



# Department of Health Care Services



## **LEGISLATIVE SUMMARY 2017**

**JENNIFER KENT  
DIRECTOR**

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**DEPARTMENT OF HEALTH CARE SERVICES  
LEGISLATIVE SUMMARY  
2017**

Compiled by the  
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**DEPARTMENT OF HEALTH CARE SERVICES**  
**LEGISLATIVE SUMMARY 2017**  
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# SUMMARIES OF BILLS SIGNED BY THE GOVERNOR:

## CLINICAL ASSURANCE AND ADMINISTRATIVE SUPPORT

AB 1688 Committee on Health (Chapter 511)  
**COMMUNITY HEALTH SERVICES: CALIFORNIA MENTAL HEALTH PLANNING COUNCIL, CALIFORNIA CHILDREN'S SERVICES PROGRAM, ALAMEDA COUNTY PILOT PROGRAM, AND MEDI-CAL MANAGED CARE**

Assembly Bill (AB) 1688, sponsored by the author: 1) renames the California Mental Health Planning Council as the California Behavioral Health Planning Council; requires the membership of the planning council to include persons with substance use disorders (SUDs) and their families and organizations advocating on behalf of those persons; and makes conforming changes; 2) requires the Department of Health Care Services (DHCS) to provide a report on the California Children's Services (CCS) Whole Child Model (WCM) by January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the CCS WCM program are fully operational, whichever date is later; 3) requires DHCS to gather and report eligibility and enrollment data, pursuant to ABX1 1 (Perez, Chapter 3, Statutes of 2013), biannually instead of on a quarterly basis; 4) requires DHCS to implement key provisions of the federal Medicaid managed care regulations from the Centers for Medicare and Medicaid Services (CMS), in relation to medical and dental managed care; and 5) repeals an obsolete statute that exempted Alameda County acute care hospital services from DHCS Medi-Cal utilization review process using treatment authorization requests (TARs).

## COMMUNICATIONS, OFFICE OF

SB 220 Pan (Chapter 280)  
**MEDI-CAL: CHILDREN'S HEALTH ADVISORY PANEL**

Senate Bill (SB) 220, sponsored by Children Now, revises the qualification criteria for three panel positions on the Medi-Cal Children's Advisory Panel (MCHAP), sets term lengths for the members appointed on or after January 1, 2018, and authorizes DHCS to remove a MCHAP member if deemed necessary. Additionally, this bill requires the chair of MCHAP to notify DHCS of a vacancy on the advisory panel.



## FEE FOR SERVICE RATES DEVELOPMENT

AB 659 Ridley-Thomas (Chapter 346)  
**MEDI-CAL: REIMBURSEMENT RATES**

AB 659, sponsored by the California Clinical Laboratory Association, changes the frequency with which clinical laboratories or laboratory services (CLLS) providers are required to submit payment data to DHCS for the purpose of establishing reimbursement rates. AB 659 changes the frequency from once every year to once every three years, starting with the reporting period after January 1, 2019. CLLS providers are required to submit data based on the previous calendar year. In addition, this bill requires DHCS to develop reimbursement rates based on the data collected effective beginning on July 1, 2020, and on July 1 of every third year thereafter.

AB 1410 Wood (Chapter 718)  
**PENALTY ASSESSMENTS: EMERGENCY SERVICES AND CHILDREN'S HEALTH CARE COVERAGE FUNDING**

AB 1410, sponsored by Association of Air Medical Services, 1) renames the Emergency Medical Air Transportation Act (EMATA) Fund to the Emergency Medical Air Transportation and Children's Coverage (EMATCC) Fund; 2) requires DHCS to use moneys appropriated from the EMATCC Fund for children's health care coverage or to augment Medi-Cal reimbursements paid to eligible emergency medical air transportation providers; and 3) extends the current sunset date of the EMATA program from January 1, 2018, to January 1, 2022. In addition, the bill extends the date by which DHCS is required, in coordination with the Department of Finance, to notify the Legislature, of the fiscal impact on the Medi-Cal program, resulting from the termination of penalty assessments from March 1, 2017 to January 1, 2020.

SB 523 Hernandez (Chapter 773)  
**MEDI-CAL: EMERGENCY MEDICAL TRANSPORTATION PROVIDERS: QUALITY ASSURANCE FEE**

SB 523, sponsored by the 911 Ambulance Alliance, effective July 1, 2018, requires DHCS to impose a quality assurance fee (QAF) on ground emergency medical transport (GEMT) providers. The QAF will be based on specified data that GEMT providers will be required to report to DHCS each state fiscal quarter commencing October 15, 2017. The QAF will be assessed on each emergency medical transport provided by a GEMT provider who is subject to the fee. The bill also establishes the Medi-Cal Emergency Medical Transport Fund, in which DHCS will deposit the QAF collections. DHCS will use the collected fees to claim federal financial participation to increase the Medi-Cal payment rates for both fee-for-service (FFS) and managed care providers of GEMT services by providing an add-on to the FFS payment schedule. The bill contained an urgency clause.

## HEALTH POLICY

AB 205 Wood (Chapter 738)  
**MEDI-CAL: MEDI-CAL MANAGED CARE PLANS**

AB 205, sponsored by the author, codifies CMS Medicaid Children’s Health Insurance Program (CHIP) Managed Care Final Rule (Final Rule) as well as implements state options authorized by the Final Rule. The bill: 1) requires that a Medi-Cal managed care plan (MCP) provide a beneficiary timely and adequate notice of an adverse benefit determination; 2) implements changes related to appeals to MCPs for an adverse benefit determination and state fair hearings; 3) requires MCPs, county mental health plans (MHPs), Drug Medi-Cal Organized Delivery System counties, and dental MCPs to maintain a standard network of providers, as specified and would sunset the provisions on January 1, 2022; and 4) requires the external quality review organization review of MCPs to compile data related to network adequacy, as specified. AB 205 becomes operative with SB 171 (Hernandez, 2017) on or before January 1, 2018.

AB 401 Aguiar-Curry (Chapter 548)  
**PHARMACY: REMOTE DISPENSING SITE PHARMACY:  
TELEPHARMACY: SHARED CLINIC OFFICE SPACE**

AB 401, sponsored by the author, establishes a “remote dispensing site pharmacy license” as a new category of license administered by the California State Board of Pharmacy (Board) that is operated by a supervising pharmacy and staffed by registered pharmacy technicians, and the dispensing of prescription drugs are remotely monitored by a licensed pharmacist through the use of telepharmacy technology. In addition, this bill authorizes the Board to issue a license to two independently owned clinics that share a clinic office space when certain conditions are met, but only after the Board receives documentation from DHCS that any Medi-Cal financing issues related to the shared office space have been sufficiently addressed.

SB 171 Hernandez (Chapter 768)  
**MEDI-CAL: MEDI-CAL MANAGED CARE PLANS**

SB 171, sponsored by the author, codifies the federal CMS and CHIP Final Rule as well as implements state options authorized by the Final Rule. The bill: 1) requires DHCS to ensure that all covered mental health and substance use disorder benefits are in compliance with federal mental health parity rules, as specified; 2) requires MCPs, by July 1, 2019, to comply with a minimum 85 percent medical loss ratio (MLR); 3) requires DHCS to determine and collect a remittance if an MCP does not meet the minimum MLR standard, as specified; 4) requires DHCS, commencing state fiscal year (FY) 2017-18, to require MCPs to increase contract services payments to designated public hospital (DPH) systems, as specified; and 5) requires DHCS, in consultation with DPH systems and MCPs, commencing FY 2017-18, to establish a program under which DPHs may earn performance-based

quality incentive payments from MCPs with whom they contract. The bill becomes operative with AB 205 (Wood, 2017) on or before January 1, 2018.

SB 294 Hernandez (Chapter 515)  
**HOSPICE: SERVICES TO SERIOUSLY ILL PATIENTS**

SB 294, sponsored by the California Hospice and Palliative Care Association and the Coalition for Compassionate Care of California, establishes a pilot program to authorize hospice agencies to provide palliative care and hospice services to patients with serious illness without regard to the length of the patient's remaining life.

## **INTEGRATED SYSTEMS OF CARE**

AB 1200 Cervantes (Chapter 618)  
**AGING AND DISABILITY RESOURCE CONNECTION PROGRAM**

AB 1200, sponsored by the California Association of Area Agencies on Aging, codifies the Aging and Disability Resource Connection (ADRC) program in state statute in order to define the program's purpose, designation criteria, and implementation standards. The bill requires the California Department of Aging to administer the ADRC program in collaboration with the Department of Rehabilitation and DHCS and stipulates that the provisions of the bill shall only become operative contingent upon an appropriation of funds by the Legislature.

## **LEGAL SERVICES, OFFICE OF**

SB 575 Leyva (Chapter 626)  
**PATIENT ACCESS TO HEALTH RECORDS**

SB 575, sponsored by Western Center on Law and Poverty, expands a provision of law that entitles a patient to a copy, at no charge, of the relevant portion of the patient's records that are needed to support an appeal regarding eligibility for certain public benefit programs, by including initial applications in addition to appeals, and by expanding the list of public benefit programs to include In-Home Supportive Services (IHSS), the California Work Opportunity and Responsibility to Kids (CalWORKS) program, the Supplemental Nutrition Assistance Program (CalFresh), and certain veterans related benefits.

## LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF

AB 114      Committee on Budget (Chapter 38)  
**PUBLIC HEALTH**

AB 114, sponsored by the committee, enacts the provisions of the Budget Act for FY 2017-18, as it pertains to the California Department of Public Health (CDPH) and DHCS.

**SECTION (SEC.) 13-16 and 19.** These sections provide improvements and additional transparency to the process for reversion of unspent Mental Health Services Act (MHSA) funds from counties, as specified.

**SEC. 18.** This section adds uncodified language to appropriate \$100,000 from the Mental Health Services Fund to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to develop a statewide suicide prevention plan. These funds will be available for encumbrance or expenditure until June 30, 2018.

AB 126      Committee on Budget (Chapter 65)  
**HEALTH AND HUMAN SERVICES**

AB 126, sponsored by the committee, enacts the provisions of the Budget Act for FY 2017-18, as it pertains to the California Department of Developmental Services, the California Department of Social Services (CDSS) and DHCS.

**SEC. 2.** This section resolves chaptering issues between SB 89 (Committee on Budget and Fiscal Review, Chapter 24, Statutes of 2017) and SB 97 (Committee on Budget, Chapter 52, Statutes of 2017), which codified two types of exemptions from the 66-hour workweek limit for an IHSS provider or the Waiver Personal Care Services (WPCS) provider of a participant in the Nursing Facility/Acute Hospital (NF/AH) Waiver or the In-Home Operations (IHO) Waiver and would make other technical changes.

SB 89      Committee on Budget and Fiscal Review (Chapter 24)  
**HUMAN SERVICES**

SB 89, sponsored by the committee, enacts the provisions of the Budget Act for FY 2017-18, as it pertains CDSS and DHCS.

**SEC. 11 and 12.** These sections require CDSS, in consultation with DHCS, to contract for child psychiatry services to complete a medical record review for all TARs for psychotropic medications for which a second opinion is requested by a county, as specified.

**SEC. 25-28.** These sections allow for FY 2017-18 funds in a county's family support subaccount to be used to fund mental health services including assessments, case management, and treatment services to supplement

existing county mental health services for CalWORKs recipients and their children

**SEC. 39 and 46.** These sections codify two types of exemptions from the 66-hour workweek limit for an IHSS provider or the WPCS provider of a participant in the NF/AH Waiver or the IHO Waiver.

SB 97

Committee on Budget and Fiscal Review (Chapter 52)

## **HEALTH**

SB 97, sponsored by the committee, implements the provisions of the Budget Act for FY 2017-18, as it pertains to the California Health Facilities Financing Authority, the California Department of Managed Health Care (DMHC), CDPH, and DHCS.

**SEC. 2-3 and 45.** These sections change the minimum overall staff-to-patient ratio for freestanding skilled nursing facilities from 3.2 to 3.5 hours and would include a minimum ratio of 2.5 hours for certified nurse assistants, as specified.

**SEC. 4 and 79-82.** These sections abolish the Major Risk Medical Insurance Fund and transfer the fund balance, and ongoing Managed Care Administrative Fines and Penalties Fund revenue to the newly established Health Care Services Plans Fines and Penalties Fund, which may be used to fund expenditures in the Major Risk Medical Insurance Program and health care services for eligible individuals in the Medi-Cal program.

**SEC. 6.** This section extends the Robert F. Kennedy Farm Workers Medical Plan's sunset date from January 1, 2021, to January 1, 2026.

**SEC. 13.** This section transitions the Every Woman Counts budget from accrual to cash accounting, including services provided on or after July 1, 2017. The section would also change the reporting frequency to the Legislature for caseload updates from quarterly to biannually.

**SEC. 19-20, 51-54, 61-78, and 84.** These sections continue the Cal MediConnect federal duals demonstration; continue the integration of Managed Long Term Services and Supports into managed care in the seven demonstration counties; remove the fiscal responsibility for IHSS from Medi-Cal managed care plans, as specified; delay, for at least two years, the transition of Multipurpose Senior Services Program into managed care; remove the use of interagency agreements between DHCS and DMHC for specified surveys; and repeal all sections made inoperative, as specified.

**SEC. 21.** This section requires DHCS to seek federal approval to use the determination of eligibility for the CalWORKs program as a determination of eligibility for the Medi-Cal program.

**SEC. 22.** This section requires DHCS, no earlier than January 1, 2018, to establish a Medically Tailored Meals Pilot Program, in eight California counties to operate for a period of three years, or until funding is no longer available for the program, whichever date is earlier. This section would also require DHCS to conduct an evaluation of the program within 12 months of the end of the three-year program and submit the evaluation report to the Legislature.

**SEC. 23.** This section requires DHCS to begin reporting to the Legislature, on a quarterly basis, data related to calls received by the Medi-Cal Managed Care Ombudsman.

**SEC. 24 and 55-56.** These sections eliminate the Affordability and Benefit Wrap Program (ABP) for New Qualified Immigrants (NQIs) and the ABP for Pregnant Women, and no longer require DHCS to pay for Covered California Qualified Health Plan out-of-pocket premiums, deductibles, and cost sharing for NQIs and pregnant women subject to the ABP.

**SEC. 25.** This section requires DHCS to seek minimum essential coverage designation for Medi-Cal programs that provide full-scope Medi-Cal benefits to applicable individuals.

**SEC. 26.** This section allows for additional Medi-Cal payments to DPHs and their affiliated government entities in recognition of the Medi-Cal managed care's share of direct and indirect graduate medical education costs.

**SEC. 27 and 28.** These sections codify DHCS's implementation of CMS February 1, 2016, Final Rule on Covered Outpatient Drugs.

**SEC. 29.** This section authorizes DHCS to enter into or amend any existing contracts, without review from the Department of General Services (DGS), to administer or to implement any federal grant awarded pursuant the federal 21st Century CURES Act.

**SEC. 30-35.** These sections update the proportionate litigation cost formula applied to Medi-Cal liens, define previously obscure notification requirements, and address DHCS' right to recover injury-related costs when multiple settlements exist.

**SEC. 36-44.** These sections no longer require DHCS to contract for workers' compensation recoveries, authorize DHCS to contract without DGS' review and approval, and make technical changes.

**SEC. 46.** This section restores optional adult dental services effective January 1, 2018. This section would also reinstate optometric and optician services for adults, including services provided by a fabricating optical laboratory as covered benefits of the Medi-Cal program, effective no sooner than January 1, 2020.

**SEC. 47.** This section discontinues the San Francisco Community Living Support Benefit Waiver.

**SEC. 48-49.** These sections codify and authorize DHCS to implement the NF/AH Waiver renewal, as specified.

**SEC. 50.** This section delays the effective date on which visits with Marriage and Family Therapists (MFTs) can be considered billable for a federally qualified health center (FQHC) from January 1, 2017, to no later than July 1, 2018.

**SEC. 57.** This section allows DHCS to implement an Alternative Birth Center reimbursement methodology that is based on the Medi-Cal Diagnosis Related Groups payment system rather than the California Medical Assistance Commission system.

**SEC. 58.** This section establishes the Diabetes Prevention Program within Medi-Cal FFS and managed care delivery systems.

**SEC. 59.** This section suspends the annual cost of living adjustment provided to counties for county administration for FY 2017-18.

**SEC. 60.** This section clarifies the methodology to determine federal Disproportionate Share Hospital allotment funding allocated to DPH and authorize DHCS to make adjustment payments.

**SEC. 83.** This section no longer requires DHCS's California Medicaid Management Information Systems (CA-MMIS) quarterly reports be provided within 30 days of the close of each quarter, commencing July 1, 2010, and continuing throughout the life of the CA-MMIS System Replacement Project.

## **MANAGED CARE**

AB 74            Chiu (Chapter 777)  
**HOUSING**

AB 74, sponsored by the Corporation for Supportive Housing and Housing California, requires the Department of Housing and Community Development (HCD), on or before January 1, 2019, to establish the Housing for a Healthy California Program (Program) to create supportive housing opportunities through grants to a county, a city and county, or a city collaborating with a county (county) awarded on a competitive basis pursuant to rating and ranking criteria. The bill requires the county to use grant funds, as specified, to comply with federal Housing Trust Fund regulations. The bill requires a county or developer awarded grant or loan funds to report data, as specified. HCD is required to submit federal Housing Trust Fund allocation plans to the Department of Housing and Urban Development, to coordinate with DHCS to analyze data collected pursuant to the Program. The bill also requires HCD,

on or before January 1, 2024, to provide a report to specified committees of the Legislature.

SB 4                   Mendoza (Chapter 479)  
**MEDI-CAL: COUNTY ORGANIZED HEALTH SYSTEM: COUNTY OF ORANGE**

SB 4, sponsored by Orange County Taxpayers Association, largely codifies provisions of the enabling ordinance that prescribes the membership of the commission governing the Orange County Health Authority, which is a county organized health system, and is known as CalOptima. Specifically, the bill establishes requirements regarding the membership composition of the commission, the qualifications for individual members, the manner of appointment, the tenure of members, and the procedures for removing members. In addition, it provides authority, under certain circumstances, to increase the number of public members, or the number of current CalOptima members or family members of current CalOptima members, who may serve as members. This bill contains an urgency clause, and also makes legislative findings and declarations as to the necessity of a special statute for Orange County. The bill's requirements will sunset on January 1, 2023.

SB 223                Atkins (Chapter 771)  
**HEALTH CARE LANGUAGE ASSISTANCE SERVICES**

SB 223, sponsored by the California Pan-Ethnic Health Network, largely codifies in state law certain Patient Protection and Affordable Care Act requirements for health plans, including MCPs, and health insurers, related to the availability of language assistance services. Specifically, SB 223 requires written notice of the availability of language assistance services to be made available in the top 15 languages spoken by limited-English-proficient individuals in California, as identified by DHCS.

SB 223 also requires written notice to beneficiaries, enrollees, and insureds of the availability of language assistance services, of certain nondiscrimination protections available to individuals, and how to file a grievance with the appropriate designee. This bill also prohibits requiring a beneficiary, enrollee, or insured to provide his or her own interpreter or to rely on an adult or minor child accompanying the enrollee or insured, or a staff member who is not a qualified interpreter for interpretation services, unless the beneficiary, enrollee, or insured requests to do so or it is an emergency.

SB 743                Hernandez (Chapter 572)  
**MEDI-CAL: FAMILY PLANNING PROVIDERS**

SB 743, sponsored by Essential Access Health and Planned Parenthood Affiliates of California, prohibits a MCP from restricting the choice of the qualified provider, as defined, from whom a Medi-Cal beneficiary enrolled in an MCP may receive family planning services. SB 743 also requires an MCP



to reimburse an out-of-plan or out-of-network qualified provider at the applicable FFS rate.

## **MEDI-CAL BENEFITS**

AB 1074      Maienschein (Chapter 385)  
**HEALTH CARE COVERAGE: PERVASIVE DEVELOPMENTAL DISORDER OR AUTISM**

AB 1074, sponsored by the Center for Autism and Related Disorders and the California Association for Behavior Analysis, makes changes to the employment requirements for a Qualified Autism Service Provider; removes a requirement that Qualified Autism Service Professionals (Professionals) be approved as a vendor by a California regional center to provide behavioral health treatment (BHT); and expands the scope of practice to allow Professionals to engage in clinical case management, case supervision, and to supervise Qualified Autism Service Paraprofessionals. The bill also eliminates the reference to the commercial BHT benefit mandate in the definition of the Medi-Cal benefit for BHT and will instead separately define for the provision of BHT for the Medi-Cal program.

AB 1386      Waldron (Chapter 693)  
**GENOMIC CANCER TESTING INFORMATION**

AB1386, sponsored by the author, requires DHCS to incorporate information relating to breast cancer susceptibility (BRCA) gene mutations in the next revision of the standardized written summary (known as “A Woman's Guide to Breast Cancer Diagnosis and Treatment”).

## **MEDI-CAL ELIGIBILITY**

AB 384      Irwin (Chapter 470)  
**THE QUALIFIED ABLE PROGRAM: TAX-ADVANTAGE SAVINGS ACCOUNTS**

AB 384, sponsored by the California State Treasurer’s Office, removes the California in-state residency only requirement for the California Achieving a Better Life Experience (CalABLE) Program, and requires the CalABLE Act Board to market its services nationally, to the extent funds are available to do so. AB 384 includes a cross-reference to the federal law which requires ABLE account funds, and contributions to and specified distributions from these accounts, to be disregarded when determining eligibility for federal means-tested programs.

AB 1502 Thurmond (Chapter 91)  
**FREE OR REDUCED-PRICED SCHOOL MEALS: DIRECT CERTIFICATION**

AB 1502, sponsored by Superintendent of Public Instruction Tom Torlakson, requires either the California Department of Education (CDE) or DHCS to perform a data match to directly certify students, who are recipients of CalFresh and CalWORKs in California, for enrollment in the National School Lunch Program and the federal School Breakfast Program.

SB 31 Lara (Chapter 826)  
**CALIFORNIA RELIGIOUS FREEDOM ACT: STATE AGENCIES:  
DISCLOSURE OF RELIGIOUS AFFILIATION INFORMATION**

SB 31, sponsored by the author, establishes the California Religious Freedom Act which prohibits state, local agencies, and personnel, from participating in, or utilizing agency resources to create a registry, list, or database of individuals based on religious beliefs, practices, affiliations, national origin, or ethnicity, for law enforcement or immigration purposes. Additionally, SB 31 prohibits state and local law enforcement agencies from collecting information on an individual's religious beliefs, practices, or affiliations, except under certain circumstances.

SB 138 McGuire (Chapter 724)  
**SCHOOL MEAL PROGRAMS: FREE AND REDUCED-PRICE MEALS:  
UNIVERSAL MEAL SERVICE**

SB 138, sponsored by the California Food Policy Advocates, requires CDE to share Medicaid (Medi-Cal in California) participation data, commencing with the 2017-2018 school year, with local educational agencies (LEAs) participating in a federal school meal program. The bill requires the LEAs, to the extent permitted under federal law, to use the data to certify pupils for free and reduced-price school meals. Additionally, this bill requires schools, which are "very high poverty", as defined, to submit an application to operate a universal meal service for all pupils from kindergarten through grade 12, commencing on or before September 1, 2018.

## **MENTAL HEALTH SERVICES**

AB 191 Wood (Chapter 184)  
**MENTAL HEALTH: INVOLUNTARY TREATMENT**

AB 191, sponsored by the California Association of Marriage and Family Therapists, includes licensed MFTs and licensed professional clinical counselors as additional licensed professionals authorized to sign the specified notice of certification under specified circumstances, when persons are involuntarily held for medical evaluation to determine if that the person is a danger to others, or to himself or herself, or is gravely disabled, as a result of a mental health disorder.

AB 340 Arambula (Chapter 700)  
**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM: TRAUMA SCREENING**

AB 340, sponsored by Californians for Safety and Justice, requires DHCS, in consultation with CDSS, county mental health experts, managed care plan experts, behavioral health experts, child welfare experts, and stakeholders, to convene an advisory working group to update, amend, or develop, if appropriate, tools and protocols for screening children for trauma, within the Early and Periodic Screening, Diagnosis, and Treatment benefit. DHCS is to convene the advisory working group by May 1, 2018. AB 340 requires the advisory working group to report its findings and recommendations to DHCS and the Legislature's budget subcommittees on health and human services no later than May 1, 2019. DHCS is also required to identify an existing advisory working group, once the advisory working group created by AB 340 is disbanded on December 31, 2019, to periodically review and consider the protocols for the screening of trauma in children. This group will review and consider these protocols at least once every five years or upon the request of the DHCS.

AB 470 Arambula (Chapter 550)  
**MEDI-CAL: SPECIALTY MENTAL HEALTH SERVICES: PERFORMANCE OUTCOME REPORTS**

AB 470, sponsored by the California Pan-Ethnic Health Network, requires DHCS to build upon the existing performance outcomes system (POS) reports for Specialty Mental Health Services (SMHS). AB 470 also requires DHCS to publish the reports developed pursuant to the bill on the department's website and to provide the reports to the Legislature by December 31, 2018. Lastly, AB 470 requires DHCS, beginning January 1, 2019, to consult with stakeholders to inform updates to the POS reports, which would include considering adding additional components into future reports.

AB 501 Ridley-Thomas (Chapter 704)  
**MENTAL HEALTH: COMMUNITY CARE FACILITIES**

AB 501, sponsored by the California Alliance of Child and Family Services, allows a Short-Term Residential Therapeutic Program (STRTP) to operate as a Children's Crisis Residential Program (CCRP). The primary function of a CCRP is to provide short-term crisis stabilization, therapeutic intervention, and specialized programming to children experiencing mental health crises, as an alternative to psychiatric hospitalization. AB 501 authorizes CDSS to license a STRTP to operate as a CCRP, and requires a CCRP to obtain and have in good standing a mental health program approval that includes a Medi-Cal mental health certification and a CCRP program approval, issued by DHCS or a county MHP to which DHCS has delegated authority. CCRPs will be allowed to accept any child referred by a parent, guardian, physician, or licensed mental health professional, or representative of a public entity for

admission, under specified conditions, and will be required to maintain a separate unit specifically for children experiencing a mental health crisis.

AB 727 Nazarian (Chapter 410)  
**MENTAL HEALTH SERVICES ACT: HOUSING ASSISTANCE**

AB 727, sponsored by the County Behavioral Health Directors Association and the County of Los Angeles, clarifies that counties may use local Mental Health Services Funds to provide client-based housing assistance services to children with severe emotional disturbance and adults and older adults with serious mental illness, as part of the Community Services and Supports component of the MHSA.

AB 974 Quirk-Silva (Chapter 411)  
**MENTAL HEALTH SERVICES ACT: REPORTING VETERANS SPENDING**

AB 974, sponsored by the author, requires counties to collect and report on MHSA spending for veteran mental health services in the Annual Mental Health Services Act Revenue and Expenditure Report which is submitted to DHCS and the MHSOAC. This bill requires counties to collect and report more information than currently is required.

AB 1134 Gloria (Chapter 412)  
**MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION: FELLOWSHIP PROGRAM**

AB 1134, sponsored by the MHSOAC, authorizes the MHSOAC to establish a fellowship program for the purpose of providing an experiential learning opportunity for a mental health consumer and a mental health professional. The bill also establishes an advisory committee within the MHSOAC to provide guidance for the fellowship program goals, design, eligibility criteria, application process, and other issues as deemed necessary.

AB 1315 Mullin (Chapter 414)  
**MENTAL HEALTH: EARLY PSYCHOSIS AND MOOD DISORDER DETECTION AND INTERVENTION**

AB 1315, sponsored by the Steinberg Institute, establishes: 1) the Early Psychosis Intervention Plus Program; 2) a 13 member advisory committee to the MHSOAC regarding early psychosis and mood disorder detection and intervention programs; and 3) the Early Psychosis and Mood Disorder Detection and Intervention Fund (EPMDDI Fund) within the State Treasury, with the funds being appropriated by the Legislature to the MHSOAC. Funding in the EPMDDI Fund will be used to provide grants through a competitive process to county mental health departments, including cities, as specified, or other entities for research, evaluation, technical assistance, and other related purposes, for use in creating or expanding capacity for early psychosis and mood disorder detection and intervention services and supports.

AB 1456 Low (Chapter 151)  
**PROFESSIONAL LICENSURE**

AB 1456, sponsored by the American Federation of State, County and Municipal Employees (AFSCME) and AFSCME Local 2620, extends the duration of certain professional licensing waivers (PLW) for psychologists. The duration of PLWs granted by either CDPH or the Secretary of the California Department of Corrections and Rehabilitation will increase from up to three years to up to four years, with the possibility of a one-year extension. This bill will also extend the duration of PLWs granted by DHCS from up to three years to up to five years for psychologists, clinical social workers, marriage and family therapists, and professional clinical counselors who are recruited for employment from outside of California. In the case of a DHCS PLW, the psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor must have experience that is sufficient to gain admission to a licensing examination. AB 1456 requires DHCS to promulgate regulations to implement the bill, and authorizes bulletin authority to implement the bill immediately, prior to promulgating regulations. In addition, AB 1456 also contains an urgency clause.

SB 565 Portantino (Chapter 218)  
**MENTAL HEALTH: INVOLUNTARY COMMITMENT**

SB 565, sponsored by the author, requires a mental health facility to make reasonable attempts to notify family members or any other person designated by the patient of the time and location of a certification review hearing. This requirement will apply to a hearing where a patient is to be certified for an additional period of intensive treatment of not more than 30-days, following the completion of a period of intensive treatment of not more than 14-days, which is commonly referred to as a 5250 hold. The mental health facility will have to make the required notifications at least 36-hours prior to the certification review hearing, unless the patient requests this information not be provided.

## **PHARMACY BENEFITS**

SB 17 Hernandez (Chapter 603)  
**HEALTH CARE: PRESCRIPTION DRUG COSTS**

SB 17, sponsored by the California Labor Federation AFL-CIO, Health Access California, and UNITE HERE, requires health plans and insurers that report rate information through the existing large and small group rate review process to also report specified information related to prescription drug pricing to DMHC and the California Department of Insurance (CDI). This bill requires DMHC and CDI to use this information to produce an annual report for the public and legislators that demonstrates the overall impact of drug costs on health care premiums. SB 17 requires drug manufacturers to notify specified state purchasers (including DHCS), health plans, and health insurers, in

writing, at least 60 days prior to the planned effective date, if they increase the Wholesale Acquisition Cost (WAC) of a prescription drug by a specified amount, as well as a statement of changes or improvements to clinical efficacy. This bill requires the California Research Bureau to report to the Legislature, by January 1, 2022, on the implementation of the state purchaser requirement.

SB 17 also requires drug manufacturers to notify the Office of Statewide Health Planning and Development (OSHPD), on a quarterly basis at a time and in a format prescribed by the office, commencing no earlier than January 1, 2019, of approval when increasing the WAC on an existing drug or introducing a new drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold, and requires drug manufacturers to report specified drug pricing factors to OSHPD.

## **SUBSTANCE USE DISORDER COMPLIANCE**

### **AB 395      Bocanegra (Chapter 223) SUBSTANCE USE TREATMENT PROVIDERS**

AB 395, sponsored by the author, expands medications authorized by licensed Narcotic Treatment Programs (NTPs) for individuals with SUDs. The bill authorizes NTPs to provide any medication that is approved by the Food and Drug Administration for the purpose of medication-assisted treatment. AB 395 removes the maximum allowance of 20 patients per physician in an office-based narcotic treatment program to instead allow for an appropriate number of patients as defined under the physician's Drug Enforcement Administration registration. The bill also requires all Drug Medi-Cal (DMC) Treatment Program providers to submit billings no later than six months from the date of service.

### **AB 575      Jones-Sawyer (Chapter 407) ELDER AND DEPENDENT ADULT ABUSE: MANDATED REPORTERS: SUBSTANCE USE DISORDER COUNSELORS**

AB 575, sponsored by the California Association of Alcohol and Drug Educators, adds "substance use disorder counselor" to the definition of "health practitioner" for the purposes of the mandated elder and dependent adult abuse reporter law. This addition makes a SUD counselor a mandated reporter of elder and dependent adult abuse.

## **SUBSTANCE USE DISORDER PROGRAM, POLICY & FISCAL**

SB 323 Mitchell (Chapter 540)  
**MEDI-CAL: FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CENTERS: DRUG MEDI-CAL AND SPECIALTY MENTAL HEALTH SERVICES**

SB 323, sponsored by the California Health+ Advocates and the Community Clinic Association of Los Angeles County, allows FQHCs and rural health clinics (RHCs) to be reimbursed directly from a county or DHCS for providing and DMC services to Medi-Cal beneficiaries. The bill clarifies the process for FQHCs and RHCs to become billable providers for SMHS and DMC services, as specified.

## **THIRD PARTY RECOVERY**

AB 688 Calderon (Chapter 529)  
**ENFORCEMENT OF MONEY JUDGMENTS: EXEMPTIONS**

AB 688, sponsored by the author, effective September 1, 2018, exempts moneys in an ABLE account, not to exceed \$100,000, from the enforcement of money judgments. AB 688 provides an exception for judgments in favor of the DHCS.

SB 218 Dodd (Chapter 482)  
**THE QUALIFIED ABLE PROGRAM: TAX-ADVANTAGED SAVINGS ACCOUNTS.**

SB 218, sponsored by the CalABLE Board, allows assets in an ABLE account to be transferred to another ABLE account upon the death of the designated beneficiary, to the extent such a transfer is permitted under federal law. The CalABLE Board is required to notify a beneficiary, or the estate of a beneficiary, of the potential tax consequences of transferring funds from one ABLE account to another. SB 218 also prohibits the state from recovering against the balance of an ABLE account following the death of a designated beneficiary. This prohibition applies to both recovery directly on a CalABLE account as well as recovery on a CalABLE account when the account becomes part of an estate of a beneficiary and that estate is subject to Medicaid Estate Recovery (ER). However, the prohibition against ER is subject to prior approval by CMS, and, on September 7, 2017, CMS issued guidance that, while direct recovery is optional, ER on a CalABLE account is required.

## 2017 ENROLLED BILLS

| BILL NUMBER | AUTHOR                                   | FINAL STATUS | CHAPTER | PROGRAM* | PAGE NUMBER |
|-------------|--|--------------|---------|----------|-------------|
| AB 74       | Chiu                                     | Sign         | 777     | MC       | 8           |
| AB 114      | Committee on Budget                      | Sign         | 38      | LA       | 5           |
| AB 126      | Committee on Budget                      | Sign         | 65      | LA       | 5           |
| AB 191      | Wood                                     | Sign         | 184     | MH       | 11          |
| AB 205      | Wood                                     | Sign         | 738     | HP       | 3           |
| AB 340      | Arambula                                 | Sign         | 700     | MC       | 12          |
| AB 384      | Irwin                                    | Sign         | 470     | ME       | 10          |
| AB 391      | Chiu                                     | Veto         | -----   | MB       |             |
| AB 395      | Bocanegra                                | Sign         | 223     | CD       | 15          |
| AB 401      | Chiu                                     | Sign         | 548     | HP       | 3           |
| AB 432      | Thurmond                                 | Veto         | -----   | IS       |             |
| AB 447      | Gray                                     | Veto         | -----   | MB       |             |
| AB 470      | Arambula                                 | Sign         | 550     | MH       | 12          |
| AB 501      | Ridley-Thomas                            | Sign         | 704     | MH       | 12          |
| AB 575      | Jones-Sawyer                             | Sign         | 407     | CD       | 15          |
| AB 659      | Ridley-Thomas                            | Sign         | 346     | FR       | 2           |
| AB 688      | Calderon                                 | Sign         | 529     | TR       | 16          |
| AB 727      | Nazarian                                 | Sign         | 410     | MH       | 13          |
| AB 850      | Chau                                     | Veto         | -----   | MH       |             |
| AB 860      | Cooley                                   | Veto         | -----   | MH       |             |
| AB 974      | Quirk-Silva                              | Sign         | 411     | MH       | 13          |
| AB 1074     | Maienschein                              | Sign         | 385     | MB       | 10          |
| AB 1134     | Gloria                                   | Sign         | 412     | MH       | 13          |
| AB 1200     | Cervantes                                | Sign         | 618     | IS       | 4           |
| AB 1315     | Mullin                                   | Sign         | 414     | MH       | 13          |
| AB 1386     | Waldron                                  | Sign         | 693     | MB       | 10          |
| AB 1410     | Wood                                     | Sign         | 718     | FR       | 2           |
| AB 1456     | Low                                      | Sign         | 151     | MH       | 14          |
| AB 1479     | Bonta                                    | Veto         | -----   | LG       |             |
| AB 1502     | Thurmond                                 | Sign         | 91      | ME       | 11          |
| AB 1591     | Berman                                   | Veto         | -----   | RH       |             |
| AB 1688     | Committee on Health                      | Sign         | 511     | CA       | 1           |
| SB 4        | Mendoza                                  | Sign         | 479     | MC       | 9           |
| SB 17       | Hernandez                                | Sign         | 603     | PB       | 14          |
| SB 31       | Lara                                     | Sign         | 826     | ME       | 11          |
| SB 89       | Committee on Budget<br>and Fiscal Review | Sign         | 24      | LA       | 5           |
| SB 97       | Committee on Budget<br>and Fiscal Review | Sign         | 52      | LA       | 6           |
| SB 138      | McGuire                                  | Sign         | 724     | ME       | 11          |
| SB 171      | Hernandez                                | Sign         | 768     | HP       | 3           |
| SB 218      | Dodd                                     | Sign         | 482     | TR       | 16          |
| SB 220      | Pan                                      | Sign         | 280     | OC       | 1           |
| SB 223      | Atkins                                   | Sign         | 771     | MC       | 9           |



|        |            |      |       |    |    |
|--------|------------|------|-------|----|----|
| SB 294 | Hernandez  | Sign | 515   | HP | 4  |
| SB 323 | Mitchell   | Sign | 540   | SP | 16 |
| SB 523 | Hernandez  | Sign | 773   | FR | 2  |
| SB 565 | Portantino | Sign | 218   | MH | 14 |
| SB 575 | Leyva      | Sign | 626   | LG | 4  |
| SB 643 | Pan        | Veto | ----- | IS |    |
| SB 743 | Hernandez  | Sign | 572   | MC | 9  |

**\*PROGRAM ASSIGNMENTS AND ACRONYMS**

| <b>PROGRAM</b>   | <b>CODE</b> |
|--|-------------|
| Clinical Assurance and Administrative Support              | CA          |
| Communications, Office of                                  | OC          |
| Fee for Service Rates Development                          | FR          |
| Health Policy  | HP          |
| Integrated Systems of Care                                 | IS          |
| Legal Services, Office of                                  | LG          |
| Legislative and Governmental Affairs, Office of            | LA          |
| Managed Care (Operations and Quality/Monitoring Divisions) | MC          |
| Medi-Cal Benefits  | MB          |
| Medi-Cal Eligibility                                       | ME          |
| Mental Health Services                                     | MH          |
| Pharmacy Benefits  | PB          |
| Substance Use Disorder Compliance                          | CD          |
| Substance Use Disorder Program, Policy & Fiscal            | SP          |
| Third Party Recovery                                       | TR          |

## VETO MESSAGES

| <u>BILL#</u> | <u>AUTHOR</u> | <u>SUBJECT</u>  | <u>DIV</u> |
|--------------|---------------|---|------------|
| AB 391       | Chiu          | Mental health: asthma preventative services   | MB         |
| AB 432       | Thurmond      | Personal care services  | IS         |
| AB 447       | Gray          | Medi-Cal: covered benefits: continuous glucose monitors   | MB         |
| AB 850       | Chau          | Mental Health Services Oversight and Accountability Commission  | MH         |
| AB 860       | Cooley        | Mental Health Services Oversight and Accountability Commission: factfinding tour                                | MH         |
| AB 1479      | Bonta         | Public records: custodian of records: civil penalties   | LG         |
| AB 1591      | Berman        | Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor | RH         |
| SB 643       | Pan           | The Holden-Moscone-Garamendi Genetically Handicapped Persons Program: Duchenne muscular dystrophy               | IS         |

(Veto messages are also available on the California Legislative Information website:  
<http://leginfo.legislature.ca.gov/>)



OFFICE OF THE GOVERNOR

OCT 13 2017

To the Members of the California State Assembly:

I am returning Assembly Bills 391 and 447 without my signature.

These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary.

Sincerely,

Edmund G. Brown Jr.

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



OFFICE OF THE GOVERNOR

OCT 15 2017

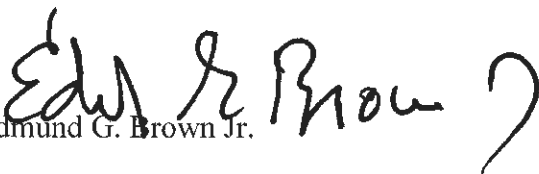
To the Members of the California State Assembly:

I am returning Assembly Bill 432 without my signature.

This bill authorizes a county to contract with either a nonprofit consortium or a public authority to be the employer of record for providers of waiver personal care services. The bill also requires the wages and benefits negotiated by the county for these providers to be equal to the wages and benefits for In-Home Supportive Services providers.

This bill could lead to unknown General Fund costs in the near term by giving counties collective bargaining authority over a state administered program that does not include a county share of cost. As with other program expansions, this is more appropriately considered as a part of the budget process.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 13 2017

To the Members of the California State Assembly:

I am returning Assembly Bills 391 and 447 without my signature.

These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary.

Sincerely,

A handwritten signature in black ink that reads "Edmund G. Brown Jr." in a cursive style.

Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 02 2017


To the Members of the California State Assembly:

I am returning Assembly Bill 850 without my signature.

This bill adds a member to the Mental Health Services Oversight and Accountability Commission who has experience in reducing mental health disparities.

I believe the Commission as currently constituted is up to the task entrusted to it.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

**JUL 31 2017**

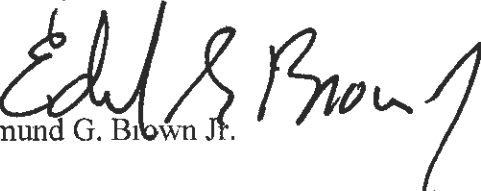
To the Members of the California State Assembly:

I am returning Assembly Bill 860 without my signature.

This bill would allow the Mental Health Services Oversight and Accountability Commission to tour facilities that are providing mental health services to patients and are not open to the public.

Individual commission members can and do visit locked mental health facilities, jails, psychiatric hospitals, and schools to observe mental health care services firsthand. Creating an exception to the Bagley-Keene open meeting laws to allow an entourage of commissioners and press to visit these facilities is unnecessary and could disrupt treatment programs or compromise the privacy of those receiving services.

Sincerely,

  
Edmund G. Brown Jr.





OFFICE OF THE GOVERNOR

OCT 13 2017

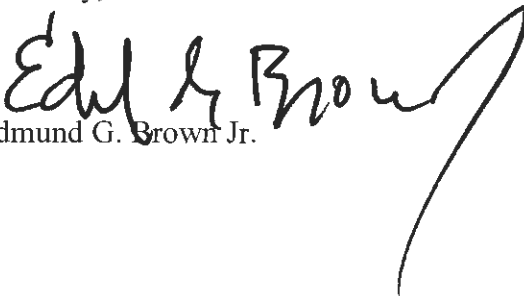
To the Members of the California State Assembly:

I am returning Assembly Bill 1479 without my signature.

This bill requires public agencies designate a person or office to act as the agency's custodian of records to respond to any California Public Records Act request.

I am not convinced this bill would have any measurable impact on the speed or accuracy in responding to Public Record Act requests. While I am open to future discussions about strengthening public record disclosures for all branches of California government, this bill has the potential to further confuse an already complex process.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 07 2017

To the Members of the California State Assembly:

I am returning Assembly Bill 1591 without my signature.

This bill adds Licensed Professional Clinical Counselors to the list of health care professionals whose services are reimbursable by Medi-Cal on a per visit basis at Federally Qualified Health Centers and Rural Health Clinics.

The Department of Health Care Services is developing a new payment model for these health clinics that will eliminate the need to add specific providers to an approved list. Consequently, this bill is unnecessary.

Sincerely,

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

Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

OCT 05 2017

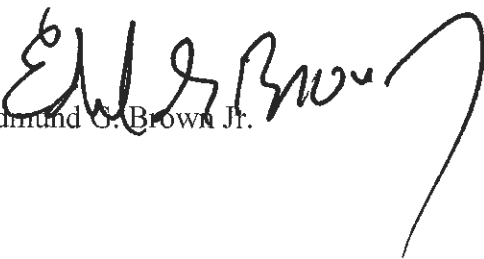
To the Members of the California State Senate:

I am returning Senate Bill 643 without my signature.

This bill adds Duchenne muscular dystrophy to the list of medical conditions eligible for health care coverage under the Genetically Handicapped Persons Program.

California's implementation of the Affordable Care Act has expanded subsidized health care coverage provided by Medi-Cal and Covered California so coverage is available to adults with serious genetic diseases such as Duchenne. As such, there is no longer a need to expand specialized coverage programs.

Sincerely,

  
Edmund G. Brown Jr.