergencies. Additionally, the bill would require the advisory working group to submit a report with its findings and recommendations to the Legislature on or before January 1, 2025, and make that report available to the public by posting it on the State Department of Public Health's internet website. The bill would require the advisory working group in preparing the report to evaluate the unmet needs among various communities during the COVID-19 pandemic and with respect to up to five other recent emergency funding allocations stratified by local health jurisdiction, county, and Senate and Assembly legislative district. These provisions would be repealed on January 1, 2029.
- Position**
Support
- [AB 2420](#) (Arambula D) Perinatal and infant children health: extreme heat.**
Location: 5/24/2022-S. RLS.
Summary: Would, subject to an appropriation of funds by the Legislature in the annual Budget Act or another statute for this purpose, require the Department of Public Health, in consultation with subject matter experts, to review available literature on adverse effects of extreme heat on perinatal health, develop guidance for safe conditions and health considerations for pregnant individuals and infant children, and provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for connecting perinatal patients with the appropriate health and well-being information relating to extreme heat.
- Position**
Watch
- [AB 2483](#) (Maienschein D) Housing for individuals experiencing homelessness.**
Location: 5/24/2022-S. RLS.
Summary: Would require the Department of Housing and Community Development, by December 31, 2023, to award incentives, as specified, to Multifamily Housing Program project applicants that agree to set aside at least 25% of the project's units for individuals that are either experiencing homelessness or eligible to receive specified services, including, among others, those received under the Program of All-Inclusive Care for the Elderly. The bill would also require the department to partner with the State Department of Health Care Services to determine the most effective way to align

qualifying services in housing projects funded by the Multifamily Housing Program. The bill would require the department to assess tenant outcomes and engage with an evaluator to identify specified information with respect to projects receiving incentives under these provisions, including the number and demographics, including age, race, or ethnicity, and presubsidy housing status, of people being served.

Position

Watch

[AB 2500](#) (Arambula D) Farm to Hospital Grant Pilot Program.

Location: 5/20/2022-A. DEAD

Summary: Would, upon appropriation and until January 1, 2031, establish the Farm to Hospital Grant Pilot Program, which the Office of Farm to Fork would administer, to award competitive grants to eligible applicants to provide hospital patients with meals prepared from California-sourced agricultural products and build direct relationships with California farmers and ranchers, as specified. The bill would require the office, in consultation with the State Department of Public Health, to develop grant criteria to evaluate proposals from eligible applicants. The bill would authorize grant recipients to use grant moneys only for specified purposes, and require them to report specified information to the office and State Department of Public Health. The bill would require the office, in consultation with the State Department of Public Health, on or before January 1, 2027, to submit to the Legislature a report on the pilot program.

Position

Support

[AB 2547](#) (Nazarian D) Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Act.

Location: 5/24/2022-S. RLS.

Summary: Would, upon appropriation by the Legislature, require the California Department of Aging, by December 31, 2023, to create and administer the Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Program. The bill would require the department, in administering the program, to offer competitive grants to nonprofit community-based organizations, continuums of care, and public housing authorities to administer a housing subsidy program for older adults and persons with a disability that are experiencing homelessness or at risk of homelessness, as those terms are as defined. The bill would require the department, in establishing program guidelines, to prioritize communities where renters face high rates of poverty, displacement, gentrification, and homelessness.

Position

Support

[AB 2548](#) (Nazarian D) Healthier Homes - Age in Place Nursing Program.

Location: 5/26/2022-S. RLS.

Summary: Current law permits age restrictions in connection with housing and defines senior citizen housing developments for these purposes as a residential development for senior citizens that has at least 35 dwelling units. This bill would require the California Department of Aging to establish and administer a 3-year Healthier Homes - Age in Place Nursing Pilot Program in the Counties of Contra Costa, Fresno, Orange, Riverside, Sacramento, San Diego, Shasta, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse and one full-time community health worker to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents. The bill would require the department to submit a report to specified legislative committees and state agencies at the completion of the program or before January 1, 2028, whichever is later, and would repeal the program as of January 1, 2029.

Position

Support

[AB 2553](#) (Grayson D) Human trafficking Act: California Multidisciplinary Alliance to Stop Trafficking (California MAST).

Location: 5/26/2022-S. RLS.

Summary: Would, upon appropriation by the Legislature, establish the California Multidisciplinary Alliance to Stop Trafficking Act (California MAST) to review collaborative models between governmental and nongovernmental organizations for protecting victims and survivors of trafficking, among other related duties. The task force would be comprised of specified state officials or their designees and specified individuals who have expertise in human trafficking or providing services to victims of human trafficking, as specified. The bill would require the task force to hold its first meeting no later than July 1, 2023, and would require the task force to meet at least 4 times. The bill would require the task force to report its findings and recommendations to the Office of Emergency Services, the Governor, the Attorney General, and the Legislature by January 1, 2025. The bill would make related findings and declarations.

Position

Watch

[AB 2724](#) ([Arambula D](#)) **Medi-Cal: alternate health care service plan.**

Location: 5/26/2022-S. DESK

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSPP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill would authorize the department to contract with an AHCSPP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available and for which the AHCSPP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care.

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

[SB 907](#) ([Pan D](#)) **Electronic benefits transfer systems: farmers' markets.**

Location: 5/25/2022-A. DESK

Summary: Would establish the Local, Equitable Access to Food (LEAF) Program and would require, upon an appropriation by the Legislature for these purposes, the Department of Food and Agriculture, with support from the State Department of Social Services, to establish a noncompetitive grant program designed to expand the use of EBT acceptance systems at California certified farmers' markets and tribe-operated farmers' markets on Indian reservations. The bill would, as part of that grant program, require grants to be provided to certified farmers' market operators or farmers' markets operated by tribal governments. The bill would limit the use of grant funds for specified activities relating to expanding the use of EBT acceptance systems at farmers' markets, including, among others, scaling and improving EBT processes at existing certified farmers' markets. The bill would create certain additional requirements for certified farmers' markets that use grant funds to hire an individual, or to contract with a third party, to operate an EBT acceptance system, including a requirement that the person operating the EBT acceptance system be available at all times the certified farmers' market is open to the public.

Position

Support

[SB 1145](#) ([Laird D](#)) **California Global Warming Solutions Act of 2006: greenhouse gas emissions: dashboard.**

Location: 5/26/2022-A. DESK

Summary: The California Global Warming Solutions Act of 2006 requires the State Air Resources Board to prepare and approve a scoping plan for achieving the maximum technologically feasible and cost-effective reductions in greenhouse gas emissions and to update the scoping plan at least once every 5 years. This bill would require the state board to create, and maintain on its internet website, a greenhouse gas emissions dashboard that provides updated publicly available information regarding how the state is progressing toward meeting its statewide climate change goals.

Position

Watch

AB 1751 (Daly D) Workers' compensation: COVID-19: critical workers.

Location: 5/26/2022-S. DESK

Summary: Current law defines "injury" for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023. Existing law create a disputable presumption, as specified, that the injury arose out of and in the course of the employment and is compensable, for specified dates of injury. Current law requires an employee to exhaust their paid sick leave benefits and meet specified certification requirements before receiving any temporary disability benefits or, for police officers, firefighters, and other specified employees, a leave of absence. Existing law also make a claim relating to a COVID-19 illness presumptively compensable, as described above, after 30 days or 45 days, rather than 90 days. Current law, until January 1, 2023, allows for a presumption of injury for all employees whose fellow employees at their place of employment experience specified levels of positive testing, and whose employer has 5 or more employees. This bill would extend the above-described provisions relating to COVID-19 until January 1, 2025.

Position

Watch

SB 979 (Dodd D) Health emergencies.

Location: 5/23/2022-A. DESK

Summary: When the Governor declares a state of emergency, existing law requires a health care service plan and a health insurer to provide an enrollee or insured who has been displaced or has the immediate potential to be displaced by that emergency access to medically necessary health care services. Current law requires health care service plans and health insurers operating in a county included in a declaration of emergency to notify the Department of Managed Health Care and the Department of Insurance whether the plan has experienced or expects to experience a disruption to its operation, among other things. Current law provides for health care service plans and health insurers to take specified actions, including relaxing time limits for prior authorization, precertification, or referrals. This bill would revise those provisions to specifically apply to a declaration by the Governor of a state of emergency that affects or may affect the health of enrollees. The bill would additionally apply the provisions to health emergencies declared by the State Public Health Officer and to emergencies that otherwise affect enrollees and insureds or health providers, as determined by the Department of Managed Health Care or the Department of Insurance.

Position

Support

SB 1212 (Caballero D) Temporary services employers: health care personnel.

Location: 4/29/2022-S. DEAD

Summary: Would, on and after January 1, 2024, require a temporary services employer billing a hospital for services rendered by health care personnel to include in the request for payment the names of the health care personnel, the health care personnel's hourly rate paid by the temporary services employer, and the direct costs of employing the health care personnel, as specified. This bill would make a violation of this provision subject to a civil penalty of \$5,000 per violation.

Position

Support

Total Measures: 53

Total Tracking Forms: 53