
SENATE COMMITTEE ON HEALTH

Senator Dr. Richard Pan, Chair

BILL NO: AB 1585
AUTHOR: Committee on Health
VERSION: April 5, 2021
HEARING DATE: June 9, 2021
CONSULTANT: Vincent D. Marchand

SUBJECT: Health care

SUMMARY: Revises the requirement that skilled nursing facilities have a dedicated infection preventionist to allow a broader range of health care professionals to serve in this capacity provided they are qualified and have completed specialized training in infection prevention and control, and extends the deadline, to January 1, 2022, by which the Department of Health Care Services is required to adopt regulations governing California Children's Services Whole Child Model.

Existing law:

- 1) Provides for the licensure of health facilities, including long-term care facilities such as skilled nursing facilities (SNFs), intermediate care facilities, and congregate living health facilities, by the California Department of Public Health (CDPH). [HSC §1250, et seq.]
- 2) Defines a "SNF" as a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. [HSC §1250(c)]
- 3) Requires a SNF to have a full-time, dedicated Infection Preventionist (IP). Permits the IP role to be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member. Requires the IP to be a registered nurse or a licensed vocational nurse. [HSC §1255.9]
- 4) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals, including children, are eligible for medical coverage. [WIC §14000, et seq.]
- 5) Establishes the California Children's Services Program (CCS), administered by the DHCS, under which individuals under the age of 21, who have specified health conditions and meet financial requirements, are eligible to receive medically necessary services and treatments. [HSC §123800, et seq.]
- 6) Authorizes DHCS, no sooner than July 1, 2017, to establish a "Whole Child Model" (WCM) program for Medi-Cal enrolled children who are also enrolled in CCS in specified counties. [WIC §14094.4.]
- 7) Requires DHCS to implement, interpret, or make specific the WCM program, and any applicable federal waivers and state plan amendments, by means of all-county letters, plan letters, CCS numbered letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Requires DCHS to adopt regulations by July 1, 2020.

This bill:

- 1) Deletes the requirement that the IP that a SNF is required to employ be a registered nurse or a licensed vocational nurse, and instead requires the IP to meet the following requirements:
 - a) Have a primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field;
 - b) Be qualified by education, training, clinical or health care experience, or certification; and,
 - c) Have completed specialized training in infection prevention and control.
- 2) Extends the deadline, from July 1, 2020 to January 1, 2022, by which DHCS is required to adopt regulations governing CCS WCM.

FISCAL EFFECT: According to the Assembly Appropriations Committee, cost pressure to CDPH over three years, not likely to exceed \$100,000 per year, to issue regulations implementing education and training for IPs (Licensing and Certification Fund).

PRIOR VOTES:

Assembly Floor:	77 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Health Committee:	15 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, this bill is intended to clarify language from AB 2644 (Wood, Chapter 287, Statutes of 2020). The current definition of an IP only applies to those working in SNFs, however, the language would inadvertently prevent some IPs currently employed by hospitals or other health facilities from seeking employment in a SNF, for example a person with a Master's degree in Public Health who is also a trained IP. In addition, this bill contains a provision from the DHCS-proposed trailer bill language (TBL) extending a past due date by which regulations have to be adopted for the CCS WCM for the purpose of reducing the volume of proposed TBL that is part of DHCS' proposed California Advancing and Innovating Medi-Cal (CalAIM) initiative.
- 2) *All Facilities Letter on SNF COVID-19 mitigation plan includes IP requirement.* On May 11, 2020, DPH sent an all facilities letter advising all SNFs of the requirement to submit a facility-specific COVID-19 mitigation plan with specified elements. A SNF's mitigation plan is required to include the following six elements:
 - a) *Testing and cohorting.* Requires the SNF to develop a plan in conjunction with their LHO for regular testing of residents and staff, including how test results will be used to inform residents and health care personnel;
 - b) *Infection Prevention and Control.* Requires the SNF to have a full-time, dedicated IP. Specifies that this can be achieved by more than one staff member sharing this role, but a plan must be in place for infection prevention quality control. Requires the SNF to ensure health care providers receive infection prevention and control training and can work with DPH to develop a reasonable implementation timeline and plan to bring on the necessary IP staff;

- c) *Personal protective equipment (PPE)*. Requires the SNF to have a plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last, and information on established contracts or relationships with vendors for replenishing stock;
 - d) *Staffing shortages*. Requires the SNF to have policies in place to address health care personnel shortages, including contingency and crisis capacity strategies;
 - e) *Designation of space*. Requires the SNF to have policies in place for dedicated spaces within the facility to ensure separation of infected patients and for eliminating movement of health care personnel among those spaces to minimize transmission risk; and,
 - f) *Communication*. Requires a designated staff member to be assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility.
- 3) *SNFs and infection control*. Centers for Medicare and Medicaid Services (CMS) requires long-term care (LTC) facilities, as a condition of participation, to have an infection prevention and control program designed to prevent the development and transmission of communicable diseases and infections. The infection prevention and control program is required to include specific elements, including a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services. Effective November 28, 2019, the final requirement includes specialized training in infection prevention and control for the individual(s) responsible for the facility's program. CMS and the Centers for Disease Control and Infection (CDC) collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff, called the "Nursing Home Infection Preventionist Training Course." The course is approximately 19 hours long, and is made up of 23 modules and submodules, which can be completed at any time, in any order, and over multiple sessions.
- 4) *CCS "carve out" and WCM*. CCS is a state-only health program for children, up to the age of 21, with certain diseases or health problems, including bleeding disorders, cystic fibrosis, Duchenne muscular dystrophy, and other genetic conditions and rare diseases. CCS requires applicants to meet additional requirements, such as income limits or expected out-of-pocket medical expenses. CCS provides coverage for a variety of medical visits, medical case management, and care at sickle cell disease centers. Children who are eligible for both Medi-Cal and the CCS program are enrolled in a Medi-Cal managed care plan (MCMC) and receive CCS-covered services through the CCS program on a fee-for-service basis. This is known as the CCS "carve out," which been extended a number of times since it was first established by SB 1371 (Bergeson, Chapter 917, Statutes of 1994).

When the CCS program reached the end of one of its "carve out" authorization periods in 2015, the Brown Administration indicated that it would support an extension of the "carve out" only if it is accompanied by a plan for a more organized delivery system. SB 586 (Hernandez, Chapter 625, Statutes of 2015) authorized DHCS to establish the WCM in 21 counties, in which both Medi-Cal and most CCS services would be covered and paid for by the MCMC. SB 586 also required DHCS to create a statewide WCM stakeholder advisory group to inform implementation, as well as, the development of the monitoring and evaluation process.

- 5) *Related legislation*. AB 382 (Kamlager) extends the sunset of the WCM stakeholder advisory group from December 1, 2021 to December 31, 2023.

- 6) *Prior legislation.* AB 2644 (Wood, Chapter 287, Statutes of 2020) requires a SNF, during a declared emergency related to a communicable disease, to report each disease-related death within 24 hours. Requires SNFs to have a full-time IP, and prohibits a long-term care facility from preventing a representative of the Long-Term Care Ombudsman Program from entering the facility in the event of a declared emergency.

AB 1688 (Committee on Health, Chapter 511, Statutes of 2017) requires DHCS to provide a report on the CCS WCM by the later of January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the WCM program are fully operational, instead of by January 1, 2021, under prior law.

SB 586 (Hernandez, Chapter 625, Statutes of 2015) authorized the WCM for children enrolled in both CCS and Medi-Cal in 21 counties where both Medi-Cal and most CCS services would be covered by the MCMC.

- 7) *Support.* The California Association for Professionals in Infection Control & Epidemiology (APIC) states in support that while California APIC supports the requirement of a dedicated IP for SNFs, the nursing-exclusive parameters defined in existing law do not align with the full range of backgrounds and training of IPs. California APIC states that this bill will bring the requirement for an UIP in line with APIC, the CDC, and the Certification Board for Infection Control & Epidemiology qualifications for IPs. This bill will expand access to a broader range of qualified IPs.

SUPPORT AND OPPOSITION:

Support: California Association for Professionals in Infection Control & Epidemiology

Oppose: None received

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