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SB-1300 Health facility closure: public notice: inpatient psychiatric and perinatal services. (2023-2024)

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Senate Bill No. 1300

CHAPTER 894

An act to amend Section 1255.25 of the Health and Safety Code, relating to health facilities.

[Approved by Governor September 28, 2024. Filed with Secretary of State September 28, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1300, Cortese. Health facility closure: public notice: inpatient psychiatric and perinatal services.

Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital.

This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric unit or a perinatal unit from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would require the health facility to provide public notice of the proposed elimination of the supplemental service of either inpatient psychiatric unit or perinatal unit, as specified. The bill would require the health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of the inpatient psychiatric unit or perinatal unit and would require the health facility to accept public comment. The bill would require the health facility to post the public hearing notice and the agenda along with the public notice. The bill would require the health facility holding the public hearing to meet prescribed requirements, including notifying the board of supervisors of the county in which the health facility is located when a public hearing is scheduled and inviting the board of supervisors to provide testimony on the impacts of the elimination of the services to the county and community health systems.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1255.25 of the Health and Safety Code is amended to read:

1255.25. (a) (1) Except as provided in subparagraph (3), not less than 120 days prior to closing a health facility, as defined in subdivision (a) or (b) of Section 1250, or 90 days prior to eliminating a supplemental service, as defined in Section 70067 of Chapter 1 of Division 5 of Title 22 of the California Code of Regulations, the facility shall provide public notice of the proposed closure or elimination of the supplemental service, including a notice posted at the entrance to all affected facilities, a notice to all contracted Medi-Cal managed care plans, as defined in subdivision (j) of Section 14181.101 of the Welfare and Institutions Code, and a notice to the department and the board of supervisors of the county in which the health facility is located.

(2) Not less than 90 days prior to relocating the provision of supplemental services to a different campus, a health facility, as defined in subdivision (a) or (b) of Section 1250, shall provide public notice of the proposed relocation of supplemental services, including a notice posted at the entrance to all affected facilities and notice to the department and the board of supervisors of the county in which the health facility is located.

(3) (A) Not less than 120 days prior to eliminating a supplemental service of either an inpatient psychiatric unit or a perinatal unit, a health facility, as defined in subdivisions (a) and (b) of Section 1250, shall provide public notice of the proposed elimination of the supplemental service, including a notice posted at the entrance to all affected facilities, a notice to all contracted Medi-Cal managed care plans, as defined in subdivision (j) of Section 14181.101 of the Welfare and Institutions Code, and a notice to the department and the board of supervisors of the county in which the health facility is located.

(B) The health facility shall conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of the inpatient psychiatric unit or perinatal unit, in addition to accepting public comment pursuant to subparagraph (C) of paragraph (1) of subdivision (b). The health facility shall post the public hearing notice and the agenda alongside their public notice for the proposed elimination of services, pursuant to paragraph (2) of subdivision (b). The health facility holding the public hearing held shall comply with all of the following requirements:

(i) Hold the public hearing within the county in which the health facility is located and within 25 miles of the health facility and be accessible to the public remotely.

(ii) Accept written public comment in advance of the hearing and reserve adequate time on the agenda for public comments from individuals attending in-person and remotely.

(iii) Notify the board of supervisors of the county in which the health facility is located when a public hearing is scheduled and invite the board of supervisors to provide testimony on the impacts of the elimination of services to the county and community health systems.

(b) (1) The public notice required by subdivision (a) shall include all of the following:

(A) A description of the proposed closure, elimination, or relocation. The description shall be limited to publicly available data, including the number of beds eliminated, if any, the probable decrease in the number of personnel, and a summary of any service that is being eliminated, if applicable.

(B) A description of the three nearest available comparable services in the community. If the health facility closing these services serves Medi-Cal or Medicare patients, this health facility shall specify if the providers of the nearest available comparable services serve these patients.

(C) A telephone number, address, and email address for each of the following, where interested parties may offer comments:

(i) The health facility.

(ii) The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility.

(iii) The chief executive officer.

(D) Statistically deidentified and aggregated data about the health facility's patients who received either inpatient psychiatric services or perinatal services, as applicable, within the past five years, including, but not limited to, all of the following:

(i) The conditions treated.

(ii) The ethnicities of patients served, if the patient voluntarily shared their ethnicity with the health facility. Data on ethnicities shall only be shared on the public notice to the extent to which it does not disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains.

(iii) The ages of patients served.

(iv) Whether the patients served had private insurance, Medi-Cal, Medicare, or no insurance.

(v) A justification for the health facility's decision to eliminate services.

(2) For purposes of this section, the public notice required in subdivision (a) shall include, but not be limited to, all of the following:

(A) Written notice to the city council of the city in which the health facility is located.

(B) A continuous notice posted in a conspicuous location on the homepage of the health facility's internet website.

(C) A notice published in a conspicuous location within a newspaper of general circulation serving the local geographical area in which the health facility is located. The notice shall continue for a minimum of 15 publication dates.

(D) A continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the health facility is located.

(E) A notice posted at the entrance of every community clinic within the affected county in which the health facility is located that grants voluntary permission for posting.

(c) Notwithstanding subdivisions (a) and (b), this section shall not apply to county facilities subject to Section 1442.5.

(d) This section shall not apply to a health facility that is forced to close or eliminate a service as a result of a natural disaster or state of emergency that prevents the health facility from being able to operate at its current level.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.