

LEGISLATIVE UPDATE



Week of April 15, 2024

State Issues	
<p>State Budget Update</p>	<p>Early Budget Action. On Monday, the Governor signed the bill authorizing the early budget actions. The budget bill junior included \$17 billion in cuts, revenues, deferrals, and borrowing to begin to address the budget gap. However, the budget remains anywhere between \$8 billion to \$38 billion that must be addressed before July 1, the beginning of the next fiscal year.</p> <p>MCO Budget Hearing. Also of budget note, the Senate Budget Subcommittee held a hearing on the Managed Care Organization (MCO) Tax on Thursday. Chair of the Subcommittee, Senator Carolyn Menjivar, expressed great concern that certain health care service providers were so far excluded from the MCO funding. She had a panel of providers not yet included in the MCO that she is hoping will get some funding. These organizations testifying included the California Association for Health Services at Home, California Association of Adult Day Services, Congregate Living Health Facilities Association, The Children’s Partnership, California Pan-Ethnic Health Network, Western Center on Law and Poverty, California Chiropractic Association, and the California Orthotic and Prosthetic Association. All had various funding proposals totally more than \$100 million.</p> <p>The Chair seemed to express an interest in using the money currently set aside for equity payments from the MCO for these programs. She expressed frustration that the equity payments had no details on how they would be spent and no expected outcomes, and seemed to feel the money would be better spent supporting these auxiliary health care programs. The Administration has not yet published any Budget Trailer Bill language explaining how exactly they plan to spend the funds.</p>
<p>No Hearing on the End-of-Life Option Act</p>	<p>SB 1196 (Blakespear) has been pulled from its special hearing, which was set for next Monday, April 22 in Senate Health Committee. The bill will not be heard and will not move forward this year.</p> <p>The bill would have made an unprecedented expansion of California’s End of Life Option Act statute. Among other provisions, this proposal would have expanded the law to persons with dementia and other progressive neurological conditions, allowed the lethal drugs to be received through intravenous (IV) infusion, removed the requirement that the eligible person have a terminal diagnosis with a prognosis of six months or less to live and replacing it with criteria to include persons with a “grievous and irremediable medical condition.”</p> <p>There was opposition to and grave concern of the proposed legislation across the spectrum of proponents and opponents of aid in dying. The original sponsor of the law, Compassion & Choices, voiced early opposition and was specifically concerned about eliminating the six-month standard for terminal patients and for including dementia.</p> <p style="text-align: right;"><i>(more)</i></p>

<p>No Hearing on the End-of-Life Option Act <i>(continued)</i></p>	<p>Senator Susan Eggman, who authored the original End of Life Option Act in 2015, recently expressed her opposition to the measure, stating, “While I have compassion for those desiring further change, pushing for too much too soon puts CA & the country at risk of losing the gains we have made for personal autonomy.”</p> <p>With opposition from all sides, Senator Blakespear decided not to hear the bill, but vowed to continue to work on the issue..</p>
<p>Single Payer Legislation</p>	<p>Next week, AB 2200 (Kalra): Guaranteed Health Care for All is set to be heard in the Assembly Health Committee. This is the Single Payer health care bill sponsored by the California Nurses Association (CNA). CNA is beginning to ramp up their grassroots advocacy campaign that includes ads in support of the bill on social media, leading up to the hearing.</p> <p>This proposal is similar to the policies proposed in the past: all health care to all residents would be provided through Cal Care; California health care providers would only be able to provide covered care within the Cal Care system; the system will be governed by a board comprised of Gubernatorial and Legislative appointees, and all current federal funding for health care services (i.e. Medicaid, Medicare, CHIP, etc.) would need to be provided to the state in a block grant. In addition to all of the federal funds, state funds are also required to implement the measure. Cost estimates to implement previous versions were between \$400-\$500 billion – which seems unlikely given the state’s fiscal picture.</p> <p>It is worth noting, however, that the new Chairs of the Assembly Health and Appropriations Committees along with the new Speaker and Senate ProTem are all on record supporting single payer health care.</p> <p>With that said, in February, Speaker Robert Rivas (D-Hollister) cast doubt on Assembly Member Kalra’s bill. He stated that while he likes the idea, he isn’t convinced the state can afford it in the face of a budget shortfall of at least \$38 billion. Rivas stated, “The concept of single-payer and expanding access and affordability are good ideas. I say this with great respect to stakeholders and advocates: We need to see how this is funded. It’s a good idea but it’s a tough, tough sell, especially in a budget climate that we are experiencing now.”</p> <p>If the bill makes it out of the Assembly Health Committee, its next stop will be the Assembly Appropriations Committee, where the cost of the bill is assessed.</p>

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