



Department of Health Care Services



LEGISLATIVE SUMMARY 2015

**JENNIFER KENT
DIRECTOR**

**DEPARTMENT OF HEALTH CARE SERVICES
LEGISLATIVE SUMMARY
2015**

Compiled by the
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LEGISLATIVE SUMMARY 2015
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AB 119	Committee on Budget	17	Public health: Medi-Cal: nursing facilities
SB 75	Committee on Budget and Fiscal Review	18	Health Omnibus trailer bill

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SUMMARIES OF BILLS SIGNED BY THE GOVERNOR:

CAPITATED RATES DEVELOPMENT

SB 145 Pan (Chapter 712)
ROBERT F. KENNEDY FARM WORKERS MEDICAL PLAN

SB 145, sponsored by the United Farm Workers, establishes an annual appropriation of up to \$3,000,000 for reimbursement to the Robert F. Kennedy Farm Workers Medical Plan for claim payments that exceed \$70,000 on behalf of an eligible employee or dependent for a single episode of care. The provisions remain in effect until January 1, 2021.

FEE-FOR-SERVICE RATES DEVELOPMENT

SB 326 Beall (Chapter 797)
COURTS: PENALTIES: EMERGENCY SERVICES FUNDING

The Emergency Medical Air Transportation Act (EMATA) funds supplemental payments for Medi-Cal emergency medical air transportation services through the use of the \$4 penalty assessment for Vehicle Code violations other than parking offenses. This bill, sponsored by the California Association of Air Medical Services: 1) extends the current \$4 penalty assessment from January 1, 2016, to January 1, 2018; 2) requires DHCS to augment Medi-Cal reimbursements paid to eligible emergency air transportation providers using the EMATA fund until June 30, 2019; and 3) extends the EMATA until January 1, 2020. In addition, the bill requires DHCS, in coordination with the Department of Finance (DOF), to develop a funding plan by March 1, 2017, that ensures adequate reimbursement to EMATA providers following the termination of the penalty assessments on January 1, 2018. The bill states the Legislature's intent to identify alternate funding sources for emergency medical air transportations and cease reliance on penalty assessment revenue to fund these services.

HEALTH POLICY

SB 36 Hernandez (Chapter 759)
MEDI-CAL: DEMONSTRATION PROJECT

SB 36, sponsored by the author, establishes an interim payment methodology for the existing Bridge to Reform 1115 Waiver in the event that the federal government does not approve the renewal of that 1115 waiver by November 1, 2015. The bill requires any interim methodology to be consistent with the Medi-Cal state plan and any requirements imposed by the federal Centers for Medicare and Medicaid Services.

SB 147 Hernandez (Chapter 760)
FEDERALLY QUALIFIED HEALTH CENTERS

SB 147, sponsored by the California Association of Primary Clinics, requires DHCS to create a three-year Medi-Cal alternative payment methodology (APM) pilot project for county and community-based federally qualified health centers (FQHCs) willing to participate in the pilot program. The APM pilot project enables FQHCs to deliver care in different methods by testing a proposal which converts the existing wrap around payment FQHCs receive from DHCS into a prospective payment system-equivalent per member per month capitation payment to the FQHC.

INFORMATION MANAGEMENT

AB 145 Gomez (Chapter 358)
PUBLIC BENEFITS REPORTS

AB 145, sponsored by the American Federation of Labor and Congress of Industrial Organizations, modifies a legislatively-mandated reporting requirement imposed on DOF pursuant to AB 1792 (Gomez, Chapter 889, Statutes of 2014). AB 1792 required DOF, in collaboration with Department of Health Care Services (DHCS), the Employment Development Department and the California Department of Social Services (CDSS) to identify, compile and publish an annual report of the top 500 employers in the state, who employ 100 or more employees, with 50 or more employees who receive benefits from the Medi-Cal program. AB 145 modifies the requirement to report only those employers with 100 or more employees who receive benefits from the Medi-Cal program.

SB 484 Beall (Chapter 540)
JUVENILES

SB 484, sponsored by the National Center for Youth Law, provides that psychotropic medications may be used at a foster group home only in accordance with the prescribing physician's written directions and as authorized by the juvenile court, and requires CDSS to compile specified information regarding the administration of psychotropic medications to children in group homes and at least annually post the information on its website. CDSS is required, in consultation with DHCS and stakeholders, to establish a methodology to identify group homes that have levels of psychotropic drug utilization warranting additional review, and to inspect identified facilities at least once a year, as specified. The bill authorizes CDSS to share relevant information and observations with the facility and to require the facility to submit a plan within 30 days to address any identified risks, as specified.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS

AB 119 Committee on Budget (Chapter 17)
PUBLIC HEALTH: MEDI-CAL: NURSING FACILITIES

AB 119 enacts provisions in the 2015 Governor's Budget related to the rate-setting methodology for freestanding skilled nursing facilities (SNFs), as modified by the Legislature. The bill changes the sunset date for the rate-setting methodology for freestanding SNFs established under AB 1629 (Frommer, Chapter 875, Statutes of 2004), as well as the Quality Assurance Fee (QAF), and Quality and Accountability Supplemental Payment (QASP) program, from July 31, 2015, to July 31, 2020. Beginning in the 2015-16 fiscal year (FY), the annual increase in the weighted average Medi-Cal reimbursement rate for freestanding SNFs would be 3.62 percent, DHCS is required to incorporate direct care staff retention as a performance measure in the QASP program, and annual funding available for QASP program payments would remain at the same level as existed for FY 2014-15. Additionally, this bill requires DHCS, in coordination with the California Department of Public Health (CDPH), to report to relevant budget subcommittees by May 1, 2016, information regarding the QASP, and would extend the DHCS Administrative Procedure Act exemption through July 31, 2020, and the CDPH Public Contract Code exemption through December 31, 2020.

SB 75 Committee on Budget and Fiscal Review (Chapter 18)
HEALTH OMNIBUS

SB 75 implements the provisions of the Budget Act for FY 2015-16, as it pertains to DOF, CDPH, DHCS, Covered California and the Office of Systems Integration (OSI).

LONG-TERM CARE

AB 664 Dodd (Chapter 367)
MEDI-CAL: UNIVERSAL ASSESSMENT TOOL REPORT

Existing law requires DHCS, CDSS, and the California Department of Aging (CDA), in consultation with a stakeholder workgroup, to report to the Legislature on the status and results of the Medi-Cal Universal Assessment Tool (UAT) pilot nine months after implementation, and annually thereafter. AB 664, sponsored by the author, specifies the minimum evaluation components to be included in this report, and adjusts the timeline for required UAT related reports and activities.

MANAGED CARE

AB 374 Nazarian (Chapter 621)
HEALTH CARE COVERAGE: PRESCRIPTION DRUGS

AB 374, sponsored by the Arthritis Foundation, the California Rheumatology Alliance, and the Union of American Physicians and Dentists, allows a request for an exception to a health care service plan's (HCSP's) or health insurer's step therapy process for prescription drugs to be submitted in the same manner as a request for prior authorization for prescription drugs, and requires the HCSP or insurer to treat, and respond to, the request in the same manner as a request for prior authorization for prescription drugs. AB 374 applies to HCSPs regulated by the Department of Managed Health Care (DMHC) and health insurance products regulated by the California Department of Insurance. AB 374 also requires DMHC and the Department of Insurance to include a provision for step therapy exception requests in the uniform prior authorization form. Medi-Cal managed care plans and other entities that are licensed by DMHC and contract with DHCS, such as Senior Care Action Network or Program of All-Inclusive Care for the Elderly Organizations, are subject to this mandate.

AB 461 Mullin (Chapter 199)
COORDINATED CARE INITIATIVE

AB 461, sponsored by the author, authorizes a dual eligible beneficiary (i.e., eligible for both Medicare and Medi-Cal coverage), receiving services through a regional center and who resides in the San Mateo County, to voluntarily participate in the Duals Demonstration Project, called Cal MediConnect, as prescribed.

MEDI-CAL BENEFITS

SB 407 Morrell (Chapter 313)
COMPREHENSIVE PERINATAL SERVICES PROGRAM: LICENSED MIDWIVES

SB 407, sponsored by the California Association of Midwives, adds licensed midwives to the list of medical practitioners authorized to provide services under the Comprehensive Perinatal Services Program (CPSP) when regulations have been adopted by the Medical Board of California. By making this addition, it establishes statutory authority for Medi-Cal to reimburse licensed midwives for services delivered to Medi-Cal beneficiaries in the CPSP program. DHCS is also required to commence, no later than March 1, 2016, the revision of existing regulations as are necessary for implementing the bill.

SB 804 Committee on Health (Chapter 455)
PUBLIC HEALTH

SB 804 is a committee omnibus bill. Section 6, the only provision with an impact to DHCS, changes the Every Woman Counts (EWC) program due dates to submit quarterly updates to the fiscal and appropriate policy committees of the Legislature. This change supersedes the requirements of SB 853 (Committee on Budget and Fiscal Review, Section 169, Chapter 717, Statutes of 2010) which required the quarterly updates to be submitted by October 15, January 15, April 15, and August 15 each year. The new due dates are November 30, February 28, May 31, and August 31 of each year. Section 6 also changed the reference from CDPH to DHCS as the state agency required to submit these updates.

MEDI-CAL ELIGIBILITY

AB 532 McCarty (Chapter 433)
STATE AGENCIES: COLLECTION OF DATA: RACE OR ETHNIC ORIGIN

AB 532, sponsored by the author, requires any state agency, board, or commission, which directly or by contract collects demographic data, to provide forms that offer respondents the option of selecting one or more ethnic or racial designations and ensure data reported to other state entities is neither tabulated nor reported without meeting specified requirements. Agencies must be in compliance with these standards as soon as reasonably feasible but no later than January 1, 2022. Agencies that currently collect ethnic or racial data solely to comply with federal requirements are allowed to continue to collect and report that data in the form required by the federal government.

AB 959 Chiu (Chapter 565)
LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) DISPARITIES REDUCTION ACT

AB 959, sponsored by Equity California, requires DHCS, CDPH, CDSS, and CDA, to the extent permissible by federal law, in the course of collecting demographic data on ancestry or ethnic origin, to also collect voluntary data on sexual orientation and gender identity and report such data to the Legislature, as specified. Compliance with the provisions of this bill is required as early as possible following the enactment of the bill, but no later than July 1, 2018. AB 959 further requires DHCS to make the data available to the public in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential and prohibited from disclosure. The bill establishes legislative intent, findings, and declarations relative to the limited data available for LGBT communities, the need to collect the data to address significant disparities in the LGBT communities, and confidentiality and public access of the data.

SB 4

Lara (Chapter 709)

HEALTH CARE COVERAGE: IMMIGRATION STATUS

SB 4, sponsored by the author, defines the transition process for individuals eligible for full-scope Medi-Cal coverage authorized by SB 75 (Committee on Budget and Fiscal Review, Chapter 18, Statutes of 2015). SB 75 expands full-scope Medi-Cal coverage to all children, regardless of immigration status, who otherwise would only have been eligible for restricted-scope Medi-Cal coverage due to their immigration status. Further, beginning January 31, 2016, and until the Director makes the determination that systems have been programmed for the expansion, SB 4 requires a monthly update to the Legislature on the status of the implementation of the expansion to full-scope coverage for these children and clarifies that these children will not be required to file a new application for Medi-Cal and eligibility (and health plan enrollment) provided by SB 75 does not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program for which he or she would otherwise be eligible.

SB 219

Liu (Chapter 762)

PRISONS: ALTERNATIVE CUSTODY

SB 219, sponsored by the Californians United for a Responsible Budget and Justice Now, establishes timeframes surrounding the application, release, and appeals process for incarcerated women applying for the Alternative Custody Program (ACP) under the California Department of Corrections and Rehabilitation (CDCR), and clarifies that existing psychiatric or medical conditions are not a basis for exclusion from the program. Additionally, the bill requires CDCR to assist individuals participating in ACP in obtaining health care coverage, including applying for Medi-Cal. To the extent a participant's health care coverage does not cover medical, dental, and mental health needs, CDCR retains responsibility for the needs of the individual participating in ACP.

MENTAL HEALTH SERVICES

AB 403

Stone (Chapter 773)

PUBLIC SOCIAL SERVICES: FOSTER CARE PLACEMENT: FUNDING

AB 403, sponsored by the Administration, effective January 1, 2017, sunsets existing licensure, rate setting and other provisions for group homes and Foster Family Agencies (FFAs), and establishes interim provisions. It provides for licensure of Short Term Residential Treatment Centers (STRTCs) and FFAs and requires CDSS to develop a new payment structure for STRTCs and FFAs, DHCS mental health certification, and accreditation from a nationally recognized accreditation agency, as specified. It also codifies and expands the use of child and family teams in case planning and enacts provisions pertaining to the Resource Family Approval Program. The bill establishes legislative intent to improve California's child welfare system

by using comprehensive initial child assessments, increasing the use of home-based family care and providing services and supports to home-based family care, reducing the use of congregate care placement settings, and creating faster paths to permanency to shorten the duration of a child's involvement in the child welfare and juvenile justice systems.

AB 1194 Eggman (Chapter 570)
MENTAL HEALTH: INVOLUNTARY COMMITMENT

AB 1194, sponsored by the California Psychiatric Association, clarifies that for purposes of determining whether a person is a danger to themselves or others, and meets the criteria to be involuntarily detained for up to 72 hours for a mental health assessment, evaluation, and crisis intervention (i.e., a 5150 hold); the term danger is not limited "to danger of imminent harm."

AB 1424 Mullin (Chapter 127)
MENTAL HEALTH: COMMUNITY MENTAL HEALTH BOARD

AB 1424, sponsored by the author, allows a community mental health consumer board member to obtain full-time or part-time employment with a county mental health service, DHCS, or an employee/paid member of the governing body of a mental health contract agency if he/she has no interest, influence, or authority over any financial or contractual matter concerning the employer. In addition, the bill requires the member to abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

PHARMACY BENEFITS

SB 238 Mitchell (Chapter 534)
FOSTER CARE: PSYCHOTROPIC MEDICATION

SB 238, sponsored by the National Center for Youth Law and County Welfare Director's Association of California, requires the Judicial Council, by July 1, 2016, in consultation with DHCS, CDSS and identified stakeholders to amend and adopt rules of court and to develop appropriate forms for implementation for the use of psychotropic medications for youth in foster care. Additionally, the bill requires data sharing agreements between DHCS and CDSS as well as between DHCS, CDSS and county placing agencies and requires CDSS, in consultation with DHCS and stakeholders, to develop and distribute a monthly report to each county placing agency, which includes specified information regarding foster youth taking psychotropic medications that have been paid for under Medi-Cal. Lastly, this bill requires CDSS to provide updated and additional training to foster care group home administrators, foster care parents and relative caregivers, court appointed counsel, social workers and public health nurses regarding the authorization and monitoring

of psychotropic medications, and trauma and substance use disorder and mental health treatments. This bill creates a state mandated program.

PROVIDER ENROLLMENT

SB 299 Monning (Chapter 271)
MEDI-CAL: PROVIDER ENROLLMENT

SB 299, sponsored by the author, exempts all Medi-Cal applicants and providers who apply for enrollment electronically into the fee-for-service (FFS) Medi-Cal program from the current statutory notarization requirements. Additionally, SB 299 requires DHCS to designate a provider or applicant as “high” categorical risk if DHCS lifts a temporary moratorium within the previous six months for that particular provider type submitting the application. SB 299 also removes outdated language from the Welfare & Institutions Code that is obsolete. Finally, SB 299 requires DHCS to collect an application fee from enrolled FFS providers for continued enrollment.

SAFETY NET FINANCING

SB 276 Wolk (Chapter 653)
MEDI-CAL: LOCAL EDUCATIONAL AGENCIES

SB 276, sponsored by the California School Nurses Association, requires DHCS to seek federal financial participation for covered services, including targeted case management services, provided by a Local Educational Agency (LEA) to a child who is an eligible Medi-Cal beneficiary regardless of whether the child has an individualized education plan or an individualized family service plan, or whether those same services are provided at no charge to the beneficiary or to the community at large, if the LEA takes all reasonable measures to ascertain and pursue claims for payment of covered services against legally liable third parties. SB 276 also requires a legally liable third party to either reimburse a claim submitted by a LEA or issue a notice of denial of non-coverage of services or benefits if a claim for payment of covered services submitted by a LEA is denied. Additionally, this bill expands the definition of a LEA to include a charter school.

SUBSTANCE USE DISORDER COMPLIANCE

AB 848 Stone (Chapter 744)
ALCOHOLISM AND DRUG ABUSE TREATMENT FACILITIES

AB 848, sponsored by California Society of Addiction Medicine, JANUS of Santa Cruz, and Elements Behavioral Health, requires a licensed residential substance use disorder (SUD) treatment facility providing incidental medical

services, as a condition of providing incidental medical services, to obtain from each program participant, a medical clearance from a health care practitioner specifying a description of the alcoholism and drug abuse recovery or treatment services that he or she needs. Additionally, AB 848 allows the provision of incidental medical services, as determined by DHCS, at licensed residential SUD treatment facilities that use at least one licensed physician and surgeon and meet other specified requirements.

SYSTEMS OF CARE

AB 187 Bonta (Chapter 738)
MEDI-CAL: MANAGED CARE: CALIFORNIA CHILDREN'S SERVICES PROGRAM

AB 187, sponsored by the author, extends the current California Children's Services (CCS) program's Medi-Cal managed care carve-out sunset from January 1, 2016, to January 1, 2017.

SB 319 Beall (Chapter 535)
CHILD WELFARE SERVICES: PUBLIC HEALTH NURSING

SB 319, sponsored by the National Center for Youth Law, ensures a foster care Public Health Nurse (PHN) has access to a foster child's medical, dental, and mental health information; clarifies the foster care PHN shall assist non-minor dependents with making informed health care decisions by, at minimum, providing educational materials; and clarifies that the duties of the foster care PHN include monitoring and oversight of prescribed psychotropic medications.

NUMERIC INDEX OF ENROLLED BILLS FOR LEGISLATIVE YEAR 2015

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER	PROGRAM*	PAGE NUMBER
AB 50	Mullin	Veto	----	MB	
AB 68	Waldron	Veto	----	MC	
AB 97	Weber	Veto	----	LT	
AB 119	Committee on Budget	Sign	17	LA	3
AB 145	Gomez	Sign	358	IM	2
AB 187	Bonta	Sign	738	SC	9
AB 193	Maienschein	Veto	----	MH	
AB 332	Calderon	Veto	----	LT	
AB 374	Nazarian	Sign	621	MC	4
AB 403	Stone	Sign	773	MH	6
AB 461	Mullin	Sign	199	MC	4
AB 521	Nazarian	Veto	----	MB	
AB 532	McCarty	Sign	433	ME	5
AB 664	Dodd	Sign	367	LT	3
AB 745	Chau	Veto	----	MH	
AB 848	Stone	Sign	744	CD	8
AB 858	Wood	Veto	----	HP	
AB 861	Maienschein	Veto	----	MH	
AB 959	Chiu	Sign	565	ME	5
AB 1162	Holden	Veto	----	MB	
AB 1194	Eggman	Sign	570	MH	7
AB 1231	Wood	Veto	----	MB	
AB 1261	Burke	Veto	----	LT	
AB 1424	Mullin	Sign	127	MH	7
SB 4	Lara	Sign	709	ME	6
SB 36	Hernandez	Sign	759	HP	1
SB 75	Committee on Budget and Fiscal Review	Sign	18	LA	3
SB 145	Pan	Sign	712	RD	1
SB 147	Hernandez	Sign	760	HP	2
SB 199	Hall	Veto	---	LT	
SB 219	Liu	Sign	762	ME	6
SB 238	Mitchell	Sign	534	PB	7
SB 276	Wolk	Sign	653	SF	8
SB 291	Lara	Veto	---	MH	
SB 299	Monning	Sign	271	PE	8
SB 319	Beall	Sign	535	SC	9
SB 326	Beall	Sign	797	FR	1
SB 407	Morrell	Sign	313	MB	4
SB 484	Beall	Sign	540	IM	2
SB 610	McCarty	Veto	----	AI	
SB 804	Committee on Health	Sign	455	MB	5

PROGRAM ASSIGNMENTS AND ACRONYMS

PROGRAM	CODE
Audits and Investigations	AI
Capitated Rates Development	RD
Fee-for-Service Rates Development	FR
Health Policy	HP
Information Management	IM
Legislative and Governmental Affairs	LA
Long-Term Care	LT
Managed Care (Operations Division and Quality & Monitoring Division)	MC
Medi-Cal Benefits	MB
Medi-Cal Eligibility	ME
Mental Health Services	MH
Pharmacy Benefits	PB
Provider Enrollment	PE
Safety Net Financing	SF
Substance Use Disorder Compliance	CD
Systems of Care	SC

SIGN MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
AB 187	Bonta	Medi-Cal: managed care: California Children's Services Program	SC

VETO MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
AB 50	Mullin	Medi-Cal: evidence-based home visiting programs rural health clinics	MB
AB 68	Waldron	Medi-Cal	MC
AB 97	Weber	In-home supportive services: provider wages	LT
AB 193	Maienschein	Mental health: conservatorship hearings	MH
AB 332	Calderon	Long-term care insurance	LT
AB 521	Nazarian	HIV testing	MB
AB 745	Chau	Mental Health Services Oversight and Accountability Commission	MH
AB 858	Wood	Medi-Cal: federally qualified health centers and rural health clinics	HP
AB 861	Maienschein	Mental health: community-based services Accountability Commission	MH
AB 1162	Holden	Medi-Cal: tobacco cessation	MB
AB 1231	Wood	Medi-Cal: nonmedical transportation	MB
AB 1261	Burke	Community-based adult services: adult day health care centers	LT
SB 199	Hall	In-home supportive services: reading services for blind and visually impaired recipients	LT
SB 291	Lara	Public health: vulnerable communities	MH
SB 610	Pan	Medi-Cal: federally qualified health centers: rural	AI

(Sign and Veto messages are also available on <https://leginfo.legislature.ca.gov/>)



OFFICE OF THE GOVERNOR

OCT 10 2015

To the Members of the California State Assembly:

I am signing Assembly Bill 187 to extend the current California Children's Services Program carve-out from Medi-Cal managed care until January 1, 2017, even though the Department of Health Care Services has made clear that no change to this program would occur before that date.

I am signing this bill as an expression of good faith with the families, providers, advocates, counties, and our Medi-Cal managed care plans who must work together with my Administration to thoughtfully, responsibly, and appropriately transform this important health care program.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

To the Members of the California State Senate:

I am returning the following six bills without my signature;

Assembly Bill 50

Assembly Bill 858
Assembly Bill 1162
Assembly Bill 1231
Assembly Bill 1261
Senate Bill 610

These bills unnecessarily codify certain existing health care benefits or require the expansion or development of new benefits and procedures in the Medi-Cal program.

Taken together, these bills would require new spending at a time when there is considerable uncertainty in the funding of this program. Until the fiscal outlook for Medi-Cal is stabilized, I cannot support any of these measures.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

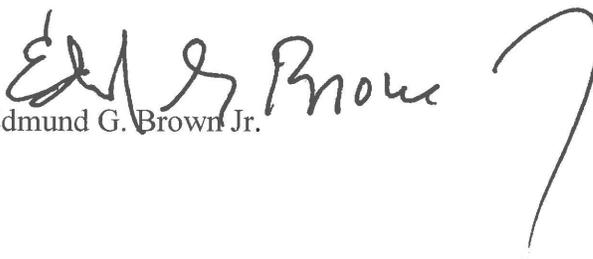
To the Members of the California State Assembly:

I am returning Assembly Bill 68 without my signature.

This bill would grant a Medi-Cal beneficiary the right to an urgent appeal when a Medi-Cal managed care plan denies coverage for a drug prescribed for the treatment of epilepsy.

The health plans are already required to have effective up-to-date drug formularies and expedited appeal processes to cover situations when health care services, including epilepsy drugs, are denied. I believe establishing a separate urgent appeal for this specific medical condition is unnecessary.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 9 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 97 without my signature.

This bill would require the California Department of Social Services to reprogram the In-Home Supportive Services (IHSS) payroll system so that paychecks issued by the system would include payment for home care service hours authorized by both IHSS and managed health care plans.

While I support streamlining the payment system for home care service workers, we have yet to find a permanent fund source to restore the seven percent reduction in recipients' authorized hours. When that fiscal uncertainty has been resolved, I would be open to reconsidering the policy in this bill.

Sincerely,

A handwritten signature in black ink that reads "Edmund G. Brown Jr." with a long, sweeping flourish extending from the end of the name.

Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 11 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 193 without my signature.

This bill would authorize a probate court to order an investigation for a Lanterman-Petris-Short conservatorship for an individual currently under probate conservatorship.

Currently, professionals in charge of county mental health facilities are responsible for recommending an investigation for a Lanterman-Petris-Short conservatorship. This bill bypasses the clinical expertise of these professionals and for that reason I can't support it.

Sincerely,


Edmund G. Brown Jr.





OFFICE OF THE GOVERNOR

OCT 11 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 332 without my signature.

This bill would establish a nine-member task force to explore the design and implementation of a statewide long-term care insurance program.

Since the federal government and a number of private organizations have undertaken essentially the same task, I don't think that this bill is necessary. Moreover, I'm hesitant to start down a path that may lead to a large and potentially costly new mandate.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 11 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 521 without my signature.

This bill would mandate hospitals to offer an HIV test to consenting patients who have blood drawn after being admitted through the emergency department.

This bill is not the best approach to identifying those who are undiagnosed with HIV. The demographics of patients targeted by this bill do not match the demographics of the population at risk for exposure to HIV infection. In addition, hospitals are not appropriately staffed nor are they the place to provide counseling, routine preventive screenings, or follow-up care for sensitive HIV testing. Limited resources would be better spent supporting outreach and education activities by existing providers which have the staff and training for HIV testing and follow-up care.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

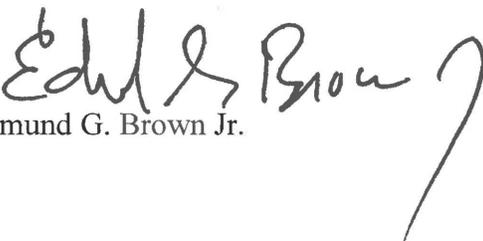
To the Members of the California State Assembly:

I am returning Assembly Bill 745 without my signature.

This bill would add an additional member to the Mental Health Services Oversight and Accountability Commission with experience in supportive housing.

While supportive housing can help improve the lives of those with serious mental illness, I believe that the current commission -- with sixteen members -- is adequate to the task.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

To the Members of the California State Senate:

I am returning the following six bills without my signature;

Assembly Bill 50

Assembly Bill 858

Assembly Bill 1162

Assembly Bill 1231

Assembly Bill 1261

Senate Bill 610

These bills unnecessarily codify certain existing health care benefits or require the expansion or development of new benefits and procedures in the Medi-Cal program.

Taken together, these bills would require new spending at a time when there is considerable uncertainty in the funding of this program. Until the fiscal outlook for Medi-Cal is stabilized, I cannot support any of these measures.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

To the Members of the California State Assembly:

I am returning Assembly Bill 861 without my signature.

This bill would require the Department of Health Care Services to mandate counties, as a condition of participation in a federal behavioral health demonstration program, to redirect a portion of any local savings to increasing housing opportunities for individuals with severe mental illness.

The department has not been awarded the federal grant nor approved as one of eight states to participate in the federal demonstration program. As such, this bill is premature.

Sincerely,


Edmund G. Brown Jr.



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OCT 10 2015

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Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 9 2015

To the Members of the California State Senate:

I am returning Senate Bill 199 without my signature.

This bill would authorize, for blind In-Home Supportive Services recipients, up to two hours per month of assistance in completing financial documents.

Before considering any expansion in this program, the state must find a permanent funding source to support the hours and activities that are authorized under current law.

Sincerely,

A handwritten signature in black ink that reads "Edmund G. Brown Jr." with a large, stylized flourish at the end.

Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 7 2015

To the Members of the California State Senate:

I am returning Senate Bill 291 without my signature.

This bill would amend the definition of “vulnerable communities” for the Office of Health Equity in the California Department of Public Health to include individuals who have experienced trauma related to genocide. The bill would also require the Department of Public Health as well as the Department of Health Care Services to involve these communities in their stakeholder work.

The definition of “vulnerable communities” already includes people with mental health conditions, immigrants and refugees. No additional authority is necessary to ensure that both of these departments continue to consider the needs of all those who have suffered trauma related to genocide.

Sincerely,


Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 10 2015

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I am returning the following six bills without my signature;

Assembly Bill 50
Assembly Bill 858
Assembly Bill 1162
Assembly Bill 1231
Assembly Bill 1261
Senate Bill 610

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Taken together, these bills would require new spending at a time when there is considerable uncertainty in the funding of this program. Until the fiscal outlook for Medi-Cal is stabilized, I cannot support any of these measures.

Sincerely,


Edmund G. Brown Jr.