




California Hospital Association

Key State Issues June 4, 2008

Following a brief pause for the June 3 primary election, the focus of legislative activity now turns to Senate and Assembly policy committees as those committees hear bills that have passed their house of origin.

Progress				CHA Key State Issues	
Objectives Achieved	Work in Progress	CHA Position	Advocacy Focus		
	X	Support health care reform consistent with CHA Board principles Oppose: SB 840		<p>Health Coverage Expansion/Health Care Reform. Notwithstanding the defeat in January of ABX1 1, (Núñez), the CHA-supported legislative component of the Governor’s health care reform proposal, the Governor is committed to enacting comprehensive health care reform. During May the Governor convened meetings with stakeholders and has unveiled a phased two-year approach to achieving comprehensive reform. Dozens of pending bills address a range of issues, many of which had been elements of comprehensive reform proposals. This report lists key bills by subject matter on a variety of those subjects including insurance reforms, balance billing, price and quality transparency, patient safety and other issues. SB 840 (Kuehl) would replace California’s current public and private health coverage with a tax-financed single payer system (<i>Assembly Appropriations</i>).</p>	
	X	Advocate CHA budget priorities. Protect: Medi-Cal funding and payments and the health care safety net Support: AB 308	<p>FY 2008-09 proposed state budget and related bills</p> <p>FY 2007-08 state budget deficit reduction proposals</p> <p>Litigation AB 308</p>	<p>State Budget. On May 14 the Governor unveiled the May Revision to his proposed FY 2008-09 state budget. Because of an unprecedented \$17.2 billion deficit, even after taking into account the cuts enacted in February, the May Revision proposed substantial additional cuts to health care and other programs. Details on the additional reductions proposed in the May Revision were reported in a CHA memo to members issued May 14. On May 5 CHA joined other organizations representing health care providers in filing a class action lawsuit seeking an injunction to block the planned 10 percent cut in Medi-Cal payments enacted and signed in February. Specific reductions enacted in February included: a one month hold on Medi-Cal payments to occur before January 1, 2009; and, starting July 1, 2008, a 10 percent cut in Medi-Cal fee-for-service payments to non-contract hospitals; a 10 percent cut in Medi-Cal hospital outpatient payments; a 10 percent cut in Medi-Cal payments to hospital sub-acute and distinct part skilled nursing facilities; and a 10 percent cut in Medi-Cal payments to physicians and mid-level practitioners. Services <i>exempt</i> from payment reductions enacted in February included: acute hospital inpatient services under a CMAC contract; provider payments funded by Certified Public Expenditures or Intergovernmental Transfers; and payments for Rural Health Clinic and Federally Qualified Health Center services. More information on the new proposed budget reductions will be reported in an upcoming <i>Budget Watch</i>. CHA is working with the Regional Associations on aggressive grassroots and public advocacy efforts. CHA-supported AB 308 (Galgiani) would double the size of the Medical Providers Interim Payment Fund used to pay providers for Medi-Cal services in the event the new fiscal year begins without a state budget having been enacted and signed (<i>Senate Health—June 11</i>). Please watch for special reports on new developments and respond to requests for grassroots advocacy on state budget issues.</p>	

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HAZUS adopted by CBSC for use by OSHPD as permanent building code standard	X	Support: AB 1304 AB 2216 AB 3028 SB 1272 Oppose: AB 2966	Legislation OSHPD	Seismic Mandate and Facility Issues. CHA continues working to secure modification of the unfunded seismic mandate on hospitals. CHA supports changes that address the deadlines, building evaluation methodology, funding, and plan review process and criteria and is working with the Office of Statewide Health Planning and Development (OSHPD) on implementation and application of HAZUS, the state's new building evaluation methodology. On May 21, the California Building Standards Commission (CBSC) adopted the OSHPD proposal for use of HAZUS as a permanent building code standard. AB 1304 (Smyth) would require until Jan. 1, 2009 that all regulatory submissions to the CBSC made by OSHPD relating to the seismic mandate be considered emergency regulations (<i>Senate Health—(second house policy committee)</i>). CHA-sponsored AB 2216 (Gaines) would extend the sunset date for monthly rather than weekly testing of diesel backup generators to Jan. 1, 2011 (<i>Senate Health-June 11</i>). AB 2966 (Lieber) would, effective January 1, 2013, place all inspectors of record under the jurisdiction of OSHPD (<i>Passed Assembly May 28</i>). Among other things, AB 3028 (Salas) would permit electronic plan review and approval by OSHPD and would enhance OSHPD's over-the-counter option to expedite the plan review process (<i>Passed Assembly May 28</i>). SB 1272 (Cox) would increase the Cal-Mortgage Loan Insurance program small project loan amount from \$5 to \$10 million, thereby increasing the number of loans eligible for insurance of 95% of the construction cost for (<i>Assembly Health—June 10</i>).	
AB 2298 held by author	X	Oppose: AB 371 SB 894 AB 2942 AB 2298 SB 1221	Listed bills CHFFA	Community Benefits/Not-for-Profit Hospital Issues. CHA continues to work with the Legislature, OSHPD, the Board of Equalization (BOE) and the California Health Facilities Financing Authority (CHFFA) on issues of concern to not-for-profit hospitals. SB 894 (Ducheny) would prohibit the Attorney General from consenting to a health facility or transaction in which the seller has not allowed for a public offering and exposure in the open market and considered any competing offers to the sale and would authorize the Attorney General to not consent if all or a large part of the net proceeds will not be kept in the affected community (<i>Assembly Inactive file</i>). AB 2942 (Ma) would require hospitals, regardless of tax status , (as well as nonprofit Health and Safety Code Section 1206 (I) clinics), to develop and implement community benefit plans in a standardized format using a uniform calculation methodology to quantify community benefits information. The bill also would require community involvement and oversight in plan development and implementation (<i>Senate Health—June 18</i>). AB 2298 (Hayashi) would have required each hospital to allocate at least 50% of money that it uses to implement its community benefits plan to fund specified programs to eliminate racial, ethnic and gender health disparities (<i>Held by author in Assembly Health</i>). SB 1221 (Kuehl) would require any local government or joint powers authority that provides financing to a nonprofit health facility demonstrate that the project is financially feasible and that the facility performs significant community service (<i>Passed Senate May 27</i>). On May 29, the CHFFA Board unanimously adopted a policy on "significant community service" that is less rigid than a CHA-opposed approach advocated by SEIU and CNA. The CHFFA policy is not intended to supplant SB 1221 ; it could become a policy statement for how CHFFA would implement SB 1221 if enacted. CHA continues to seek amendments to the bill. See also AB 371 (Huffman) discussed below under Workforce Issues .	


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<p>AB 1894 amended to delete testing mandate on hospitals</p> <p>AB 2207 held</p>	X	<p>Follow as Amended: AB 1894</p> <p>Oppose/ Amend: AB 2207</p> <p>Oppose: AB 2702</p> <p>Follow: SB 1738</p>	Legislation	<p>Emergency Services. CHA continues to seek and advocate solutions to the emergency services crisis, including the growing crisis of call-panel physician availability for hospital emergency departments. As introduced, AB 1894 (Krekorian) would have required hospitals that provide emergency medical care to offer patients testing for HIV and for AIDS regardless of whether the testing is related to a primary diagnosis. The bill was amended April 7 to delete the requirement on hospitals and instead require plans and insurers to provide testing for HIV and AIDS regardless of whether the testing is related to a primary diagnosis (<i>Passed Assembly May 27</i>). AB 2207 (Lieu) would have required each hospital to assess the condition of its emergency department every 3 hours and calculate and record a NEDOCS (overcrowding) score. It also would have required hospitals to adopt “full capacity” protocols for each category of the NEDOCS overcrowding scale (<i>Held on Assembly Appropriations suspense file</i>). AB 2702 (Núñez) would require counties to distribute Maddy and Proposition 99 EMS funds to physicians who provide emergency services in urban standby emergency departments meeting requirements specified in the bill (<i>Senate Health—June 18</i>). SB 1738 (Steinberg) would create the Frequent Users of Health Care Pilot Program, designed to reduce participants’ use of hospital emergency departments when more effective care can be provided in less costly settings, to be implemented only if federal financial participation and necessary federal approvals are obtained (<i>Passed Senate May 29</i>).</p>	
	X		EMSA CDPH	<p>Disaster Preparedness. CHA continues working to improve planning and preparedness for disasters, focusing during 2008 on surge capacity, communications and preparedness for moderate and large-scale events. The first draft of the California Disaster Medical Operations Manual (CD-MOM) has been released. CHA provided initial feedback on the draft to the Emergency Medical Services Authority (EMSA) at a meeting in February.</p>	
	X	<p>Oppose: AB 2400 AB 2741 SB 1688 SB 1351 SB 1734</p>	Listed Bills	<p>Hospital Closures, Changes in Services and Transfers of Assets. As amended May 5, AB 2400 (Price) would impose new notice requirements before and after a hospital closes a service or relocates a supplemental service to a different campus (<i>Senate Health—June 18</i>). SB 1688 (Ridley-Thomas) would require for-profit owners or operators of hospitals in specified circumstances to maintain or increase levels of care and services of individual hospitals on a year-to-year basis (<i>Passed Senate May 27</i>). AB 2741 (Torrice) would require DPH, in evaluating an application for licensure, to obtain a health impact analysis to determine whether the transaction may create a significant effect on the availability or accessibility of health care services and whether the transaction is in the public interest if the applicant has not met certain existing statutory requirements relating to the sale or transfer of the assets of nonprofit corporation that operates or controls a facility that provides health care (<i>Passed Assembly May 28</i>). SB 1351 (Corbett) would impose multiple new restrictions and requirements relating to the transfer of assets from a health care district to a not-for-profit or for-profit entity (<i>Passed Senate May 27</i>). SB 1734 (Kuehl) would prohibit a REIT that owns property on which a hospital is situated from taking any action that would result in a reduction of care. DPH would be required to establish a mediation process to resolve any dispute between the REIT and the operator of the hospital, if the dispute may result in hospital closure (<i>Passed Senate May 28</i>).</p>	

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<p>AB 2653 held by author</p> <p>AB 2910 gutted and amended by author</p> <p>AB 2220 amended</p>	<p>X</p>	<p>Oppose: AB 2653 SB 1300 AB 1554</p> <p>Oppose/Amend: AB 1203</p> <p>Letter of Concern, then follow as amended: AB 2220</p> <p>Follow: AB 1150 AB 1155 AB 1945 SB 1553 SB 1440 AB 2549 AB 1525</p> <p>Approve: SB 1522</p> <p>Follow as Amended: AB 2910</p>	<p>Legislation, regulatory advocacy, and litigation</p>	<p>Health Care Coverage Practices and Plan-Provider Relationships. Many bills have been introduced on health care coverage issues. AB 1155 (Huffman) would impose new requirements on DMHC regarding underpayments by plans to providers and unfair payment patterns (<i>In Assembly for concurrence in Senate amendments</i>). AB 1203 (Salas) would prohibit a noncontracting hospital from billing a covered patient for post-stabilization care if the hospital fails to contact the patient’s plan (<i>Senate Health—June 18</i>). AB 2653 (Garcia) would have authorized a plan participating in Healthy Families or the Medi-Cal program to request a “hospital access pass” if the plan is unable to reach an agreement with a hospital and would require hospital services to be provided thereafter at rates set by CMAC (<i>Held in Assembly Health</i>). AB 1554 (Jones) would, with some exceptions, require advance approval of increases in premiums, copayments, deductibles, and other charges by a plan or insurer (<i>Failed Senate Health—reconsideration granted</i>). AB 2220 (Jones) would have enacted significant new regulation of contractual rights and obligations among physicians, physician groups, health plans and hospitals; it was amended to provide for arbitration of contract disputes between plans and hospital-based physicians (<i>Passed Assembly May 28</i>). SB 1553 (Lowenthal) would impose new requirements on health plans (<i>Passed Senate May 29</i>). AB 2910 (Huffman) would have prohibited construing existing law to relieve health plans of liability for the medical decisions made by delegated medical groups. The bill had unintended effects on MICRA which were discussed with the author. It was gutted and amended by the author to use for a different purpose (<i>Passed Assembly May 28</i>). SB 1300 (Corbett) would prohibit a contract between a health care provider and a plan or insurer from restricting the ability of the provider to furnish health care pricing or quality information to subscribers, enrollees, or insureds (<i>Assembly Health</i>). SB 1522 (Steinberg) would require plans and insurers offering individual coverage to offer coverage in each of five coverage categories (<i>Passed Senate May 27</i>). AB 1150 (Lieu) would prohibit specified incentives and practices regarding rescission or cancellation of coverage (<i>Senate Health—June 11</i>). AB 1945 (De La Torre) would require insurers and plans to obtain final approval of their regulator prior to rescinding, canceling, or limiting a plan contract or insurance policy (<i>Passed Assembly May 27</i>). SB 1440 (Kuehl) would require at least 85 percent of health plans’ payments from enrollees be spent on health services (<i>Passed Senate May 27</i>). SB 1525 (Kuehl) would add a review of the procedures for making determinations of medical necessity to existing requirements regarding periodic onsite surveys of health plans’ medical delivery systems, (<i>Assembly Health</i>). AB 2549 (Hayashi) would prohibit plans and insurers from rescinding coverage for any reason after six months following its issuance (<i>Senate Health—June 11</i>).</p>

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AB 2644 held by author		Support/ Amend: AB 2440 Support: SB 1169 Oppose: AB 2644		<p>Billing/Reimbursement Issues. AB 2440 (Laird) would require CHCS to update diagnostic and reimbursement codes (ICD-9, CPT, and HCPCS) with 60 days of their publication by CMS and AMA and to ensure the fiscal intermediary updates the Medi-Cal database appropriately and timely (<i>Senate Appropriations—June 23</i>). AB 2644 (Huff) would have required hospital bills to provide in plain English a description of the medical procedure or services for which a patient is billed (<i>Held by author in Assembly Health</i>). (See also AB 2146 immediately below which would prohibit billing a patient or insurer for care related to an adverse event.) SB 1169 (Runner) would extend the Jan. 1, 2009 sunset date on current law relating to payment for services rendered to patients who are in the custody of local law enforcement agencies (<i>Assembly Public Safety—June 10</i>). (Current law is a compromise between hospitals and law enforcement agencies initially enacted in 2005. It allows sheriffs and police chiefs to negotiate contracts with hospitals and other health care providers for emergency and non-emergency care for people in their custody and requires that hospitals not under contract be paid at a rate equal to 110 percent of the hospital’s actual costs.)</p>	
	X	Oppose: AB 2967 Oppose/ Amend: AB 2146 Pending: SB 158 SB 1058	Listed bills OSHPD	<p>Patient Safety/Quality/Reporting/Disclosure. CHA supports universal rational and valid patient-safety and quality indicators and reporting mechanisms, and is participating in development and promotion of meaningful metrics and processes, specifically, through the California Hospitals Assessment and Reporting Task Force (CHART). (Online at: CalHospitalCompare.org). CHA supports adoption of CHART as the single standard tool by which plans and insurers would measure hospital quality. CHA supports appropriate and meaningful transparency for prices, processes and outcomes for hospitals, physicians, pharmacists, insurers, health plans and other health care stakeholders. On May 2, 2008, the CHA Board approved the development of a statewide central-line infection reduction program by CHA/California Hospital Patient Safety Organization (CHPSO); and endorsed in concept a statewide patient safety education program. CHA/CHPSO works in cooperation with the Regional Associations and other stakeholders. CHA opposes prescriptive, redundant or excessively burdensome requirements. SB 158 (Florez) was amended March 11 to impose significant new requirements on hospitals relating to health care associated infection (<i>Assembly Health—June 24</i>). SB 1058 (Alquist) would impose new requirements and fees on health facilities relating to screening, control, tracking and reporting of methicillin-resistant staph infections (<i>Passed Senate May 27</i>). CHA has not taken a position on the bill, but is working with the author to harmonize the bill with existing infection control initiatives. AB 2967 (Lieber) would, independently of comprehensive health care reform, establish a Health Care Cost and Quality Transparency Committee to develop and recommend to the Secretary of Health and Human Services a health care cost and quality transparency plan and would require the Secretary to implement the plan (<i>Senate Health—June 18</i>). AB 2146 (Feuer) would prohibit a health care provider from billing a patient or a patient’s insurer for an adverse event that occurs while the patient is in the care of the provider, or for the care provided by the health care provider to treat or correct the consequences of the adverse event (<i>Senate Health</i>).</p>	

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AB 2661 held by author	X	Support: AB 55 AB 2120 Oppose: AB 2661	Legislation OSHDP Cal-RHIO PSAB	Health Information Technology. Fostering the development and implementation of health information technology is the subject of public/private efforts including the California Regional Health Information Organization (CalRHIO) in which CHA is participating. Assuring privacy and security is essential to the electronic exchange of health information. CHA participates as a member of the Privacy and Security Advisory Board (PSAB), a private and public collaboration to address and coordinate health information exchange privacy and security efforts in California. CHA-sponsored AB 55 (Laird) would broaden allowed technology sharing among hospitals and physicians (previously limited to e-prescribing only) and would bring California law into compliance with the revised federal law, creating a safe harbor for those engaging in IT sharing (<i>Senate B&P—June 9</i>). As amended March 24, AB 2120 (Galgiani) would extend the Jan. 1, 2009 sunset date to Jan. 1, 2013 on a statute that authorizes the Medi-Cal program to reimburse for teleophthalmology and teledermatology by store and forward (<i>Senate Health—June 11</i>). AB 2661 (Dymally) would have made several problematic changes to the Telemedicine Practice Act (<i>Held by author in Assembly Health</i>).
		Follow: SB 1415		Medical Records. SB 1415 (Kuehl) would require non-hospital health care providers to provide patients, when an initial patient record is created, a notice to be signed by the patient explaining the provider's records retention policy and would require notice before records could be destroyed (<i>Passed Senate May 27</i>).
AB 2516 held by author	X	Support: SB 1270 Oppose: AB 2516	Listed bills	Pharmacy/Pharmaceuticals. SB 1270 (Cedillo) would delay the required implementation date of pharmaceutical pedigree tracking, would mandate that a pedigree accompany each distribution of a dangerous drug and would authorize the Board of Pharmacy to defer the compliance date to an unspecified date (<i>Assembly B&P—June 17</i>). On March 25 the state Pharmacy Board voted to delay the pedigree tracking requirement to Jan. 1, 2011. AB 2516 (Mendoza), commencing Jan. 1, 2010, would require all prescribers to ensure that prescriptions be electronically transmitted to the patient's pharmacy of choice (<i>Assembly B&P</i>).
AB 1468 held AB 364 amended, then held	X	Oppose, then Support as amended: AB 364 Oppose: AB 1468	Listed bills	Patient Transport/Patient Discharge Policies. CHA-opposed SB 275 (Cedillo) to restrict patient transfers on discharge reached the Governor's desk in 2007 but was vetoed. As introduced, AB 364 (Berg) would have required that hospital discharge policy inform patients of home and community-based options prior to discharge, and would have required preadmission screening before an older adult is transferred to any skilled nursing facility. The bill was amended to replace the preadmission screening mandate with a pilot program, at which time CHA changed its position to support. (<i>Held in Assembly Appropriations—Jan. 24</i>). CHA-opposed AB 1468 (Garrick) would have added citizenship status to the discharge abstract data hospitals are required to record on each patient (<i>Failed passage—Assembly Health Committee—Jan. 8, 2008</i>).
AB 2910 gutted and amended by author	X	Concern until amended then follow: AB 2910	MICRA litigation/legislation. Civil justice legislation	MICRA/Civil Justice Issues. CHA continues to work through Californians Allied for Patient Protection (CAPP) with other interested parties to protect the Medical Injury Compensation Reform Act (MICRA) legislatively and in court. CAPP advocacy deterred introduction of bills to amend MICRA during 2007. CHA also continues to support broader civil justice reform legislation and oppose problematic legislation through participation in the Civil Justice Association of California (CJAC). CAPP and CJAC raised health care providers' concerns with AB 2910 (Huffman) (discussed above under Health Care Coverage Practices and Plan-Provider Relationship) regarding the potential impact of the bill on MICRA and other civil justice issues.

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		Support: AB 2375 SB 1393 SB 1620 SB 1621 AB 2128	Listed bills	Health Care Workforce Shortages. CHA continues to address health care workforce shortages through legislation, and public advocacy. AB 2375 (Hernandez) would require OSHPD to establish a health care workforce task force to assist in the development of a health care workforce master plan for California (<i>Passed Assembly May 29</i>). SB 1393 (Scott) would clarify existing law to prohibit CSUS and community colleges from requiring registered nursing students with baccalaureate degrees to take courses not unique and exclusively required to earn a nursing degree (<i>Assembly Higher Ed—June 24</i>). SB 1620 (Ashburn) would bolster the number of nursing instructors in California’s community colleges by allowing more part-time instructors, attracting nurses who prefer to teach and practice (<i>Assembly Higher Ed—June 10</i>). SB 1621 (Ashburn) would extend student loan forgiveness to registered nurses who are willing teach as well as practice (<i>Assembly Higher Ed—June 10</i>). CHA-cosponsored AB 2128 (Emmerson) would expand the mechanisms by which dietary services supervisors employed in skilled nursing facilities could meet educational and qualification requirements (<i>Senate Health—June 11</i>).	
AB 2244 amended	X	Support: SB 1539 Oppose: AB 13 AB 2244 SB 1151 AB 371 AB 1711 AB 437 SB 1721 Oppose until amended, then follow: AB 2244 Follow: SB 1125	Listed bills Regulatory agencies	Staffing Requirements and other Workforce Issues. CHA opposes expansion of ratios beyond nurses. CHA advocates hospitals’ interests on labor and workforce legislation and regulation of particular interest to hospitals, and works with the California Chamber of Commerce, the California Employers Coalition and other organizations on other legislation and regulation of concern to California employers. CHA-opposed AB 13 (Brownley) would impose new requirements on hospitals to adopt and comply with staffing plans for professional and technical staff other than nurses and would authorize the state public health officer to levy administrative penalties for violation of the staffing provisions contained in the bill (<i>Senate Inactive File</i>). AB 2244 (Price) would require CDPH to collect and review non-nursing staffing plans from UC hospitals (<i>Passed Assembly May 29</i>). SB 1125 (Denham) would have enacted the Polysomnographic Technologist Act to provide for licensing and regulation of sleep lab technicians by the Respiratory Care Board (<i>Senate B&P</i>). SB 1721 (Yee) would require each direct care nurse to complete an orientation to the hospital and the unit in which he or she will be working and precludes a nurse who has not completed the orientation and been observed for 5 days from being assigned direct patient care or being counted toward state-required nurse to patient ratios (<i>Passed Senate May 29</i>). SB 1539 (Calderon) would clarify employers’ obligations with regard to meal periods, providing flexibility, and would maintain health industry-specific provisions (<i>Senate Rules</i>). AB 1711 (Levine) would problematically amend Labor Code Section 512 regarding meal periods (<i>Senate Labor</i>). SB 1151 (Perata) would require each hospital to adopt a safe patient handling policy and would require hospitals to purchase lift equipment and use it except in an emergency (<i>Passed Senate May 27</i>). AB 371 (Huffman) would require every hospital that applies for tax-exempt financing through the Calif. Health Facilities Financing Authority (CHFFA) or any other public entity to submit its injury prevention program, which would be required to include a zero lift/safe patient handling policy (<i>In Assembly for concurrence</i>). AB 437 (Jones) would effectively eliminate the statute of limitations for California employers’ compensation decisions (<i>In Assembly for concurrence</i>)	

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	X	Oppose: SB 1717 SB 940	Listed bills	<p>Workers' Compensation. SB 1717 (Perata) was substantively amended on April 23. As amended, the bill would double, by Jan. 1, 2011, permanent disability benefits by revising the formula for computing benefits for injuries that occur after Jan.1, 2009 and would repeal the 15 percent bump up/down for return-to-work-offers (<i>Passed Senate May 27</i>). SB 940 (Yee) would allow employees of temporary staffing agencies to sue both the temp agency and the hospital where they have temporary assignments for personal injury if neither the hospital nor the temp agency has workers' compensation coverage for the employee (<i>Assembly Appropriations</i>).</p>	
	X		Federal: RAC claims review and recovery	<p>Medical Rehabilitation Services. CHA's Center for Medical Rehabilitation Services provides focused state and federal legislative and regulatory advocacy for member hospitals that provide inpatient and outpatient rehabilitation services. High-priority issues include addressing inappropriate Recovery Audit Contract program (RAC) claims review and reimbursement recovery.</p>	
	X	Support: AB 2861 SB 1887	Legislation	<p>Behavioral Health. As amended on May 23, CHA/CBH-sponsored AB 2861 (Hayashi) would define the term "psychiatric emergency medical condition" for purposes of the existing requirement that hospitals with emergency departments provide, and that health plans pay for, emergency services provided under specified circumstances (<i>Passed Assembly May 29</i>). Other high priority issues include monitoring county mental health funding, Mental Health Services Act implementation, the integration of mental health and physical health and improving services for individuals with co-occurring disorders. AB 1887 (Beall) would broaden parity diagnoses to include any mental disorder defined in the DSM IV (<i>Passed Assembly May 27</i>). (See also SB 1738 (Steinberg) to establish a frequent users of health care pilot project discussed under Emergency Services above.)</p>	
	X	Support: AB 661	State budget DP/NF rate	<p>Rural Hospitals. Top priorities include protecting payments to rural hospitals and clinics for services provided to Medi-Cal and medically indigent patients and protecting Critical Access Hospitals (CAHs) and the rural hospital safety net, including expansion of Medi-Cal managed care. CHA-sponsored AB 661 (Berg) would have required that CAHs be paid Medi-Cal allowable costs for outpatient services (<i>Held in Assembly Appropriations—Jan. 24</i>).</p>	
	X	Support: AB 2128	Budget DP/NF rate	<p>Post-Acute /Skilled Nursing. CHA's Hospital Services for Continuing Care (HSCC) represents the interests of hospital-sponsored distinct-part skilled nursing facilities, including subacute facilities, and advocates for them on legislative and regulatory issues. Pending key issues include implementation of nurse staff ratios, training of dietary services supervisors and advocating Medicare and Medi-Cal reimbursement. Unless reversed, special session budget legislation signed by the Governor earlier this year will cut Medi-Cal rates by 10 percent for distinct-part skilled nursing facilities, subacute facilities and adult day health care. On Jan. 30 CHA HSCC testified before DPH on emergency regulations recently filed by DPH regarding skilled nursing facility staffing ratios and will follow up with written comments. CHA-cosponsored AB 2128 (Emmerson) would expand the mechanisms by which dietary services supervisors employed in skilled nursing facilities can meet educational and qualification requirements (<i>Senate Health—June 11</i>).</p>	
	X		Legislation	<p>Women's and Children's Issues. CHA continues to monitor issues and legislation impacting women's and children's services provided in hospitals.</p>	

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	X	Support: SB 1260	Listed bills	Hospital-Based Outpatient Clinics. SB 1260 (Runner) would require DPH to identify hospital-based outpatient clinics on a hospital's license (<i>Assembly Health—June 10</i>).
	X	Support: SB 891 Oppose/ Amend: AB 2565	Listed bills	Other. SB 891 (Correa) would establish the Elective percutaneous Coronary Intervention (PCI) Pilot Program to authorize up to 6 eligible acute-care hospitals to perform elective and scheduled primary percutaneous coronary interventions (<i>Assembly Health—June 10</i>). As introduced, AB 2565 (Eng) would require hospitals to provide a reasonable period of accommodation for family or next of kin in the event that a patient is declared dead as a result of brain death (<i>Passed Assembly May 28</i>).

