

2019

REPORT ON LEGISLATION



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President & CEO Message



The California Hospital Association's 2019 *Report on Legislation* summarizes the year's most significant health care-related bills and serves as a reference tool to help hospitals comply with new laws. This report should be shared with your leadership team so they can take any necessary steps to implement new requirements.

Despite a supermajority of Democrats in the Legislature and a new Governor, this was a successful year for California hospitals. We secured important gains in health care coverage and access, and buffered hospitals from the full impact of onerous regulations.

Among 2019's key achievements were:

- Halting momentum on a bill that would have, in an effort to ban surprise billing, set rates for insurance companies to pay hospitals for out-of-network emergency care
- Advancing a bill to offer relief from the state's outdated 2030 hospital seismic standards and help ensure uninterrupted care following a disaster; at our request, that bill has been extended into next year so we can continue to educate lawmakers
- Punching a big hole in the nurse staffing ratio penalties bill, giving hospitals flexibility to meet ratios when encountering "unpredictable" and "uncontrollable" circumstances, and removing a prescriptive mandate on how hospitals should attempt to fill vacant spots
- Defeating a bill that would have expanded workers' compensation by creating a presumption that workers were injured on the job if they were diagnosed with certain illnesses — cancer, asthma, and others — unless the hospital could prove the employee *did not* contract the illness or injury at work
- Increasing investments in behavioral health — leveraging our awareness-raising work with the CHA co-led coalition Behavioral Health Action — including \$150 million for mental health workforce development (some of which can be used directly in emergency departments), \$100 million for whole person care pilot programs, \$70 million for Medi-Cal integration programs, and more

We also supported a bill that aims to reduce racial disparities in maternal health and, through the state budget process, advanced other key priorities, including expanded Medi-Cal coverage and insurance subsidies.

Next year will be the second year of the Legislature's current two-year session, and more challenges await. We'll be meeting with legislators to help them understand what hospitals do for their patients and communities, and to advocate for policies that foster an environment where hospitals can thrive.

We know that success is only possible with the support of our members — along with the Regional Associations, constituency groups, allied organizations, hospital trustees, CEOs, volunteers, employees, and others. Thank you for lending your voice in support of our work to help hospitals throughout California.

A handwritten signature in black ink that reads "Carmela Coyle".

Carmela Coyle, President & CEO

New Laws With High Impact

Among the many health care-related laws enacted this year are a few that impact overall hospital operations or necessitate significant attention as they move toward implementation in January. Following are those laws, which hospital leaders may want to share with key members of their teams.

Employees and independent contractors

[AB 5](#) (Gonzalez, D-San Diego) ●

Codifies the *Dynamex* decision, which adopted an “ABC” test for determining independent contractor status. Substantially limits the use of independent contractors and adopts a limited business-to-business provision that could adversely affect health care staffing agreements and contracts.

Nurse staffing ratio penalties

[SB 227](#) (Leyva, D-Chino) ■

Requires the California Department of Public Health (CDPH) to impose administrative penalties of \$15,000 or \$30,000 for violations of nurse-to-patient staffing ratios. The bill was amended to allow CDPH to consider, prior to issuing a fine, if a hospital’s fluctuation in required staffing levels was “unpredictable” and “uncontrollable;” if prompt efforts were made to maintain required staffing levels; and if, in making those efforts, the hospital immediately utilized its on-call list of nurses and the charge nurse.

Procurement contracts

[AB 962](#) (Burke, D-Inglewood) ● ●

Requires hospitals with operating expenses of at least \$50 million — or, if they are part of a system of hospitals, at least \$25 million — to submit a report after July 1, 2021, to the Office of Statewide Health Planning and Development (OSHPD) on their minority, women, lesbian, gay, bisexual, transgender, and disabled veteran-owned business enterprise procurement efforts. Requires OSHPD to post the reports on its website, and to convene a hospital diversity commission to advise and provide recommendations on the best methods to increase procurement with diverse suppliers within hospitals.

Maternal health

[SB 464](#) (Mitchell, D-Los Angeles) ● ●

Requires hospitals — as well as alternative birthing centers and specified primary care clinics — that provide perinatal care to implement an implicit bias program for all employed perinatal care providers. Each perinatal care provider must complete initial basic training and a refresher course every two years. The facility must also offer the training to physicians who treat perinatal patients but are not employed by the facility. This bill also requires hospitals to report on severe maternal morbidity and pregnancy-related deaths.

*Medical laboratory technician training***SB 334 (Pan, D-Sacramento) ■**

Requires the California Department of Public Health (CDPH) to establish a pathway program, by 2022, allowing medical laboratory technicians (MLTs) to apply their work experience and training from a CDPH-approved MLT training program toward completion of a clinical lab scientist (CLS) training program, removing redundancy and reducing the time required for an MLT to become a licensed CLS — a profession currently experiencing critical shortages.

*Telehealth coverage***AB 744 (Aguilar-Curry, D-Winters) ■**

Requires health plan and insurer policies issued, amended, or renewed on or after Jan. 1, 2021, to cover telehealth services on the same basis and to the same extent as the same service provided in person. Eases Medi-Cal telehealth restrictions.

Legislative Summary

Following are brief descriptions of bills enacted during the first year of the 2019-20 legislative session that directly impact hospitals. The full text of each new law is available at <http://leginfo.legislature.ca.gov/>. Each measure is categorized by subject, alphabetically, and indicates which hospital team members should take necessary steps to come into compliance (see legend at bottom of each page). In addition, the laws are indexed by author, bill number, and staff role. Urgency bills include the date they became effective. All other measures will take effect Jan. 1, 2020.

State Budget

This year's budget

- Expands Medi-Cal coverage to all income-eligible undocumented young adults ages 19 through 25 and provides health insurance premium support for individuals earning up to 600% of the federal poverty level. The premium assistance is funded in part by restoration of an individual mandate.
- Extends Medi-Cal coverage for low-income women diagnosed with postpartum depression from two months to 12 months post-birth.
- Recognizes the importance of mental health supports in the fight against homelessness and includes a \$1 billion investment for emergency housing vouchers and shelter construction. It expands whole person care, including wraparound health, behavioral health, and housing services focused on people experiencing homelessness. It also dedicates significant funding to address the shortage of mental health professionals in the public mental health system.
- Includes a one-time, \$20 million General Fund expenditure for hospitals to hire trained behavioral health counselors in acute care hospital emergency departments, to screen patients and offer intervention and referrals to mental health or substance use disorder programs.
- Includes a one-time \$50 million General Fund expenditure to increase training opportunities in mental health workforce programs administered by the Office of Statewide Health Planning and Development. This funding includes \$2.65 million for a primary care clinician psychiatry fellowship program and \$1 million for mental health professionals formerly in the foster care system.
- Allocates a one-time \$35 million General Fund expenditure and a one-time \$25 million Mental Health Services Fund expenditure to implement the new 2020-25 Workforce Education and Training five-year plan.
- In addition, two months after the budget passed, the Governor signed AB 115 (Chapter 348, Statutes of 2019), a health budget trailer bill for 2019-20, to continue a managed care organization provider tax, effective July 1, 2019. Contingent upon federal approval, the tax will be in effect through Dec. 31, 2022.

Clinical Laboratories

Medical laboratory technician training

► **SB 334 (Pan, D-Sacramento)** ■

Requires the California Department of Public Health (CDPH) to establish a pathway program, by 2022, allowing medical laboratory technicians (MLTs) to apply their work experience and training from a CDPH-approved MLT training program toward completion of a clinical lab scientist (CLS) training program, removing redundancy and reducing the time required for an MLT to become a licensed CLS — a profession currently experiencing critical shortages.

Community Benefits

Revised hospital community benefits reporting

► **AB 204 (Wood, D-Santa Rosa)** ■ ●

Requires hospitals to report on community benefits at the hospital level rather than the system level. Permits hospitals on a consolidated license to file a consolidated community benefit plan report if they serve the same geographic area. Requires each hospital's community benefit report to contain a description of how the identified needs are being addressed and an explanation of the methodology used to determine their costs. Authorizes the Office of Statewide Health Planning and Development to impose fines not to exceed \$5,000 on hospitals that fail to adopt, update, or submit community benefit plans.

Emergency Services

Air ambulance services

► **AB 651 (Grayson, D-Concord)** ■

Limits an enrollee's or insured's cost-sharing for out-of-network air ambulance services to the amount that would apply for the same services received from a contracted air ambulance provider. Extends the termination date of the Vehicle Code penalty assessment, known as the supplemental Emergency Medical Air Transportation Act, to July 1, 2020.

Paradise emergency stabilization services

► **SB 156 (Nielsen, R-Red Bluff)** ■

Requires the California Department of Public Health to issue a special permit to a hospital to offer emergency stabilization services at the site of the former Feather River Hospital in Paradise for up to six years, if certain requirements are met.

Employment

Employees and independent contractors

► **AB 5 (Gonzalez, D-San Diego)** ●

Codifies the *Dynamex* decision, which adopted an "ABC" test for determining independent contractor status. Substantially limits the use of independent contractors and adopts a limited business-to-business provision that could adversely affect health care staffing agreements and contracts.

Mandatory leave► **[AB 1223](#) (Arambula, D-Fresno)** ●

Provides a second unpaid 30-day leave of absence for organ donors who work for private employers, the State of California, and the California State University system.

Discrimination: Hairstyles► **[SB 188](#) (Mitchell, D-Los Angeles)** ●

For purposes of California anti-discrimination law, prohibits racial discrimination based on traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, such as braids, locks, and twists.

Nurse staffing ratio penalties► **[SB 227](#) (Leyva, D-Chino)** ■

Requires the California Department of Public Health (CDPH) to impose administrative penalties of \$15,000 or \$30,000 for violations of nurse-to-patient staffing ratios. The bill was amended to allow CDPH to consider, prior to issuing a fine, if a hospital's fluctuation in required staffing levels was "unpredictable" and "uncontrollable," if prompt efforts were made to maintain required staffing levels; and if, in making those efforts, the hospital immediately utilized its on-call list of nurses and the charge nurse.

Inspections: Employee rights► **[SB 322](#) (Bradford, D-Gardena)** ■ ●

Reaffirms that an employee or employee representative has the right to privately discuss possible regulatory violations or patient safety concerns with a California Department of Public Health surveyor during the course of an investigation or inspection by the department.

Sexual harassment training requirements► **[SB 778](#) (Senate Committee on Labor, Public Employment and Retirement)** ●

Extends the deadline for providing sexual harassment prevention training to Dec. 31, 2020, and allows employers that have provided anti-harassment training between Jan. 1, 2019, and Dec. 31, 2020, to maintain their existing biannual training schedule.

Health Care Coverage

Third-party payments► **[AB 290](#) (Wood, D-Santa Rosa)** ■ ●

Limits reimbursement rates to health care providers that pay a health plan or insurance premium for a patient, and places additional requirements on these providers.

Long-Term Care Insurance Task Force► **[AB 567](#) (Calderon, D-Whittier)** ■

Establishes the Long-Term Care Insurance Task Force within the Department of Insurance to recommend options for a statewide long-term care insurance program.

Rate review filing requirements► **[AB 731](#) (Kalra, D-San Jose)** ■ ●

Expands rate review filing requirements for large-group health plan and health insurance policies. Requires the Department of Managed Health Care and the Department of Insurance to determine if large-group community rate changes are unreasonable or unjustified and, if so, requires health plans and insurers to notify the purchaser.

Extension of open enrollment deadline► **[AB 1309](#) (Bauer-Kahan, D-Orinda)** ■

Extends — from Jan. 15 to Jan. 31 — the open enrollment deadline for purchasing individual insurance coverage through Covered California or off-exchange.

Enrollment in automatic health care coverage► **[SB 260](#) (Hurtado, D-Sanger)** ■

Requires health plans and insurers to annually notify individuals that 1) when they cease to be enrolled in coverage, their contact information will be provided to Covered California to help them obtain other coverage, and 2) they may opt out of this transfer of information. Beginning July 1, 2021, requires Covered California to enroll individuals using electronic information from Medi-Cal or the Children's Health Insurance Program in the lowest-cost silver Covered California plan.

Medical supplemental insurance extension► **[SB 407](#) (Monning, D-Carmel)** ■

Extends the Medicare supplemental insurance — or “Medigap” — annual open enrollment period by 30 additional days (for a total of 60 days or more), beginning with the individual's birthday. Requires an issuer of a Medicare supplemental policy with new or innovative benefits to identify the portion of the premium attributed to the new or innovative benefits as a separate line item on the payment or invoice. Requires the Department of Managed Health Care and the Department of Insurance to collaborate on policies and procedures that standardize new or innovative benefits so that consumers can compare benefits, out-of-pocket costs, and premiums.

Clinical trials► **[SB 583](#) (Jackson, D-Santa Barbara)** ■

Requires health plans and insurers to cover clinical trials relating to the prevention, detection, or treatment of a life-threatening disease or condition to conform with the Affordable Care Act.

Homelessness

Homeless multidisciplinary teams► **[AB 728](#) (Santiago, D-Los Angeles)** ● ■

Establishes, until Jan. 1, 2025, a pilot program in the counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura that aims to prevent homelessness by allowing multidisciplinary teams to expedite identification, assessment, and linkage of individuals at risk of homelessness to housing and supportive services.

Medi-Cal

Podiatric services► **[AB 678](#) (Flora, R-Ripon)** ■ ■

Prohibits Medi-Cal from requiring podiatrists to submit a prior authorization if a physician providing the same service would not have to submit one. Also subjects podiatrists to the same Medi-Cal billing and services policies as physicians.

Pediatric health care services► **[AB 781](#) (Maienschein, D-San Diego)** ■

Requires Medi-Cal to cover pediatric day health care services at any time of the day and on any day of the week, as long as the total number of authorized hours is not exceeded, up to 23 hours per calendar day.

Eligibility► **[AB 1088](#) (Wood, D-Santa Rosa)** ■

Requires the Department of Health Care Services to seek a Medicaid state plan amendment or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for benefits under the Medi-Cal program because of the state's payment of the individual's Medicare Part B premiums (outpatient services) to remain eligible if their income and resources otherwise meet eligibility requirements.

Telehealth: State of emergency► **[AB 1494](#) (Aguiar-Curry, D-Winters)** ■

Prohibits requiring face-to-face contact with Medi-Cal beneficiaries, or their physical presence, on the premises of a community clinic for services to be provided during or immediately following a state of emergency. Also requires the Department of Health Care Services — on or before July 1, 2020 — to issue guidance to facilitate reimbursement for services provided by community clinics to Medi-Cal beneficiaries during or immediately following a state of emergency.

Medi-Cal Public Provider Intergovernmental Transfer Program► **[AB 1705](#) (Bonta, D-Alameda)** ■

Authorizes a new supplemental Medi-Cal Public Provider Intergovernmental Transfer Program for public ground emergency medical transportation providers that would provide additional payments to them in fee-for-service (FFS) Medi-Cal and Medi-Cal managed care plans. Replaces the existing certified public expenditures program used to fund FFS public ground providers.

Medical Staff

Martin Luther King Jr. Community Hospital licensing► **[AB 1037](#) (Gipson, D-Carson)** ●

Allows Martin Luther King Jr. Community Hospital to establish a medical foundation with 26 licensed physicians (instead of the 40 otherwise required by the Health & Safety Code). Also exempts from licensure requirements a nonprofit clinic that provides health services solely within a ZIP code within six miles of Martin Luther King Jr. Community Hospital, and that meets certain other requirements.

Reports of abuse and misconduct► **[SB 425](#) (Hill, D-San Mateo)** ● ●

Requires health facilities and health plans to notify the appropriate licensing board within 15 days of receiving a written allegation of sexual abuse or sexual misconduct against a physician, nurse, or other licensed health care professional.

Failure to notify the board is punishable by a fine of up to \$50,000 per negligent violation and up to \$100,000 per willful violation. Provides immunity from civil or criminal liability for notifying the board of the alleged sexual abuse or sexual misconduct.

Physician assistant practice agreements

► **[SB 697](#) (Caballero, D-Salinas)** ■ ●

Allows multiple physicians to supervise a physician assistant (PA); eliminates the statutory requirement of medical record review; and allows supervising physicians to determine the appropriate level of supervision for PA practice. Also clarifies that PAs can furnish or order a drug or device in accordance with the practice agreement, consistent with the PA's education and clinical training, and for Schedule II or III controlled substances, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician; and makes various technical changes. For PAs practicing in general acute care hospitals, requires their supervising physicians to have privileges to practice in that hospital; the hospital must adopt a policy and procedure to identify a physician who is supervising the PA. Retains the ratio of 1:4 for physician supervision of PAs.

Patients' Rights

Required notice to patients

► **[AB 630](#) (Arambula, D-Fresno)** ●

Requires marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors to give a written notice to each patient prior to providing services, informing the patient that the Board of Behavioral Sciences is responsible for complaints about these practitioners.

Program for All-Inclusive Care for the Elderly center

► **[AB 1128](#) (Petrie-Norris, D-Laguna Beach)** ●

Transfers from the Department of Public Health to the Department of Health Care Services the oversight and regulation of a primary care clinic, adult day health center, or home health agency that exclusively serves patients of a Program for All-Inclusive Care for the Elderly (PACE) organization.

Deaf and Disabled Telecommunications Program

► **[AB 1514](#) (Patterson, R-Fresno)** ●

Authorizes a nurse practitioner to certify the needs of an individual diagnosed as deaf or hard of hearing by a physician to participate in the California Deaf and Disabled Telecommunications Program (DDTP). DDTP is a universal service program that provides specialized telephone equipment and relay services to individuals who have difficulty using the telephone due to difficulties seeing, hearing, speaking, or remembering. The program is run by the California Public Utilities Commission.

Implementation of Master Plan for Aging

► **[SB 228](#) (Jackson, D-Santa Barbara)** ■

Requires the Secretary of the California Health and Human Services Agency to lead the development and implementation of the Master Plan for Aging, and to work with certain agencies to identify policies, efficiencies, and strategies necessary to implement the Master Plan.

Protection and advocacy agency

► **[SB 398](#) (Durazo, D-Los Angeles)** ●

Adopts changes that conform to federal law, regulation, and guidance as they relate to the state's protection and advocacy agency to ensure the rights and safety of individuals with disabilities. CHA negotiated certain changes to ensure the bill does not expand beyond federal requirements.

Pharmacy

Prescription forms

► **[AB 149](#) (Cooper, D-Elk Grove)** ■ ●

This urgency bill became effective March 11, 2019. It delays the requirement for controlled substance prescription forms to include a uniquely serialized number until a date determined by the Department of Justice, but no later than Jan. 1, 2020.

CURES database

► **[AB 528](#) (Low, D-Campbell)** ■ ● ●

Requires a pharmacy or other dispenser to report to the Controlled Substance Utilization Review and Evaluation System (CURES) database within one working day (instead of seven) after releasing a controlled substance to a patient; requires the dispensing of Schedule V substances to be reported; and requires prescribers to consult the CURES database every six months, rather than four, when renewing a prescription.

Opioid prescription drugs

► **[AB 714](#) (Wood, D-Santa Rosa)** ■ ● ●

Clarifies current law requiring prescribers to offer a prescription for naloxone hydrochloride by specifying that it applies only when an opioid is prescribed, or a benzodiazepine is prescribed within one year of dispensing an opioid. The bill also exempts inpatients and hospice patients from this requirement.

Standards for compounding drug preparations

► **[AB 973](#) (Irwin, D-Thousand Oaks)** ■ ● ●

Requires the compounding of drug preparations by a pharmacy to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance.

Claims for prescription services

► **[AB 1803](#) (Assembly Committee on Health)** ■ ●

Delays until Jan. 1, 2020, a requirement for a pharmacy to submit a claim to the health plan or insurer when the retail price for a covered prescription is lower than the patient's cost-sharing amount and the customer pays the retail price.

HIV prophylaxis

► **[SB 159](#) (Wiener, D-San Francisco)** ■ ●

Allows a specially trained pharmacist to furnish pre-exposure and post-exposure HIV prophylaxis. Also prohibits payers from subjecting antiretroviral drugs to prior authorization or step therapy, with some exceptions.

Prescriptions: Local, state, or federal emergencies

► **[SB 569](#) (Stone, R-La Quinta)** ■ ●

Allows a pharmacist to fill a prescription for a controlled substance for a patient who cannot access medications as a result of a declared local, state, or federal emergency, if the California Board of Pharmacy issues a waiver notice. The prescription does not need to meet the usual controlled substances prescription requirements but must say "11159.3 exemption" on it and meet other requirements.

Privacy and Personal Information

California Consumer Privacy Act

► [AB 25](#) (Chau, D-Arcadia) ●

Exempts from the California Consumer Privacy Act of 2018 (CCPA) personal information collected about a job applicant, employee, owner, director, officer, medical staff member, or contractor of a business until Jan. 1, 2021. However, during 2020, covered businesses will be required to inform these individuals about the categories of personal information collected about them. Businesses are also subject to lawsuits and statutory damages of \$100-\$750 for violating the duty to maintain reasonable information security practices for information collected about employees and others. CCPA does not apply to not-for-profit organizations.

Mandated reporters of child abuse or neglect

► [AB 189](#) (Kamlager-Dove, D-Los Angeles) ●

Adds autism service providers to the list of professionals who are mandated child abuse reporters.

Donor identification information

► [AB 785](#) (Bloom, D-Santa Monica) ●

Requires gamete banks to collect, maintain, and disclose certain information about donors and prohibits certain individuals from being listed on the birth certificate unless a voluntary declaration of parentage is signed.

Personal information

► [AB 874](#) (Irwin, D-Thousand Oaks) ●

Revises the California Consumer Privacy Act of 2018 (CCPA) to narrow the definition of “personal information” and exempt de-identified or aggregate information. CCPA does not apply to not-for-profit organizations.

Oocyte procurement

► [AB 922](#) (Burke, D-Inglewood) ●

Enacts the “Research Participants Undergoing Oocyte Retrieval for Medical Research Purposes Bill of Rights,” to be given to patients as part of the process of obtaining informed consent. Also requires women who donate human oocytes for research to be compensated for their time, discomfort, and inconvenience as determined by a human subject research panel or institutional review board.

Collection of personal information

► [AB 1355](#) (Chau, D-Arcadia) ●

Exempts from certain provisions of the California Consumer Privacy Act of 2018 (CCPA) personal information collected during business-to-business communications until Jan. 1, 2021. CCPA does not apply to not-for-profit organizations.

Public Health

California Health Benefit Exchange: Data collection

► [AB 929](#) (Luz Rivas, D-Arleta) ■

Requires Covered California to post on its website any data received on cost reduction efforts, quality improvements, and disparity reductions from qualified health plans. Also requires qualified

Medical exemptions for vaccinations

health plans to report enrollee data and quality measures. Exempts from disclosure records that reveal specified claims, rate data, or patient-identifiable health information. Deletes an existing requirement that payment rates be disclosed three years after the contract period ends.

► **SB 276 (Pan, D-Sacramento)** ●

California schools require children to be vaccinated unless medically contraindicated; religious/ personal belief exemptions are not permitted. This bill now requires the California Department of Public Health (CDPH) to develop a standardized form for physicians to complete — under penalty of perjury — for school children to receive medical exemption (ME) from vaccinations. CDPH will review MEs from schools or day care centers with an immunization rate of less than 95% and from physicians who have submitted five or more MEs in a calendar year. CDPH may deny or revoke an inappropriate ME. Also establishes an appeals process. **Becomes effective Jan. 1, 2021.**

Public Reporting

Procurement contracts

► **AB 962 (Burke, D-Inglewood)** ■ ●

Requires hospitals with operating expenses of at least \$50 million — or, if they are part of a system of hospitals, at least \$25 million — to submit a report after July 1, 2021, to the Office of Statewide Health Planning and Development (OSHPD) on their minority, women, lesbian, gay, bisexual, transgender, and disabled veteran-owned business enterprise procurement efforts. Requires OSHPD to post the reports on its website, and to convene a hospital diversity commission to advise and provide recommendations on the best methods to increase procurement with diverse suppliers within hospitals.

Telemedicine

Telehealth coverage

► **AB 744 (Aguiar-Curry, D-Winters)** ■

Requires health plan and insurer policies issued, amended, or renewed on or after Jan. 1, 2021, to cover telehealth services on the same basis and to the same extent as the same service provided in person. Eases Medi-Cal telehealth restrictions.

Women and Children

California Dignity in Pregnancy and Childbirth Act

► **SB 464 (Mitchell, D-Los Angeles)** ● ●

Requires hospitals — as well as alternative birthing centers and specified primary care clinics — that provide perinatal care to implement an implicit bias program for all employed perinatal care providers. Each perinatal care provider must complete initial basic training and a refresher course every two years. The facility must also offer the training to physicians who treat perinatal patients but are not employed by the facility. This bill also requires hospitals to report on severe maternal morbidity and pregnancy-related deaths.

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