CONCURRENCE IN SENATE AMENDMENTS AB 1585 (Committee on Health) As Amended August 18, 2021 Majority vote

SUMMARY

Expands the current definition of an infection preventionist (IP) employed by a skilled nursing facility (SNF) to include persons who have professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field, and have completed specialized training in infection prevention and control. Extends the due date, from July 1, 2020 to January 1, 2023, by which the Department of Health Care Services (DHCS) is required to adopt regulations related to the California Children's Services (CCS) Whole Child Model (WCM) in accordance with the rulemaking requirements of the Administrative Procedure Act.

Senate Amendments

Extended the date by which DHCS is required to adopt regulations from to January 1, 2022, to January 1, 2023.

COMMENTS

COVID-19 reporting in SNFs. Due to the severity of the COVID-19 crisis, on March 4, 2020, Governor Newsom issued an Executive Order declaring a state of emergency and on March 19, 2020, issued a stay at home order. On May 8, 2020, the Centers for Medicare and Medicaid (CMS) published an interim final rule requiring SNFs to report COVID-19 facility data to the Centers for Disease Control and Prevention (CDC), and, to notify residents, residents' representatives, and families of residents of when there are COVID-19 positive residents or healthcare workers in the facility. According to the Department of Public Health (DPH) website, as of April 2, 2021, in California's 1,223 SNFs there have been 61,209 positive cases in SNF residents and 9,031 SNF resident deaths. There have been 50,431 positive cases in health care workers (HCWs) and 225 HCW deaths.

Federal IP requirements and training. CMS requires long-term care facilities, including SNFs, 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 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 comprised of 23 modules and submodules, which can be completed at any time, in any order, and over multiple sessions.

CCS "CARVE OUT" AND WCM. The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children under 21 years of age with CCS-eligible conditions (e.g., severe genetic diseases, chronic

medical conditions, infectious diseases producing major sequelae, and traumatic injuries) from families unable to afford catastrophic health care costs. Most Medi-Cal beneficiaries, including children, are required to enroll in Medi-Cal Managed Care (MCMC) plans. However, for children who are enrolled in both Medi-Cal and CCS, CCS services were initially carved out of MCMC care pursuant to SB 1371 (Bergeson), Chapter 917, Statutes of 1994. Under the carve out, CCS-covered services for CCS-eligible children are not incorporated into MCMC, and are instead provided and paid for on a fee-for-service basis through the CCS Program. The CCS carve out has been extended repeatedly since then, usually for three or four year periods.

In 2015, as part of the debate over a CCS carve out extension, the Brown Administration indicated it wanted some portion of CCS-eligible children shifted to one organized entity. SB 586 (Hernandez), Chapter 625, Statutes of 2015, authorized the WCM for children enrolled in both CCS and Medi-Cal in 21 counties served by four county organized health systems where both Medi-Cal and most CCS services would be covered and paid for by the plan, instead of the existing arrangement in most counties where CCS services are "carved out" from the MCMC plan. SB 586 also contained the regulation requirement with the July 1, 2020 due date for adoption. The Administration's CalAIM proposed trailer bill language (TBL) contains the proposed regulation due date change. Because CalAIM TBL contains over 91 pages of a variety of complex and substantive changes, this straight-forward date change is being included in a committee bill.

According to the Author

This bill is intended to clarify language from AB 2644 (Wood), Chapter 287, Statutes of 2020. The authors note that 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 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 initiative.

Arguments in Support

The California Association for Professionals in Infection Control & Epidemiology (APIC) supports this bill and states that would bring current law in line with APIC, the CDC, and the Certification Board for Infection Control & Epidemiology qualifications for infection preventionists.

Arguments in Opposition

There is no opposition to this bill.

FISCAL COMMENTS

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

VOTES:

ASM HEALTH: 15-0-0

YES: Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Maienschein, McCarty, Nazarian, Chiu, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 14-0-2

YES: Lorena Gonzalez, Bigelow, Ward, Calderon, Carrillo, Chau, Megan Dahle, Davies, Fong, Gabriel, Levine, Quirk, Robert Rivas, Friedman ABS, ABST OR NV: Eduardo Garcia, McCarty

ASSEMBLY FLOOR: 77-0-1

YES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Berman, Bigelow, Bloom, Boerner Horvath, Burke, Calderon, Carrillo, Cervantes, Chau, Chen, Chiu, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Fong, Frazier, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Lorena Gonzalez, Gray, Grayson, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, Nguyen, O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wood, Rendon

ABS, ABST OR NV: Luz Rivas

SENATE FLOOR: 39-0-1

YES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hertzberg, Hueso, Hurtado, Jones, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Umberg, Wieckowski, Wiener, Wilk

ABS, ABST OR NV: Stern

SENATE FLOOR: 38-0-2

YES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Eggman, Glazer, Gonzalez, Grove, Hueso, Hurtado, Jones, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

ABS, ABST OR NV: Durazo, Hertzberg

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