



April 1, 2022

TO: Nursing Advisory Council Members
FROM: Sheree Lowe, VP Policy
SUBJECT: Budget/Legislative Update

SUMMARY

1. Legislative Session – Where Are We?

We are part way through the 2nd year of California’s legislative session. California’s legislative session runs from January through the end of September.

A few key upcoming dates worth noting:

- April 29 – The last day for policy committees to advance legislation from house of origin
- Week of May 9 – Governor’s May revise on the budget is released
- May 27 – Last day for a bill to advance out of its house of origin
- June 15 – Deadline for the budget to be passed
- July 1 – Last day for all policy committees to advance legislation
- Aug. 25 – Last day for bills to be amended
- Aug. 31 – Last day for each house to pass bills

Bills are being scheduled for their policy committee hearings, and the action in committees is picking up as we head into April. The deadline for getting bills out of policy committee is April 29 for fiscal bills that must go to the Appropriations Committee and May 6 for non-fiscal bills that will go directly to the floor. The budget process is in full gear, and budget subcommittee meetings have been scheduled through the spring. CHA is supporting a number of proposals that benefit hospitals and health care workers and is opposing others that would create challenges. Please see CHA’s [Bill Tracker](#) for the latest information on legislation and budget items of interest.

2. CHA Opposition Bills

The following bills are being closely monitored by CHA:

- [Senate Bill \(SB\) 931 \(Leyva, D-San Bernadino\) – Oppose Unless Amended](#)
SB 931 would authorize labor unions to bring claims to the Public Employment Relations Board against a public employer for allegations that they are deterring union membership. It would subject employers to civil penalties up to \$1,000 per violation per affected employee and up to \$100,000 in total.
- [SB 1127 \(Durazo, D-Los Angeles\) – Oppose Through Coalition](#)

During a state of emergency, SB 1044 would prohibit employers from taking or threatening any adverse action against employees for not reporting to or leaving work and would prohibit employers from not allowing employees to access or use their phones during the emergency.

- [SB 1127 \(Atkins, D-San Diego\) – Oppose Through Coalition](#)

This bill would shorten the time frame — from 90 to 60 days after knowledge of an injury — for employers to reject a workers' compensation claim.

3. Nursing Specific Bills

Attached is a list of 9 bills currently being track by CHA with a known impact on the field of nursing. This list provides a summary of each bill, its status in the legislative process and CHA current position on the bill:

F = Follow

S = Support

CHA is currently supporting: (See attached Support Letters)

- SB 979 – Health Emergencies – CHA is the bill sponsor
- SB 1212 - Temporary Service Employees – CHA is the bill sponsor
- SB 1375 – Nursing: Nurse Practitioners – This bill is scheduled to be heard in Senate Business,



March 2, 2022

The Honorable Richard Pan, MD
Chair, Senate Health Committee
State Capitol, Room 5114
Sacramento, CA 95814

SUBJECT: Senate Bill 979 (Dodd) — SPONSOR

Dear Senator Pan:

Hospitals and health systems have been at the forefront of caring for patients during the COVID-19 pandemic. Among the lessons learned from the pandemic is that California's health care delivery system functions best with clear and consistent statewide flexibilities and direction. However, during a declared emergency, key state agencies don't have the authority they need to act swiftly and ensure patients in California hospitals can get the care they need when they need it most. Senate Bill (SB) 979 (Dodd, D-Napa) would streamline the process for critical state agencies to respond and support the health care delivery system when the governor declares a state of emergency, or the state public health officer declares a public health emergency.

Currently, the California Department of Public Health (CDPH) and the Department of Health Care Access and Information (HCAI) do not have the ability to proactively grant regulatory flexibility for multiple facilities in a region — or statewide — simultaneously, even during a state of emergency. For example, a hospital may need to convert cafeteria space to patient care space due to a surge of patients in a mass shooting event. Or, if the shooting took place at a school, a hospital may need to place pediatric patients in "adult" beds if it didn't have enough pediatric beds. Under current law, each hospital must submit a written application to — and await written approval from — CDPH and HCAI before caring for patients in an atypical space or wait until the governor issues an executive order in addition to declaring a state of emergency. This process may simply take too long in an emergency.

Similarly, even if the governor has declared a state of emergency, current law does not allow the Emergency Medical Services Authority (EMSA) to approve out-of-state-licensed health care personnel — such as doctors and nurses — to immediately work in California without first obtaining a California license (which takes 10-12 weeks). During the pandemic, this lack of authority made it difficult for hospitals to plan for staffing and to secure out-of-state traveling nurses and other health care professionals.

In contrast, the Department of Managed Health Care (DMHC) and the Department of Insurance (DI) have automatic authority during a state of emergency. This includes the authority to take specified

The Honorable Richard Pan, MD
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actions, such as requiring health plans to approve patients to see out-of-network providers if in-network providers are unavailable or relax time limits for prior authorization or filing claims. However, DMHC and Department of Insurance have this authority only when enrollees or the insured are physically “displaced” due to the emergency. During a pandemic like COVID-19, individuals are not physically displaced, so this DMHC/DI authority doesn’t apply.

SB 979 would allow the following during a declared state of emergency or public health emergency:

- CDPH and HCAI would have the authority to issue waivers related to hospital space, bed classification, and administrative matters on a regional or statewide basis. However, this proposal would not allow CDPH to waive nurse staffing ratios without both a declared state of emergency or public health order and a governor’s executive order.
- EMSA would have the authority to immediately allow out-of-state health care professionals to practice in California.
- DMHC and the DI would have the authority to require health plans and insurers to take additional steps to assist consumers “affected” by a disaster, even if they are not “displaced.”

For these reasons, CHA and its more than 400 hospital and health system members request your “AYE” vote on SB 979 when it comes before your committee.

Sincerely,



Maria Sperber
Legislative Advocate

cc: The Honorable Bill Dodd
Members of the Senate Health Committee
Vincent Marchand, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republic Caucus



March 22, 2022

The Honorable Senator Anna Caballero
State Capitol Swing Space, Room 7620
Sacramento, CA 95814

SUBJECT: SB 1212 (Caballero) – SPONSOR

Dear Senator Caballero:

Throughout the unprecedented global pandemic, California's hospitals have responded with an unyielding commitment to protect their communities. To care for the most vulnerable patients and ensure all Californians receive the care they need, hospitals have taken unprecedented steps, suspending many procedures and services, purchasing PPE, testing supplies, and medical equipment, and doing whatever is needed to train and hire additional staff amid a national shortage.

The pandemic has revealed fundamental needs within the state's health care system, including around workforce issues. In particular, the COVID-19 pandemic has shown that gaps in state law permit unscrupulous health care staffing agencies to price gouge, which increases the cost of health care, jeopardizes access to care, and undermines the fundamental labor rights of health care workers. For these reasons, the California Hospital Association (CHA) is pleased to sponsor SB 1212, which will address consistent and challenging problems with staffing agencies that provide temporary health care workers.

During the pandemic, health care staffing agencies, which provide temporary workers to hospitals and clinics, have dramatically increased their prices, in some cases by 200%-400%. For most of the agencies, the increase has almost entirely been due to the increased demand for workers due to the COVID-19 pandemic coupled with the limited supply of health care workers, and all parties have benefited from the arrangement: the temporary worker was paid market rate, the staffing agency profited, and the hospital had sufficient staff to care for patients.

However, hospitals throughout the state consistently report that some health care staffing agencies dramatically increased prices, but then retained the increase as profit, depriving workers of the higher rates. Moreover, hospitals have reported time-sensitive, artificial increases in rates that are not supported by market demand. This price gouging jeopardizes patient care, limits nurses' labor rights, and ultimately results in market dysfunction.

SB 1212 will provide necessary transparency in bills sent by health care staffing agencies to hospitals, ensuring that hospitals know exactly what they are paying for. Additionally, SB 1212 will prohibit sharp price increases during a state of emergency that are not supported by market demand. This will prevent price gouging in future health crises and natural disasters, and it will curb unscrupulous behavior by bad actors.

CHA and its more than 400 hospital and health system members thank Sen. Caballero for her leadership on this important issue, and we ask for an 'aye' vote on SB 1212.

Sincerely,



Rony Berdugo
Legislative Advocate
California Hospital Association



March 14, 2022

The Honorable Richard Roth
Chair, Senate Business, Professions & Economic Development
1021 O St., Room 7510
Sacramento, CA 95814

Re: SB 1375 (Atkins) Nurse Practitioners – Support

Dear Senate President Pro Tem Atkins:

CHA has long supported clinical practitioners working to their full scope of licensure to practice and maximizing the role of Nurse Practitioners (NPs) by expanding their practice authority. SB 1375 makes necessary clarifications to existing law - AB 890 (Wood, Ch. 2020) - allowing nurse practitioners (NPs) meeting specified criteria to practice independently without physician supervision.

The eligibility requirements in AB 890 (Wood, Ch. 2020) for NPs to practice independently includes:

- certification from a nationally accredited certifying entity
- completion of postgraduate transition to practice requirements - three full-time equivalent years of practice or 4600 hours

The postgraduate transition to practice (TTP) is a period of time intended to allow newly licensed NPs to receive hands on experience and mentoring, working under physician supervision. However, this requirement lacks recognition of NPs with years of physician supervised practice experience being able to apply that experience immediately. SB 1375 will clarify that NPs who have been practicing for three or more years, satisfy the TTP requirement established in AB 890 (Wood, Ch. 2020).

By allowing experienced nurse practitioners, who have been practicing in good standing under physician supervision for decades, to utilize prior experience to fulfill the TTP requirement, California can increase its ability to quickly expand access to high-quality care, especially for those who need it most. NPs are more likely to see and take on new Medi-Cal and uninsured patients and they can help close the provider gap in communities where accessing health care is already a challenge.

SB 1375 is a key step to ensuring that thousands of qualified and experienced nurse practitioners (NPs) are available to provide services for communities who need them.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Scott', with a long horizontal flourish extending to the right.

Kathryn Austin Scott
Senior Vice President, State Advocacy and Relations

cc: The Honorable Senate President Pro Tem Toni Atkins
The Honorable Members of Senate Business, Professions & Economic Development Committee
Elissa Silva, Consultant, Senate Business, Professions & Economic Development Committee
Kayla Williams, Consultant, Senate Republican Caucus