



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

May 3, 2019

TO: CHA Members  
FROM: Carmela Coyle, President & CEO  
SUBJECT: Weekly Advocacy Review

Member Advocacy Call

May 7, 8:30 a.m.

**Dial-In: (800) 882-3610 Passcode: 5010912#**

*Please **mute** your phone once you  
have been connected to the call by entering 61#.  
Enter 60# to un-mute your phone for comments/questions.*

**FEDERAL**

**Federal Update (O'Rourke)**

Congress returned from a two-week recess to a busy week of hearings, including the first hearing on the Medicare for All proposals in the House Rules Committee on Tuesday.

CHA continued to work with members of the California delegation to support the bipartisan letter calling for a delay in Medicaid disproportionate share hospital cuts. As of Thursday, 43 members of the California delegation had signed on to the letter.

For additional information, contact Anne O'Rourke at (202) 488-4494 or [aorourke@calhospital.org](mailto:aorourke@calhospital.org).

**STATE**

**Legislative Update (Scott)**

The Legislature's appropriations committees continue to address the hundreds of proposals that have passed policy committees. May 10 is the last day for policy committees to meet, while the last day for fiscal committees to report a bill to the floor is May 17.

On April 30, CHA issued an [Advocacy Alert](#) on Senate Bill (SB) 227 (Leyva, D-Chino) for hospital leaders to urge their senators to oppose the bill. SB 227 would require the California Department of Public Health to impose administrative penalties for violations of nurse-to-patient staffing ratios and would eliminate the department's ability to link the penalty amount to the actual risk of harm to patients. **Please submit letters today or Monday.** SB 227 will be voted on by the full Senate.

*The following bills have been referred to the Assembly Appropriations Committee:*

- CHA-supported **AB 890** (Wood, D-Santa Rosa) would authorize a nurse practitioner who meets specified requirements to practice without the supervision of a physician in specified environments.
- CHA-opposed, unless amended **AB 962** (Burke, D-Inglewood) would require hospitals with operating expenses of \$25 million or more to annually submit a report to the Office of Statewide Health Planning and Development on their minority; women; lesbian, gay, bisexual, transgender (LGBT); and veteran-owned business procurement efforts. Requires the report to include the hospital's supplier diversity policy statement, outreach and communications strategy, and information about which procurements are made to minority, women, LGBT, and veteran-owned businesses. Would impose civil penalties for a failure to submit the report.
- CHA-opposed, unless amended **AB 1611** (Chiu, D-San Francisco) would prohibit hospitals — as a condition of their state licensure — from balance billing all patients, including those with federally regulated coverage. The bill would establish a default rate for non-contracted emergency and post-stabilization services at the average contracted rate paid by the specific health insurer for the same or similar services in the same geographic area.

*The following bills have been referred to the Senate Appropriations Committee:*

- CHA-sponsored **SB 382** (Nielsen, R-Red Bluff and Stern, D-Canoga Park) would clarify health plan responsibilities during times of disaster by asking the plan to help coordinate patient placement, and to reimburse the hospital an extremely modest amount for caring for the patient until that placement happens. To be heard May 13.
- **SB 464** (Mitchell, D-Los Angeles) would require hospitals — as well as alternative birthing centers and specified primary care clinics — that provide perinatal care to implement an implicit bias training program for all health care providers involved in perinatal care.
- CHA-supported **SB 714** (Umberg, D-Orange) would clarify the process to receive an exemption from the Department of Managed Health Care's Knox-Keene licensure regulation and would presumptively exempt particularly low-risk payment arrangements that fall below quantitative risk thresholds. To be heard May 13.
- CHA-sponsored **SB 758** (Portantino, D-La Cañada Flintridge) would require hospitals to submit a report to the Office of Statewide Health Planning and Development (OSHPD) describing the services provided in each building of the acute care inpatient hospital, in order to help OSHPD implement existing seismic safety regulations and standards. To be heard May 13.

*Other key legislation:*

- CHA-opposed **AB 1572** (Chen, R-Yorba Linda) would change the definition of "grave disability," expanding the criteria for involuntary commitment (also referred to as a "5150 hold"). AB 1572 is now a two-year bill.

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- CHA-opposed **SB 567** (Caballero, D-Salinas and Skinner, D-Berkeley) would define “injury” — for the purposes of workers’ compensation — for a hospital employee who provides direct patient care in an acute care hospital to include infectious disease, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. SB 567 is now a two-year bill.

Information on additional priority health care-related bills is available at [www.calhospital.org/legislative-update](http://www.calhospital.org/legislative-update).