



CALIFORNIA'S COMPLETELY UNPREDICTABLE, TOTALLY CHAOTIC LEGISLATIVE YEAR

California Medical Association's 2020 Legislative Wrap-Up

By Janus L. Norman, CMA Senior Vice President, Centers for Government Relations and Political Operations

As 2019 concluded, reasonable assumptions about 2020 began to emerge. The year was expected to be busy and more polarizing due to the presidential election occurring in November. Large-scale issue-based campaigns calling for new state programs supported by the expected state budget surplus were being announced. State legislators were finalizing their legislative packages. And lastly, the California Medical Association (CMA) was preparing to defeat yet another attempt to eliminate the cap on non-economic damages incorporated in California's long-standing professional liability reform law, the Medical Injury Compensation Reform Act (MICRA).

In March, the world changed, and California politics and the legislative process went through an unprecedented transformation.

On March 19 Governor Gavin Newsom issued the nation's first statewide stay-at-home order in response to the arrival

of the novel coronavirus (SARS-coV2) in California. All nonessential businesses, such as restaurants, entertainment centers/activities, etc., were immediately shut down until further notice. The State Legislature was forced to take multiple extended recesses, and all in-person lobbying was prohibited, leading to the cancellation of CMA's annual Legislative Advocacy Day.

The legislative process was completely upended. CMA staff worked diligently to adjust to ever-changing dynamics, as both houses of the Legislature scrambled to implement social distancing guidelines and condense their calendars.

In the end, CMA successfully maintained state funding for physician services, defeated proposals to increase or add new administrative burdens onto physicians, and secured a number of Executive Orders to protect medical practices as they faced a pandemic unlike any seen in the past century.

However, CMA did not escape the legislative session unscathed. The legislature passed, and the governor signed **AB 890 (WOOD)**, which created two new classifications for nurse practitioners (NP). While this measure was passed into law, this matter is far from settled, as the fight to ensure patient safety now moves into the regulatory process. All of CMA's advocacy centers have prioritized this issue, developed an action plan, and are coordinating with the American Medical Association (AMA) as well as various specialty associations to ensure the bill is implemented in a manner that protects patients and physician practices.

BUDGET – ACCESS TO CARE

California began this year with a strong economy, historic reserves and a projected surplus of \$5.6 billion. Due to the COVID-19 pandemic, the state's economy took a significant hit, which meant the Governor had to make several difficult decisions when revising his proposed budget in May.

The Governor's May Revision was a complete redrafting of the state budget proposal released on January 10, 2020. In January, the budget proposal increased our state's investment in health care, which included growing California's physician workforce. The May Budget Revision, however, sought to reverse course, proposing to cut Proposition 56 funding for increased physician reimbursements, reduce patient benefits in Medi-Cal and strike all investments seeking to expand the physician workforce. Through the budget process in the Legislature, CMA was able to protect:

- **\$1.2 BILLION** in Proposition 56 (tobacco tax) funding, which provides supplemental payments for physician and dental services, family health services, developmental screenings, non-emergency medical transportation and value-based payments. This includes the continuation of all future cohorts of the Proposition 56 Physician and Dentist Loan Repayment Program (years 2-5 of the 5-year program).
- **\$1.5 MILLION** in General Fund monies to maintain the Proposition 56 Graduate Medical Education program at an ongoing total of \$40 million.
- **\$33.3 MILLION** in ongoing General Fund monies for the continuation of the Song-Brown Healthcare Workforce Training Program.
- **THE EXPANSION OF POST-PARTUM MENTAL HEALTH SERVICES** for individuals diagnosed with a maternal mental health condition.

Through the budget process in the Legislature, CMA was able to protect \$1.2 billion in Proposition 56 (tobacco tax) funding, which provides supplemental payments for physician and dental services, family health services, developmental screenings, non-emergency medical transportation and value-based payments.

In addition, the revised budget proposal included a 47% increase to the Medical Board of California's physician and surgeon licensing fee. Through CMA's advocacy, the Legislature rejected that proposal. Still, the Legislature could revisit the discussion in 2021 when the Medical Board is subject to a review of all of its operations through the Sunset Review process. It is anticipated that the Medical Board will seek a license fee increase in the context of that process.

SURPRISE BILLING – AB 72 FIX

Since the implementation of AB 72 (Bonta) related to surprise billing, CMA has been working with the Legislature to mitigate the negative impacts on the physician community. This year, **AB 2157 (WOOD)** was introduced to address the issues surrounding the independent dispute resolution process (IDRP). Along with several specialty societies, CMA was able to secure amendments that allowed physicians to provide more substantial evidence to better defend their claims during an AB 72 payment dispute. Through CMA's advocacy in the legislative process and with the Department of Managed Health Care (DMHC) directly, an IDRP determination has been in the physician's favor, a first since the law became effective. However, our work on this issue does not end there. CMA continues to work with regulators and legislators to further ensure a process that is fair and accessible to any physician needing to use it.

PUBLIC HEALTH

Flavored tobacco products are often the entry point for young people who use tobacco. Over the last several years, a spike in e-cigarette use among the nation's youth

has been linked to targeted advertisements of flavored tobacco. Menthol cigarettes, sweet cigars, candy vapes and other flavored tobacco products serve one purpose: to mask tobacco's harshness and get users hooked to a dangerous life-long addiction. In 2020, CMA combined forces with a large coalition of health care, youth and community organizations to support **SB 793 (HILL)**, which prohibits tobacco retailers, or any tobacco retailers' agents or employees, from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer. This ban includes e-cigarettes and vaping products, as well as traditional tobacco products. SB 793 crossed the legislative finish line and was quickly signed by Governor Newsom once it reached his desk. The new law will take effect on January 1, 2021.

DECREASING ADMINISTRATIVE BURDENS

CMA worked with **ASSEMBLYMEMBER LORENA GONZALEZ ON AB 2257** to further address challenges for physician practices resulting from a bill passed last year (AB 5) that made significant changes to the definitions of independent contractors and employees, in an attempt to be consistent with the court decision in the Dynamex case. Last year, AB 5 included an exemption for physicians, but there continued to be a need to address business-to-business and referral agency arrangements. CMA successfully secured amendments to address those outstanding concerns, and the bill was signed into law.

CMA also helped lead a coalition to defeat **SB 977 (MONNING)**, which sought to expand the California Attorney General's existing authority related to mergers and acquisitions in the health care industry. Although CMA policy supports governmental actions designed to ensure hospital market competition, this broadly drafted legislation established a wide definition of health care transactions, which included leasing and other medical contracting arrangements. SB 977 ultimately failed to move off the Assembly floor.

CMA worked with Senator Dr. Richard Pan to exempt independent medical practices from the mandate, and secured physician involvement in future rulemaking and guidance on this issue and supply chain sustainability.

In addition to the above, CMA worked with multiple legislative offices to stop the creation of new administrative burdens related to the COVID-19 pandemic. **AB 685 (REYES)** requires employers to provide written notification within 24 hours to their employees if they were potentially exposed, at the workplace, to a person who has COVID-19. As this would have required physician practices to report this information daily, CMA secured amendments that exempted employees who conduct COVID-19 testing or screening or that provide direct care to individuals known to have tested positive for COVID-19. This approach balanced CMA's support for notifying employees of possible exposure and protecting physician practices from being overburdened.

Senator Richard Pan, M.D., introduced legislation requiring the state and health care employers to procure a stockpile of personal protective equipment (PPE) as a means of addressing future equipment shortages like the one experienced at the outset of the pandemic. As introduced, the bill would have created a significant burden on independent physician practices. CMA worked with Dr. Pan to exempt independent medical practices from the mandate, and secured physician involvement in future rulemaking and guidance on this issue and supply chain sustainability.

IMPLEMENTING TELEHEALTH

At the onset of the statewide public health emergency, CMA worked to build upon **AB 744 (AGUIAR-CURRY, 2019)**, which required commercial health plans to implement payment parity for services provided via telehealth. An association-wide advocacy effort allowed CMA to secure widespread payor coverage across the entire health care system that required all commercial, Medi-Cal and workers' compensation payors to immediately cover telehealth services at the same rate as in-person services. To achieve this outcome, CMA worked with each independent agency and department to ensure consistency between the DMHC and the Department of Health Care Services (DHCS) as well as the California Department of Insurance (CDI) and employers under the Department of Workers' Compensation (DWC). Each agency continued to post updated guidance consistent with CMA's input, and often referenced CMA's sponsored telehealth legislation (AB 744) as their models.

CMA also advocated for the Governor to waive existing laws requiring consent prior to providing telehealth services. During the COVID-19 state of emergency, these waivers ensure that no enforcement action would be authorized against covered health care providers providing telehealth services via remote communication technologies that may not fully comply with these privacy laws. CMA was successful in receiving these waivers at the state and federal levels.

DECREASING LIABILITY FOR MEDICAL PRACTICES

CMA worked with a coalition of health care and other business organizations to defeat **AB 2570 (STONE)**. This bill would have exposed physicians and their practices to frivolous lawsuits, making it more difficult for physicians to maintain the viability of their practices.

SCOPE OF PRACTICE

As discussed earlier, **ASSEMBLYMEMBER JIM WOOD'S AB 890** creates two new categories of nurse practitioners, who would be allowed to provide services without standardized procedures. Despite the fervent work of CMA, the AMA and numerous specialty societies, the bill passed the legislature and was enacted in law. The bill does not eliminate physician supervision and leaves room for interpretation regarding the role supervision can still play in the physician-NP relationship. It should also be noted that existing NPs are not impacted by AB 890 and must continue practicing under standardized procedures. In addition, the measure includes a delayed implementation of three years to allow for the completion of the regulatory process. A detailed factsheet on this bill can be found on the CMA website at cmadocs.org.

Despite this setback, the fight to protect patient safety will now roll into the regulatory process. CMA will continue to work in tandem with AMA and our grassroots network to keep physicians engaged on this issue.

CMA will always be in the midst of every critical political and legislative battle, utilizing our resources to advance an agenda that protects physician practices and empowers the physician voice.

In other scope developments, CMA and the American College of Obstetricians and Gynecologists (ACOG) resolved a long-standing issue with the certified nurse-midwives (CNM) through **SB 1237 (DODD)**. This bill creates a framework for CNMs to perform certain functions within the scope of midwifery independently while maintaining a collaborative relationship with a physician and surgeon. The measure also includes a requirement for informed patient consent as well as patient outcome reporting requirements.

UNCERTAINTY CONTINUES

Although the 2019-2020 legislative session has finally concluded, uncertainty continues. In November, a new fiscal outlook will reveal whether the state budget is still facing a multi-billion shortfall. December will provide an idea of whether the Legislature will reopen the Capitol and allow for in-person lobbying. The political process will continue to be uncertain. However, there will be a consistent truth among all the unpredictable chaos: CMA will always be in the midst of every critical political and legislative battle, utilizing our resources to advance an agenda that protects physician practices and empowers the physician voice.

On the following pages, you will find details of the major bills that CMA followed this year.

In unity,



Janus L. Norman

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Centers for Government Relations and Political Operations

PRIORITY BILLS

AB 2157 (WOOD): HEALTH CARE COVERAGE: INDEPENDENT DISPUTE RESOLUTION PROCESS

This bill codified fixes to the independent dispute resolution process under AB 72 (2015). Specifically, AB 2157 codifies a process by which all parties may submit confidential information to provide evidence for their claim in the IDR that cannot be seen by the other party. Other provisions of the bill codify current regulations that the Department of Managed Health Care has already adopted because of CMA's advocacy.

Status: Signed by the Governor (Chapter 278, Statutes of 2020).

SB 483 (PAN): DEPARTMENT OF MOTOR VEHICLES: RECORDS: CONFIDENTIALITY

This bill would add public health officers to the list of public officials and employees whose home addresses are prohibited from disclosure in the records of the Department of Motor Vehicles. However, existing law already affords public health officers the same level of privacy as other elected officials, when it comes to the disclosure of personal information.

An existing program was identified that offers stronger protections than SB 483. The Safe at Home program, administered by the Secretary of State, shields the applicant's home address from the public record. CMA advocated for the urgency of adding public health officials to the Safe at Home Program; Governor Newsom issued Executive Order N-80-20 to that effect. The order permits public health officials to participate in the Safe at Home address-confidentiality program, to reduce the kind of harassment many public health officials have been subject to in recent months.

Status: Implemented through Executive Order.

SB 793 (HILL): FLAVORED TOBACCO PRODUCTS

CMA and a large coalition of health care, youth and community organizations supported SB 793. The new law will take effect January 1, 2021, and will prohibit retail stores and vending machines in California from selling flavored tobacco products.

Status: Signed by the Governor (Chapter 34, Statutes of 2020).

SUCCESSFULLY NEGOTIATED BILLS

AB 288 (CUNNINGHAM): CONSUMER PRIVACY: SOCIAL MEDIA COMPANIES

This bill would have allowed social media users to have their information permanently deleted by social media companies at their request. The definition used in the bill for "social media company" was broadly defined to include any entity providing electronic services and accounts; therefore CMA successfully negotiated an exemption for physicians and medical services to ensure they weren't inadvertently captured under the legislation.

Status: Failed in the Assembly Privacy and Consumer Protection Committee.

AB 1131 (GLORIA): MEDI-CAL: COMPREHENSIVE MEDICATION MANAGEMENT

This bill would have established comprehensive medication management (CMM) services as a covered benefit under the Medi-Cal program, and would have required CMM services to include the development of a care plan in collaboration with the beneficiary and the beneficiary's health care providers to address identified medication therapy problems. CMA collaborated with the author and sponsors to limit the instances when pharmacists can perform CMM, to if the physician refers the patient due to specific criteria outlined in the bill.

Status: Failed in the Senate Appropriations Committee.

AB 1611 (CHIU): EMERGENCY HOSPITAL SERVICES: COSTS

AB 1611 would have required a health care service plan contract or an insurance policy to provide that if an enrollee receives covered services from a non-contracted hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee would pay for the same covered services received from a contracting hospital. The bill would have also required a health care service plan or insurer to pay a non-contracted hospital for emergency services (excluding post-stabilization services) rendered to an enrollee pursuant to the reasonable and customary value of the services provided. CMA secured amendments that would have ensured that the provisions of the bill did not apply to physicians and surgeons.

Status: Failed in the Senate Health Committee.

AB 1998 (LOW): DENTAL PRACTICE ACT: UNPROFESSIONAL CONDUCT

This bill was introduced to ensure patient protections for

dental patients receiving services through telehealth from direct-to-consumer orthodontic businesses. Initially, the language required an in-person exam by a treating dentist prior to a patient receiving orthodontic therapy. Given the specific focus on providing orthodontic therapy through telehealth, CMA worked with the California Dental Association on amendments to this legislation that attached protections to the orthodontic standard of care, rather than the method of delivery or technology, consistent with CMA telehealth advocacy on behalf of physicians.

Status: Failed in Senate Business, Professions and Economic Development Committee.

AB 2014 (MAIENSCHIN): MEDICAL MISCONDUCT: MISUSE OF SPERM, OVA, OR EMBRYOS: STATUTE OF LIMITATIONS

AB 2014 would allow for prosecution, both civil and criminal, for crimes involving the unlawful use or implantation of sperm, ova, or embryos to be commenced within three years after the discovery of the offense. CMA secured amendments that remove the civil provisions of the bill and bring the statute of limitations in-line with MICRA to limit liability exposure.

Status: Signed by the Governor (Chapter 244, Statutes of 2020).

AB 2257 (GONZALEZ): WORKER CLASSIFICATION: EMPLOYEES AND INDEPENDENT CONTRACTORS: OCCUPATIONS: PROFESSIONAL SERVICES

This bill, AB 2257 – previously AB 1850 – became the designated vehicle to clean-up last year’s AB 5, regarding Dynamex and independent contractors, acknowledging the need for additional clarifications to the now existing law. CMA received an exemption for physicians in last year’s Dynamex legislation (AB 5, Gonzalez). This year, CMA advocated for and secured language in this bill to better allow medical groups to continue contracting with other non-exempted medical provider practices. In particular, CMA received clean-up language in the physician exemption section from last year, as well as language better ensuring medical groups can utilize the existing business-to-business and referral agency exemptions in the bill. This bill included an urgency provision and has already been signed by the Governor; therefore these fixes are already in effect.

Status: Signed by the Governor (Chapter 38, Statutes of 2020).

AB 2273 (BLOOM): PHYSICIANS AND SURGEONS: FOREIGN MEDICAL GRADUATES: SPECIAL FACULTY PERMITS

This bill streamlines the process for Independent Academic

Medical Centers like Cedars-Sinai to apply for and receive Special Faculty Permits (SFP) for physicians with specialized expertise by allowing these academic medical centers to directly apply for an SFP without changing any state licensing requirements or allowing a non-licensed California physician to practice outside of the current special permit requirements.

Status: Signed by the Governor (Chapter 280, Statutes of 2020).

AB 2276 (REYES): CHILDHOOD LEAD POISONING: SCREENING AND PREVENTION

This bill seeks to improve blood lead screening for children enrolled in a Medi-Cal Managed Care Plan through increased accountability measures highlighted in a recent state audit. CMA obtained clarifying amendments to ensure the accountability rests squarely with the Medi-Cal Managed Care Plan and not physician practices.

Status: Signed by the Governor (Chapter 216, Statutes of 2020).

AB 2300 (COOPER): CALIFORNIA YOUTH FOOTBALL ACT

This bill would authorize a certified emergency medical technician, state-licensed paramedic, or higher-level licensed medical professional to provide prehospital emergency medical care or rescue services consistent with their certification or license during a football game. CMA worked with the author’s office to ensure that in cases where a player is removed from the game due to injury, they are not allowed to return unless evaluated by a licensed medical professional and receive written clearance to return to athletic activity.

Status: Signed by the Governor (Chapter 49, Statutes of 2020).

AB 3092 (WICKS): SEXUAL ASSAULT AND OTHER SEXUAL MISCONDUCT: STATUTES OF LIMITATIONS ON CIVIL ACTIONS

This bill specifies that a civil action may be brought against any person or entity who owed a duty of care to the plaintiff for committing sexual assault or other criminal sexual conduct. The bill would also revive sexual misconduct claims, brought by or on behalf of a patient who suffered sexual misconduct at a student health center. The author took CMA’s amendments to narrowly tailor the bill to apply to victims of James Heaps at the University of California, Los Angeles. Amendments also limited the provisions to the dates at which James Heaps worked at UCLA.

Status: Signed by the Governor (Chapter 246, Statutes of 2020).

AB 3330 (CALDERON): DEPARTMENT OF CONSUMER AFFAIRS: BOARDS: LICENSEES: REGULATORY FEES

This bill increased the CURES licensing fee to fund the implementation of recently passed legislation related to the program – AB 149, AB 528, AB 1750, AB 1753, and SB 482. The budget process deferred action on a proposed 133% CURES fee increase, but negotiations were rekindled on the item with mere weeks remaining in the legislative session. CMA staff engaged to ensure the increase required was reasonable and justified. Ultimately the fee was negotiated down to \$11 for two years, and \$9 ongoing.

Status: Signed by the Governor (Chapter 359, Statutes of 2020).

SB 275 (PAN): HEALTH CARE AND ESSENTIAL WORKERS: PERSONAL PROTECTIVE EQUIPMENT

In response to the current shortage of personal protective equipment, this legislation was introduced and initially focused around requiring stockpiles to mitigate such shortages during future emergencies. CMA strongly supports better PPE access and long-term solutions to efficiency focused supply chain management as the focus for necessary, but largely commoditized, products like masks, gowns and gloves. However, without that access and those solutions currently in place, CMA worked with the author and sponsor to make sure independent physician practices were explicitly removed from the health care employer and provider stockpile mandates in the bill.

Status: Signed by the Governor (Chapter 301, Statutes of 2020).

SB 855 (WIENER): HEALTH COVERAGE: MENTAL HEALTH OR SUBSTANCE USE DISORDERS

Require a health care service plan or health insurer, on and after January 1, 2021, to provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders in the same manner as other medical conditions and not limit coverage to short-term or acute treatment. CMA secured amendments that removed the ability for class action lawsuits to be more easily brought by patients against physicians and plans, limited the ability of health plans to recoup money for services already paid for by the plans, and protected the ability of physicians to advocate on behalf of their patients when determining what is medically necessary during the course of a patient's treatment.

Status: Signed by the Governor (Chapter 151, Statutes of 2020).

SB 1123 (CHANG): ELDER AND DEPENDENT ADULT ABUSE

This bill brings parity for elder and dependent abuse in both the Penal Code and the Welfare and Institutions Code (WIC). Specifically, the Penal Code lacked definitions of physical, mental, and emotional abuse which were found in the WIC. CMA secured amendments that ensured the language that was added in the Penal Code was identical to that found in the WIC and did not inadvertently expose physicians to further liability.

Status: Signed by the Governor (Chapter 247, Statutes of 2020).

SB 1237 (DODD): NURSE-MIDWIVES: SCOPE OF PRACTICE

SB 1237 is a measure which allows certified nurse midwives to independently practice midwifery to the full extent of their license without removing the requirement for collaborative relationship between a certified midwife and a physician. CMA worked with ACOG, the California Nurse-Midwives Association, and Senator Dodd's office to craft language which would appropriately define their scope without physician collaboration, how and when collaboration with a physician is necessary, and when it is necessary to transfer care to a physician. This bill maintains critical patient safeguards by requiring a certified nurse midwife have an established agreement in place with a physician (mutually agreed upon protocols and procedures) if they provide any services to patients which fall outside of the scope of midwifery. If they choose not to have an agreement with a physician, the midwife cannot provide those services and must transfer the care of the patient to a physician.

Status: Signed by the Governor (Chapter 88, Statutes of 2020).

OPPOSED BILLS

AB 503 (FLORA): GUN-FREE SCHOOL ZONE

This bill would have allowed an individual who holds a concealed carry license to carry their firearm in a church, synagogue or other place of worship, and on the grounds of a public or private school with permission from the school.

Status: Failed in the Assembly Public Safety Committee.

AB 780 (BROUGH): HEARING AID DISPENSERS: PRACTICE: CERUMEN MANAGEMENT: APPRENTICE LICENSE

AB 780 sought to expand the scope of practice for hearing aid dispensers to include tympanometry and cerumen management. AB 780 also would have removed continuing education requirements and an exam related to

tympanometry, created an “advanced practice certificate,” and added in supervision by a mentor or trainer.

Status: Failed in the Assembly Appropriations Committee.

AB 888 (LOW): OPIOID PRESCRIPTIONS: INFORMATION: NONPHARMACOLOGICAL TREATMENTS FOR PAIN

This bill would have required a prescriber to offer patients receiving opioids a referral to a non-pharmacological treatment provider such as a chiropractor or acupuncturist. AB 888 also sought to make prescribers obtain written, informed consent from patients receiving an opioid with specific informed consent language.

Status: Failed in the Senate Business, Professions and Economic Development.

AB 890 (WOOD): NURSE PRACTITIONERS: SCOPE OF PRACTICE: PRACTICE WITHOUT STANDARDIZED PROCEDURES

AB 890 created two new types of nurse practitioners who would be allowed to perform certain functions without standardized procedures. The law specifies the education, training, testing, regulatory and governance requirements for these new NPs, including the circumstances in which an NP must consult with or refer patients to a physician. Significant provisions of AB 890 are ambiguous, necessitating additional clarification and guidance from regulators.

Though the law will be enacted in the fall of 2020, full implementation and training of these new categories of nurse practitioners will not happen until the required regulations and guidance are approved by state regulators.

Status: Signed by the Governor (Chapter 265, Statutes of 2020).

AB 1909 (GONZALEZ): HEALING ARTS LICENSEES: VIRGINITY EXAMINATIONS OR TESTS

This bill would have prohibited a healing arts licensee from performing an examination or test on a patient for the purpose of determining whether the patient is a virgin. The bill would have also made a violation of its provisions deemed as unprofessional conduct and grounds for disciplinary action by the licensing board for the healing arts licensee.

Status: Failed in the Assembly Business and Professions Committee.

AB 1933 (MAIENSCHIN): PUPIL HEALTH: SUDDEN CARDIAC ARREST: ATHLETIC ACTIVITIES

This bill would have authorized a student or the student’s

parent or guardian to request the administration of an electrocardiogram as part of the pupil’s evaluation for purposes of being permitted to return to participate in an athletic activity. CMA was negotiating amendments with the author when the bill was held in Committee.

Status: Failed in the Assembly Education Committee.

AB 2204 (ARAMBULA): HEALTH CARE COVERAGE: SEXUALLY TRANSMITTED DISEASES

AB 2204 would have required health plans and insurers, beginning January 1, 2021, to provide coverage for sexually transmitted disease testing and treatment at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility.

Status: Failed in the Assembly Health Committee.

AB 2242 (LEVINE): MENTAL HEALTH SERVICES

AB 2242 would have required a health care service plan or insurer to approve the provision of mental health services for enrollees under the plan who are detained for 72-hour treatment and evaluation. Additionally, the bill would have required that health plan to schedule an inpatient appointment for the patient within 48 hours of the patient’s release from detention and would have prohibited a non-contracting provider from billing the patient more than the cost-sharing amount the patient would pay to a contracting provider. CMA was negotiating amendments with the author when the bill was held in Committee.

Status: Failed in the Assembly Health Committee.

AB 2417 (PATTERSON): MATERNAL MENTAL HEALTH: BEREAVED MOTHERS

This bill would require that education and information to be made available to bereaved mothers. The bill would define a bereaved mother as one who has experienced a miscarriage, stillbirth, or fatal fetal diagnosis. CMA opposed the bill given the additional requirements placed on physicians who care for women in settings other than the hospital to develop a program. Patients who have difficulty with miscarriage are already screened for depression in the outpatient setting and referred for services. Additionally, this bill is similar to legislation that has been introduced throughout the country by the anti-abortion lobby as a strategy to potentially expand the definition of personhood to limit access to reproductive care.

Status: Failed in the Assembly Health Committee.

AB 2418 (PATTERSON): PERINATAL HOSPICE

This bill sought to require the Department of Public Health to collect information regarding perinatal hospice and make it available to patients, providers, and hospitals. This is legislation that has been introduced throughout the country by the anti-abortion lobby as a strategy to potentially expand the definition of personhood to limit access to reproductive care. CMA opposed the bill given it would interfere with patient/physician communications concerning reproductive health care and go against CMA policy supporting continued patient access to reproductive health care (HOD 617a-00).

Status: Failed in the Assembly Health Committee.

AB 2515 (NAZARIAN): CONTINUING MEDICAL EDUCATION: GERIATRIC MEDICINE

This bill would take the current requirement in statute for general internists and family physicians who have a patient population of which 25% are 65 and older to complete at least 20% of all mandatory CME hours in a course related to geriatric medicine or the care of older patients and changes the percentage to at least 10% of patients who are 50 years of age and older.

Status: Failed in the Assembly Business and Professions Committee.

AB 2570 (STONE, MARK): FALSE CLAIMS ACT

This bill would have exposed physicians and their practices to all kinds of frivolous lawsuits by allowing the materiality of a false record or statement charge to “focus on” the potential effect (as opposed to the actual effect) of the false record or statement when the record or statement was made. The bill would also specify that that amount of damages that may be awarded include consequential damages. CMA, along with a coalition of health care and business organizations, stopped the bill in the Senate Judiciary Committee.

Status: Failed in the Senate Judiciary Committee.

AB 2786 (NAZARIAN): HOSPITAL EMERGENCY DEPARTMENTS: HIV TESTING

AB 2786 would have required the Department of Public Health to develop protocols for emergency departments to implement and would have required those departments to integrate an opt-out HIV testing program for their patients into their standard of care. This bill was held in the Assembly Health Committee.

Status: Failed in the Assembly Health Committee.

AB 2801 (OBERNOLTE): SEARCH WARRANTS: SEXUALLY TRANSMITTED INFECTION TESTING

This bill would have expanded the testing that a court may order of an accused individual to include testing of additional bodily fluids for any sexually transmitted disease. The bill would have also enabled a parent or guardian, if the victim is a minor, or an authorized representative of the victim to exercise the victim’s rights in terms of disclosure regarding sexually transmitted disease testing.

Status: Failed in the Assembly Public Safety Committee.

AB 2817 (WOOD): OFFICE OF HEALTH CARE QUALITY AND AFFORDABILITY

AB 2817 would have created the Office of Health Care Quality and Affordability to analyze the health care market for cost trends and drivers of spending and create a strategy to control health care costs, including through the use of growth targets the state and each sector and entity of the health care delivery system would need to comply with. The Office would also be given broad authority over data collection and analysis and mergers and acquisitions of all health care entities under its jurisdiction. The conversation around cost and affordability transferred over to the budget process where the fiscal realities of the state stopped the idea from moving forward.

Status: Failed in the Assembly Health Committee.

AB 2830 (WOOD): HEALTH CARE PAYMENTS DATA PROGRAM

This bill would have implemented a new expansive state program for the collection and analysis of health care cost, equity, and quality information. Due to the budgetary impacts of the bill, the conversation shifted to the budget process and was addressed in AB 80. The proposal adopted in the State budget was consistent with CMA policy on the collection of health care information and our position on the creation of the All-Payers Database.

Status: Failed in the Senate Health Committee.

SB 201 (WIENER): MEDICAL PROCEDURES: TREATMENT OR INTERVENTION: SEX CHARACTERISTICS OF A MINOR

SB 201 would have prohibited a physician from performing any treatment or procedure on the sex characteristics of an intersex minor until the minor patient provides informed consent to the physician. The bill makes an exception for any procedure or treatment that is deemed medically necessary, which is defined in such a way that cannot properly address the complexity of such cases.

Status: Failed in the Senate Business, Professions and Economic Development Committee.

SB 977 (MONNING): HEALTH CARE SYSTEM CONSOLIDATION: ATTORNEY GENERAL APPROVAL AND ENFORCEMENT

To address concerns around health care consolidation and impacts on access and affordability, this bill expanded the Attorney General’s existing oversight authority related to mergers and acquisitions involving nonprofit entities. CMA policy supports governmental actions designed to assure hospital market competition and assure quality of care, including the authority to disapprove hospital mergers and acquisitions whenever such transactions are expected to have negative consequences on affordability and/or quality of care (HOD 617a-00). However, this legislation was drafted as an overbroad approach that would subject a vast array of healthcare transactions – including leasing and other physician contracting arrangements – subject to the AG’s approval. Enacting this legislation during a public health emergency and economic crisis would have only further restricted the additional flexibility and resources CMA is working to ensure for struggling physician practices.

Status: Failed on the Assembly Floor.

SB 1084 (UMBERG): PHARMACY: DISPENSING: CONTROLLED SUBSTANCES

This bill would have required a pharmacist who dispenses in solid oral dosage form a controlled substance in Schedule II or Schedule III of the federal Controlled Substances Act to dispense it in a lockable vial, provide an educational pamphlet on controlled substances, and, if the lockable vial uses an alphanumeric or other code, include the code in any patient notes in the database or other system used by the pharmacy in the dispensing of prescription drugs. The patient or patient’s legal guardian would choose the code.

Status: Failed in the Senate Business, Professions and Economic Development Committee.

SB 1097 (DURAZO): MEDICAL SERVICES: CREDIT OR LOAN

SB 1097 would have made it more difficult for physicians to arrange for loan options for patients after receiving medical services. CMA was negotiating amendments with the author when the bill was held in committee.

Status: Failed in the Senate Business, Professions and Economic Development Committee.

SB 1252 (MOORLACH): ADVANCE HEALTH CARE DIRECTIVES: MENTAL HEALTH TREATMENT

This bill explicitly added mental health treatment to the definition of health care decisions for purposes of

Advance Health Care Directives, creating opportunity for an argument that mental health treatment is somehow not included under other sections of law that refer to health care generally.

Status: Failed in the Senate Judiciary Committee.

SB 1265 (DAHLE): COMPREHENSIVE SEXUAL HEALTH EDUCATION AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION EDUCATION

This bill would have required the sexual health education and HIV prevention instruction notice to parents and guardians of pupils and the written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education to be translated if certain conditions are met, as specified.

Status: Failed in the Senate Education Committee.

SB 1394 (MORRELL): COMPREHENSIVE SEXUAL HEALTH EDUCATION AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION EDUCATION

This bill would have authorized a school district to require active parental consent (“opt-in”) with a signature for any sexual health education and HIV prevention education for a pupil in a grade lower than grade 7.

Status: Failed in the Senate Education Committee.

SB 1407 (MOORLACH): VACCINE INJURY: INFORMATIONAL MATERIALS

This bill would have required the State Department of Public Health to develop and make available to licensed physicians and surgeons written materials identifying specified federal resources on vaccine warnings, injuries, and deaths. The bill would have also required a physician and surgeon to provide those materials to a child’s parent or guardian before or at an appointment at which a vaccine is to be administered.

Status: Failed in the Senate Health Committee.

SCR 93 (MELENDEZ): STATE OF EMERGENCY: COVID-19: TERMINATION

This resolution would have declared that the state of emergency proclaimed by the Governor on March 4, 2020, is at an end, thereby terminating the emergency powers granted to the Governor as a result of that proclamation.

Status: Failed in the Senate Rules Committee.