










# Legislative Highlights

## Results on important bills for California hospitals

With the Legislature having adjourned its 2021-22 legislative session, below are the outcomes of the year's most significant legislation for hospitals. Throughout this year, CHA has tracked and engaged the Legislature on hundreds of bills, many of which will have an impact on how you deliver care to patients and communities.

### OUTCOMES

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<p><b>Hospital Seismic Mandate — Not Passed</b> Despite work throughout the year and late-session efforts on a joint proposal with SEIU, legislation that would have reformed the 2030 seismic standard and put health care workers on a path to a \$25 minimum wage was not able to cross the finish line.</p>	
<p><b>Investments in the Health Care Workforce — Secured</b> Advocated for funding to address the state's acute shortage of health care professionals, helping secure over \$1.4 billion in workforce development investments for behavioral health, public health, primary care, clinic, and reproductive health. (Budget Proposal)</p>	
<p><b>Retention Payments for Hospital Workers — Resolved</b> Worked closely with the administration and other stakeholders to resolve implementation issues with \$1 billion in funding for health care worker retention payments, so that hospitals can administer the funds and workers can receive the maximum they qualify for. (Budget Proposal)</p>	
<p><b>Historic Agreement on Medical Injury Law — Passed</b> Crafted, as part of a broad coalition, an historic agreement to modernize the Medical Injury Compensation Reform Act by extending vital protections for access to care while ensuring Californians are cared for in all ways. (Assembly Bill 35)</p>	
<p><b>Medi-Cal Health Equity Funding — Rejected</b> Fought for ongoing, additional Medi-Cal payments to providers — ultimately not passed in the state budget — that would have helped to reduce health disparities for Californians by fixing structural imbalances and accounting for patients' social and environmental challenges. (Budget Proposal)</p>	
<p><b>Limits on Health Care Integration — Defeated</b> Defeated a bill that would have prohibited providers from entering into many forms of care arrangements and created a massive expansion of authority for the attorney general to approve, deny, or impose unlimited conditions on health care providers seeking to partner. (Assembly Bill 2080)</p>	
<p><b>Office of Health Care Affordability — Improved</b> Secured much-needed changes to the authorizing legislation that established the Office of Health Care Affordability, which will oversee health care cost growth in California. This includes establishing an advisory group to ensure greater stakeholder input, making sure all providers are included in office oversight, requiring recognition of self-financing and other public financing mechanisms when tracking spending, and various other changes to address inconsistencies and ambiguities. (Budget Proposal)</p>	
<p><b>Workers' Compensation Presumptive Eligibility — Defeated</b> Defeated a bill that would have created a standing presumption (rebuttable after the fact) in the workers' compensation system that an infectious disease, musculoskeletal injury, or respiratory disease arose out of work for any hospital worker involved in direct patient care. (Senate Bill 213)</p>	
<p><b>Medication and Patient Safety — Not Passed</b> Sponsored a bill, not passed by the Legislature, that would have protected patients by ensuring timely access to safe medications and preventing health plans from mandating the use of third-party vendors for specialty drugs. (Senate Bill 958)</p>	
<p><b>Jeopardizing Community Benefits Programs — Defeated</b> Defeated a budget proposal to require not-for-profit hospitals to use a specific amount of their community benefits dollars on specific activities, allowing little flexibility to tailor their funding to identified community health care-related priorities. (Budget Proposal)</p>	