2023 Legislative Wrap-up

December 20, 2023

California Hospital Association

Welcome

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California Hospital Association

Questions

Online Questions: At any time, please submit your questions in the Q&A box at the bottom of your screen and press enter. We will take questions at the end of the presentation.

The recording of today's program will be available.

Presenters

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Introduction to 2023 Legislation Session

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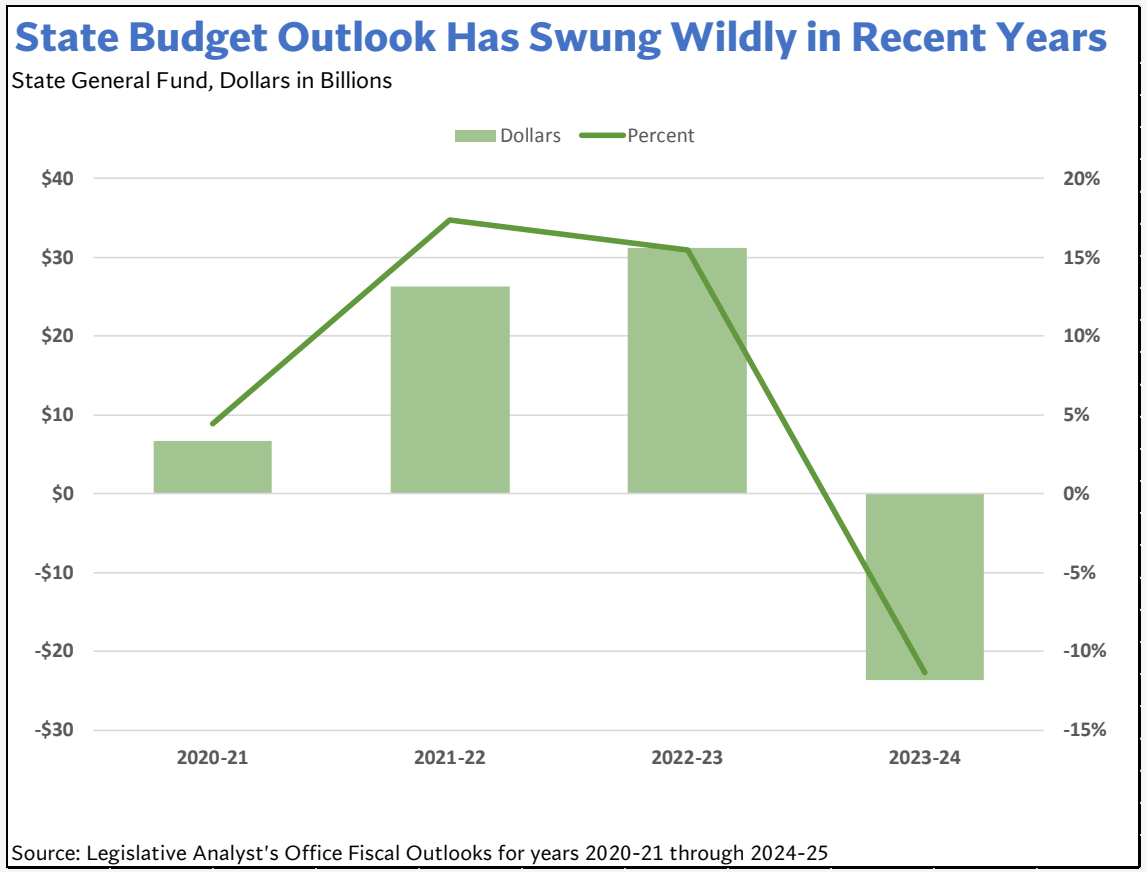
2023 Budget & More

California Hospital Association

2023-24 State Budget



State had a $32 billion budget problem to solve

- Fund shifts - $9.3 billion
  - E.g., Shifts $1.6 billion for zero-emissions vehicles to the Greenhouse Gas Reduction Fund
- Reductions and pullbacks - $8.1 billion
  - E.g., Withdrawal of planned $750 million payment to reduce principal balance on state's unemployment insurance loan
- Delays - $7.9 billion
  - E.g., Delay of $1 billion for zero-emission infrastructure
- New revenues - $3.6 billion
  - E.g., $3.4 billion from the managed care organization tax
- Borrowing from special funds - $2.7 billion
  - E.g., $230 million from special funds supporting health care functions

2023-24 Budget Act

Avoided painful cuts to core health care programs

- ✓ Maintains expansion of Medi-Cal coverage to undocumented adults
- ✓ Supports continued CalAIM implementation
- ✓ No cuts in Medi-Cal provider reimbursement
- ✓ Minor targeted delays in funding for health care workforce programs

Enacted health care budget solutions

- ❖ Funding from the managed care organization tax - **$8.3 billion** (over 4 years)
- ❖ Delay in funding for behavioral health infrastructure programs - **$716 million**
- ❖ Delay in the elimination of Medi-Cal fee-for-service checkwrite delay - **$378 million**
- ❖ Loans from special funds - **$230 million**

Reauthorized Managed Care Organization Tax

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History

- State has had a tax on managed care organizations (MCOs) for many years
- Recent versions taxed the Medi-Cal and commercial enrollment of MCOs at different levels, raising around **$1.5 billion** per year
- Minimal negative impact on premium payers
- Tax was allowed to lapse in January 2023
- Facing tougher fiscal conditions, in January the Governor proposed to extend the tax as is

Reauthorized MCO Tax

- Authorized through Assembly Bill (AB) 119 (2023)
- Effective April 2023 - December 2026
- Currently pending federal approval
- Raises over **$5 billion** annually
- Minimizes negative impact on premium payers
- Accompanying voter initiative likely on the November 2024 ballot

MCO Tax Spending Plan

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Commits the majority of revenues to improved provider payments

$11.1 billion for provider payments*

$8.3 billion to address the deficit*

*As measured over the life of the tax

Managed Care Organization (MCO) Tax Allocation

Spending Plan Agreed to Under the 2023-24 Budget Act, Dollars in Millions

	2024		2025/Annual	
	MCO Funds	Total Funds*	MCO Funds	Total Funds*
Hospitals				
Hospital/ED Access - Facilities			$255	$640
Outpatient Services - Facilities			$245	$610
Public Hospitals			$150	$380
Graduate Medical Education	$75	$75	$75	$75
Distressed Hospitals Fund	$150	$150		
Seismic - Small/Rural Hospitals	$50	$50		
Subtotals	**$275**	**$275**	**$725**	**$1,705**
Other Providers				
Behavioral Health - Throughput**			$300	$750
ED Access - Professionals			$100	$250
Family Planning			$90	$380
Ground Ambulance			$50	$130
Primary Care***	$241	$525	$691	$1,730
Primary Care Clinics			$50	$130
Specialty Care - Professionals			$575	$1,440
Workforce - Labor Management Committees			$75	$75
Subtotals	**$241**	**$525**	**$1,931**	**$4,885**
Provider Payment Increases	**$516**	**$800**	**$2,656**	**$6,590**

*Total funds include state (MCO) funds and federal funds. Figures reflect CHA estimates.

**An unknown portion will support hospital services for patients in behavioral health crisis.

***Includes the funding already declared for primary care, maternity care, and mental health services rate increases.

Other Key Budget Actions

California Hospital Association

Distressed Hospital Loan Program	• No-interest, potentially forgivable loans to qualifying hospitals at risk of closure or that have recently closed • Nearly $300 million to be distributed to 17 hospitals
Whole Child Model (WCM) Expansion	• Expands WCM, under which California Children's Services are delivered by Medi-Cal managed care plans, from 21 to 33 counties
Newborn Hospital Gateway	• Requires Medi-Cal presumptive eligibility program providers to report on the birth of a Medi-Cal-eligible newborn within 72 hours of birth
Reproductive Health Grants	• Provides $200 million (in 2024-25) to support capacity and access for qualified safety-net providers of reproductive health services
State Cost-Sharing Subsidy Program	• Provides $165 million ongoing to eliminate deductibles and reduce copays for eligible members of Covered California plans

OHCA Implementation Is Happening Now

Office of Health Care Affordability (OHCA) is making significant progress toward implementation

- OHCA staff have proposed the first years' spending targets
- Market oversight regulations are nearly finalized, and implement January 2024
- Data collection regulations have been proposed
- Standards related to alternative payment methodologies and workforce stability are being developed

Keep an eye out for educational events in early 2024!

2023 Labor and Employment Update

California Hospital Association

AB 1007 (Ortega): CalOSHA: Plume

- Under existing law, employers must provide a safe workplace for all employees
- AB 1007 requires, by December 1, 2026, CalOSHA to develop a regulation requiring the use of plume scavenging systems
- By June 1, 2027, the OSHA Standards Board must consider a regulation on the use of plume scavenging systems
- CHA secured some clarifying amendments but opposed the bill
- **TAKE HOME MESSAGE:** Stay tuned

SB 497 (Smallwood-Cuevas): Protected Employee Conduct

- Under existing law, employers cannot discriminate, retaliate, or take adverse action against an employee or applicant who files or participates in a complaint that they are owed unpaid wages.

- SB 497 creates a REBUTTABLE PRESUMPTION in the employee's favor that any adverse action taken within 90 days of an employee filing/participating in:

    a) Any DLSE complaint
    b) Any PAGA claim

- **<u>TAKE HOME MESSAGES:</u>**
    - ✓ Document, document, document
    - ✓ Revisit existing policies

SB 616 (Gonzalez): Paid Sick Days

- Existing law requires employers to provide at least 3 days of paid sick leave to eligible employees
- SB 616 requires employers to provide 5 days of paid sick leave using the same accrual method...
- ... BUT SB 616 reduces the accrual window for existing paid sick leave policies from nine months to six months and increase the leave amount
- ALSO: altered CBA exemption.
- **TAKE HOME MESSAGE:** Please review your sick leave policies

SB 848 (Rubio): Reproductive Loss Leave

- SB 848 requires an employer to grant up to 5 days of leave due to a reproductive loss.
    - Failed adoption/surrogacy
    - Miscarriage or stillbirth
    - Unsuccessful assisted reproduction
- Capped at 20 days within a 12-month period, and the leave must be taken within 3 months of the event.
- If there is no existing policy, reproductive loss may be unpaid or the employee may use PTO, sick leave, or other paid leave.
- **TAKE HOME MESSAGE:** Please review your sick leave policies

SB 428 (Blakespear): Temporary restraining orders.

- Since the beginning of the pandemic, aggression towards public-facing employees has grown exponentially in all industries.
- SB 428 (Blakespear) permits an employer or CBA representative to request a restraining order if their employee is harassed… **starting January 1, 2025**.
- **Take Home Message:** Stay Tuned.

SB 700 (Bradford): Employment discrimination: cannabis use.

- From the perspective of the Legislature, cannabis is a legal substance, just like alcohol or tobacco.
- Last year, the Legislature limited the use of pre-employment and employment drug testing for cannabis (AB 2188).
- SB 700 (Bradford): Prohibits employers from inquiring about past cannabis use, EXCEPT where the inquiry is permitted under existing state or federal law.
- **Take Home Message:** Revisit your cannabis testing/employment policies.

SB 525: The Health Care Minimum Wage

SB 525 (Durazo): Minimum Wage: Health care workers

- SB 525 creates FOUR different minimum wages:
  1) Hospitals/Health Systems with 10k+ FTE Employees
  2) Independent Rural Hospitals and Hospitals with a High Governmental Payor Mix
  3) Clinics
  4) Everyone Else

- All four minimum wages eventually lead to $25 per hour. The question is the timeline.

SB 525 (Durazo): Who is Covered?

- Broadly speaking, SB 525 covers two categories of employees:
  1) An employee of a health care facility who provides patient care, health care services, or services supporting the provision of health care
  2) Contract employees where the hospital has a joint employer relationship
- Examples of covered employees include nurses, janitors and EVS staff, guards, and food service workers
- Joint employer relationships exist when a separate company is the employer of record, but the hospital has control over the wages, hours, or working conditions of the contracted employee
- Employees who work more than 50% of their time at a single hospital are covered by the health care minimum wage

SB 525 (Durazo): Health Systems with 10k+ FTE Employees

- For health facilities with 10,000+ FTE employees, the health care minimum wage is as follows:
  1) June 1, 2024 to May 31, 2025: $23 per hour
  2) June 1, 2025 to May 31, 2026: $24 per hour
  3) June 1, 2026 to December 31, 2027: $25 per hour
- Starting on January 1, 2028, the minimum wage will annually increase at the lesser of 3.5% or the Consumer Price Index (CPI)
- HCAI will determine which health systems are covered by this minimum wage
- CHA expects that it will cover the 12 largest health care systems in California

SB 525 (Durazo): Independent Rural/High Gov. Payor

- For rural/high governmental payor hospitals, the health care minimum wage is as follows:
  1) June 1, 2024 to May 31, 2033: $18 per hour, with 3.5 percent increases annually
  2) June 1, 2033 to December 31, 2034, twenty-five ($25) per hour
- Starting on January 1, 2035, the minimum wage will annually increase at the lesser of 3.5% or the Consumer Price Index (CPI)
- HCAI will determine which health systems are covered by this minimum wage
- CHA expects that it will cover approximately 77 hospitals in California

SB 525 (Durazo): Everyone Else

- For all other health facilities, the health care minimum wage is as follows:
  1) June 1, 2024 to May 31, 2026: $21 per hour
  2) June 1, 2026 to May 31, 2028: $23 per hour
  3) June 1, 2028 to December 31, 2029: $25 per hour
- Starting on January 1, 2030, the minimum wage will annually increase at the lesser of 3.5% or the Consumer Price Index (CPI)
- CHA expects this wage category to cover the majority of our members

SB 525 (Durazo): Miscellaneous

- Exempt employees must be paid the salary equivalent of the greater of either of the following:
  1) 200% of the state minimum wage (existing law)
  2) 150% of the health care minimum wage
- SB 525 preempts all local initiatives or ordinances on compensation until January 1, 2030
- SB 525 preempts all local initiatives or ordinances from creating a health care specific minimum wage until January 1, 2034

2023 Behavioral Health Issues

California Hospital Association

SB 43 (Eggman) LPS Act

Changes to "gravely disabled" definition, effective January 1, 2034

- A condition in which a person, as a result of a mental health disorder, *a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder,* is unable to provide for *their* basic personal needs for food, clothing, ~~or shelter.~~ *shelter, personal safety, or necessary medical care.*

- A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, ~~or shelter.~~ *shelter, personal safety, or necessary medical care.*

Counties may delay implementation of SB 43 to 2026.

SB 43, continued

Definitions

- ***"Severe substance use disorder"*** *means a diagnosed substance-related disorder that meets the diagnostic criteria of "severe" as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.*

- ***"Personal safety"*** *means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to this part.*

- ***"Necessary medical care"*** *means care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in Section 15610.67.*

SB 43 Issues to Consider for Local Planning

CHA Resource for Members

https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:b50ffaf7-3c6b-3b54-9feb-4e8fb960f2d3 – or request a copy via email at kbarlow@calhospital.org

- **What local entities could be impacted?** (More than 20)
- **Who will respond and how will they identify the new population?**
- **Where will individuals go for evaluation and assessment?**
- **What options exist for treatment?**
- **How can local coordination among agencies be established?**

Taking the Next Step to "Modernize Behavioral Health"

SB 326 (Eggman) Modernizing the Mental Health Services Act

- Renames the law to the "Behavioral Health Services Act"
- New spending categories
  - 35% for full-service partnerships
  - 35% other behavioral health services
  - 30% for housing interventions
- Target pop. includes moderate/severe SUD (without solely serious mental illness)

AB 531 (Irwin) General Obligation Bond to Fund Treatment Settings & Housing

- $6.38 billion for 10,000 new beds that serve 100,000 annually
  - Of this amount, $2.893 billion will be made available for BHCIP.

Culminates in Proposition 1 on March 2024 Ballot: "Treatment Not Tents"

Additional Bills & Regulations Impacting Hospitals

California Hospital Association

AB 40: Ambulance Patient Offload Time (APOT)

- By 7-1-24, local emergency medical services agencies (LEMSAs) must establish an APOT standard, not to exceed 30 minutes, 90% of the time.
- By 9-1-24, hospitals must submit an APOT reduction protocol to the Emergency Medical Services Authority (EMSA). Must consult with ED staff and union.
- By 12-31-24, when a hospital has exceeded the APOT standard for the preceding month, EMSA must report this to the LEMSA, which must then:
  - Alert all EMS providers in their jurisdiction
  - Direct the hospital to implement its APOT reduction protocol
  - Host bi-weekly calls with relevant hospital administrators and other stakeholders
- EMSA must
  - By 12-31-24, implement an electronic signature protocol for use by ED and ambulance staff to record ambulance arrival/offload times
  - By 12-31-24, implement an audit tool to improve the accuracy of transfer of care data
- No financial penalties (yet!)

AB 1286: Pharmacy

- Reporting pharmacy medication errors
  - *Background: Existing law requires hospitals report medication errors to CDPH only if the error leads to patient death or serious disability*
  - New law: report — within 14 days — **other** errors where the medication is incorrectly dispensed, even if there is no patient injury (no duplicate reporting required)
  - BOP will identify the entity(ies) authorized to receive and analyze these reports

HCAI: Hospital Fair Pricing Policies Regulations

Charity care: billing and collections – new regs take effect 1-1-24

- Enforcement transferred to HCAI (no longer CDPH). Requirements about:
  - Eligibility determination letters, taglines
  - Policies and notices
  - Signage, website language
  - Responding to patient/HCAI complaints
- HCAI will review policies for compliance, may visit hospitals to inspect signage, etc.
  - Penalties for late filing, noncompliance with legal requirements

AB 1392: Supplier Diversity

- Starting 7-1-25, submit plan to HCAI to increase procurement from minority, women, LGBT, and disabled veteran businesses (AB 1392)

- Similar to currently-required report, but plan must also include:
  - The planned and past implementation of relevant recommendations made by the HCAI's hospital diversity commission
  - How the hospital resolves any issues that may limit or impede an enterprise from becoming a supplier
  - A "diverse business outreach liaison"

- HCAI responsibilities:
  - Post plans on its website
  - May review hospital plans for completeness, issue late fine of $100/day

- Applies to system hospitals ≥ $25 million annual operating expenses ($50 million for standalone hospitals)

SB 253 and 261: Climate Change

- Climate change
  - Report annual greenhouse gas emissions – businesses with annual revenue ≥ $1 billion (SB 253)
  - Report climate-related financial risk – businesses with annual revenue ≥ $500 million (SB 261)
  - Regulations coming from California Air Resources Board (CARB)

AB 242: Physician Employment

- *Background: AB 2024 (2016) authorized Critical Access Hospitals to employ physicians and charge for professional services rendered by them.*
  - *Required that medical staff concur by an affirmative vote that the physician's employment is in the best interest of the communities served by the hospital*
  - *Hospital must not interfere with, control, or otherwise direct physician's professional judgment in a manner prohibited by law*
  - *Was set to expire on 1-1-24*

- AB 242 eliminates the 1-1-24 expiration date, **extending permanently the authority for Critical Access Hospitals to employ physicians directly**
- Eliminates hospital's annual reporting requirements to HCAI

AB 1740: Human Trafficking Signage

- *Background: Existing law requires emergency departments and urgent care centers to post human trafficking informational signs at the public entrance or in another conspicuous location*

- This bill adds facilities that provide "pediatric services" -- all medical services rendered by any licensed physician to persons from birth to 21 years of age, including attendance at labor and delivery

- Signs and required languages for each county are found at the Department of Justice's website: https://oag.ca.gov/human-trafficking/model-notice

AB 904: Doula Coverage

- By 1-1-25, payers must develop a maternal and infant health equity program that addresses racial health outcome disparities through the use of doulas
- Medi-Cal managed care plan satisfies this requirement by providing coverage of doula services
  - DHCS issued standing MD order for Medi-Cal patients
- Note existing law: Patients have a right to visitors of their choosing (T22, CoP for patients' rights)
  - This includes doulas
  - Exceptions: limited space, infection control, disruption, roommate privacy, etc.
  - When a hospital adopts policies that limit or restrict patients' visitation rights, the burden of proof is on the hospital to demonstrate that the visitation restriction is reasonably necessary to provide safe care

Recommendation: Written Doula Policy

- A hospital must have **written** policies and procedures regarding the visitation rights of patients, including:
  - Any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights, and
  - The reasons for the clinical restrictions or limitations

- Hospitals must inform each patient **in writing** of visitation rights – include sufficient detail on hours, clinical and other restrictions

- DHCS political pressure; legislation coming?

AB 665: Minors' Consent to Mental Health Services

For minors ≥ 12 who consent for their mental health treatment, counseling, or residential services:

- **Eliminates requirement** that minor either
  - Present a danger of serious physical or mental harm to themselves/others without the services OR
  - Be an alleged victim of rape or incest
- **Adds requirement** that treating professional must **first consult with the minor** before determining that involvement of minor's parent/guardian in minor's mental health treatment or counseling would be inappropriate
- **Expands** definition of "professional person" providing services to incorporate the definition in Health & Safety Code § 124260

New version effective 7-1-24

AB 816: Minor Consent to Buprenorphine

Background: Existing law expressly exempts "narcotic replacement" therapy from the kinds of services to which a minor may self-consent.

- Allows a minor ≥ 16 to self-consent to receiving medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy, but only if/to the extent expressly permitted by federal law
- Clarifies that a minor ≥ 16 may self-consent to opioid use disorder treatment that includes buprenorphine
  - Applies to physician's office, clinic, or health facility
  - Treatment must be by licensed physician or other health care provider acting within the scope of their practice

SB 302: Compassionate Access to Medical Cannabis Act

- Expands Ryan's Law, which allows medical cannabis access in health facilities, to:
  - Patients > 65 **and**
  - Have a chronic disease for which patient has a physician's assessment declaring that the patient has a serious medical condition (per Compassionate Use Act, § 11362.7(h)) and that the use of medicinal cannabis is appropriate
  - Notwithstanding this, a general acute care hospital **"shall not permit a patient with a chronic disease to use medicinal cannabis."**
- Adds **licensed home health agencies** to those subject to medical cannabis access requirements, with modifications
  - Limits prohibition on smoking/vaping to immediately before or while agency staff are present
  - Exempts home health agencies from requirements applicable to other facilities
    - Secure storage of medicinal cannabis in a locked container

SB 302: Compassionate Access to Medical Cannabis Act

- Removal/disposal upon discharge
- Development and dissemination of written guidelines for use and disposal; staff training on them

- Prohibits health facilities from denying admission because of patient's use of medicinal cannabis
- Expands/clarifies circumstances under which a health care facility may suspend compliance
  - Adds **an inquiry** about the facility's activities in connection with use of medicinal cannabis under Ryan's Law by a federal regulatory agency, US DOJ, or CMS
  - Specifies that **"enforcement action" includes a notice to suspend funding**
  - Adds "**guidance**" to what constitutes notification to a health care facility prohibiting use of medical marijuana in health care facilities

SB 385: PA Abortion Scope of Practice, Training

- Allows a physician assistant (PA) who has completed specified training and achieved clinical competency to perform abortions by aspiration technique without personal presence of supervising physician (unless specified in practice agreement)

AB 1697: Authorization for Release of Information

- Revises the Confidentiality of Medical Information Act (Civil Code) to allow for electronic signatures to authorize disclosure of medical information and genetic test results (this was already allowed by the Health and Safety Code)

- Allows an authorization form to specify an expiration "event" rather than requiring a date (now aligned with HIPAA)

- The expiration date or event must limit the duration of the authorization to one year or less, unless
  - The person signing the authorization requests a specific date beyond a year or
  - The authorization is related to a clinical trial or medical research study, in which case the authorization can extend no longer than the completion of the trial or study

- The authorization form must advise the person signing it of the right to receive a copy

AB 352: Sensitive Services

- Intent: give special protections to information about abortion, contraception, gender transition services

- By 7-1-24, certain businesses (such as EHR developers) must develop the capability of segregating the above info to limit user access, prevent disclosure/transmission outside CA
  - Does not apply to providers

- Starting 1-1-24, providers may not cooperate with out of state investigators, or provide medical information to them, related to abortion, unless patient consents
  - Same with federal law enforcement agencies, unless required by federal law
- Starting 1-1-24, providers cannot allow abortion information to be shared out-of-state through HIE, unless specific patient authorization obtained (some exceptions)
  - No liability until 1-31-26 if trying to comply
  - Exception to state's DxF

AB 48: SNF Informed Consent

- Requires informed consent for psychotherapeutic drugs (drugs to control behavior or to treat thought disorder processes, excluding antidepressants)
  - Right to be free from psychotherapeutic drugs used for purposes of resident discipline, convenience, or as a chemical restraint (except per 22 CCR §§ 72528, 73524(e))
  - Must provide "material information": the information a reasonable person in the resident's condition and circumstances would consider material to a decision to accept or refuse the drug
    - Information specified in 22 CCR §§ 72528 (informed consent) and 73523 (patients' rights) **plus**
    - New statutory requirements, including
      - Whether the drug has a current boxed warning label along with a summary of, and information about how to find, the contraindications, warnings, and precautions required by the FDA
      - Whether a proposed drug is being prescribed for a purpose that has or has not been approved by the United States Food and Drug Administration

AB 48: SNF Informed Consent

- Detailed requirements for obtaining and documenting informed consent
  - Prescriber must personally examine the resident, disclose material information, and obtain the written informed consent (remote technology OK)
  - Facility staff must verify that resident's health record contains signed consent before initiating treatment with psychotherapeutic drugs
    - If prescription was written prior to and encompasses resident's admission, facility staff must verify that informed consent was given and document that in the record
  - If can't obtain signature of patient/representative, licensed nurse must sign the form and verify that they confirmed informed consent with resident/representative, providing the name of the person who provided the informed consent and date
  - Facility to provide written notice every 6 months to resident/representative of any recommended dosage adjustments and resident's right to revoke consent
- CDPH to develop standardized informed consent form to be available by 12-31-25

AB 48: SNF Informed Consent

- Residents' rights P & Ps concerning informed consent must specify how facility will verify that resident provided informed consent or refused treatment/procedure pertaining to administration of psychotherapeutic drugs
- Facility not required to obtain informed consent each time a drug is administered absent change in material circumstances or risks
- **Right to appeal:** Established LTC resident's right to appeal an involuntary transfer or discharge through appeal process in 42 CFR § 483.204 **regardless of resident's payment source or whether the facility is Medi-Cal or Medicare certified**.

AB 1309: SNF Discharges

- Within 48 hours of giving required written notice of involuntary transfer or discharge, LTC must provide resident/representative:
  - Evaluation of resident's discharge needs and discharge plan as required by federal law or most current discharge plan; and
  - If transfer/discharge is because resident's needs cannot be met, all of the following (if not in most current discharge plan)
    - Written description of the specific resident's needs that cannot be met;
    - Facility attempts to meet the resident's needs; and,
    - Services available at the receiving facility that meet the resident's needs
- Prior to proposed transfer/discharge, facility must provide a copy of the discharge summary
- If transfer or discharge appeal hearing is requested, resident/representative must be able to examine, prior to and during the hearing, all documents and records to be used by the facility at the hearing.
  - Facility has same access rights to resident's hearing evidence

AB 1417: Elder and Dependent Adult Abuse

- Abuse that is known, suspected, or alleged:
  - Report immediately or as soon as practically possible by phone or confidential internet reporting tool
  - If initial report is by phone, must be followed by a written or internet report within two working days
    - Abuse defined in Welf. & Inst. Code § 15610.63: physical abuse as specified or physical or chemical restraint or psychotropic medication under specified conditions
- Abuse occurring in LTC facility (excluding state mental health hospital or state developmental center)
  - Abuse allegedly caused by **another resident who has been diagnosed with dementia** by licensed physician AND there was **no serious bodily injury**
    - Written report within 24 hours to LTC ombudsman and local law enforcement only

AB 1417: Elder and Dependent Adult Abuse

- All other instances:
  - Verbal report to local law enforcement agency as soon as practically possible, but no longer than two hours
  - Written report within 24 hours to all of the following:
    - LTC ombudsman
    - Local law enforcement agency
    - Corresponding state licensing agency

AB 979: LTC Facilities: Family Councils

- Permits family council to meet virtually or at an offsite location (in addition to common meeting room of facility)
- SNFs and ICFs: requires that family council approve the designated staff liaison
  - All can request alternate staff person as needed
- Facility must provide written response to family council's written requests, concerns, recommendations
  - Within **14 calendar days** (previously 10) regarding action/inaction taken in response and
  - Provide rationale for response
- Must notify family members/representatives of new residents of family council within 5 business days after admission or, if no family council exists, of their right to form one
- Requires facilities to provide names, email addresses, and other contact info for each resident's representatives, family members or other designated individuals with resident's written consent

Resources

- CHA's *2023 Report on Legislation*
- https://leginfo.legislature.ca.gov
- CHA staff

Questions

California Hospital Association

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Thank You

Thank you for participating in today's webinar.

For education questions, contact: education@calhospital.org