

# Department of Health Care Services



## LEGISLATIVE SUMMARY 2018

JENNIFER KENT  
DIRECTOR



**DEPARTMENT OF HEALTH CARE SERVICES**  
**LEGISLATIVE SUMMARY**  
**2018**

Compiled by the  
Department of Health Care Services  
Office of Legislative and Governmental Affairs  
P.O. Box 997413, MS 0006  
Sacramento, CA 95899-7413  
(916) 440-7500

**Deputy Director**

Carol Gallegos

**Assistant Deputy Director**

Melissa Rolland

**Legislative Coordinators**

Dan Merwin  
Kendra Penner  
Joe Saenz  
Allison Viramontes

**Legislative Analysts/Support Staff**

Virginia Allen  
Cynthia Bowman  
Joseph Donaldson  
Chris Smith

**DEPARTMENT OF HEALTH CARE SERVICES**  
**LEGISLATIVE SUMMARY 2018**  
**TABLE OF CONTENTS**

2018-19 Budget Bills with Impact to the Department of Health Care Services.....	ii
Index of Bills Signed by the Governor, by Program Area .....	iii
Summaries of Bills Signed by the Governor by Primary Division:	
AUDITS AND INVESTIGATIONS.....	1
FEE FOR SERVICE RATES DEVELOPMENT .....	1
HEALTH POLICY .....	1
INTREGRATED SYSTEMS OF CARE.....	2
LEGAL SERVICES, OFFICE OF .....	3
LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF .....	4
MANAGED CARE .....	7
MEDI-CAL BENEFITS.....	8
MEDI-CAL ELIGIBILITY .....	9
MENTAL HEALTH SERVICES.....	10
SAFETY NET FINANCING.....	15
SUBSTANCE USE DISORDER COMPLIANCE.....	15
SUBSTANCE USE DISORDER PROGRAM, POLICY & FISCAL.....	16
Numeric Index of Enrolled Bills for Legislative Year 2018.....	18
Program Assignments and Acronyms .....	20
Veto Message Index .....	21
(Followed by Governor's Veto Messages in numeric order)	

## FISCAL YEAR 2018-19 BUDGET BILLS

<u>BILL#</u>	<u>AUTHOR</u>	<u>CHAPTER #</u>	<u>SUBJECT</u>
AB 1810	Committee on Budget	034	Health
AB 1811	Committee on Budget	035	Human Services Omnibus
AB 1827	Committee on Budget	041	No Place Like Home Act 2018
AB 1830	Committee on Budget	042	Budget Deficit Savings Account
SB 0840	Mitchell	029	Budget Act of 2018
SB 0841	Committee on Budget and Fiscal Review	031	Budget Act of 2017: Augmentation
SB 0849	Committee on Budget and Fiscal Review	047	Medi-Cal
SB 0856	Committee on Budget and Fiscal Review	030	Budget Act of 2018

**INDEX OF BILLS SIGNED BY THE GOVERNOR  
BY DHCS PROGRAM AREA**

**AUDITS AND INVESTIGATIONS**

AB 2428      Federally Qualified Health Centers: Rural Health Centers.....1

**FEE FOR SERVICE RATES DEVELOPMENT**

SB 1280      Small House Skilled Nursing Facilities.....1

**HEALTH POLICY**

AB 2112      Community-Based Crisis Response Plan .....1

**INTEGRATED SYSTEMS OF CARE**

AB 2423      Physical Therapists: Direct Access to Services: Plan of Care Approval ..2  
SB 1040      In-Home Supportive Services: Natural Disaster.....2  
SB 1046      Insurance: Long-Term Care.....2  
SB 1248      California Partnership for Long-Term Care Program .....3

**LEGAL SERVICES, OFFICE OF**

SB 0244      Privacy: Personal Information .....3

**LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF**

AB 1810      Health .....4  
AB 1811      Human Services Omnibus .....5  
AB 1827      No Place Like Home Act of 2018.....6  
AB 1830      Budget Deficit Savings Account: Safety Net Reserve Fund.....6  
SB 0840      Budget Act of 2018 .....6  
SB 0841      Budget Act of 2017: Augmentation .....6  
SB 0849      Medi-Cal .....6  
SB 0856      Budget Act of 2018 .....7

**MANAGED CARE**

AB 2941      Health Care Coverage: State of Emergency.....7  
SB 0997      Health Care Services Plans: Physician to Enrollee Ratios.....7

**MEDI-CAL BENEFITS**

AB 2119      Foster Care: Gender Affirming Health Care and Mental Health Care .....8

AB 2576	Emergencies: Health Care.....	8
SB 1034	Health Care: Mammograms.....	8
SB 1041	Childhood Lead Poisoning Prevention.....	9
SB 1287	Medi-Cal: Medically Necessary Services.....	9

**MEDI-CAL ELIGIBILITY**

AB 1785	Medi-Cal Eligibility: Assets.....	9
AB 3224	Public Social Services: County Employees.....	9
SB 1108	Medi-Cal: Conditions of Eligibility or Coverage.....	10

**MENTAL HEALTH SERVICES**

AB 1215	Mental Health Services Act: Innovation Programs: Research.....	10
AB 2083	Foster Youth: Trauma-Informed System of Care.....	10
AB 2099	Mental Health: Detention and Evaluation.....	11
AB 2315	Pupil Health: Mental and Behavioral Health Services: Telehealth Technology: Guidelines.....	11
AB 2316	Mental Health: County Patients’ Rights Advocates: Training Materials	11
AB 2325	County Mental Health Services: Veterans.....	12
AB 2393	Mental Health.....	12
AB 2983	Health Care Facilities: Voluntary Psychiatric Care.....	12
SB 0192	Mental Health Services Fund.....	12
SB 0688	Mental Health Services Act: Revenue and Expenditures.....	13
SB 0972	Pupil and Student Health: Identification Cards: Suicide Prevention Hotline Telephone Numbers.....	13
SB 1004	Mental Health Services Act: Prevention and Early Intervention.....	13
SB 1045	Conservatorship: Serious Mental Illness and Substance Use Disorders.....	13
SB 1113	Mental Health in the Workplace: Voluntary Standards.....	14
SB 1423	Medi-Cal: Oral Interpretation Services.....	14
SB 1495	Health.....	14

**SAFETY NET FINANCING**

AB 3192	LEA Medi-Cal Billing Option: Program Guide.....	15
---------	---	----

**SUBSTANCE USE DISORDER COMPLIANCE**

AB 3162	Alcoholism or Drug Abuse Recovery or Treatment Facilities.....	15
SB 0823	Alcohol and Drug Treatment Abuse Recovery and Treatment Facilities	15
SB 0992	Alcoholism or Drug Abuse Recovery or Treatment Facilities.....	16
SB 1228	Alcoholism or Drug Abuse Recovery and Treatment Services: Referrals.....	16

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

AB 0349	Drug Medi-Cal Treatment Program: Ratesetting Process.....	16
AB 2861	Medi-Cal: Telehealth: Alcohol and Drug Use Treatment.....	17

# SUMMARIES OF BILLS SIGNED BY THE GOVERNOR:

## AUDITS AND INVESTIGATIONS

AB 2428      Gonzalez Fletcher (Chapter 762)  
**FEDERALLY QUALIFIED HEALTH CENTERS: RURAL HEALTH CLINICS**

AB 2428, sponsored by California Health+ Advocates, authorizes a federally-qualified health center (FQHC) that adds a new licensed location to its existing primary care license to elect to have the reimbursement rate for the new location determined in accordance with the existing rate setting process or to have one prospective payment system (PPS) rate, as described, for all locations that appear on the primary care license, determined through a change in scope of service request (CSOSR). In addition, the bill allows an FQHC with at least one additional location on its primary care clinic license that was added by the California Department of Public Health (CDPH) prior to January 1, 2017, to retain its existing rate unless they apply for an adjustment to their PPS rate based on a change in scope of services, in which case all locations on the FQHC primary care license would be subject to a scope-of-service adjustment, as specified.

## FEE FOR SERVICE RATES DEVELOPMENT

SB 1280      Roth (Chapter 115)  
**SMALL HOUSE SKILLED NURSING FACILITIES**

SB 1280, sponsored by CDPH, extends the sunset date for a pilot program for a class of Skilled Nursing Facilities known as “Small House Skilled Nursing Facilities” (SHSNFs), licensed by CDPH, from January 1, 2020, to January 1, 2026. The purpose of the pilot program is to develop and evaluate up to ten SHSNF models in California, to determine if these facilities improve patient satisfaction and clinical outcomes in a cost effective manner.

## HEALTH POLICY

AB 2112      Santiago (Chapter 315)  
**COMMUNITY-BASED CRISIS RESPONSE PLAN**

AB 2112, sponsored by the California Hospital Association and the National Alliance on Mental Illness, requires the Department of Health Care Services (DHCS) to develop and submit a federal grant application to develop a community-based crisis response plan, pursuant to Section 9007 of the 21<sup>st</sup> Century Cures Act, Pub. L. No. 114-255. The grant develops a community-based crisis response plan to promote integration and coordination between local public and private entities engaged in crisis response, and the application requires the inclusion of specific components. AB 2112 also requires DHCS to develop the application, consistent with



federal grant application requirements, in consultation with specified stakeholders, including hospitals, first responders, emergency health care providers, law enforcement, court systems, behavioral health providers, and others. This bill becomes operative if Congress appropriates funds for purposes of the competitive grants.

## **INTEGRATED SYSTEMS OF CARE**

AB 2423      Holden (Chapter 761)  
**PHYSICAL THERAPISTS: DIRECT ACCESS TO SERVICES: PLAN OF CARE APPROVAL**

AB 2423, sponsored by the California Physical Therapy Association, allows physical therapists to provide physical therapy services without a physician approved plan of care, to a child if the child receiving care does not have a medical diagnosis and the services are part of an Individualized Family Service Plan or an Individualized Education Program pursuant to the federal Individuals with Disabilities Act.

SB 1040      Dodd (Chapter 789)  
**IN-HOME SUPPORTIVE SERVICES: NATURAL DISASTER**

SB 1040, sponsored by the California Association of Public Authorities for In-Home Supportive Services (IHSS); 1) clarifies that priority consideration for Predevelopment Loan Funds, for the purposes of providing disaster relief in communities subject to a natural disaster, which is currently required to be given to low income people, includes IHSS recipients; 2) clarifies that unexpected extraordinary circumstances, under which it is allowable that a county welfare department temporarily adjust the authorized weekly hours of a recipient, include a situation arising out of a natural disaster; 3) requires a county to reissue warrants to IHSS providers who lost or had previously issued warrants damaged because of a natural disaster that resulted in a state of emergency; and 4) requires a county to update its emergency plan to allow social workers to conduct expedited assessments for IHSS recipients during a natural disaster.

SB 1046      Roth (Chapter 352)  
**INSURANCE: LONG-TERM CARE**

SB 1046, sponsored by the author, 1) permits current long-term care insurance (LTCI) policyholders to retain their coverage limit when altering the inflation protection provision in their policy; 2) requires LTCI policies issued on or after January 1, 2020, to include a provision that allows policyholders to lower their premium (including by changing their benefit adjustments provided by an inflation protection provision) and the process to reduce coverage; 3) requires insurers to notify policyholders, with LTCI policies prior to January 1, 2020, of the process to reduce coverage; 4) requires insurers, after a premium increase, to offer policyholders an alternative policy with a premium

that is reasonably equivalent to their current policy; 5) requires insurers, after a premium increase, to offer policyholders with a policy under the California Partnership for Long-Term Care Program (Partnership) an alternative policy under the Partnership; 6) requires insurers, after a premium increase, who offer policyholders who have a policy under the Partnership a policy outside of the Partnership to disclose that purchasing this coverage may result in the loss of Partnership status which could reduce or eliminate policyholder protections; and 7) aligns current law to reflect the model law published by the National Association of Insurance Commissioners.

SB 1248      Gaines (Chapter 565)  
**CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE PROGRAM**

SB 1248, sponsored by the author, allows DHCS to certify the Partnership's lower cost option policy that provides a per diem benefit of at least \$100 per day for a nursing facility, a residential care facility, or home and community-based services, if the policy provides a lifetime maximum benefit of not less than \$73,000. The bill specifies that the Partnership insurer may offer such a policy only if the insurer also offers the applicant policy benefits that provide at least a lifetime maximum benefit that, at the time of purchase, is equivalent in dollars to at least 365 times 70 percent of the average daily private pay rate (ADPPR) for a nursing facility and a nursing facility per diem benefit of no less than 70 percent of the ADPPR for a nursing facility. Further, the bill requires the Partnership to provide to insurers, and insurers to share with applicants, specified information on these insurance policy options.

## **LEGAL SERVICES, OFFICE OF**

SB 0244      Lara (Chapter 885)  
**PRIVACY: PERSONAL INFORMATION**

SB 244, sponsored by the American Civil Liberties Union of California and the California Immigrant Policy Center, requires that information or documents obtained by a city, county, or other local agency for the purpose of issuing a local identification card shall be used only for the purposes of administering the program or policy, and that submitted information is confidential and exempt from disclosure under the California Public Records Act (CPRA). SB 244 also prevents the Department of Motor Vehicles from disclosing information it receives for the purpose of proving a driver's license applicant's identity, name, or residency or immigration status when requested by a law enforcement agency as part of an investigation, unless the disclosure is in response to a subpoena for individual records in a criminal proceeding or court order, or in response to a law enforcement request to address an urgent health or safety need, in which case the law enforcement agency must certify in writing the specific circumstances that do not permit authorities time to obtain a court order. Finally, SB 244 only allows the state, a city, county, city and county, or hospital district to collect information for purposes of assessing eligibility for or administering certain local, non-state public

services or programs that a city, county, city and county, or hospital district elects to provide to non-citizens, and would exempt such information from disclosure under CPRA.

## LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF

AB 1810      Committee on Budget (Chapter 34)  
**HEALTH**

AB 1810, sponsored by the committee, implements the provisions of the Budget Act for Fiscal Year (FY) 2018-19, as it pertains to health issues for CDPH, the Office of Statewide Health Planning and Development (OSHPD), the Department of State Hospitals (DSH) and DHCS. Below summarizes those sections that pertain to DHCS.

**SECTION (SEC.) 1.** This section increases the authority for the maximum General Fund loan amount, and corresponding federal funds, from \$1 billion to \$2 billion, as specified.

**SEC. 2.** This section requires Covered California, in consultation with stakeholders and the Legislature, to develop and report on options for providing financial assistance to help low- and middle-income Californians access health care coverage, as specified, on or before February 1, 2019.

**SEC. 3.** This section establishes, on January 1, 2019, the Council on Health Care Delivery Systems as an independent body to develop a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system for all Californians, as specified. These provisions sunset on January 1, 2022.

**SEC. 8-10.** These sections remove the 18 and 24-month treatment caps on the State-Only Breast and Cervical Cancer Treatment Program (BCCTP) and the limitations for treatment of a recurring breast or cervical cancer diagnosis. This proposal allows low-income, uninsured, underinsured, undocumented individuals, and individuals who cannot provide proof of Satisfactory Immigration Status or proof of United States citizenship, to receive breast and/or cervical cancer treatment from the State-Only BCCTP for the duration of the period of treatment, as long as the individual continues to meet all other program eligibility requirements.

**SEC. 23.** This section requires OSHPD to convene a review committee, with specified stakeholders, to review a plan to complete a Health Care Cost Transparency Database (HCCTD), as specified. Subject to appropriation and fulfillment of specified requirements, OSHPD or its designee is required to establish, implement, and administer the HCCTD, as specified.

**SEC. 28.** This section removes the annual appropriation of \$45,000 General Fund to DHCS for developing regulations for and certification of community treatment facilities that provide mental health services in a locked environment for children who have been diagnosed as severely emotionally disturbed.

**SEC. 30.** This section eliminates the Public Freestanding Non-Hospital Clinic Supplemental Reimbursement Program.

**SEC. 31.** This section makes technical changes to the Medi-Cal Diabetes Prevention Program's eligibility requirements.

**SEC. 32.** This section expands cost-based reimbursement for cost based reimbursement clinics that contract with managed care plans for services provided to Medi-Cal beneficiaries.

**SEC. 33.** This section authorizes DHCS, when seeking to recoup or recover funds from Medi-Cal fee-for-service providers, allows for modification in the amounts withheld from a provider payment or the timing repayments upon the request of an individual provider, as specified.

AB 1811

Committee on Budget (Chapter 35)

#### **HUMAN SERVICES OMNIBUS**

AB 1811, sponsored by the committee, implements the provisions of the Budget Act for FY 2018-19, as it pertains to human services, the Department of Social Services (CDSS), the Department of Child Support Services and DHCS. Below summarizes those sections that pertain to DHCS.

**SEC. 4, 32-34, and 43.** These sections deem the county, or the public authority or nonprofit consortium, as defined, to be the employer to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment of individuals providing waiver personal care services (WPCS). For service dates on or after the effective date of federal approval obtained by DHCS, wages, benefits, and all other terms and conditions of employment for individuals providing WPCS requires to be equal to the wages, benefits, and other terms and conditions of employment in the respective county for the individual provider mode of services in the IHSS program. If eligibility for benefits requires a provider to work a threshold number of hours, eligibility will be required to be determined based on the aggregate number of monthly hours worked between IHSS and WPCS.

**SEC. 15-17.** These sections requires CDSS, DHCS, the Office of Systems Integration (OSI), and the Statewide Automated Welfare System consortia to engage with stakeholders to discuss current and planned functionality changes, system demonstrations of public portals and mobile applications, and advocates' identification of areas of concern. In addition, CDSS, DHCS and OSI are required to develop, in consultation with the County Welfare Directors Association of California, the SAWS consortia, and stakeholders, a

formal process for advocates and clients to provide input into new or changing public facing elements of California Automated Consortium Eligibility System and the California Statewide Automated Welfare System.

AB 1827      Committee on Budget (Chapter 41)  
**NO PLACE LIKE HOME ACT OF 2018**

AB 1827, sponsored by the committee, establishes the No Place Like Home (NPLH) Act of 2018, which amended provisions enacted by the NPLH program (AB 1618, Chapter 43, Statutes of 2016). The bill also specifies that the service contract terms between the California Health Facilities Financing Authority and the Department of Housing and Community Development (HCD) may be single or multiyear and provide for payments to HCD from amounts on deposit in the Supportive Housing Program Subaccount. The bill also provides for voter approval in the November 6, 2018, statewide election and contains an urgency clause that made the bill go into immediate effect.

AB 1830      Committee on Budget (Chapter 42)  
**BUDGET DEFICIT SAVINGS ACCOUNT: SAFETY NET RESERVE FUND**

AB 1830, sponsored by the committee, establishes the Safety Net Reserve Fund (which includes the Medi-Cal Subaccount and California Work Opportunity and Responsibility to Kids (CalWORKs) Subaccount) and the Budget Deficit Savings Account in the State Treasury.

SB 0840      Mitchell (Chapter 29)  
**BUDGET ACT OF 2018**

SB 840, sponsored by the author, implements the FY 2018-19 budget for the state government.

SB 0841      Committee on Budget and Fiscal Review (Chapter 31)  
**BUDGET ACT OF 2017: AUGMENTATION**

SB 841, sponsored by the committee, amends the Budget Act of 2017 by appropriating funds from the General Fund for augmentation for contingencies and emergencies and by requiring the State Controller to allocate these additional funds as specified.

SB 0849      Committee on Budget and Fiscal Review (Chapter 47)  
**MEDI-CAL**

SB 849, sponsored by the committee, implements the provisions of the Budget Act for FY 2018-19, as it pertains to the Medi-Cal program under DHCS. Below summarizes those sections that pertain to DHCS.

**SEC. 1 and 4.** This section requires DHCS to develop and administer the Proposition 56 Medi-Cal Physicians and Dentists Loan Program to provide

loan assistance payments to qualifying, recent graduate physicians and dentists that serve Medi-Cal beneficiaries.

**SEC. 2 and 5.** This section increases the amount DHCS may be reimbursed from the Hospital Quality Assurance Revenue Fund, as specified, from \$250,000 to \$500,000 per fiscal quarter, for staffing or administrative costs necessary for implementing the new directed payment mechanism for the Hospital Quality Assurance Fee program.

**SEC. 3.** This section authorizes a dental integration pilot program in San Mateo County as a component or extension of the Medi-Cal 2020 demonstration project.

SB 0856      Committee on Budget and Fiscal Review (Chapter 30)  
**BUDGET ACT OF 2018**

SB 856, sponsored by the committee, makes changes and corrections to the Budget Act of 2018. This bill includes appropriations of Proposition 56 funds for supplemental payments, rate increases, and loan assistance for the provision of Medi-Cal services.

## **MANAGED CARE**

AB 2941      Berman (Chapter 196)  
**HEALTH CARE COVERAGE: STATE OF EMERGENCY**

AB 2941, sponsored by the author, requires a health care service plan or health insurer to provide its enrollees or insureds who have been displaced by a state of emergency, as defined, access to medically necessary health care services. The bill also requires a health care service plan or health insurer, within 48 hours of a declaration by the Governor of a state of emergency that displaces, or has the immediate potential to displace, enrollees or insureds, to file a notification with the Department of Managed Health Care or the California Department of Insurance. The notification contains specified information regarding how the plan or insurer is addressing the needs of its enrollees or insureds during the state of emergency.

SB 0997      Monning (Chapter 152)  
**HEALTH CARE SERVICES PLANS: PHYSICIAN TO ENROLLEE RATIOS**

SB 997, sponsored by the California Academy of Physician Assistants, removes the repeal date of January 1, 2019, instituted by SB 494 (Monning, Chapter 684, Statutes of 2013), for existing provider-to-enrollee ratio requirements, thereby continuing operation of these provisions indefinitely.

## **MEDI-CAL BENEFITS**

AB 2119 Gloria (Chapter 385)

### **FOSTER CARE: GENDER AFFIRMING HEALTH CARE AND MENTAL HEALTH CARE**

AB 2119, sponsored by the American Civil Liberties Union of California and Equality California, provides that the existing right that minors and nonminors in foster care have to be involved in the development of their own case plan also includes the development of case plan elements related to placement and gender affirming health care, with consideration of their gender identity. Similarly, the bill provides that the existing right to receive medical, dental, vision, and mental health services includes covered gender affirming health care and gender affirming mental health care. AB 2119 also requires CDSS, in consultation with DHCS and other stakeholders, to develop guidance describing best practices to identify, coordinate, and support foster youth seeking access to gender affirming health and mental health care. The guidance shall incorporate current guidance on ensuring access to Medi-Cal services for transgender beneficiaries. The consultation may be incorporated into existing departmental workgroups that focus on foster youth rights, foster youth sexual orientation, gender identity, or gender expression. CDSS is required to issue written guidance by January 1, 2020.

AB 2576 Aguiar-Curry (Chapter 716)

### **EMERGENCIES: HEALTH CARE**

AB 2576, sponsored by the California Health+ Advocates and the Redwood Community Health Coalition, during or following a proclaimed state of emergency, allows the Board of Pharmacy to waive provisions of the Pharmacy Law for up to 90 days following an emergency if doing so would aid in the protection of public health or in the provision of patient care. AB 2576 also allows the Governor, during a state of emergency, to direct any state agency, including DHCS, to perform certain functions to allow community clinics and health centers to provide and receive reimbursement for services provided during or immediately following an emergency. This includes directing DHCS, or any other state agency, to seek all appropriate federal approvals to allow community clinics and health centers to provide and be reimbursed for Medi-Cal or other services that are provided either telephonically, or to patients at a shelter or other location within the bounds of the emergency.

SB 1034 Mitchell (Chapter 332)

### **HEALTH CARE: MAMMOGRAMS**

SB 1034, sponsored by the County of Santa Clara, extends the sunset date for a provision of law that requires health facilities that perform mammograms to include a written notice to patients who are categorized as having either heterogeneously dense breasts or extremely dense breasts. This bill extends the sunset for six years, from January 1, 2019, to January 1, 2025.

SB 1041 Leyva (Chapter 690)  
**CHILDHOOD LEAD POISONING PREVENTION**

SB 1041, sponsored by the Environmental Working Group and the Coalition of California Welfare Rights Organizations, requires that CDPH's existing regulations meet the goal that all children at risk of lead exposure receive blood lead level (BLL) screening tests. SB 1041 also requires CDPH to notify health care providers about the risks and effects of lead exposure and about screening requirements, including appropriate screening for children enrolled in Medi-Cal; requires providers to inform parents and guardians of the risks and screening requirements described above; and requires CDPH to revise an existing biennial report describing the effectiveness of appropriate case management efforts to include: 1) the number of Medi-Cal-enrolled children, by age and county, who have and have not received a BLL screening test; and 2) the number of children not enrolled in Medi-Cal who have received a BLL screening test.

SB 1287 Hernandez (Chapter 855)  
**MEDI-CAL: MEDICALLY NECESSARY SERVICES**

SB 1287, sponsored by the National Health Law Program and the Western Center on Law and Poverty, amended Section 14059.5 of the Welfare and Institutions Code to add a separate definition of "medically necessary" or a "medical necessity" for Medi-Cal beneficiaries under 21 years of age, which codifies the federal Early and Periodic Screening, Diagnostic, and Treatment definition. DHCS and its contractors are required to update specified informing materials to ensure SB 1287's definition of "medically necessary" and "medical necessity" are accurately reflected in those materials. DHCS is also required to revise or adopt any necessary regulations by July 1, 2022.

## **MEDI-CAL ELIGIBILITY**

AB 1785 Nazarian (Chapter 121)  
**MEDI-CAL ELIGIBILITY: ASSETS**

AB 1785, sponsored by the author, excludes the principal and interest of a 529 college savings plan from consideration for the purposes of any asset or resource test used in determining Medi-Cal eligibility for the Non-Modified Adjusted Gross Income (Non-MAGI) programs. In addition, AB 1785 excludes qualified distributions from a 529 savings account as income in determining Medi-Cal eligibility for Non-MAGI programs. AB 1785 also requires DHCS to seek the necessary federal approvals for implementation of this bill, so long as it aligns with federal law and regulations, and to the extent the availability of federal financial participation is not jeopardized.

AB 3224 Thurmond (Chapter 179)  
**PUBLIC SOCIAL SERVICES: COUNTY EMPLOYEES**



AB 3224, sponsored by the Western Center on Law and Poverty, requires that all decisions governing eligibility for the Medi-Cal, CalFresh, and CalWORKs programs that, in California, are delegated to counties, be made exclusively by a merit or civil service employee of the county.

SB 1108 Hernandez (Chapter 692)  
**MEDI-CAL: CONDITIONS OF ELIGIBILITY OR COVERAGE**

SB 1108, sponsored by the Western Center of Law and Poverty, declares that the Legislative intent for the Medi-Cal program is to provide comprehensive medical assistance to low-income Californians who cannot afford health care. To further this goal, the bill: 1) authorizes DHCS to seek Medicaid waivers to either increase the number of Medi-Cal enrollees or enhance the medical assistance provided to existing beneficiaries; and 2) requires a waiver project proposed by DHCS which offers non-medical benefits to Medi-Cal beneficiaries, such as employment or housing assistance to offer these benefits on a voluntary basis, and not as a condition of receiving medical assistance. In addition, SB 1108 requires DHCS to provide a public notice and comment period before applying for or extending an existing federal waiver.

## **MENTAL HEALTH SERVICES**

AB 1215 Weber (Chapter 227)  
**MENTAL HEALTH SERVICES ACT: INNOVATIVE PROGRAMS:  
RESEARCH**

AB 1215, sponsored by the Kavli Foundation, requires a county mental health program, when choosing research for an innovative project, to be funded by the Innovation component of the Mental Health Services Act (MHSA), to consider, but not be required to implement, research of the brain and its physical and biochemical processes that may have broad applications, but have specific potential for understanding, treating, and managing mental illness, as specified.

AB 2083 Cooley (Chapter 815)  
**FOSTER YOUTH: TRAUMA-INFORMED SYSTEM OF CARE**

AB 2083, sponsored by the County Welfare Directors Association, requires each county to develop and implement a memorandum of understanding (MOU) that sets forth the roles and responsibilities of county agencies and other entities that serve children and youth in foster care who have experienced severe trauma. The bill also requires the California Secretary of Health and Human Services Agency and the Superintendent of Public Instruction to establish a joint interagency resolution team, no later than June 1, 2019, consisting of representatives from CDSS, DHCS, the Department of Developmental Services (DDS), and the Department of Education (CDE), to develop guidance to counties and provide support in implementing the MOU. The joint interagency resolution team is required to: 1) in consultation with

specified stakeholders, review placement and service options for foster youth; 2) develop and submit recommendations, as specified, to the Legislature by January 1, 2020; and 3) in consultation with specified stakeholders, develop a multiyear plan to increase the capacity and delivery of trauma-informed care to foster children and youth served by short-term residential therapeutic programs and other foster care and behavioral health providers, by June 1, 2020.

AB 2099 Gloria (Chapter 258)  
**MENTAL HEALTH: DETENTION AND EVALUATION**

AB 2099, sponsored by the California Chapter of the American College of Emergency Physicians, allows a facility that is designated by a county and approved by DHCS to accept copies of applications for individuals who are being placed on an involuntary psychiatric hold. Specifically, the bill specifies that a copy of the involuntary psychiatric hold application shall be treated as the original for the purposes of taking a person into custody for up to 72-hours for assessment, evaluation, and treatment or placing the person in a facility for evaluation and treatment, commonly referred to as a 5150 hold.

AB 2315 Quirk-Silva (Chapter 759)  
**PUPIL HEALTH: MENTAL AND BEHAVIORAL HEALTH SERVICES:  
TELEHEALTH TECHNOLOGY: GUIDELINES**

AB 2315, sponsored by the author, requires CDE, in consultation with DHCS and appropriate stakeholders (including stakeholders with experience in telehealth), to develop guidelines for the use of telehealth technology in public schools and charter schools, in order to provide mental health and behavioral health services to pupils on school campuses on or before July 1, 2020. The development of these guidelines is contingent on sufficient funds being made available to CDE pursuant to an appropriation in the annual Budget Act or another statute for that purpose.

AB 2316 Eggman (Chapter 237)  
**MENTAL HEALTH: COUNTY PATIENTS' RIGHTS ADVOCATES:  
TRAINING MATERIALS**

AB 2316, sponsored by California Association of Mental Health Patients' Rights Advocates and California Behavioral Health Planning Council, requires DHCS and DSH to include as part of the departments' joint contract with a single nonprofit agency a requirement that training materials for county patients' rights advocates (PRAs) be readily accessible online. The bill also requires counties to: 1) verify that county PRAs review the training materials provided online within 90 days of employment; and 2) keep a record of the verification and send a copy electronically to the Patients' Rights Committee of the California Behavioral Health Planning Council. PRAs who would have been employed for at least one year on January 1, 2019, will not be required to review the materials.

AB 2325 Irwin (Chapter 128)  
**COUNTY MENTAL HEALTH SERVICES: VETERANS**

AB 2325, sponsored by the author, clarifies that county community mental health programs cannot deny eligible veterans county mental or behavioral health services while the veteran is waiting for a determination of eligibility for and availability of mental or behavioral health services provided by the United States Department of Veteran Affairs (VA), or based on the veteran's eligibility for VA services.

AB 2393 Committee on Health (Chapter 77)  
**MENTAL HEALTH**

AB 2393, sponsored by the committee, prohibits counties from charging fees for Medi-Cal Specialty Mental Health Services provided to beneficiaries who do not have a share of cost (SOC) and beneficiaries who have met their SOC. It also allows counties to charge fees to non-Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a SOC that has not been met.

AB 2983 Arambula (Chapter 831)  
**HEALTH CARE FACILITIES: VOLUNTARY PSYCHIATRIC CARE**

AB 2983, sponsored by the California Chapter of the American College of Emergency Physicians, prohibits a general acute care hospital or an acute psychiatric hospital from refusing to accept transfer of a patient seeking voluntary mental health care. Specifically, the bill stipulates that a patient does not have to be in custody on an involuntary hold as a condition for a general acute care hospital or an acute psychiatric hospital to accept the transfer of that patient from an emergency department.

SB 0192 Beall (Chapter 328)  
**MENTAL HEALTH SERVICES FUND**

SB 192, sponsored by the author, requires each county to calculate an amount to establish a prudent reserve, which may not exceed 33 percent of the average Community Services and Support revenue received for the Local Mental Health Services Fund in the preceding five years. The bill requires each county to reassess this amount every five years and certify the reassessment. The bill also establishes a Reversion Account within the Mental Health Services Fund and requires funds subject to reversion, including interest accrued, to be deposited into the Reversion Account. For any unspent funds subject to reversion as of July 1, 2017, the bill requires counties to submit a plan to spend the funds to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for review by July 1, 2018. If a county fails to submit the plan to the MHSOAC by January 1, 2019, SB 192 requires the county to remit the unspent funds to the state. The bill

also requires any funds included in a plan that are not spent as of July 1, 2020, to be reverted to the state.

SB 0688 Moorlach (Chapter 403)  
**MENTAL HEALTH SERVICES ACT: REVENUE AND EXPENDITURES**

SB 688, sponsored by the County Behavioral Health Directors Association of California, requires that the Annual MHSA Revenue and Expenditure Report be prepared in accordance with generally accepted accounting principles, and would require counties to report receipts and expenditures related to capital facilities and technology needs using the cash basis of accounting, which recognizes expenditures at the time payment is made. The bill also requires DHCS and MHSA to annually post each county's report in a text-searchable format on its internet website in a timely manner.

SB 0972 Portantino (Chapter 460)  
**PUPIL AND STUDENT HEALTH: IDENTIFICATION CARDS: SUICIDE PREVENTION HOTLINE TELEPHONE NUMBERS**

SB 972, sponsored by the author, requires public and private schools that serve pupils grades 7 to 12 and institutions of higher learning that issue pupil/student identification cards to print on either side of the card the National Suicide Prevention Lifeline number and allows for a local suicide prevention hotline, the Crisis Text Line, or both to also be printed on the card. The bill also allows for institutions of higher learning that issue pupil/student identification cards to print on either side of the card the campus police number or local nonemergency number. These provisions will commence July 1, 2019.

SB 1004 Wiener (Chapter 843)  
**MENTAL HEALTH SERVICES ACT: PREVENTION AND EARLY INTERVENTION**

SB 1004, sponsored by the Steinberg Institute, requires the MHSA, by January 1, 2020, to establish priorities for the use of MHSA Prevention and Early Intervention (PEI) funds, as specified; to develop a statewide strategy for monitoring the implementation of PEI programs; and to establish a strategy for technical assistance, support, and evaluation to support successful implementation, as specified. The bill also requires counties to address those priorities in the PEI portion of the counties' Three-Year Program and Expenditure Plan or explain why it addressed other priorities and provide metrics to measure the effectiveness of those other priorities.

SB 1045 Wiener (Chapter 845)  
**CONSERVATORSHIP: SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS**

SB 1045, sponsored by the Office of the Mayor of San Francisco, allows, until January 1, 2024, the County of Los Angeles (LA County), the County of

San Diego (SD County), and the City and County of San Francisco (SF) to appoint a conservator for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder (SUD), as evidenced by frequent detention for evaluation resulting from a 5150 hold. Additionally, SB 1045 requires that the establishment of a pilot conservatorship must be necessary for the protection of the proposed conservatee and granting this conservatorship is the least restrictive alternative needed to protect the conservatee. Furthermore, this conservatorship process will only be available in LA County, SD County and SF to the extent that there is adequate funding and resources available to provide services.

SB 1113 Monning (Chapter 354)

**MENTAL HEALTH IN THE WORKPLACE: VOLUNTARY STANDARDS**

SB 1113, sponsored by the MHSOAC and the Steinberg Institute, authorizes the MHSOAC to establish a framework and voluntary standard for mental health in the workplace focused on reducing mental health stigma, increasing awareness of the recovery goals of the MHSA, and providing guidance to employers about strategies and programs, as determined by the MHSOAC, to support the mental health and wellness of employees. The bill also requires the MHSOAC to consult with the Labor and Workforce Development Agency or its designee to develop the standard.

SB 1423 Hernandez (Chapter 568)

**MEDI-CAL: ORAL INTERPRETATION SERVICES**

SB 1423, sponsored by the California Pan-Ethnic Health Network, makes technical changes to SB 223 (Atkins, Chapter 771, Statutes of 2017) to better align the portion of that bill dealing with interpreter requirements with the existing federal requirements that SB 223 largely codified. Specifically, SB 1423 amended the qualifications related to oral interpreters to more closely align with those of a qualified interpreter for an individual with Limited English Proficiency as defined in the Patient Protection and Affordable Care Act, and as implemented in federal regulations.

SB 1495 Committee on Health (Chapter 424)

**HEALTH**

SB 1495, the Senate Health Committee omnibus bill, makes various changes to existing health law. Among other things, SB 1495 extends the term of DHCS' Performance Contract from one year to three years, with the ability to extend for two additional one-year periods; designates a Chief of the Office of Protective Services of DSH, along with requirements surrounding appointment, duties, authority, and experience; revises the definition of stem cell therapy; corrects the drafting error to make clear that the notification is to the designated officer of the emergency medical services provider's employer; authorizes CDPH to issue a hospice license based on the applicant being accredited as a hospice provided by a federal Centers for Medicare and Medicaid Services (CMS)- approved national accrediting organization; and

changes how often a board of supervisors or city council must review the need to extend a local health emergency.

## **SAFETY NET FINANCING**

AB 3192 O'Donnell (Chapter 658)  
**LEA MEDI-CAL BILLING OPTION: PROGRAM GUIDE**

AB 3192, sponsored by the California School Boards Association, the California Teachers Association, the Los Angeles County Office of Education, and the Los Angeles Unified School District, requires DHCS, in consultation with the Local Educational Agency (LEA) Medi-Cal Billing Option Program's Ad Hoc Workgroup, to prepare and complete a Program Guide for the LEA Program. The Program Guide must contain fiscal and programmatic compliance information regarding processes, documentation and guidance necessary for the proper submission of claims and auditing of LEAs. DHCS is required to distribute the initial Program Guide to LEAs by January 1, 2020. DHCS is allowed to revise the Program Guide after providing 30 days written notice to the LEA Ad Hoc Workgroup; however, DHCS may provide less than 30 days written notice under extraordinary circumstances, when revisions are necessary to reflect changes required by state or federal law or otherwise mandated by CMS and those changes require immediate action. AB 3192 also requires any LEA Program audit to be consistent with, but not be limited to, the program guide that existed when the LEA provided the Medi-Cal service, among other applicable guidance, statutes, and regulations.

## **SUBSTANCE USE DISORDER COMPLIANCE**

AB 3162 Friedman (Chapter 775)  
**ALCOHOLISM OR DRUG ABUSE TREATMENT FACILITIES**

AB 3162, sponsored by the author, establishes a one-year, provisional license for new residential treatment facilities (RTFs); requires that all programs and services offered by RTFs occur within the licensed facility or within any facilities identified on a single license by street address; increases the civil penalties amounts imposed upon RTFs for regulatory and/or statutory violations; and authorizes DHCS to issue provider bulletins, written guidelines, or similar instructions, until new regulations are adopted.

SB 0823 Hill (Chapter 781)  
**ALCOHOL AND DRUG TREATMENT ABUSE RECOVERY AND TREATMENT FACILITIES**

SB 823, sponsored by the author, requires DHCS to adopt the American Society of Addiction Medicine treatment criteria, or an equivalent evidence-based standard, as a minimum standard of care for licensed alcohol and other drug residential treatment facilities. The bill requires DHCS to adopt regulations by January 1, 2023, and provides DHCS authority to implement

the provisions of this bill by means of provider bulletins or similar instructions until regulations are adopted.

SB 0992 Hernandez (Chapter 784)  
**ALCOHOLISM OR DRUG ABUSE RECOVERY OR TREATMENT FACILITIES**

SB 992, sponsored by the author, makes several changes to the licensing statutes for residential alcoholism or SUD facilities, including: 1) requires licensed SUD facilities to develop a plan, as specified, to address when a resident relapses or has consumed alcohol or illicit drugs on a licensed premises; 2) prohibits licensed SUD facilities from denying treatment to an individual based solely on the individual having a valid prescription for medication-assisted treatment or for a medication approved by the federal Food and Drug Administration for the purpose of narcotic replacement therapy; 3) allows DHCS to deny an application for licensure for five years from any person/legal entity that has had a license previously suspended or revoked; 4) grants authority for DHCS to suspend or revoke any license, including any additional licenses issued to the licensee by DHCS, as specified; and 5) defines a “recovery residence” and requires all DHCS licensed or certified facilities to disclose information on any ownership/control of recovery residences and contractual relationships with an entity providing regular professional or recovery/treatment services to their clients.

SB 1228 Lara (Chapter 792)  
**ALCOHOLISM OR DRUG ABUSE RECOVERY AND TREATMENT SERVICES: REFERRALS**

SB 1228, sponsored by Recovery Reform Now, prohibits a licensed and/or certified SUD treatment facility, an owner, partner, officer, or director, or shareholder who owns at least 10 percent of a licensed and/or certified SUD treatment facility, or an employee of an SUD treatment facility, from receiving anything of value for the referral of a person to an SUD treatment facility; grants DHCS the authority to investigate allegations, assess a penalty upon a licensed and/or certified SUD treatment facility, and/or suspend or revoke the license and/or certification of a SUD treatment facility for any violations of the statute or violations of regulations pursuant to these provisions; grants DHCS the authority to investigate and suspend or revoke the registration or certification of a counselor for violations of the statute; and grants DHCS the authority to investigate allegations of violations of the statute against a licensed professional working in an SUD treatment facility and recommend termination of employment and/or disciplinary actions to the licensed professionals’ respective board.

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

AB 0349 McCarty (Chapter 643)  
**DRUG MEDI-CAL TREATMENT PROGRAM: RATESETTING PROCESS**

AB 349, sponsored by the California Opioid Maintenance Providers, requires DHCS to establish the Drug Medi-Cal (DMC) reimbursement rate setting methodology through regulations by July 1, 2020 and thereafter authorizes DHCS to administratively update the DMC statewide maximum reimbursement rates through annual bulletins or similar instructions. AB 349 also requires DHCS to semiannually provide the Legislature a status report until the regulations are adopted.

AB 2861

Salas (Chapter 500)

**MEDI-CAL: TELEHEALTH: ALCOHOL AND DRUG USE TREATMENT**

AB 2861, sponsored by the author, requires DHCS to allow a DMC certified provider to receive Medi-Cal reimbursement for individual counseling services provided through telehealth by a Licensed Practitioner of the Healing Arts or a certified SUD counselor, when medically necessary and in accordance with the Medicaid State Plan. This bill authorizes DHCS to issue provider bulletins, written guidelines, or similar instructions, until new regulations are adopted, which must occur by July 1, 2022. AB 2861 shall be implemented only if federal financial participation is available and only if any necessary federal approvals have been obtained.



## 2018 ENROLLED BILLS

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER	PROGRAM*	PAGE NUMBER
AB 0011	McCarty	V	—	MC	
AB 0180	Wood	V	—	ME	
AB 0349	McCarty	S	643	SP	16
AB 1215	Weber	S	227	MH	10
AB 1785	Nazarian	S	121	ME	9
AB 1801	Nazarian	V	—	IS	
AB 1810	Committee on Budget	S	034	LA	4
AB 1811	Committee on Budget	S	035	LA	5
AB 1827	Committee on Budget	S	041	LA	6
AB 1830	Committee on Budget	S	042	LA	6
AB 1992	Chu	V	—	MC	
AB 2043	Arambula	V	—	MH	
AB 2083	Cooley	S	815	MH	10
AB 2099	Gloria	S	258	MH	11
AB 2112	Santiago	S	315	HP	1
AB 2119	Gloria	S	385	MB	8
AB 2122	Reyes	V	—	MC	
AB 2233	Kalra	V	—	IS	
AB 2275	Arambula	V	—	MC	
AB 2299	Chu	V	—	MC	
AB 2315	Quirk-Silva	S	759	MH	11
AB 2316	Eggman	S	237	MH	11
AB 2325	Irwin	S	128	MH	12
AB 2342	Burke	V	—	MB	
AB 2393	Committee on Health	S	077	MH	12
AB 2397	Obernolte	V	—	LG	
AB 2423	Holden	S	761	IS	2
AB 2427	Wood	V	—	MC	
AB 2428	Gonzalez Fletcher	S	762	AI	1
AB 2576	Aguiar-Curry	S	716	MB	8
AB 2593	Grayson	V	—	FR	
AB 2749	Bonta	V	—	OC	
AB 2861	Salas	S	500	SP	17
AB 2941	Berman	S	196	MC	7
AB 2983	Arambula	S	831	MH	12
AB 3162	Friedman	S	775	CD	15
AB 3179	Salas	V	—	MC	
AB 3192	O'Donnell	S	658	SF	15
AB 3224	Thurmond	S	179	ME	9
SB 0192	Beall	S	328	MH	12
SB 0244	Lara	S	885	LG	3
SB 0275	Portantino	V	—	SP	
SB 0688	Moorlach	S	403	MH	13
SB 0707	Cannella	V	—	MD	

SB 0823	Hill	S	781	CD	15
SB 0840	Mitchell	S	029	LA	6
SB 0841	Committee on Budget and Fiscal Review	S	031	LA	6
SB 0849	Committee on Budget and Fiscal Review	S	047	LA	6
SB 0856	Committee on Budget and Fiscal Review	S	030	LA	7
SB 0906	Beall	V	—	MH	
SB 0972	Portantino	S	460	MH	13
SB 0992	Hernandez	S	784	CD	16
SB 0997	Monning	S	152	MC	7
SB 1004	Wiener	S	843	MH	13
SB 1019	Beall	V	—	MH	
SB 1034	Mitchell	S	332	MB	8
SB 1040	Dodd	S	789	IS	2
SB 1041	Leyva	S	690	MB	9
SB 1045	Wiener	S	845	MH	13
SB 1046	Roth	S	352	IS	2
SB 1108	Hernandez	S	692	ME	10
SB 1113	Monning	S	354	MH	14
SB 1125	Atkins	V	—	AI	
SB 1148	Pan	V	—	MD	
SB 1228	Lara	S	792	CD	16
SB 1248	Gaines	S	565	IS	3
SB 1280	Roth	S	115	FR	1
SB 1287	Hernandez	S	855	MB	9
SB 1423	Hernandez	S	568	MH	14
SB 1495	Comm. Health	S	424	MH	14

### **\*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

## VETO MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
AB 0011	McCarty	Early and Periodic Screening, Diagnosis, and Treatment Program: Screening	MC
AB 0180	Wood	Medi-Cal	ME
AB 1801	Nazarian	Newborns: Cytomegalovirus	IS
AB 1992	Chu	CalWORKs Eligibility	MC
AB 2043	Arambula	Foster Children and Youth	MH
AB 2122	Reyes	Medi-Cal: Blood Lead Screening Tests	MC
AB 2233	Kalra	Medi-Cal: Assisted Living Waiver Program	IS
AB 2275	Arambula	Medi-Cal Managed Care	MC
AB 2299	Chu	Medi-Cal: Managed Care Plans: Info Materials	MC
AB 2342	Burke	Breast and Ovarian Cancer Susceptibility Screening	MB
AB 2397	Obernolte	Health and Human Services	LG
AB 2427	Wood	Medi-Cal: Anticompetitive Conduct	MC
AB 2593	Grayson	Air Ambulance Services	FR
AB 2749	Bonta	State Agencies	OC
AB 3179	Salas	State Agencies	MC
SB 0275	Portantino	Alcohol and Drug Treatment	SP
SB 0707	Cannella	Medi-Cal: Denti-Cal Advisory Group	MD
SB 0906	Beall	Mental Health Services and Substance Use Disorder Treatment: Peer Support Specialist Certification	MH
SB 1019	Beall	Youth Mental Health & Substance Use Disorder Services	MH
SB 1125	Atkins	Federally Qualified Health Center and Rural Health Clinic Services	AI
SB 1148	Pan	Medi-Cal: Restorative Dental Services	MD

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



OFFICE OF THE GOVERNOR

SEP 21 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 11 without my signature.

This bill would require developmental screening of children from birth to age three in Medi-Cal and impose annual reporting requirements to assess managed care plan compliance.

The Medi-Cal State Plan already requires providers to screen children for developmental delays according to the schedule recommended by the American Academy of Pediatrics. Codifying this requirement and producing another costly report is not necessary.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 26 2018

To the Members of the California State Senate:

I am returning the following bills without my signature.

AB 180  
SB 275  
SB 707

Each of these bills requires the Department of Health Care Services to establish a stakeholder process to deliberate and advise the department on an issue with Medi-Cal.

Not every problem with Medi-Cal needs or deserves a public stakeholder process. The department regularly collaborates with stakeholders including interested organizations, experts, partners and colleagues. I am confident it will continue to do so.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 27 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 1801 without my signature.

This bill would require the Department of Health Care Services to establish a 13-member Commission to identify public educational resources for, and examine research and data relating to, Cytomegalovirus, a non-genetic virus which causes birth defects.

Researching, educating and testing for diseases in newborns is the function of the Department of Public Health's Newborn Screening program. I encourage the author to work with this department to review and assess this disease rather than create a new governmental body in a different department.

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

SEP 29 2018

To the Members of the California State Assembly:

I am returning the following Assembly Bills without my signature:

AB 1921  
AB 1992  
AB 2111

Each of these bills would make changes to the CalWORKs program that result in significant, ongoing funding commitments. As such, I believe they should be considered as part of the budget process when all funding commitments are considered and prioritized.

Sincerely,

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

Edmund G. Brown Jr.





OFFICE OF THE GOVERNOR

SEP 27 2018

To the Members of the California State Assembly:

I am returning the following five bills without my signature:

AB 2043  
AB 2342  
AB 2593  
SB 1125  
SB 1148

Each of these bills require significant, ongoing general fund commitments. As such, I believe they should be considered as part of the budget process.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 22 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 2122 without my signature.

This bill would set statewide goals for blood lead level screening tests for children in Medi-Cal and require the Department of Health Care Services to ensure these goals are met.

Lead exposure in children is a serious health concern and I share the author's desire to increase the number of Medi-Cal children who are screened. The department, however, already requires in its contracts with managed care plans and providers that children receive screenings in accordance with federal and state regulations. Updated and more thorough data on periodic screening tests is being developed with the Department of Public Health to assist in tracking compliance.

I believe the department should continue its current efforts working with managed care plans, health care providers and public health officials to determine what additional policies and practices may be necessary to improve screening rates.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 29 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 2233 without my signature.

This bill would require a significant expansion of the Assisted Living Waiver program in Medi-Cal.

This program was expanded in this year's budget. Any further changes should be considered in next year's budget.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 10 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 2275 without my signature.

This bill would require the Department of Health Care Services to establish a quality assessment and performance improvement program for Medi-Cal managed care plans.

The department, however, is required by federal law to have an external organization conduct periodic quality reviews of its managed care program. The department also requires extensive plan-specific quality improvement projects.

Adopting these statutory requirements will duplicate current efforts while adding significant costs to Medi-Cal.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 19 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 2299 without my signature.

This bill would require the Department of Health Care Services to ensure all written health education and informational materials provided by Medi-Cal managed care plans to their beneficiaries are translated at or below the sixth grade reading level.

I signed legislation last year to codify the Affordable Care Act's language access provisions into state law. Furthermore, the department requires its plans to provide written materials in an easily understood and readily accessible format. Current law and contractual practice are sufficient to compel plans to make these important health care documents understandable for Medi-Cal beneficiaries.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 07 2018

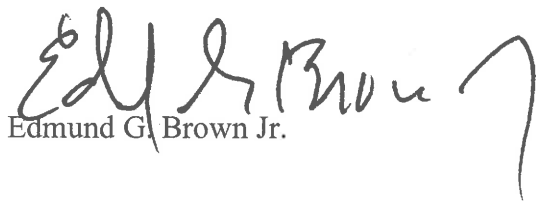
To the Members of the California State Assembly:

I am returning Assembly Bill 2397 without my signature.

This bill would mandate that the Departments of Aging, Health Care Services, Public Health, Social Services and the Emergency Medical Services Authority, share information regarding adverse administrative actions against licensees, facilities or providers.

This bill is unnecessary because the information called for is already being shared as authorized under current law.

Sincerely,



Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 21 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 2427 without my signature.

This bill would require Medi-Cal managed care plan contracts to include a provision allowing the Department of Health Care Services to terminate the contract if the Attorney General determines that the plan engaged in anticompetitive conduct, or if the department determines the plan has a pattern of not complying with medical loss ratio requirements.

This bill is unnecessary as the department has sufficient statutory and contractual authority to deal with inappropriate or illegal conduct by plans.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 22 2018

To the Members of the California State Assembly:

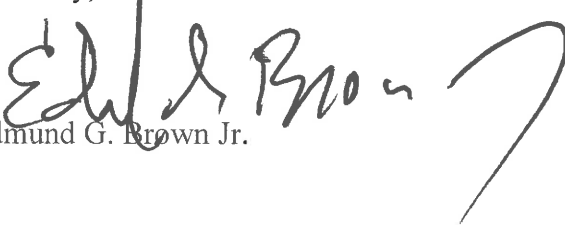
I am returning Assembly Bill 2749 without my signature.

This bill requires all state agencies to certify that their Internet web sites are mobile-friendly.

I signed Assembly Bill 434 into law last year which requires all state agency websites to meet specified accessibility standards, including mobile accessibility.

While I support the author's intent to ensure state websites are both accessible and mobile-friendly, this bill is unnecessary.

Sincerely,

  
Edmund G. Brown Jr.





OFFICE OF THE GOVERNOR

SEP 22 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 3179 without my signature.

This bill would require state agencies to provide access to bilingual employees and translated materials for non-English speakers if those individuals constitute 3% of the population served.

This bill has a potential cost of \$77 million a year and is more properly considered as part of the budget process.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 29 2018

To the Members of the California State Senate:

I am returning Senate Bill 906 without my signature.

This bill requires the Department of Health Care Services to establish a certificate program for peer support specialists in Medi-Cal.

Currently, peer support specialists are used as providers in Medi-Cal without a state certificate. This bill imposes a costly new program which will permit some of these individuals to continue providing services but shut others out. I urge the stakeholders and the department to improve upon the existing framework while allowing all peer support specialists to continue to work.

Sincerely,

  
Edmund G. Brown Jr.



OFFICE OF THE GOVERNOR

SEP 29 2018


To the Members of the California State Senate:

I am returning Senate Bill 1019 without my signature.

This bill would require the Mental Health Services Oversight and Accountability Commission to allocate at least half of its triage grant funds to local education and mental health partnerships.

The bill as written would limit the Commission's authority to exercise its judgment in the distribution of these grants. I believe the better practice would be to leave this matter to the Commission.

Sincerely,

  
Edmund G. Brown Jr.