



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

July 3, 2019

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

Member Advocacy Call

July 9, 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 is in recess this week for the holiday, but the issue of surprise medical bills continues to be a pressing topic at the federal level. Because the House Energy and Commerce Committee is poised to consider legislation as early as next week, CHA issued an [Advocacy Alert](#) asking hospitals to voice their concerns about government rate setting with members of the committee.

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

**Regulatory Update (Keefe)**

CHA submitted [comments](#) on the [draft guidance](#) issued by the Centers for Medicare & Medicaid Services on co-location policies for hospitals that share space, staff, or services with another hospital or health care entity.

For additional information, contact Alyssa Keefe at (202) 488-4688 or [akeefe@calhospital.org](mailto:akeefe@calhospital.org).

**STATE**

**Legislative Update (Scott)**

This week, lawmakers continued their work in policy committees, with hearings held throughout the week on bills in their second house.

### *Surprise Billing*

We continue our efforts to oppose **Assembly Bill (AB) 1611** (Chiu, D-San Francisco). Letters were due July 2 in response to CHA's previously issued [Advocacy Alert](#), asking hospital leaders to write to Sen. Pan (D-Sacramento) and urge him to oppose the bill unless it is amended.

AB 1611 offers important protections for patients — preventing those who need emergency care from receiving unexpected bills for out-of-network care is something we can all agree on. However, the bill would also set an out-of-network reimbursement rate for emergency services.

A guaranteed rate would lower the amount insurers pay hospitals and discourage contracting. Additionally, nothing in the bill would require insurance companies to pass their savings on to consumers in the form of lower premiums or reduced out-of-pocket costs.

If AB 1611 is truly intended to help patients, its goal would be better accomplished without the rate-setting mechanism. The bill will be heard in Senate Health Committee on July 10.

### *Supplier Diversity*

**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 (OSHPD) on their minority; women; lesbian, gay, bisexual, transgender (LGBT); and veteran-owned business procurement efforts. The bill would also require OSHPD to convene a hospital diversity commission to, among other things, provide guidance on the best methods to increase procurement with diverse suppliers in the hospital industry. AB 962 will be heard in Senate Health Committee July 10.

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