

Assembly Appropriations Committee
HEALTH & HUMAN SERVICES

BILL	AUTHOR	SUBJECT/FISCAL EFFECT	
AB 15	Maienschein	<p data-bbox="499 305 1136 337">Subject: Denti-Cal program reimbursement rates.</p> <p data-bbox="499 378 1556 521">Increases rates paid to dental providers participating in Denti-Cal, the dental component of the state's Medicaid program. Requires the Legislature to appropriate funds for the 2017–18 fiscal year from the Healthcare Treatment Fund created by Proposition 56 of 2016 (the tobacco tax initiative).</p> <p data-bbox="499 557 590 589">Fiscal:</p> <ol data-bbox="499 625 1570 1390" style="list-style-type: none"> <li data-bbox="499 625 1570 727">1) Increased Denti-Cal costs in the range of \$180 million associated with doubling rates in the fee-for-service Denti-Cal system (Healthcare Treatment Fund /federal). <li data-bbox="499 768 1539 800">2) Uncertain, significant additional costs associated with increases in utilization. <li data-bbox="499 841 1545 943">3) Increased administrative costs associated with higher provider enrollment, for at least the first year of implementation, potentially in the millions of dollars (GF/federal). <li data-bbox="499 984 1549 1167">4) To the extent that the bill results in increased utilization of preventive dental services in Denti-Cal, there is likely to be some unknown level of cost savings from reduced spending on serious dental procedures (GF/federal savings). Regular dental care can prevent serious health problems that require more costly interventions. <li data-bbox="499 1208 1556 1390">5) The Governor's January 2017 budget already allocates Proposition 56 Healthcare Treatment Fund funds to projected 2017-18 Medi-Cal spending. Any redirection of these funds would result in a GF shortfall of a like amount, unless higher GF revenues are projected at the time of the May Revision to the budget. 	

<p>AB 26</p>	<p>Caballero</p>	<p>Subject: Pilot program for license-exempt child care providers.</p> <p>Requires the California Department of Education (CDE) to establish and administer a pilot program to support license-exempt child care providers in Monterey, San Benito, Santa Clara, and Santa Cruz Counties. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires CDE to develop and administer a pilot program in Monterey, San Benito, Santa Clara, and Santa Cruz Counties to provide, through each county’s local child care resource and referral programs, outreach, training, and technical assistance to license-exempt child care providers. 2) Requires a county resource and referral program to develop a community-based program model to provide training, outreach, and technical assistance to license-exempt child care providers, as specified. 3) Authorizes a resource and referral program to seek donations or partnerships with private foundations or other philanthropic entities to expand the training opportunities for license-exempt child care providers. 4) Requires each county, by January 1, 2020, and by January 1, 2022, to provide a report to CDE and the Legislature containing specified information. Contains a sunset date of July 1, 2022. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown, but likely significant costs to the four county resource and referral programs (Child Care Development Fund/GF) to develop community-based program models to provide training, outreach, and technical assistance to license-exempt child care providers. Costs could be offset to the extent a resource and referral program secures private donations or partnerships authorized under the bill. 2) Estimated costs to CDE of approximately \$65,000 (GF) in FY 2017-18 to establish the program, and approximately \$40,000 annually through FY 2021-22 to administer the program. 3) Minor, non-reimbursable costs to the four counties to compile and provide the required reports. 	
--------------	------------------	--	--

AB 29	Nazarian	<p>Subject: Licensing pharmacy benefit managers.</p> <p>Establishes licensure for pharmacy benefit managers (PBMs).</p> <p>Fiscal:</p> <p>One-time costs to Department of Managed Health Care likely in excess of \$300,000 to develop a licensure program and perform related activities, and ongoing costs likely in the hundreds of thousands or more (Managed Care Fund).</p>	
AB 40	Santiago	<p>Subject: Integrating CURES with health information technology systems.</p> <p>Urgency bill to allow health information technology systems that meet specified criteria to establish and maintain user-initiated or automated linkage with the Controlled Substance Utilization Review and Evaluation System (CURES) system.</p> <p>Fiscal:</p> <p>Administrative and software development staff and contract costs to the Department of Justice (DOJ) of \$860,000 in 2017-18, \$620,000 in 2018-19, and \$570,000 in 2019-20, and ongoing, to develop and manage the automated linkage with the CURES system (reimbursements from fees to health care entities, collected pursuant to the bill).</p>	

AB 60	Santiago	<p>Subject: Eligibility determination for subsidized child care and development services.</p> <p>Changes eligibility determination and redetermination for subsidized child care statewide. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) For purposes of establishing initial income eligibility, updates the state median income (SMI) threshold for entering families to 70% of the current SMI. 2) For purposes of establishing ongoing income eligibility, updates the income threshold at which families exit to 85% of the current SMI. 3) Guarantees eligibility for 12 months upon receiving a child care subsidy. 4) Eliminates the required interim reporting during the 12 month eligibility period unless family income exceeds 86% SMI or the initial certification is on the basis of seeking employment, in which case the family must report at 6 months. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown costs, potentially \$1 million to \$5 million (GF) annually, for CalWORKS Stage 2 and Stage 3, to provide eligibility for services for 12 months, despite changes in family circumstances, due to less program attrition. This assumes between 2% and 10% of the existing number of children leaving childcare each month would instead continue under this bill. 2) Significant increase in cost pressure for capped child care programs. Guaranteed eligibility for 12 months results in longer waitlists for programs with a capped number of slots due to children remaining in programs despite changes in income or need that would have otherwise caused them to become ineligible. This bill further reduces program attrition in out years by increasing the ongoing income eligibility threshold. It also allows more families to qualify for services by updating the initial income eligibility threshold. 3) One-time administrative costs of approximately \$60,000 (GF) over an 18 month timeline to CDE to update regulations. 4) State and local administrative workload could be reduced due to less paperwork related to reporting changes that affect eligibility. 	
-------	----------	---	--

AB 82	Medina	<p>Subject: Diacritical marks on vital records.</p> <p>Allows the use of diacritical marks (including, but not limited to, accents, tildes, graves, umlauts, and cedillas) on California vital records. Specifically, this bill requires the State Registrar to require the use of a diacritical mark on an English letter to be properly recorded, when applicable, on marriage licenses as well as birth, death, and fetal death certificates.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Assuming an implementation date of January 1, 2020, information technology costs to the California Department of Public Health (CDPH) of \$230,000 to reprogram vital records registration systems for birth, fetal death, and death (Health Statistics Special Fund). 2) For every 10,000 people requesting an amended vital record to add a diacritical mark, costs of \$225,000 to CDPH, recovered by fees (Health Statistics Special Fund). 3) Expected revenue loss of approximately \$35,000 for every 10,000 birth or death record with a diacritical mark (Health Statistics Special Fund), which cannot be submitted to the Social Security Administration. 4) Unknown, significant state-reimbursable mandate costs related to local information technology system changes. For example, costs would be \$11.6 million GF, assuming reprogramming costs an average of \$200,000 per each of 58 counties. 5) Counties may also incur related unknown costs, but costs are not expected to be significant. 6) Unknown cost pressure to various information technology systems used by other state. To the extent the ability to match records in an automated way is compromised due to different systems with varying policies on diacritical marks, there could be increased costs, workload, and inefficiency in performance of various government functions.. 	
-------	--------	---	--

AB 85	Rodriguez	<p>Subject: County general assistance to employable veterans.</p> <p>Beginning July 1, 2018, requires a county to expand eligibility for General Assistance (GA) by exempting an honorably discharged employable veteran from the prohibition on providing GA for more than three months in a 12-month period. A county may opt-out of the extended eligibility period for GA to eligible veterans by enacting an ordinance, by July 1, 2018.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Potentially significant ongoing state-reimbursable costs in the low millions of dollars (General Fund) for counties to provide additional GA benefits to employable veterans. GA benefits for every 1,000 honorably discharged employable veterans for an additional six months would cost about \$1.4 million based on an average GA benefit of \$236 per month. Subject to a determination by the Commission on State Mandates, these costs are likely to be reimbursable by the state. 2) Likely minor one-time costs (Local) for counties to enact an ordinance opting out of the provision of extended eligibility for GA to employable veterans. As the provision to enact a county ordinance is optional, the local costs incurred are likely to be non-reimbursable. 	
-------	-----------	---	--

AB 160	M. Stone	<p>Subject: CalWORKs eligibility timeline and earned income disregard (EID)</p> <p>Increases the time limit for cash aid to adults in the CalWORKs program from 48 months to 60 months and increases the CalWORKs earned income disregard (EID) from \$225 plus 50% of the remaining earned income to \$450 and 70% of the remaining earned income.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Estimated total cost of approximately \$250 million (federal funds/GF) in FY 2017-18 and \$500 million (federal funds/GF) on-going, due to increased caseload and associated grant and supportive service costs. DSS estimates approximately \$280 million of the on-going cost is due to increasing the EID limits. 2) Automation costs of approximately \$1 million to the Department of Social Services (DSS) for automation changes to the Statewide Automated Welfare System. 	
AB 164	Arambula	<p>Subject: Flexibility for issuing food assistance benefits.</p> <p>Requires the Department of Social Services (DSS), by July 1, 2018, to develop a benefit issuance mechanism to respond to the changing needs for food assistance and to allow DSS flexibility to provide nutrition benefits for specific populations.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time costs of approximately \$1 million (GF) to DSS to create the new benefits system. This includes creating a new "aide code" as well as necessary modifications to affiliated systems. 2) On-going costs for administration are minor and absorbable. 	

AB 175	Chau	<p>Subject: Approval process for edible cannabis labeling.</p> <p>Establishes an approval process for recreational edible marijuana product packaging and labeling, whereby packaging and labeling are required to be reviewed and approved by the Bureau of Medical Cannabis Regulation (Bureau) prior to their use. Also establishes a fee for the purpose, in an amount not to exceed the actual and reasonable costs of administering the program, and establishes related timelines and an appeals process.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time, start-up administrative costs to the Bureau to develop regulations implementing the approval program are expected to be absorbable within existing resources. 2) Significant ongoing costs to implement a “prior approval” process, estimated in the range of \$530,000 for the last half of fiscal year 2017-18, and \$900,000 per year thereafter (funded through fee revenue). There could be a large workload over the first year or two as numerous products are introduced to market, with lower ongoing costs once the market stabilizes. This estimate includes potential administrative hearing costs, which would depend on the volume of noncompliance and appeals of Bureau rulings. 3) Potential short-term reduced tax revenues to the GF. Given the timing of this bill, and given licenses are to be issued beginning January 1, 2018, if this bill significantly slows the availability of products to market, it could potentially reduce the number of edible marijuana products sold and reduce related tax revenue for the first year or until the program has reached a steady state. Revenues from existing state and local sales taxes, as well as a 15% retail excise tax to be collected on recreational marijuana purchases under current law, would likely be impacted by any process that slows the availability of products to market. 	
--------	------	---	--

AB 182	Waldron	<p>Subject: Heroin and opioid public education campaign.</p> <p>Requires the Department of Health Care Services to develop, coordinate, implement, and oversee a comprehensive, multicultural public awareness campaign designed to combat opioid abuse, and requires an annual program report.</p> <p>Fiscal:</p> <p>Uncertain, significant costs to conduct an effective statewide public awareness campaign, easily in the millions of dollars ongoing. The costs would depend on the robustness of the effort.</p> <p>For comparison's sake, since fiscal year 2011-12 the California Department of Public Health has allocated between \$10 and \$15 million per year for a coordinated statewide anti-tobacco media campaign. This bill requires at least twelve distinct types of messages, including highlighting the benefits of specific Food and Drug Administration (FDA)-approved medications to treat opioid addiction, and requires use of new technologies in media, print media, television and radio, Internet and social media. To the extent federal funds are available to offset some of the costs, GF costs could be lower.</p>	
--------	---------	--	--

AB 205	Wood	<p>Subject: Implementing federal Medi-Cal managed care regulations.</p> <p>Implements in state law major federal Medi-Cal managed care regulations issued in 2016.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill essentially implements federal regulations. DHCS will incur ongoing staff costs to comply with federal regulations pursuant to the provisions of this bill. In 2016-17, the Legislature approved DHCS's budget change proposal (BCP), providing \$10.4 million and 38 positions to DHCS to implement the federal regulations this bill addresses. In the 2017-18 Governor's budget, the department is requesting an additional \$8.9 million and 15 positions for the same purpose. DHCS indicates the department does not intend to request additional resources if the 2017-18 BCP is approved. 2) Uncertain impact on the overall financing of the Medi-Cal program. Three components have significant fiscal impacts: changing payments to public hospitals through managed care, implementing a medical loss ratio, and implementing standards on timely access to care. As these changes are required by the federal rules, and the provisions of the bill do not appear to go beyond what is required, the bill does not appear to result in any net cost impact that could be avoided. The state could see some, likely minor, level of remittances back from Medi-Cal managed care plans that do not meet medical loss ratio requirements, due to the provision that implements a state option to require such remittances. 	
--------	------	--	--

<p>AB 224</p>	<p>Thurmond</p>	<p>Subject: Dentistry anesthesia and sedation permit process.</p> <p>Modifies requirements for dental anesthesia and sedation, with specific requirements for pediatric anesthesia and sedation.</p> <p>Fiscal:</p> <p>All costs are State Dentistry Fund.</p> <ol style="list-style-type: none"> 1) Information technology costs of \$360,000 in 2019-20, \$130,000 in 2020-21 and \$40,000 and ongoing to adjust and add sedation and anesthesia permits. 2) Staff costs to review applications and contract with Subject Matter Experts to review cases of \$1.1 million per year, and costs to perform inspections of about \$3.6 million per year, assuming 1,400 inspections are performed. The Dental Board of California assumes all current permit-holders will have to reapply under the new rules. 3) Costs estimated at \$1 million over a two-year period to contract with a research organization to obtain high-quality data related to pediatric dental sedation. 4) DBC notes a significant influx of new staff may necessitate locating a larger facility. 	
---------------	-----------------	--	--

AB 227

Mayes

Subject: Education incentives for CalWORKs participants.

Creates the California Work Opportunity and Responsibility to Kids (CalWORKs) Educational Opportunity and Attainment Program (Program) to offer education grants to eligible CalWORKs participants who complete certain educational programs. Specifically, this bill:

- 1) Permits a CalWORKs recipient to apply for an education incentive grant of one hundred dollars (\$100) per month, for completion of a high school diploma or its equivalent, as an ongoing adjustment to the recipient's monthly cash grant.
- 2) Permits a CalWORKs recipient to apply for education stipends up to \$2,400 per year for enrollment in an education or training program leading to a career technical education certificate, an associate's degree, or a bachelor's degree.
- 3) Requires a participant to submit evidence of completion of an educational program to the county when applying for an education grant or evidence of enrollment when applying for an education stipend, as specified.

Fiscal:

- 1) Contingent upon an appropriation in the annual Budget Act, allocates \$20 million from the General Fund (GF) to the California Community Colleges to fund services provided under the Program, and requires \$10 million of that amount be used solely for CalWORKs recipients working toward their high school diploma or its equivalent.
- 2) Should the bill become operative:
 - a) Depending on the number of qualified individuals:
 - i. Ongoing unknown costs likely in the range of \$3.6 million to \$10 million (GF) annually to fund the education incentive cash grants.
 - ii. Ongoing unknown costs likely in the range of \$3.4 million to \$12.8 million (GF) annually to fund the education stipends.
 - b) One-time costs of approximately \$1 million (GF) for automation changes.
 - c) Unknown, potentially reimbursable mandate costs to counties for Program administration.

<p>AB 236</p>	<p>Maienschein</p>	<p>Subject: CalWORKs homeless assistance</p> <p>Makes changes to the CalWORKs homeless assistance for temporary shelter. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Increases the amount of CalWORKs temporary homeless assistance from \$65 to \$85 a day for families of up to four members, and increases the daily maximum from \$125 to \$145 for larger families. 2) Deletes the requirement that the annual maximum of 16 days of temporary shelter assistance be used in consecutive calendar days, and instead provides for a maximum of 16 days that may be used intermittently over a 12-month period. 3) Deletes the requirement that, for cases in which domestic violence is verified, temporary assistance be limited annually to two periods of a maximum of 16 consecutive calendar days, and instead provides, in these cases, for a maximum of 32 days over a 12-month period. 4) Provides that homeless assistance is available to homeless families receiving reunification services, if they would otherwise be eligible for CalWORKs aid except that the only child or children in the family are in an out-of-home placement per an order of the dependency court and the county has determined that homeless assistance is necessary to reunification. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Based on available data, estimated total costs of \$7.0 million (\$1.5 million GF) in FY 2017-18, and \$14 million (\$3.0 million GF) in 2017-18 and ongoing. Major components include: <ol style="list-style-type: none"> a) Ongoing costs of approximately \$8.6 million (\$1.8 GF) for increasing housing benefits by \$20 per day. Based on a monthly caseload of 2,565 temporary assistance cases receiving a \$20 per day increase for an average of 12 temporary assistance days per month, plus approximately 1,300 cases receiving a \$20 per day increase for four additional days per month. 	
---------------	--------------------	---	--

AB 236	Maienschein	<p>b) Ongoing costs of approximately \$4.1 million (\$0.9 million GF) for eliminating the 16 day “consecutive” limitation. Based on an estimated additional monthly caseload of 1,300 cases at \$65 per day for four days, assuming a family size of up to four. This includes recipients who would have previously forfeited a portion of their benefits by interrupting the consecutive 16-day period.</p> <p>c) Ongoing county costs of approximately \$320,000 statewide for their share in the CalWorks basic grant cost sharing formula and for county agencies to re-evaluate temporary housing assistance applicants each time they apply for the benefit. If some of the requirements in this bill are found to be reimbursable mandates, the state would assume a portion of the county cost (GF).</p> <p>2) Estimated costs of \$550,000 (\$120,000 GF) in FY 2017-18 and ongoing costs of approximately \$1.1 million (\$237,000 GF) beginning in FY 2018-19 to provide assistance to homeless families receiving reunification services. This is based on an estimated annual caseload of 1,058 in 2015 receiving \$85 per day for 12 days.</p> <p>3) Additional automation costs of less than \$1.0 million to the extent modifications to the Statewide Automated Welfare System (SAWS) are required.</p>	
--------	-------------	--	--

AB 237	Gonzalez Fletcher	<p>Subject: IHSS payroll period.</p> <p>Defines “payroll period” for providers of in-home supportive services (IHSS) or waiver personal care services (WPCS) to mean two workweeks.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time automation costs to the Department of Social Services (DSS) in the range of \$15 million to \$20 million (GF) to reprogram the Case Management, Information, and Payrolling System (CMIPS II), system to align the system-wide pay periods. DSS notes that the federal mandated Electronic Visitation Verification (EVV) system, requiring electronic timesheets, is being implemented statewide in July 2017. DSS is designing the system to include electronic prompts that will help providers correctly complete their timesheets. 2) Unknown, but likely significant costs to other state agencies impacted by changing the IHSS payroll period, including the State Controller’s Office (SCO), that issues the paychecks, the Employment Development Department, that prints the timesheets, as well as the Department of Health Care Services (DHCS) that uses the MEDS system to process Medi-cal recipients, through which 99% of IHSS recipients receive their authorization. 3) One-time costs to DSS to redesign the IHSS timesheets and for other administrative functions. 	
--------	-------------------	---	--

AB 254	Thurmond	<p>Subject: Local Educational Agency Pilot for Overall Needs.</p> <p>Establishes the "Local Educational Agency (LEA) Pilot for Overall Needs" program to provide funding to increase direct health services for all registered students, with a focus on students eligible for and enrolled in Medi-Cal.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) GF cost pressure in the millions of dollars to fund the program. Implementation is contingent upon appropriation and would scale to the appropriation. Assuming federal approvals are granted, federal financial participation should be available to schools for Medi-Cal eligible services, but the non-federal share of the cost for additional services would fall to the GF. 2) Administrative costs to DHCS in the hundreds of thousands at a minimum, including one-time costs to develop and begin the program and seek needed federal approvals, and a similar level of costs annually ongoing to manage the program. Ongoing costs would scale depending on the magnitude of the program, which would depend on the appropriation. In addition, administrative costs could be greater if this bill encourages more LEAs to enroll in the LEA billing program (enrollment in the LEA billing program is a prerequisite to participating in the pilot program). 	
--------	----------	---	--

<p>AB 258</p>	<p>Arambula</p>	<p>Subject: Pilot in Fresno County for individualized county child care subsidy plan.</p> <p>Establishes a subsidized child care pilot program in Fresno County. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Permits Fresno County to, as a pilot project, develop and implement an individualized county child care subsidy plan, as specified. 2) Requires the plan, once approved locally, to be submitted to the California Department of Education's (CDE's) Early Education and Support Division (Division) to review and either approve or deny any modification of the plan within 30 days of receiving it. 3) Requires the county to submit a report regarding the success of the county's plan to the Legislature, the Department of Social Services (DSS), and CDE each year, as specified. 4) Repeals the provisions of this bill as of January 1, 2025. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill would allow Fresno County to retain unspent child care funds that otherwise would revert to the General Fund. Approximately \$9.6 million in subsidized child care funds were returned to the state. This roughly translates to 1,300 children who could have been served in the county. That funding is a combination of GF, Prop 98 funding and federal funds. Historically, such reversions have been redistributed for child care purposes in subsequent budget years. 2) Costs to the Division in CDE of \$130,000 (GF) in FY 2017-18 and \$95,000 (GF) ongoing for plan review and approval, including plan modifications. 	
---------------	-----------------	---	--

<p>AB 265</p>	<p>Wood</p>	<p>Subject: Prohibition on drug manufacturer cost-sharing coupons for insured patients.</p> <p>With specified exceptions, prohibits a prescription drug manufacturer from offering a discount, repayment, product voucher, or other reduction in an individual’s out-of-pocket expenses associated with his or her insurance coverage, for a prescription drug if a lower-cost, therapeutically equivalent generic drug is covered under the individual’s health plan on a lower cost-sharing tier.</p> <p>Fiscal:</p> <p>The fiscal impact of this bill is unknown, but potentially significant.</p> <p>The provisions fall under the Sherman Food and Drug Act, which is enforced by the California Department of Public Health (CDPH). CDPH does not interact with retail pharmacies, or have a ready mechanism they could adapt to enforce this law, but the department would need to develop some type of enforcement mechanism. One-time costs at least in the low hundreds of thousands of dollars to develop an enforcement scheme, including legal and regulatory analysis, as well as development of an appropriate information technology solution, seem reasonable. Ongoing costs would depend on the robustness of the enforcement effort and could range from relatively minor to significant. For example, inspections would be more costly than enforcement on a complaint basis.</p>	
---------------	-------------	---	--

AB 279	Holden	<p>Subject: Regional Center authority to adjust rates for local minimum wage.</p> <p>Provides, beginning July 1, 2018, DDS and regional centers the statutory authority to adjust rates for providers who operate in regions where the local minimum wage is higher than the state minimum wage.</p> <p>Fiscal:</p> <p>Significant fiscal impact estimated between \$30 million (\$17 million GF) and \$42 million (\$24 million GF) in FY 2018-19, based on existing local minimum wage ordinances. This estimate assumes, effective July 1, 2018, the following:</p> <ul style="list-style-type: none">a) the statewide local minimum wage for vendors with 25 or fewer employees will be \$10.50 per hour;b) a determination of 13 jurisdictions with multiple minimum wage increases that will result in a greater minimum wages than the State's; andc) an annual purchase of service expenditure growth rate of 6.11% based on the November 2016 DDS estimate.	
--------	--------	--	--

AB 285	Melendez	<p>Subject: State oversight of sober living homes.</p> <p>Establishes state oversight of “drug and alcohol-free residences” or sober living homes, which can then choose to be certified pursuant to this bill on a voluntary basis. Also requires any state and local agencies and their vendors that direct substance use treatment, as well as judges, and parole boards that sets terms and conditions for release, parole, or discharge, to refer to a certified drug and alcohol-free residence, if available.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Administrative costs to DHCS in the range of \$2.5 million GF in the first year of implementation and ongoing. This cost estimate has been refined from last year's estimate of a similar bill based on an assumption of 2,400 residences, as well as staff to investigate complaints as authorized by the bill. 2) Uncertain, potentially significant GF costs to the California Department of Corrections and Rehabilitation (CDCR) for oversight of parolees. The state pays on behalf of approximately 3,275 offenders at any one time, or 39,000 months of sober living homes per year. If rents increase by \$30/month on average as a result of this bill, state costs will increase by \$1.2 million GF. 3) \$500,000 (GF) one-time costs to DHCS for information technology changes necessary to meet business needs for the approval of certifying organizations and registry of residences with revocations. 4) One-time, likely minor, GF costs to CDCR for revising procedures and training staff about the new requirements, as well as ongoing costs to verify space in a certified facility. 5) Local public safety agencies could also incur local costs, similar in type to costs as noted in (2) and (4), due to the requirement to refer to certified sober living homes. This bill requires county agencies or county-contracted vendors that direct substance abuse treatment to first refer to a certified home. These costs may be state-reimbursable. 	
--------	----------	---	--

<p>AB 286</p>	<p>Gipson</p>	<p>Subject: Home upkeep allowance for Medi-Cal enrollees in skilled nursing facilities.</p> <p>Establishes the home upkeep allowance (HUA) and a "transitional personal needs fund" (transitional fund) for certain Medi-Cal eligible long-term care facility residents, and sets requirements for the allowance and fund, as specified.</p> <p>Fiscal:</p> <p>Any additional money the state allows individuals to keep as a HUA or a transitional fund results in a commensurate increase in Medi-Cal costs. It increases costs because it reduces the amount an individual enrolled in the "Share of Cost" (SOC) Medi-Cal program would otherwise pay as their share of cost. This bill would allow an individual to exclude an additional \$4,800 of income over 6 months.</p> <p>The HUA would be available only to a portion of the 42,000 SOC Medi-Cal enrollees in long-term care in any given month. Federal law restricts the HUA to situations there is not a spouse or family member living in the individual's home. Costs are estimated as follows:</p> <ol style="list-style-type: none"> 1) For every 1,000 Medi-Cal enrollees in long-term care (LTC) facilities that make use of the expanded HUA or transitional fund per month, and assuming the additional amount excluded is 80% of the maximum allowable, the increased cost will be about \$9 million annually (50% GF, 50% federal). 2) Unknown, significant costs associated with increased usage as a result of outreach related to the availability of the HUA (GF/federal). According to organizations familiar with advocacy for long-term care residents, utilization and knowledge of the current program is quite low. According to DHCS, only \$607,000 statewide was set aside for HUAs under existing rules. 3) Unknown, significant cost savings, to the extent this higher HUA allows individuals, who otherwise would have difficulty maintaining or establishing a home in the community in the absence of this higher HUA, to be discharged from institutional care. Because the HUA is restricted to individuals with no spouse or family, allowing these individuals to maintain a home would likely allow them to be discharged more readily. 	
---------------	---------------	--	--

<p>AB 300</p>	<p>Caballero</p>	<p>Subject: Pilot for individualized county child care subsidy plan in the counties of Monterey, San Benito, and Santa Cruz, and adjustments to Santa Clara's existing pilot.</p> <p>Establishes subsidized child care pilot programs in Monterey, San Benito, and Santa Cruz Counties, and makes changes to Santa Clara County's subsidized child care pilot program. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Deletes the provision that allows the Santa Clara County local policy to supersede state law regarding eligibility criteria for CalWORKS recipients for child care subsidy programs. 2) Permits Monterey County, San Benito County, and Santa Cruz County to individually, as pilot projects, develop and implement an individualized county child care subsidy plan, as specified. 3) Requires the plan, once approved locally, to be submitted to the California Department of Education's (CDE's) Early Education and Support Division (Division) to review and either approve or deny any modification of the plan within 30 days of receiving it. 4) Requires the county to submit a report regarding the success of the county's plan to the Legislature, the Department of Social Services (DSS), and CDE each year, as specified. 5) Repeals the provisions of this bill as of January 1, 2025. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill allows Monterey, San Benito, and Santa Cruz Counties to retain unspent child care funds that otherwise would revert to the General Fund. Approximately \$2.4 million in subsidized child care funds was returned to the state by these three counties. That funding is a combination of GF, Prop 98 funding and federal funds. Historically, such reversions have been redistributed for child care purposes in subsequent budget years. 2) Costs to the Division in CDE of \$390,000 (GF) in FY 2017-18 and \$285,000 (GF) ongoing for plan review and approval, including plan modifications for the three counties combined. 	
---------------	------------------	---	--

AB 315	Wood	<p>Subject: Licensing pharmacy benefit management managers.</p> <p>Establishes licensure for pharmacy benefit managers (PBMs) within Department of Managed Health Care.</p> <p>Fiscal:</p> <p>One-time costs to DMHC likely in excess of \$300,000 to develop a licensure program and perform related activities, and ongoing costs likely in the hundreds of thousands or more (Managed Care Fund). Ongoing costs would partially depend on the number of complaints and related enforcement.</p>	
--------	------	--	--

AB 322	Mullin	<p>Subject: Public social services for deaf persons.</p> <p>Continuously appropriates \$8.2 million from the General Fund (GF) to the Department of Social Services (DSS) to provide deaf access program services through the Deaf Access Program (DAP). Specifies that \$3 million of the appropriation be used to provide deaf access program services to the deaf and hard-of-hearing individuals who reside in a linguistically isolated household and that these services be provided in their primary language.</p> <p>Fiscal:</p> <ol style="list-style-type: none">1) Beginning in FY 2017-18, continuously appropriates \$8.2 million (GF) to DSS for the DAP for the purposes of providing deaf access program services. Requires \$3 million of the appropriation to be used to provide these services to deaf and hard-of-hearing individuals who reside in a linguistically isolated household, in their primary language.2) Any additional administrative costs to DSS are minor and absorbable.	
--------	--------	---	--

<p>AB 340</p>	<p>Arambula</p>	<p>Subject: Trauma screening for children in Medi-Cal.</p> <p>Adds trauma screening to the list of benefits provided to children enrolled in Medi-Cal under the "Early and Periodic Screening, Diagnosis, and Treatment" (EPSDT) benefit, pursuant to a protocol developed by the Department of Health Care Services (DHCS).</p> <p>Fiscal:</p> <p>It is unclear what effect this bill will have on screening, diagnosis, and treatment of trauma. Children are screened for bullying, violence, and abuse pursuant to a questionnaire required in Medi-Cal managed care delivery of the EPSDT screening benefit (in which the majority of children, about 5 million, are enrolled). Similar questions are likely administered to some children in the Medi-Cal fee-for service (FFS) delivery system as well.</p> <ol style="list-style-type: none"> 1) Assuming this bill slightly increases the average EPSDT screening costs (currently around \$59) by \$0.5 per child, costs in the Medi-Cal fee-for service (FFS) program for additional screening services of \$300,000 (GF/federal) and \$2 million in cost pressure on managed care rates (GF/federal). This is based on an assumption that 85% of children incur screening costs per year—given this proportion incurred such costs in the FFS system in 2016-17, according to the November 2016 Medi-Cal estimate—and that screening costs in managed care are similar to the FFS costs. 2) To the extent this bill increased trauma screening, it would likely lead to more assessments and more mental health services. These costs could be moderate to substantial, depending upon how the screening protocol is defined and how many more children receive services. 3) DHCS and Department of Social Services will incur minor staff costs to consult with stakeholders and provide guidance to operationalize the required trauma screening (GF/federal). 	
---------------	-----------------	---	--

<p>AB 377</p>	<p>Frazier</p>	<p>Subject: Pilot for individualized county child care subsidy plan in the counties of San Diego and Solano.</p> <p>Establishes subsidized child care pilot programs in San Diego and Solano Counties. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Permits San Diego County and Solano County to individually, as pilot projects, develop and implement an individualized county child care subsidy plan, as specified. 2) Requires the plan, once approved locally, to be submitted to the California Department of Education's (CDE's) Early Education and Support Division (Division) to review and either approve or deny any modification of the plan within 30 days of receiving it. 3) Requires the county to submit a report regarding the success of the county's plan to the Legislature, the Department of Social Services (DSS), and CDE each year, as specified. 4) Repeals the provisions of this bill as of January 1, 2025. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill would allow San Diego and Solano Counties to retain unspent child care funds that otherwise would revert to the General Fund. Approximately \$12.9 million in subsidized child care funds was returned to the state by these three counties. That funding is a combination of GF, Prop 98 funding and federal funds. Historically, such reversions have been redistributed for child care purposes in subsequent budget years. 2) Costs to the Division in CDE of \$260,000 (GF) in FY 2017-18 and \$190,000 (GF) ongoing for plan review and approval, including plan modifications for the three counties combined. 	
---------------	----------------	---	--

AB 391	Chiu	<p>Subject: Asthma preventive services in Medi-Cal.</p> <p>Improves access to asthma preventive services in Medi-Cal.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time staff administrative costs to DHCS to request a state plan amendment and approve accrediting bodies, likely in the hundreds of thousands of dollars (GF/federal). Ongoing costs likely in the range of \$50,000 to \$150,000 (GF/federal). 2) Expected Medi-Cal FFS costs and managed care cost pressure for increased asthma preventive services in the range of \$2 million for every 10,000 persons served, assuming a cost of \$200 per enrollee served. Assuming about 50,000 persons served per year, about \$10 million (GF/federal). 3) Significant cost savings from better health outcomes, which may offset the upfront cost of the services. Savings would be more likely to offset costs if the services were targeted to individuals who have difficulty controlling their asthma (GF/federal). 	
--------	------	--	--

AB 401	Aguiar-Curry	<p>Subject: Authorizes remote dispensing site pharmacies.</p> <p>Allows licensed pharmacies to operate "remote dispensing site pharmacies" and use "telepharmacy systems," as defined, to manage activities at the remote site, and limits establishment of remote sites to geographic areas underserved by pharmacies.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Costs to Board of Pharmacy to develop licensure forms, processes, and regulations, and to perform ongoing inspections in the range of \$250,000 in the first year and \$150,000-\$230,000 annually ongoing (Pharmacy Board Contingent Fund). 2) One-time information technology costs of \$60,000 to \$115,000 (same fund). 3) Unknown potential impact on statewide health care costs. To the extent more individuals fill prescriptions they otherwise would not fill, there could be additional health care dollars spent on drugs, including through the Medi-Cal program. However, improving medication adherence is helpful to control chronic conditions such as diabetes, heart disease, and hypertension, which can result in more costly health care interventions when uncontrolled, such as hospital stays. 	
AB 432	Thurmond	<p>Subject: Personal care services.</p> <p>Authorizes county public authorities and nonprofit consortia as the employers of record for providers of waiver personal care services (WPCS) and adopts related changes in order to establish parity between WPCS and in-home supportive services (IHSS) providers for purposes of labor relations.</p> <p>Fiscal:</p> <p>Estimated ongoing annual costs of \$469,000 (\$206,000 GF) for public authorities to administer the program.</p>	

AB 435	Thurmond	<p>Subject: Pilot for individualized county child care subsidy plan in the counties of Contra Costa, Marin, and Sonoma, and adjustments to Alameda's existing pilot.</p> <p>Establishes subsidized child care pilot programs in Contra Costa, Marin, and Sonoma Counties, and makes changes to Alameda County's subsidized child care pilot program. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Deletes the provision that allows the Alameda County local policy to supersede state law regarding eligibility criteria for CalWORKS recipients for child care subsidy programs. 2) Permits Contra Costa County, Marin County, and Sonoma County to individually, as pilot projects, develop and implement an individualized county child care subsidy plan, as specified. 3) Requires the plan, once approved locally, to be submitted to the California Department of Education's (CDE's) Early Education and Support Division (Division) to review and either approve or deny any modification of the plan within 30 days of receiving it. 4) Requires the county to submit a report regarding the success of the county's plan to the Legislature, the Department of Social Services (DSS), and CDE each year, as specified. 5) Repeals the provisions of this bill as of January 1, 2025. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill would allow Contra Costa, Marin, and Sonoma Counties to retain unspent child care funds that otherwise would revert to the General Fund. Approximately \$5.3 million in subsidized child care funds was returned to the state by these three counties. That funding is a combination of GF, Prop 98 funding and federal funds. Historically, such reversions have been redistributed for child care purposes in subsequent budget years. 2) Costs to the Division in CDE of \$390,000 (GF) in FY 2017-18 and \$285,000 (GF) ongoing for plan review and approval, including plan modifications for the three counties combined. 	
--------	----------	--	--

AB 447	Gray	<p>Subject: Medi-Cal coverage for continuous glucose monitors.</p> <p>Requires coverage for continuous glucose monitors (CGMs) in the Medi-Cal program for enrollees with Type 1 or Type 2 diabetes who meet specified criteria, and makes implementation of the benefit contingent on federal financial participation and necessary federal approvals.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) According to the California Health Benefits Review Program (CHBRP), Medi-Cal managed care cost pressure of \$2.1 million (GF/federal). Although CHBRP did not estimate utilization and cost in fee-for-service (FFS) Medi-Cal, which currently doesn't cover CGMs, staff estimates FFS expenditures in a roughly similar range based on the number of individuals enrolled in FFS Medi-Cal who would receive coverage for CGMs. 2) Minor and absorbable administrative costs to Department of Health Care Services to update relevant provider manuals, codes, and contacts to add CMGs as a covered benefit (GF/federal). 	
--------	------	---	--

<p>AB 470</p>	<p>Arambula</p>	<p>Subject: Medi-Cal performance outcome dashboard for specialty mental health services.</p> <p>Requires the Department of Health Care Services (DHCS), in collaboration with the California Health and Human Services Agency (CHHSA), to create a performance outcome dashboard for specialty mental health services provided by county mental health plans. It also establishes parameters for the dashboard, and requires DHCS to: convene a stakeholder advisory committee to inform creation of the dashboard; update the dashboard quarterly, starting in 2019; make recommendations for quality improvement and reduction of mental health disparities based on information reported in the dashboard, starting in 2019.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time costs to convene stakeholders and develop an implementation plan, in the range of \$100,000 (GF/federal). 2) Ongoing costs, potentially in the range of low hundreds of thousands (GF/federal), to make changes to the current dashboard system to address additional requirements, such as data on disparities. Because stakeholder input will be used to inform the design of the dashboard, exact cost estimates will be based on the number and availability of data sources used and the number and type of additions to the current dashboard design. Costs could be higher if measures or data sources need to be developed by the department, versus publishing data that is already collected and validated. The bill requires DHCS to consider "minimization of costs by building upon existing resources to the fullest extent possible." DHCS has received funds for related activities, such as monitoring and complying with federal requirements for a dashboard as described in Comment #3, and requests funds in 2017-18 to implement a new federal rule that requires greater monitoring of health plans. However, new requirements added by this bill are in addition to current and planned workload identified by the department. 3) This bill could result in unknown additional costs in future years from the bill's requirement for DHCS to incorporate additional components into the performance outcome dashboard based on consultation with the stakeholder advisory committee, and to make recommendations for quality improvement and reduction of mental health disparities. 	
---------------	-----------------	---	--

<p>AB 480</p>	<p>Gonzalez Fletcher</p>	<p>Subject: Providing diapers for infants and toddlers as a necessary service for welfare-to-work participants.</p> <p>Beginning July 1, 2018, includes infant and toddler diapers among ancillary expenses that a county is required to provide as a necessary supportive service pursuant to a California Work Opportunity and Responsibility to Kids (CalWORKs) participant's welfare-to-work plan. Requires the Department of Social Services (DSS) to adopt necessary regulations by January 1, 2020.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time automation cost in the range of \$700,000 to \$800,000 (GF/federal funds) to update the Statewide Automated Welfare System (SAWS). 2) Ongoing costs, in the range of \$8 million to \$11 million (GF/federal funds) annually, for the diaper benefit, assuming a 50% to 70% participation rate among the eligible caseload and an average \$30 monthly benefit. 3) Ongoing reimbursable administrative costs to counties of approximately \$13 million (GF/federal funds) annually to administer the benefit, including authorizing the benefit and checking receipts monthly. With the six month delayed implementation in the bill, this estimate assumes the necessary automation is in place by July 1, 2018. <p>Staff notes this benefit is also being pursued in the Budget as a Legislative augmentation. It was considered by the Assembly Budget Subcommittee on Health and Human Services (Sub 1) on May 3, 2017.</p>	
---------------	--------------------------	---	--

AB 501	Ridley-Thomas	<p>Subject: Licensure of children's crisis residential centers.</p> <p>Expands the definition of a short-term residential treatment center (STRTC) to include a children's crisis residential center, and makes related changes.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Administrative costs to DSS are expected to be minor and absorbable. 2) Administrative costs to DHCS, to develop a rate and to approve programs, estimated in the range of \$200,000 (GF/federal) for the first year and potentially less in future years. 3) The impact on Medi-Cal spending is uncertain. Utilization of the children's crisis residential services should increase (local/federal). However, the intention of the bill is to provide services to children in children's crisis residential centers, rather than in psychiatric hospitals or general acute care hospitals. In those cases, there could be Medi-Cal cost savings, since the reimbursement rates for crisis residential services will be lower than inpatient hospital rates. 	
AB 505	Caballero	<p>Subject: Medical Board prohibition on stipulation for disciplinary action.</p> <p>Prohibits the Medical Board of California (MBC) from entering into a stipulation for disciplinary action if the stipulation places a licensee on probation and the operative accusation includes any of the following: Felony conviction involving harm to patient safety or health; Drug or alcohol abuse directly resulting in harm to patient safety or health; Sexual act or sexual exploitation, as defined.</p> <p>Fiscal:</p> <p>By reducing the number of cases that can enter into a stipulated judgment, this bill has the potential to significantly increase enforcement costs. The MBC projects costs to refer more cases to the Attorney General (AG) would be in the range of \$3.5 to \$4.4 million, and related costs to the Office of Administrative Hearings by \$500,000 to \$600,000 per year (reimbursed from the Contingent Fund of the Medical Board of California.)</p>	

<p>AB 507</p>	<p>Rubio</p>	<p>Subject: Preapproval training and annual training for foster families.</p> <p>Requires a county welfare agency to work with a resource family to develop a training plan that is based on a youth’s goals and needs, and requires the training plan to be updated in the event that a placement is disrupted. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires the entity responsible for approving a resource family to work with that family to develop a training plan that, in addition to addressing topics currently specified in law, is youth informed, developed collaboratively with the child and family team, and based on the specific case plans, goals, and needs of each child or youth in the home. 2) Requires the training plan be immediately amended to include any additional training necessary to support the resource family and child in the event the family experiences a serious disruption that threatens to disrupt or actually disrupts placement, such as law enforcement contact, intervention for purposes of voluntary or involuntary psychiatric hospitalization, or a resource family providing notice to a county that they would like a child removed from their home. <p>Fiscal:</p> <p>Costs to county social workers (CSW), likely in the range of \$1.5 million to \$2 million (GF) statewide, to develop training plans for approximately 50,000 eligible foster youth. This assumes a CSW would spend approximately up to one hour with each foster youth.</p>	
---------------	--------------	--	--

AB 532	Waldron	<p>Subject: Allowing courts to provide behavioral health services for women.</p> <p>Authorizes specified mental health and addiction treatment services to women who are charged in specified, non-felony complaints, and requires the Judicial Council to report to the Legislature on the operation of any such programs.</p> <p>Fiscal:</p> <p>Costs to the Administrative Office of the Courts to report to the Legislature, in the range of \$50,000 (GF).</p>	
--------	---------	---	--

AB 557	Rubio	<p>Subject: Waiving specified CalWORKs requirements for victim of abuse.</p> <p>Expands and modifies the circumstances for waiving the CalWORKs program requirements for victims of abuse. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Deletes language authorizing a county to waive a CalWORKs program requirement for a recipient who is a past or present victim of abuse where good cause has been found that participation in regular employment or welfare-to-work activities is detrimental to or unfairly penalizes the individual or his or her family. 2) Instead requires a county to waive any program requirement for an applicant or recipient who is a past or present victim of abuse when the requirement would have the effect of placing a family at risk of harm, unfairly penalizing a family, or making it more difficult for a family to escape abuse. 3) Adds subjecting a victim to extreme cruelty by "economic control" to the definition of abuse. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown, ongoing costs likely at least in the hundreds of thousands of dollars (federal funds/GF) for CalWORKs assistance and administration to the extent additional applicants would qualify for waivers under the provisions of this measure. If an additional 1,000 applicants qualified for aid under this bill and received only the average monthly grant of \$534, the cost for assistance would be \$534,000 (federal funds/GF). 2) Unknown potential impact on the federal work participation rate (WPR). To the extent a significant number of applicants and recipients qualify for waivers of welfare-to-work requirements, this could compromise the state's ability to meet the federal WPR, which could result in future federal penalty assessments, which could eventually be deducted from future federal Temporary Assistance for Needy Families (TANF) grant awards. 	
--------	-------	--	--

AB 563	Arambula	<p>Subject: CalFresh Employment and Training program.</p> <p>Requires the Department of Social Services (DSS) to establish the Center for CalFresh Employment and Training Excellence (Center), defers able-bodied adults without dependents (ABAWDs) from mandatory CalFresh Employment and Training program (E&T) participation, and clarifies that DSS may directly contract with E&T providers.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown, but significant costs to DSS to create the Center. If developed in-house, costs will likely be in the millions of dollars (GF). If contracted to a third party, some of the costs will be covered in their local assistance budget. 2) Ongoing costs to staff the Center, likely in the range of \$100,000 to \$200,000 (GF) annually. The Center is required to serve as a state repository of information on effective CalFresh employment and training methodologies, curriculum, contracting templates, and outcomes research. The Center must also conduct research and provide technical assistance to counties that wish to implement outcome-based CalFresh Employment and Training programs. DSS will need at least one additional position to perform these duties. 	
--------	----------	---	--

AB 572	Quirk-Silva	<p>Subject: Orange County pilot program for local complaint investigation for alcoholism or drug abuse treatment facilities.</p> <p>Creates a pilot program to provide for a local investigator for complaints against licensed alcohol and drug abuse recovery and treatment facilities in Orange County (OC).</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Estimated costs of \$300,000 for 2018-19 and \$150,000 for the first half of fiscal year 2019-20 (reimbursements from Orange County). DHCS indicates the establishment of this pilot would require a supervising investigator as well as an investigator placed locally. 2) In addition to the salary costs noted above, DHCS could incur minor non-reimbursable costs for associated travel, relocation, and training (GF). 	
--------	-------------	---	--

AB 583	Wood	<p>Subject: Emergency medical air transportation penalty assessment.</p> <p>Extends the sunset date of the \$4 penalty assessment for Vehicle Code violations, other than parking offenses, and related funding provisions, from January 1, 2018 to January 1, 2028, to continue raising revenues to augment funding for emergency medical air transportation Medi-Cal providers.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Based on penalty revenues collected since 2013-14, between \$8 and \$10 million per year for an additional ten years, until 2028 (Emergency Medical Air Transportation Act Fund). Annual revenues fluctuate depending on the number of vehicle code violations that result in convictions, as well as other factors. The numbers below are based on an assumption of \$8 million in annual revenue. 2) Reduced GF expenditures of around \$1.4 million per year for Medi-Cal payments, by using penalty revenues to offset GF expenditures for emergency air ambulance services for Medi-Cal beneficiaries. An administrative set-aside is also taken out of the total revenues each year. 3) Annual expenditures of around \$10.4 million per year for supplemental payments to private emergency air medical service providers (Emergency Medical Air Transportation Act Fund, matched 1:1 with federal funds). 	
--------	------	---	--

AB 587	Chiu	<p>Subject: California Pharmaceutical Collaborative.</p> <p>Codifies and expands an existing California Pharmaceutical Collaborative convened by the Department of General Services (DGS) to coordinate bulk purchasing and cost-saving practices for provision of prescription drugs through public programs, and recasts existing, related DGS authority by inserting it into the framework of the Collaborative.</p> <p>Fiscal:</p> <ol style="list-style-type: none">1) \$1 million annually in additional costs to DGS to staff the workgroup (Service Revolving Fund). Costs include research, pharmacy, program management, and analytical staff to support the expanded needs of the Collaborative under this bill.2) To the extent a more robust Collaborative is successful in its goals to reduce state drug spending, potentially significant state cost savings (various programs/funds). According to the Legislative Analyst's Office (LAO) analysis of a 2016 ballot measure related to prescription drugs, the state spent over \$4 billion on drugs in fiscal year 2014-15, excluding billions more provided through Medi-Cal managed care plans.	
--------	------	--	--

AB 595	Wood	<p>Subject: Review of health plan mergers and acquisitions.</p> <p>(Requires prior approval for health plan mergers.)</p> <ol style="list-style-type: none"> 1) Estimated costs to DMHC of \$540,000-\$615,000 for the first three years and \$475,000 ongoing thereafter (Managed Care Fund). 2) Estimated GF costs to the Department of Justice, potentially in the range of \$570,000 ongoing for legal staff and contract fees. 3) The fiscal estimate for both departments is subject to some uncertainty. First, it is unknown what volume of transactions would need to be reviewed pursuant to this bill. Second, the stringency of review and the enforcement approach would have a significant bearing on the number of proposals submitted and associated resource needs. 	
AB 603	Quirk-Silva	<p>Subject: Child care: alternative payment programs: child care providers.</p> <p>Requires alternative payment programs (APPs) to develop an electronic timesheet process and program of electronic banking for providers, and to provide written notice to a child care provider of changes in recipient eligibility.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Onetime costs of approximately \$60,000 (GF) to the California Department of Education (CDE) to update documents and develop a Management Bulletin to inform APPs of the new requirements. 2) Ongoing cost pressures to fund the APP requirements. APP contractors are limited to 17.5% of contract amount for administration and support costs, the majority of which is used to cover staffing costs. This bill provides no additional funding for the new requirements. 	

AB 604	Gipson	<p>Subject: Extended foster care benefits for non-minor dependents.</p> <p>Includes, as eligible for extended foster care benefits:</p> <ul style="list-style-type: none"> a) a youth for whom a court made certain foster care findings or who was subject to a foster care order before he or she reached 18 years of age, but was not yet adjudicated a dependent or ward of the juvenile court, and b) a youth who exited foster care through the Kinship Guardian Assistance Program (Kin-GAP) or Adoption Assistance Program (AAP) but did not necessarily receive those benefits. <p>Fiscal:</p> <p>Total costs of \$517,000 (\$365,000 GF) in FY 2017-18, and an annual ongoing cost of \$1.0 million (\$730,000 GF) beginning in FY 2018-19. This includes assistance and administration costs for a projected 40 cases statewide. According to DSS, of the children who turned 18 during federal FY 2016, 15 cases had their last jurisdiction/disposition hearing occur after their 18th birthday and 25 cases never had a subsequent jurisdiction or disposition hearing.</p>	
--------	--------	--	--

AB 607	Gloria	<p>Subject: Disaster assistance readiness for public social services.</p> <p>Provides for expanded and improved disaster readiness and response in the Women, Infants, and Children (WIC), California Work Opportunity and Responsibility to Kids (CalWORKs), and CalFresh programs.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill requires an appropriation to the Department of Public Health (DPH) and the Department of Social Services (DSS) of up to \$300,000 per disaster declaration per department. The appropriation is intended to cover the costs of the disaster assistance services in this bill which would likely include: <ol style="list-style-type: none"> a) Administrative costs to counties for outreach to CalWORKs recipients experiencing homelessness due to a disaster. b) Administrative costs to request to operate a federal D-SNAP during a declared disaster, and to request and implement a waiver for automatic mass replacement benefits when needed. c) Administrative costs of providing support to an impacted county and its contracted computer eligibility system administrators, for out-stationed locations during a disaster. d) Administrative costs to DSS to mobilize and staff EBT issuance stations. 2) One-time costs, likely less than \$100,000, to DSS to appoint and consult with the CalFresh Disaster Planning Advisory Committee to identify the necessary elements of a county disaster plan, provide biannual training on Disaster CalFresh, and annually update Disaster CalFresh materials, 3) No additional costs to DSS or counties for the CalWORKs "good cause" expansion. May be cost savings for the state and counties due to lower utilization of services during the good cause exemption period. 4) Minor and absorbable costs to the DPH for the WIC disaster plan requirements. 	
--------	--------	---	--

AB 612	Rubio	<p>Subject: System for newborn hearing screening.</p> <p>Specifies that existing requirements related to newborn hearing screening, including data collection, reporting, and management, must be conducted through an electronic system meeting certain requirements.</p> <p>Fiscal:</p> <p>Given the prevalence of electronic medical records, and the inefficiency and potential error associated with manual record-keeping, it is likely the state would pursue some avenue for electronic reporting in absence of this bill. However, in absence of a statutory requirement for an electronic system that must meet specific standards, DHCS is within its authority to pursue a lower-quality, manual reporting system, as is in place currently.</p> <p>Therefore, relative to the status quo, this bill could result in significant additional costs based both on the requirement for an electronic system, and based on the prescriptiveness of the IT features the system must have. An automated data system compliant with this bill was already used until late last year, until a higher-than-expected bid and related administrative issues resulted in the suspension of the contract with the vendor that was providing the service. The bid was for \$1.88 million per year for over two years. It is unclear precisely how much more this contract would cost than an alternative system, but given the department is pursuing a lower-cost solution, implementing this bill could result in costs in the hundreds of thousands of dollars per year (GF).</p>	
--------	-------	--	--

AB 614	Limon	<p>Subject: Local Alzheimer’s disease specialists.</p> <p>Requires each local Area Agency on Aging (AAA) to maintain an Alzheimer’s and dementia specialist to provide information, assistance, referrals, and options counseling to families. It also allows them to contract for the function.</p> <p>Fiscal:</p> <p>This bill results in state cost pressure of about \$5 million GF annually, assuming it costs about \$150,000 per AAA to maintain staff an Alzheimer's training function. Because not all AAAs are public entities—some are non-profits—these local costs do not result in a state-reimbursable mandate. However, mandating this function in law reasonably puts pressure on the state to fund its cost.</p>	
--------	-------	--	--

AB 625	Quirk-Silva	<p>Subject: Federal waiver for CalFresh benefits for non-minor dependents.</p> <p>Requires the Department of Social Services (DSS) to submit a request to the United States Department of Agriculture (USDA) for a waiver to allow a nonminor dependent (NMD) who lives in a supervised independent living placement (SILP) to be eligible to receive CalFresh regardless of income or resources. The bill further requires, upon approval of the waiver, that an eligible NMD or a NMD who is a custodial parent receive the maximum CalFresh benefit amount allotted for his or her household size, as specified.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time estimated administrative costs of \$338,600 (\$169,250 GF/Local funds) in 2018-19, for mid-period changes for existing CalFresh recipients and intake for newly eligible recipients. 2) On-going estimated administrative costs of \$525,700 (\$262,850 GF/Local funds), beginning in 2019-20, assuming 7.2% of cases report mid-period changes. 3) On-going annual costs of approximately \$510,000 (GF), beginning in 2019-20, for California Food Assistance Program (CFAP) benefits assuming a caseload of approximately 200. 4) Minor and absorbable costs to DSS to submit a waiver request to USDA. 	
--------	-------------	--	--

AB 626	Garcia, E.	<p>Subject: Legalizing sale of home-cooked foods.</p> <p>(Allows local jurisdictions to authorize, by ordinance or resolution, the operation of microenterprise home kitchens, through which home cooks would be allowed to sell a limited number of meals.)</p> <p>Fiscal:</p> <ol style="list-style-type: none">1) Information technology costs to California Department of Public Health of \$50,000 (GF).2) \$120,000 per year for the first three years in regulatory staff costs (GF).3) Ongoing staff costs of \$120,000 per year for management of registrations, monitoring, and enforcement (GF).	
--------	------------	---	--

AB 654	Maienschein	<p>Subject: Pediatric home health care supplemental payments.</p> <p>Establishes a three-year Medi-Cal supplemental payment incentive program for providers who provide in-home nursing service to eligible children, and requires a program evaluation report. The bill stipulates supplemental payments are designed to increase access, establishes criteria for the payments, and gives the Department of Health Care Services (DHCS) discretion to design the supplemental payment program in consultation with stakeholders.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time costs, in the range of \$100,000 to DHCS, for pre-implementation activities to develop the program and participation criteria and seek federal approval (GF/federal). 2) Annual staff costs of \$130,000 per year to DHCS for three years for program oversight and monitoring (GF/federal). 3) One-time contract costs in the range of \$100,000 for the Department to contract for a final evaluation of the pilot project (GF/federal). 4) Unknown, significant supplemental payment amounts. Supplemental payments could easily exceed \$20 million (GF/federal) for services already being provided. The bill provides DHCS discretion to create the payment design in order to increase access. Providers indicate significant rate increases could be necessary to induce more providers and better access. 5) Unknown, likely significant increase in Medi-Cal payments for higher utilization of pediatric in-home nursing care services, to the extent the bill increases access and there is unmet demand for in-home nursing care. Though the effect size is unknown, a small increase could cost millions (GF/federal). 6) Unknown potential cost savings, if better access to in-home nursing services avoids more costly institutional care (GF/federal). According to DHCS, children commonly transfer to in-home nursing care from Neonatal Intensive Care Units, neonatal nurseries, and pediatric care units, so to the extent improved access to in-home care allowed for shortened hospital stays, the state could realize significant cost savings. 	
--------	-------------	--	--

AB 659	Ridley-Thomas	<p>Subject: Medi-Cal clinical lab reimbursement rates.</p> <p>Modifies the reporting period for which clinical laboratories (labs) have to report reimbursement received from public and private payers from annually to once every three years, and requires a calculation of Medi-Cal reimbursement rates on a three-year cycle rather than annually, beginning with reporting year 2019 (based on 2018 data), as defined.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill has an uncertain but potentially non-trivial cost impact. Even an overall savings of 1% that the state potentially "misses" through less frequent data collection would translate into a \$2.3 million savings on a base of \$227 million in fee-for-service Medi-Cal lab spending (GF/federal). Alternatively, if third-party rates increased in the intervening years between reporting years, the state could realize cost savings from not reflecting the higher rates until the next three-year cycle. 2) Potential administrative cost savings from recalculating rates only every three years, instead of every year as required currently. However, DHCS does not anticipate budgetary savings as administrative costs are currently being absorbed by exiting resources (GF/federal). 	
--------	---------------	--	--

AB 675	Ridley-Thomas	<p>Subject: Coordinated Care Initiative IHSS cost-sharing.</p> <p>Prevents components of the Coordinated Care Initiative (CCI) related to the In-Home Supportive Services (IHSS) program from being made inoperative based on a specified finding by the Department of Finance.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) At least \$623 million in 2017-18: Since the maintenance-of-effort was instituted, total IHSS program costs have grown at a faster rate than the county's 3.5% statutory MOE growth factor. This has created a widening gap between what the counties would have paid under the prior methodology, and what they pay under the MOE. This gap equates to about \$623 million in 2017-18, according to the Governor's January Budget estimate. The budget assumes this amount in savings from reverting to the prior cost-sharing methodology; this bill appropriates \$650 million from the GF for the 2017-18 budget year, apparently to cover this gap and related expenses. 2) Ongoing costs above that level in future years: The state would also incur costs, as well as cost growth, in future years. The annual out-year cost for preserving the MOE would be \$623 million plus cumulative annual cost growth, which would depend on a number of factors. Costs would likely exceed \$1 billion per year within five years. Caseload growth, a rise in hours per case, and wage increases for IHSS providers have been key drivers of IHSS service costs, and the planned implementation of mandatory sick leave for IHSS workers will increase costs as well. 	
--------	---------------	---	--

AB 676	Limon	<p>Subject: Occupational health and safety training for childcare providers.</p> <p>Beginning July 1, 2018, requires all child care caregivers, as specified, to complete a one-time training on occupational health and safety risks specific to the child care profession and on how to identify and avoid those risks. Requires the California Department of Industrial Relations (DIR) to select, on a competitive basis, a nonprofit entity to provide this training and requires that entity to develop curriculum for the training in consultation with the State Department of Public Health (DPH) and child care caregivers. Requires the Department of Social Services (DSS) to provide lists of caregivers that have attended and have yet to attend training with their contact information to the entity contracted to provide the training on a monthly basis.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Estimated one-time training costs of approximately \$12 million (GF) assuming 70,000 existing caregivers. Actual training costs will depend on the number of caregivers that will need to be trained and the number of new caregivers entering the childcare workforce. These costs include curriculum development, translation of training materials, providing training materials, delivering the training, and administrative costs for the contracted training entity. Ongoing costs could to train new caregivers entering the workforce are unknown. 2) The DPH notes minimal costs to provide consultation on the training curriculum. 3) Ongoing administrative costs to DSS of approximately \$140,000 to manage the program. 4) One-time costs to DSS of approximately \$200,000 (GF) to create the caregiver database. 5) One-time costs to the California Department of Education (CDE) of approximately \$20,000 to work with DSS on regulations and developing management bulletins to notify the field. 	
--------	-------	---	--

AB 700	Jones-Sawyer	<p>Subject: Substance use disorder (SUD) counselor certification.</p> <p>Overhauls state standards for substance use disorder (SUD) counselors certified by certifying organizations approved by the Department of Health Care Services (DHCS), including standards for education, addiction-specific coursework, and supervised experience. Notably, it applies to anyone performing SUD counseling, not just in programs approved by DHCS. It also requires DHCS to maintain and update a "career ladder" for SUD counselors.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) DHCS administrative costs of \$1.9 million in 2018-19 and \$1.8 million ongoing annually thereafter (GF). Though the bill allows the certifying entities to charge a fee to counselors for certification, the bill does not include a fee charged to the certifying organizations for the purpose of supporting DHCS administrative workload. 2) Given the abrupt implementation timeline of January 1, 2018, this bill could create additional cost pressure on DHCS in terms of massive confusion as to the implementation of the new certification requirements. In addition, this bill requires SUD counselors to have specified degrees, which will dramatically shrink the available workforce, many of whom have experience in the field but lack a degree. Raising the minimum educational standard could also result in cost pressure to Medi-Cal and other private payers to pay higher rates for SUD counseling services. 	
--------	--------------	---	--

AB 713	Chu	<p>Subject: Disputed transfers of residents in continuing care retirement facilities.</p> <p>Allows a resident of a Continuing Care Retirement Community (CCRC) to dispute a transfer decision, and requires the Continuing Care Contracts Branch (CCC Branch) of the Department of Social Services (DSS) to review a disputed transfer and determine if the transfer was appropriate and necessary.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Ongoing costs to DSS, estimated in the range of \$110,000 to \$220,000 (GF) per year, to hire or contract to fill one position sufficiently qualified to evaluate as "appropriate and necessary," the medical factors used in the transfer determination decision. This type of evaluation is not within the scope of DSS's existing oversight function of CCRCs. <p>DSS anticipates needing only one part-time position if the transfer review requests remain at their current level of 2 or 3 per year. If the number of these requests increases, as could be reasonably expected under this bill, DSS would require two or more additional positions, depending on the increased workload.</p> <ol style="list-style-type: none"> 2) One-time costs to DSS in the range of \$75,000 to \$100,000 (GF) for two years, for one limited term position to develop an evaluation process and provide policy guidance. 3) Enforcement costs are minor and absorbable. 	
--------	-----	---	--

AB 715	Wood	<p>Subject: Workgroup review of opioid pain reliever use and abuse.</p> <p>Requires the California Department of Public Health (CDPH) to convene an expert workgroup to develop a statewide guideline on best practices for prescribing opioid pain relievers for acute, short-term pain, and to submit a report to the Legislature by March 1, 2019.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Estimated costs of \$100,000 to \$150,000 to CDPH (GF, or federal funds, if this activity can be construed as an allowable use of federal grant funds). 2) Other state entities, such as the Board of Pharmacy, Medical Board, Department of Health Care Services, California Correctional Health Care Services, and the California Health and Human Services Agency may incur minor costs to the extent they participate in the workgroup. CDPH is authorized to determine workgroup membership. 	
--------	------	--	--

<p>AB 735</p>	<p>Maienschein</p>	<p>Subject: Automated External Defibrillators at swimming pools mandate.</p> <p>Requires certain public swimming pools to provide on their premises an Automated External Defibrillator (AED) unit that is readily available during pool operations. Specifically, the bill applies to public pools that are currently required to have a lifeguard present, and that are "of wholly artificial construction and for the use of which a direct fee is charged." Also applies the same requirement to K-12 schools with a swimming pool onsite.</p> <p>Fiscal:</p> <p>This bill has three potential fiscal effects:</p> <ol style="list-style-type: none"> 1) The mandate for K-12 facilities to provide for AEDs at swimming pools is potentially state-reimbursable, as it mandates a higher level of service than is currently required under law. The magnitude of the mandate is unknown, as the number of pools does not appear to be tracked on a statewide basis. Los Angeles Unified School District (LAUSD), for instance, maintains 37 pools. <p>Assuming the potentially reimbursable cost of purchasing and installing an AEDs is \$1,300 and the total number of pools statewide is proportional to the number maintained by LAUSD, potential state-reimbursable mandate costs in the range of \$475,000 (GF/Prop 98).</p> <ol style="list-style-type: none"> 2) Potentially significant state-reimbursable mandate claims associated with the requirement for public swimming pools to provide AEDs. While mandate claims do not appear likely, the potential for state-reimbursable mandate costs cannot be ruled out, because "public swimming pool" is ill-defined and could be read to refer to publicly administered pools. It is unclear precisely how many pools are maintained by local public agencies in California, but every hundred pools, state-reimbursable costs of \$130,000 GF. 3) Local environmental health agencies will incur minor costs for oversight of compliance with the new requirement, but any costs are recoverable through local permit fees. 	
---------------	--------------------	---	--

<p>AB 754</p>	<p>Acosta</p>	<p>Subject: Foster Youth Enrichment Grant Program.</p> <p>Creates, until January 1, 2023, the California Foster Youth Enrichment Grant Program (Program) to provide grants to foster youth to participate in activities that enhance their skills, abilities, self-esteem, or overall well-being. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires the Department of Social Services (DSS), by March 1, 2018, to convene a workgroup to develop an implementation plan to maximize the grant program’s impact and specifies that the workgroup be composed of members that represent the interests of foster youth. 2) Requires DSS, by January 1, 2019, and upon appropriation by the Legislature, to establish the Program, as specified. 3) Requires grants awarded to be no more than \$500 and to fund a program, service, product, or any directly related costs that provide: skill development; academic or school-related assistance; or recreational or social participation. 4) Requires DSS, by January 1, 2022, to submit a report to the Legislature containing specified data and information on the program and contains a sunset date of January 1, 2023. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Total cost of approximately \$7.5 million (\$2.3 million GF) in FY 2017-18, and \$15 million (\$10 GF) in FY 2018-19 and ongoing until the Program sunsets on January 1 2023. This assumes 30,000 qualified youth take advantage of the maximum grant amount of \$500. Staff notes that a \$15.25 million GF appropriation for this Program is also being requested in the Budget process as a Legislative augmentation. The Assembly Budget Subcommittee (Sub 1) considered the proposal on March 29, 2017, but took no action. The item is pending consideration in the Senate Budget Subcommittee on Health and Human Services (Sub 3). 2) Minor and absorbable costs to DSS to convene a working group and develop an implementation plan. 3) Unknown costs, likely minor, to DSS to compile and submit a report to the Legislature by January 1, 2022. 	
---------------	---------------	---	--

AB 763	Salas	<p>Subject: Funding for three Independent Living Centers (ILCs).</p> <p>Includes independent living centers (ILCs) that were previously excluded, due to receipt of funding under Title VII(c) of the federal Rehabilitation Act of 1973, among ILCs that are required to receive at least \$235,000 in base grant funds.</p> <p>Fiscal:</p> <p>Ongoing costs to the Department of Rehabilitation (DOR) of \$705,000 per year to provide three ILCs with \$235,000 in base grant funding. (Federal/GF)</p> <p>Staff notes: The 2016-17 Annual Budget Act included \$705,000 in funding to support the three ILCs covered in this bill. The Governor's 2017-18 State Budget proposal, however, eliminated the \$705,000 included in the 2016-17 Budget Act, noting that these particular ILCs receive a larger share of federal Independent Living Discretionary Grant Program funds than other centers. On March 8, 2017, the Assembly Budget Subcommittee on Health and Human Services (Sub1) voted to reject the proposal to cut the \$705,000 from the budget. A vote on this item is pending in the Senate Budget Subcommittee (Sub 3).</p>	
AB 796	Kalra	<p>Subject: COLA for SSP.</p> <p>Reinstates the annual cost-of-living adjustment (COLA) to the State Supplementary Program for the Aged, Blind, and Disabled (SSP), and requires the maximum aid payment for SSI/SSP be indexed to specified percentages of the federal poverty level (FPL).</p> <p>Fiscal:</p> <p>Estimated costs to the Department of Social Services (DSS) of: 1) \$0.4 billion (GF) for fiscal year 2017-18 to increase grants to 96% of the FPL; 2) \$1.0 billion (GF) for fiscal year 2018-19, to increase grants to 96% of the FPL for July–Dec 2018 and to 100% of the FPL for Jan–June 2019; and 3) \$1.2 billion (GF) per year starting in fiscal year 2019-20 to increase grants to 100% of the FPL.</p>	

AB 811	Gipson	<p>Subject: Reasonable access to computing technology for juveniles in the dependency and delinquency systems.</p> <p>Grants individuals in foster care, as well as youth confined, detained or committed to certain juvenile facilities, the right to reasonable access to computer technology and the Internet. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires all youth confined in a facility of the Division of Juvenile Facilities to have reasonable access to computer technology and the Internet for the purposes of education and maintaining contact with family and supportive adults. 2) Requires that minors detained in or committed to a juvenile hall, juvenile ranch, camp, or forestry camp, be provided with reasonable access to computer technology and the Internet for the purposes of education and maintaining relationships with supportive adults. 3) States that the Chief Probation Officer or his/her designee are not prohibited from adopting policies for making individualized determinations to limit or deny reasonable access to juveniles for safety reasons. 4) Provides that all minors and nonminors in foster care shall have reasonable access to computer technology and the Internet in accordance with the “Reasonable and Prudent Parent Standard.” <p>Fiscal:</p> <ol style="list-style-type: none"> 1) County Probation Departments (these costs are not reimbursable mandates and would only be incurred if the state provides funding): <p>Potential costs to the extent counties must purchase equipment and add staff to monitor the use of the computers and/or the Internet. For example, if 40 counties each purchased one computer for \$1,000 and hired one additional staff per computer, costs would be around \$4 million. These costs would be mitigated to the extent existing resources are available for this use.</p> 2) State facilities: 	
--------	--------	--	--

AB 811	Gipson	<p>Potential costs to the extent facilities must purchase equipment and add staff to monitor the use of the computers and/or the Internet. For example, if the state purchased one computer for every 100 wards at \$1,000 and hired one additional staff per computer, costs would be around \$1 million. These costs would be mitigated to the extent existing resources are available for this use.</p> <p>3) Minor and absorbable costs to the Department of Social Services for enforcement during scheduled foster care visits.</p>	
--------	--------	---	--

AB 824	Lackey	<p>Subject: Transitional Housing for Homeless Youth Grant Program.</p> <p>Creates the Transitional Housing for Homeless Youth Grant Program in the Office of Emergency Services (OES) to award grants to nonprofit entities providing residential, referral, life skills and counseling, and outreach services to homeless youth ages 18 to 24. The bill also requires each grant recipient to annually report to OES specified information regarding services provided. The bill contains a \$15 million (GF) appropriation to fund the grant program.</p> <p>Fiscal:</p> <p>Appropriates \$15 million (GF) to OES to award grants under the program.</p> <p>Staff notes that a \$15 million GF appropriation for this program is also being requested in the Budget process as a Legislative augmentation. The Assembly Budget Subcommittee on Public Safety (Sub 5) will consider the proposal on May 8, 2017. A \$25 million request is pending consideration in the Senate Budget Subcommittee on State Administration and General Government (Sub 4).</p>	
--------	--------	---	--

AB 839	Garcia E.	<p>Subject: Tribal participation in Medi-Cal targeted case management.</p> <p>Adds tribes to the list of local governmental entities eligible to claim federal financial participation (FFP) for Medi-Cal targeted case management (TCM) services. It also allows tribes that don't participate directly to subcontract with a tribe or tribal organization that does, in order to claim FF through the program.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Minor administrative staff costs to Department of Health Care Services (DHCS), not likely to exceed \$50,000 (GF/federal) for a state plan amendment, and ongoing costs in a similar range annually. 2) Tribes estimate Medi-Cal reimbursement for TCM may be in the range of \$1.5 to \$2.25 million (reimbursement from tribes/federal). 	
AB 882	Arambula	<p>Subject: School Nursing and Pupil Health Care Services Task Force.</p> <p>Establishes the School Nursing and Pupil Health Care Services Task Force (Task Force), and requires the Task Force to identify model school health care services programs and practices to improve the safety and quality of health care services to pupils.)</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Staff costs to California Department of Education (CDE) in the range of \$187,000 GF to staff the Task Force and perform research. 2) Staff costs to the Department of Health Care Services (DHCS) to provide technical assistance to the Task Force, likely in the range of \$50,000 or more, depending on the robustness of the effort (GF/federal). 	

AB 910	Ridley-Thomas	<p>Subject: CalWORKs Family Unity Act of 2017.</p> <p>Effective July 1, 2018, streamlines California Work Opportunity and Responsibility to Kids (CalWORKs) eligibility standards for two-parent families. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Deletes the consideration of child deprivation as a factor in determining eligibility, and enables eligibility without regard to the employment status of a parent (current law requires the principal earner to be unemployed or working less than 100 hours per month) if the family meets all other eligibility requirements. 2) Reduces work requirements for pregnant women from 30 hours to 20 hours per week during the welfare-to-work 24-month clock, and aligns work requirements for two-parent assistance units for all families including two adults, as specified. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Ongoing increase in CalWORKs grant, services, and administrative costs estimated in the range of \$3 million to \$5 million (GF) to the extent this bill results in additional eligible cases and fewer cases discontinued from the CalWORKs program. <p>This estimate assumes an affected monthly caseload of approximately 850 statewide and utilization rates reasonable for two parent households. This also assumes that two parent families with a wage earner working 100 or more hours per week at minimum age are unlikely qualify for a CalWORKs grant or will qualify for a reduced amount, likely about \$200 per month. This could be lower in counties with a local minimum wage higher than the state minimum wage. Monthly administration costs are assumed to be \$29.60 per case. It is further assumed that these cases are likely to be using fewer services than the average recipient. Thus, the estimated caseload is approximately 375 for employment services and 95 for childcare.</p> <ol style="list-style-type: none"> 2) One-time costs potentially in excess of \$150,000 (GF) for automation changes required to effectuate the eligibility changes imposed under this measure. 	
--------	---------------	---	--

AB 954	Chiu	<p>Subject: Quality and safety date labeling.</p> <p>Requires the California Department of Food and Agriculture (CDFA), in consultation with the California Department of Public Health (CDPH), to publish guidelines that encourage the voluntarily use of uniform quality dates and safety dates on food product labels, specifically, a "BEST if used by" date to indicate quality, and a "USE by" date to indicate safety.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Significant GF costs to CDFA, minimally in the low hundreds of thousands of dollars over the first two fiscal years to publish voluntary guidelines, and unknown costs ongoing. 2) Costs to CDPH to serve in a consultation role to CDFA would be minor and absorbable costs (Food and Drug Safety Fund). 	
AB 974	Quirk-Silva	<p>Subject: Mental Health Services Act reporting veterans spending.</p> <p>Requires counties to report their Mental Health Services Act (MHSA) expenditures on mental health services to veterans.</p> <p>Fiscal:</p> <p>Uncertain, potentially significant state-reimbursable mandate costs. If each county incurs an average of \$5,000 in compliance and reporting costs, total reimbursable mandate costs of \$290,000 GF. If more extensive systems changes are needed, costs could be significantly higher for staff, new forms and data collection procedures, and information technology changes.</p>	

AB 992	Arambula	<p>Subject: CalWORKs: Baby Wellness and Family Support Home Visiting Program.</p> <p>Establishes the CalWORKs Baby Wellness and Family Support Home Visiting Program in the Department of Social Services (DSS) to offer a voluntary home visiting program to CalWORKs recipients who are pregnant and/or parenting a child two years old or younger.</p> <p>Fiscal:</p> <p>Ongoing annual costs of approximately \$100 million (GF) for participation in early learning and home visitation services. This assumes approximately 12,000 families will participate annually and includes all administrative, supporting services, and program notification costs.</p> <p>Staff notes: This program is also being proposed in the Budget process as a Legislative augmentation. The Senate Budget Subcommittee on Health and Human Services (Sub3) considered the proposal on April 20, 2017. The item is pending consideration in the Assembly Budget Subcommittee (Sub 1).</p>	
--------	----------	---	--

<p>AB 1006</p>	<p>Maienschein</p>	<p>Subject: Specialized permanency services for foster youth.</p> <p>Requires that certain permanency services be provided to specified foster youth in order to facilitate the placement of these youth with permanent families. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Includes "specialized permanency services" in the group of child welfare services, which are service-funded activities offered by child welfare agencies. 2) Requires, whenever a dependent child or ward of the court is ordered by the court to be placed for adoption or been appointed a relative or guardian, a social worker or probation officer, to provide the prospective adoptive family or guardian(s), in writing, information regarding the importance of working with mental health providers, as specified, and a description of the desirable clinical expertise a family should look for when selecting a mental health provider. 3) Requires that existing training programs for county child welfare social workers working in the areas of family reunification, permanent placement, and adoption promote practice-relevant adoption and permanency competency casework training, as specified. 4) Includes training on the types and behavioral manifestations of trauma, loss, and grief as part of the Child Welfare Training Program that is required for certain individuals, as specified. 5) Requires child and family teams be provided written or electronic information describing services and activities. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Ongoing costs of approximately \$20,000 (GF) for providing written information to prospective adoptive families or guardians and child and family teams. 2) Unknown costs, potentially substantial, to counties to incorporate additional components into existing training programs. These costs will only be incurred to the extent the state provides the funding. 	
----------------	--------------------	--	--

AB 1092	Cooley	<p>Subject: Medi-Cal eyeglass coverage.</p> <p>Reinstates one pair of eyeglasses every two years as a Medi-Cal benefit for adults, contingent on federal financial participation.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Ongoing costs of approximately \$70 million annually for eyeglass benefits (\$20 million GF/ \$50 million federal). DHCS indicates this reflects a utilization rate of 13.7%, based on the utilization rate over the period 2006-2008 just before the benefit was eliminated. Medi-Cal reimbursement per one pair of glasses is approximately \$71, including the frames, a dispensing fee, and lenses that are fabricated by the Prison Industry Authority. 2) This bill is likely to result indirectly in increased utilization of eye exams among adults, which are benefits currently covered by Medi-Cal. Currently, about 8% of adult Medi-Cal beneficiaries get an eye exam each year. If glasses are a covered benefit, utilization of eye exams is likely to increase. For every additional 1% increase in the utilization rate, costs would increase by about \$3 million (30% GF/ 70% federal). For instance, if 15% of adults received eye exams each year instead of the current 8%, total costs would increase by about \$21 million (\$6 million GF/ \$15 million federal). 3) One-time administrative costs, likely in the low hundreds of thousands, for the Department of Health Care Services (DHCS) to gain federal approval for the benefit and make required system changes (GF/federal). 4) Unknown potential future health care costs and/or savings due to increased utilization of comprehensive eye exams revealing serious health problems, such as diabetes (GF/federal). The magnitude and direction of this potential cost impact is unknown. Earlier diagnosis of diabetes, for example, may result in minor increase in short-term costs for clinical interventions to control the disease, but substantial long-term health care cost savings from avoiding more serious complications. 	
---------	--------	--	--

AB 1106	Weber	<p>Subject: Child care alternative payment programs time extension and housing disregard for military families.</p> <p>Requires an alternative payment program (APP) to have no less than 36 months to expend allocated funds, and disregards all or part of the basic allowance for housing provided to military personnel for purposes of determining eligibility for child care and development programs.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Minor costs to the California Department of Education (CDE) to develop a contracting process that provides APP programs no less than 36 months to expend allocated funds. 2) Unknown cost pressure, potentially in the low millions of dollars to future state budgets to the extent that money is spent for its allocated purpose rather than returned to the General Fund. 3) Estimated costs to CDE to implement the military housing exclusion of \$60,000 to amend regulations and train staff on new requirements. 4) Unknown, potentially significant, costs and/or cost pressures to the state to fund additional childcare services to the extent additional families become eligible by meeting the income eligibility requirement from disregarding the military housing allowance. Increased eligibility would result in GF cost increases in the CalWORKs child care program and increased cost pressures from longer waitlists in the appropriation-capped programs. 	
---------	-------	--	--

AB 1107	Nazarian	<p>Subject: Oncology clinical pathway requirements.</p> <p>Requires health plans and insurers that develop and implement "oncology clinical pathways," as defined, to comply with specified requirements, including requirements related to evidence, transparency, clinical expertise, regular updates, and disclosure of panel members.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Department of Managed Health Care expects one-time costs of around \$140,000 in 2017-18, and minor costs in the range of \$20,000 in 2018-19, for issuing guidance and verifying oncology clinical pathways meet the bill's standards (Managed Care Fund). 2) In addition, the department projects potentially significant enforcement costs of \$250,000 beginning in 2019-20 (due to a time lag for referral to trial) and up to nearly \$300,000 annually thereafter (Managed Care Fund). 	
---------	----------	---	--

AB 1116	Grayson	<p>Subject: Peer support for emergency services.</p> <p>Creates a structure for provision of peer support and crisis referral services for California's emergency service personnel (defined as an individual who provides emergency response services, including a law enforcement officer, correctional officer, firefighter, paramedic, emergency medical technician, dispatcher, emergency response communication employee, or rescue service personnel).</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Annual contract costs to Office of Emergency Services of \$300,000 GF to create and deliver the training program. 2) Costs to Commission on Correctional Peace Officer Standards and Training (CPOST) as follows: <ol style="list-style-type: none"> a) One-time costs to develop the curriculum and train employees estimated at \$200,000 GF. CPOST already has a peer support services curriculum. This total assumes minor and absorbable costs to make minor revisions to the curriculum. If further revisions are needed, this cost could be higher. b) Ongoing costs of \$460,000 GF for staff training. 	
---------	---------	---	--

AB 1135	Wood	<p>Subject: California Marijuana Tax Fund workgroup.</p> <p>Requires the California Department of Public Health (CDPH) and the California Department of Education (CDE) to conduct a stakeholder process to determine a disbursement formula for the Youth Education, Prevention, Early Intervention and Treatment Account (Youth Account), established by Proposition 64, or the Adult Use of Marijuana Act.</p> <p>Fiscal:</p> <p>Minor costs to CDPH and CDE, not likely to exceed \$50,000 to \$100,000 to conduct a stakeholder process, could likely be absorbed within the allocation of tax funds (California Marijuana Tax Fund, comprised of Proposition 64 tax revenues). However, a GF loan would likely be necessary to implement the stakeholder process quickly.</p>	
---------	------	---	--

<p>AB 1136</p>	<p>Eggman</p>	<p>Subject: Psychiatric bed availability system.</p> <p>Requires the California Department of Public Health (CDPH) to apply for a specified federal grant to develop a real-time, web-based database to collect, aggregate, and display information about available beds in specified inpatient, crisis stabilization, and residential behavioral health facilities.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) One-time staff costs to research and submit a grant proposal, likely in the range of \$50,000 (GF or Licensing and Certification Fund). 2) Assuming the grant application was accepted, estimated one-time cost potentially in excess of \$1 million in contract information technology costs (federal funds). 3) Annual ongoing contract funding for approximately \$100,000 for maintenance of the registry system, and \$100,000 in staffing costs (GF or Licensing and Certification Fund). 4) Contract costs for an evaluation report, estimated in the low hundreds of thousands of dollars (federal funds or Licensing and Certification Fund). 5) Minor costs (GF) to the Department of State Hospitals for training staff and reporting to the registry, if this bill applies to state hospitals. State hospitals would likely be considered inpatient psychiatric facilities, but only Napa State Hospital routinely accepts patients in psychiatric crisis. 	
----------------	---------------	---	--

AB 1164	Thurmond	<p>Subject: Emergency childcare for foster care placement.</p> <p>Establishes the Emergency Child Care Bridge Program for Foster Children to facilitate access to child care for foster youth and the families with whom they are placed through the provision of child care vouchers and/or payments, navigator services, and trauma-informed training and coaching for child care providers.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) This bill is contingent upon a total appropriation of \$15.5 million in FY 2017-18 and \$31 million annually each year thereafter. Because the program is optional for counties, it is unknown whether this is an appropriate amount to cover the requirements of the bill should the appropriation occur. 2) To the extent that working with a child care navigator would increase a county social worker's duties or the duties of the child and family team, there could be a local assistance cost pressure that is not reimbursable under the appropriation. 	
---------	----------	---	--

AB 1188	Nazarian	<p>Subject: Licensed Mental Health Services Provider Education loan repayment program.</p> <p>Urgency bill that expands the Licensed Mental Health Services Provider Education workforce development program (loan program). Specifically: Doubles from \$10 to \$20 biennial renewal surcharge paid by psychologists, marriage and family therapists, and licensed clinical social workers for the loan program; Adds licensed professional clinical counselors (LPCCs), a newer type of mental health licensee, to the categories of licensees who pay the \$20 renewal surcharge and are eligible to receive repayment through the loan program.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) According to the Office of Statewide Health Planning and Development's (OSHPD's) 2014-15 annual report, the loan program received about \$360,000 in revenue in that fiscal year, about \$290,000 of which was disbursed in financial aid. This bill is expected to increase annual expenditures by about \$730,000 based on higher surcharges and the addition of LPCCs, which is a small category of licensees (Mental Health Practitioner Education Fund). 2) Information technology costs of in the range of \$40,000 to make system changes and updates (Behavioral Science Examiners Fund; Psychology Fund). 3) Ongoing revenues and expenditures will scale according to the number of mental health licensees, which according to the 2016 Occupational Outlook Handbook is projected to grow by nearly 20% over the following decade. 4) Costs to the Board of Behavioral Sciences to collect the surcharge from an additional licensure category are expected to be minor and absorbable (Behavioral Science Examiners Fund). 	
---------	----------	--	--

AB 1200	Cervantes	<p>Subject: Aging and Disabilities Resource Connection program.</p> <p>Codifies the existing structure of local programs called "Aging and Disability Resource Connection (ADRC)" programs, which provide information to consumers and their families on community-based long-term services and supports, and also codifies current, related state activities.</p> <p>Fiscal:</p> <p>Currently, federal grant funds are providing approximately \$300,000 per year to fund the state oversight of local ADRC programs. Upon expiration of federal grant funding, this bill will result in cost pressure to CDA to maintain the funding through GF support, in the absence of federal or other monies.</p>	
---------	-----------	---	--

<p>AB 1227</p>	<p>Bonta</p>	<p>Subject: Human Trafficking Prevention Education and Training Act.</p> <p>Establishes the Human Trafficking Prevention Education and Training Act, which requires schools to provide training on human trafficking, includes human trafficking in the definition of “child abuse and neglect,” and expands the scope of the Commercially Sexually Exploited Children (CSEC) Program to include human trafficking.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown costs, likely minor, to the Department of Social Services (DSS) to incorporate prevention education into the mission of the Commercially Sexually Exploited Children Program and to include educators in the training requirements. These costs would be covered under the existing CSEC Program which received a total of \$14 million (GF) in the 2016-17 Budget Act. 2) One-time costs of approximately \$20,000 (GF) to DSS to develop training curriculum for educators. 3) One-time costs of approximately \$5 million (GF) to school districts to initially provide the required training to 110,000 school staff, including teachers, counselors, and administrators, as well as 1.9 million students in grades 5, 7, 9, and 11 statewide. This includes the necessary research and administration. Ongoing costs will be approximately \$3 million. <p>This bill adds human trafficking to the existing sexual health education framework. Existing law requires counties to use funds from the existing CSEC Program for prevention activities. The activities in this bill could be an eligible use for existing CSEC funds for the 38 counties that have opted into the CSEC Program. For all counties, these costs are a potentially reimbursable mandate, should the Commission on State Mandates make that determination based on a submitted claim.</p> <ol style="list-style-type: none"> 4) Minor costs to counties to add members to their multidisciplinary teams. 5) Potential savings over a multi-year period to the extent that successful prevention results in a decrease in associated costs. Reliable data indicate that a 20% prevention success rate could result in a \$51 million annual economic savings in California. This conservatively assumes that 0.45% of students are trafficked at a lifetime cost of \$83,125 per victim. 	
----------------	--------------	---	--

AB 1279	Salas	<p>Subject: Valley fever.</p> <p>Requires each county to report all cases of valley fever to the California Department of Public Health (CDPH) and requires CDPH to establish an enhanced monitoring system for, and a public education program about, valley fever. It also appropriates \$2 million from the General Fund (GF) to CDPH for the purpose of funding research equipment, enhanced monitoring, and public outreach related to valley fever.</p> <p>Fiscal:</p> <p>\$2 million to CDPH for calendar year 2018, budgeted approximately as follows:</p> <ol style="list-style-type: none"> 1) \$650,000 for state research scientists and a health education consultant to implement surveillance and an educational outreach program. 2) \$600,000 to support local assistance to support local disease monitoring. 3) \$650,000 for public education and outreach. 4) \$100,000 in costs for travel, printing, and laboratory purchases. <p>The state will also incur cost pressure on an ongoing basis to maintain enhanced surveillance and, to a lesser extent, the outreach campaign. Building surveillance capacity takes human and technological infrastructure that does not make sense to do on a one-time basis.</p>	
---------	-------	--	--

AB 1315	Mullin	<p>Subject: Early psychosis detection and intervention grant program.</p> <p>The "Early Psychosis Detection and Intervention Competitive Selection Process Act"; creates a grant program to be administered by the Mental Health Services Oversight and Accountability Commission.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Cost pressure, likely in the millions of dollars, for program grants to eligible counties (Early Psychosis Detection and Intervention Fund, comprised of revenues potentially from the GF, federal funds, or private funds). The bill allows the donation of private and other funds for the purpose, but in absence of such funds, there would be cost pressure on the GF to fund the program. 2) Administrative costs, potentially in the hundreds of thousands of dollars to the Commission (Early Psychosis Detection and Intervention Fund; Commission administrative funds pursuant to the Mental Health Services Act may be able to be transferred to the fund, or otherwise used to pay for the administrative costs). 	
---------	--------	--	--

<p>AB 1375</p>	<p>Dababneh</p>	<p>Subject: Foster care databases for available beds and placement changes.</p> <p>Requires specified Aid to Families with Dependent Children- Foster Care (AFDC-FC) eligible placement settings to report a daily census of available beds and a comprehensive list of services provided to the Department of Social Services (DSS), and requires placing agencies to report changes in placements to DSS and requires DSS to manage that information, as specified. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires AFDC-FC eligible licensed foster family agencies (FFAs), short-term residential therapeutic programs (STRTPs), community treatment facilities, and community care facilities vendorized by regional centers, to provide a daily census of beds and a list of services provided by the facility to DSS. Exempts foster family homes and resource family homes from these requirements. 2) Requires DSS to create a database on its Internet Web site for county child welfare departments and county probation departments to view in order to place youth in AFDC-FC placements in a timely manner when necessary. 3) Requires DSS, on a bi-annual basis, to review information obtained from the database in order to assess the capacity and the availability of specialized services provided, and publicly report its findings on its Internet Web site. 4) Requires a placing agency that makes a change in placement for a dependent child or youth, nonminor dependent, or ward, to provide a reason for the change of placement to DSS within 10 calendar days of the placement change. 5) Requires DSS to create a database on its Internet Web site in order to track the monthly number of placements made by county welfare departments and county probation departments and the reasons for those changes in placement. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Estimated one-time costs of \$750,000 (GF) to DSS to develop a new database. 2) Ongoing costs to DSS, likely minor, to maintain the website, review information and report findings. 3) Ongoing cost pressures to the state (GF) to fund counties and eligible placements for providing the required data. 	
----------------	-----------------	--	--

<p>AB 1380</p>	<p>Santiago</p>	<p>Subject: Developmental services: regional center respite services changes.</p> <p>Requires the Department of Developmental Services (DDS) to take various actions regarding in-home respite provider rates, and its contracts with regional centers. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires DDS to conduct a review of in-home respite provider rates by November 1, 2019, as specified, and to report the results of the review to the Legislature by January 1, 2020, including a proposal of necessary Legislative changes to ensure the appropriateness of in-home hourly respite rates, as specified. 2) Requires DDS's contract with a regional center to include a requirement that the regional center develop a process to review and document the outcomes of all vendor contracts at least once every two years, and take appropriate action in order to ensure that vendors comply with contracts, as specified. 3) Requires each regional center to submit the findings of the vendor contract reviews to DDS and requires DDS to submit a report to the Legislature describing in detail the outcomes of the reviews, including what steps are being taken by each regional center to ensure that vendors comply with contract requirements and how many, if any, contracts are terminated as a result of the reviews. 4) Requires all regional center contracts or agreements with in-home respite service providers expressly require that at least 85% of regional center funds be spent on direct service expenditures, which exclude administrative costs, as specified. 5) Requires that, prior to employing an in-home respite worker, an employer submit the person's fingerprints to the DOJ. 6) Requires DOJ to notify the employer if that the person is found to be convicted of specified violations or attempted violations or if there is no criminal record information recorded. 7) Requires DOJ to charge a fee to the employer to cover the reasonable costs of administering provisions of the bill relating to fingerprinting. 	
----------------	-----------------	--	--

AB 1380	Santiago	<p>Fiscal:</p> <ol style="list-style-type: none"> 1) Ongoing costs to DDS of up to \$230 million (\$145 million GF) in FY 2017-18 and up to \$515 million (\$325 million GF) in FY 2018-19 for requiring 85% of the rate paid to in-home respite providers be spent on direct service expenditures. This is due to the impact on the non-direct service expenditures that will now be capped at 15%. 2) Onetime costs to DDS of approximately \$1 million (GF) to conduct the rate study. 3) Costs to DOJ for fingerprinting are covered by a fee authorized in the bill. These costs would instead be borne by direct employers and in-home respite service provider agencies. The average cost for a background check is \$50. There are approximately 50,000 consumers who receive in-home respite services. 	
AB 1386	Waldron	<p>Subject: BRCA genetic screening public awareness campaign.</p> <p>Requires the California Department of Public Health (CDPH), until January 1, 2024, to establish a public awareness campaign to promote and encourage screening for breast cancer susceptibility gene (BRCA) mutations that may lead to breast and ovarian cancer.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) GF costs to CDPH of \$270,000 to solicit funds and manage the program. 2) Cost pressure on the GF in the millions of dollars for a public awareness campaign. The bill authorizes CDPH to solicit grant funding and donations, but does not make implementation contingent on the receipt of non-state funds. 	

AB 1488	Thurmond	<p>Subject: Sickle Cell Disease centers.</p> <p>Urgency bill, establishes the Sickle Cell Disease (SCD) Centers grant program under the California Department of Public Health (CDPH) to improve treatment for that disease in the state, and appropriates \$80 million for the centers and related administrative costs and grant programs.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) \$20 million in 2017-18, and \$15 million in each of the following four fiscal years. 2) CDPH estimates at least four positions at a cost of \$530,000 annually would be needed to administer the program. These costs are included in the appropriation. 3) To the extent this bill improves outcomes for individuals with SCD, unknown cost savings to the state Medi-Cal program. According to a study of emergency department (ED) utilization among SCD patients in California based on data published by the Office of Statewide Health Planning and Development (OSHPD), SCD patients of all ages are heavily reliant on Medi-Cal (46%). 	
---------	----------	--	--

<p>AB 1520</p>	<p>Burke</p>	<p>Subject: Lifting Children and Families Out of Poverty Act of 2017.</p> <p>Establishes the Lifting Children and Families Out of Poverty Act of 2017. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Establishes the Lifting Children and Families Out of Poverty Task Force (Task Force), to be made up of specified stakeholders. 2) Requires the Legislative Analyst’s Office (LAO) and the Task Force, in conjunction with the release of the Governor’s budget proposal each year, as specified, to report to the Legislature on their projections of how the Governor’s budget proposal will impact the state’s child poverty rate. 3) Requires the LAO and the Task Force, beginning in 2019 and every two years thereafter, to prepare an analysis to be reported to the Legislature that includes specified information regarding impacts of various actions on child poverty. 4) Encourages the Legislature, beginning in 2019, and every two years thereafter, to hold a joint hearing to assess the impact that the framework proposed by this bill has had on the state child poverty rate. 5) Encourages the Legislature, on an annual basis, to appropriate funds for programs, services, or expenditures for the purpose of cutting child poverty in half by 2038-39. <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown costs, likely in the low hundreds of thousands of dollars annually, to an unspecified state agency to establish and administer the Task Force. 2) Ongoing costs, likely minor, to various state departments to participate on the task force. 3) Ongoing future cost pressure, likely in the low billions of dollars (GF), to fund programs, services, and expenditures identified by the LAO and the Task Force. This would be offset to the extent these investments resulted in reduced demand for foster care, juvenile detention, and social services and health care costs. 	
----------------	--------------	---	--

AB 1534	Nazarian	<p>Subject: Allowing HIV specialists to be designated primary care providers.</p> <p>Requires all comprehensive health plans to allow an HIV specialist who is a physician, physician assistant, or nurse practitioner to be eligible as a primary care provider, if the provider requests as much, and meets the plan's criteria for all specialists seeking primary care provider status.</p> <p>Fiscal:</p> <p>Costs to the Department of Managed Health Care of approximately \$160,000 in 2017-18, approximately \$100,000 in 2018-19, and approximately \$180,000 for 2019-20 and annually thereafter (Managed Care Fund). One-time costs are to amend existing regulations and review plan documents. Ongoing costs are to review filings to ensure compliance and to investigate and enforce the law in instances of non-compliance.</p>	
AB 1575	Kalra	<p>Subject: Labeling requirements for professional cosmetics.</p> <p>Requires a manufacturer of a professional cosmetic sold or manufactured in the state to label ingredients.</p> <p>Fiscal:</p> <p>Estimated staff costs to California Department of Public Health (CDPH) in the range of \$300,000 GF for the first 1-2 years, and potentially lower costs in future years if compliance is high.</p>	

<p>AB 1591</p>	<p>Berman</p>	<p>Subject: Licensed professional clinical counselor Medi-Cal billing for community clinics.</p> <p>Adds licensed professional clinical counselors (LPCCs) to the list of health care professionals whose services are reimbursed through Medi-Cal on a per-visit basis to federally qualified health centers (FQHC) or rural health clinics (RHCs), and specifies procedures for adjusting rates for clinics who elect to bill Medi-Cal for these services.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Unknown one-time costs to recalculate the prospective payment system (PPS) rate for clinics that are providing LPCC services or wish to add those services (GF/federal). The bill requires clinics that currently include LPCC services in the costs used to calculate their PPS rate to seek a recalculation of the rate before the clinic is allowed to bill for visits. Recalculating a PPS rate requires a detailed review of utilization and expenditures by clinics. For example, assuming the cost per review is about \$10,000 and 20 clinics seek a recalculation, the administrative costs to the Department of Health Care Services (DHCS) would be about \$200,000. However, a similar bill in 2016 also added marriage and family therapists (MFTs) as allowable providers. If clinics are submitting a scope-of-service changes to add MFTs, they could add LPCCs simultaneously at no additional cost. This is a more likley scenario, as there are fewer than 2,000 LPCCs licensed in the state as compared to 40,000 MFTs. Although this bill would authorize it, it seems unlikely that a large number of scope-of-service changes would be requested solely to add LPCCs as providers. 2) No significant increase in utilization of Medi-Cal clinic services is expected. 	
----------------	---------------	--	--

AB 1601	Bloom	<p>Subject: Hearing aid coverage mandate.</p> <p>Until January 1, 2020, requires health plans and insurers to cover hearing aids and related services for all enrollees under 18 years of age when medically necessary.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) According to the California Health Benefits Review Program (CHBRP): <ol style="list-style-type: none"> a) No cost to Medi-Cal (GF/federal) nor CalPERS, as hearing aids are already covered. b) Increased employer-funded premium costs in the private insurance market of approximately \$13 million. c) Increased premium expenditures by employees and individuals purchasing insurance of \$6 million, and reduced total out-of-pocket expenses of \$15.5 million (based on \$18 million in newly covered benefits, offset by cost-sharing of \$2.5 million). 2) Minor costs to the California Department of Insurance (Insurance Fund) and the Department of Managed Health Care (Managed Care Fund) to verify plans and insurers comply with this requirement. 3) This bill is likely to exceed the essential health benefits and result in a cost to the state to defray expenditures on behalf of enrollees in Covered California (Covered CA) plans to which this mandate would apply. This essentially means the state would pay for hearing aids on behalf of children enrolled in Covered CA. CHBRP estimates costs of \$5.6 million GF, assuming costs must be defrayed for small-group and individual enrollees in Covered CA plans. 	
---------	-------	--	--

AB 1607	Frazier	<p>Subject: Integrated competitive employment programs at regional centers.</p> <p>Allows a regional center consumer to request tailored day services in addition to his or her existing day program, and requires habilitation services to provide community-based vocational development services in order to increase integrated competitive employment outcomes and reduce purchase of service costs for working age adults.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Total costs of \$21.3 million (\$12.4 million GF) in FY 2017-18 and \$42.6 million (\$24.8 million GF) in 2018-19 and ongoing for community-based vocational day services, assuming this service option would be used by 4,200 individuals (average of 200 per regional center). 2) Total costs of \$1.1 million (\$0.6 million GF) in FY 2017-18 and \$2.2 million (\$1.3 million GF) in 2018-19 and ongoing for tailored day services, assuming 1,000 individuals would choose this option. DDS anticipates relatively low utilization of this option because individuals will likely be encouraged to choose community-based vocational day services because of the higher provider rate. <p>Staff notes that federal funding is contingent upon adding community-based vocational development services as a service under the existing federal Home and Community-Based Services Waiver, referred to as the DD Waiver. Because the demonstration project in existing law was not statewide, it required securing a new waiver, a time consuming and complex process resulting in substantial time delays. By deleting the demonstration project and applying the requirements statewide, DDS can instead request to amend the existing waiver, resulting in the receipt of federal funds more quickly.</p>	
---------	---------	--	--

<p>AB 1610</p>	<p>Ridley-Thomas</p>	<p>Subject: Regional center service requirements.</p> <p>Makes changes to regional center requirements in order to increase access for consumers and their families to services and information. Specifically, this bill:</p> <ol style="list-style-type: none"> 1) Requires a regional center, during the initial individualized family service plan (IFSP) or individual program plan (IPP) meeting, and at least annually thereafter during an IFSP or IPP meeting or at a biannual review, to provide the infant’s or toddler’s parents, legal guardian, conservator, or authorized representative with written information about the appeal procedure and complaint process, as specified. 2) Authorizes regional centers to purchase respite and other family support services as nonrequired services, and stipulates that the granting or denial of durable medical equipment, respite services, or other family support services as nonrequired services, as specified, can be subject to appeal. 3) Removes the requirement that a parent or parents participate in an infant’s, toddler’s, or minor consumer’s intervention plan in order for a regional center to purchase applied behavioral analysis (ABA) or intensive behavioral intervention services, and instead requires a regional center to, to the extent feasible, facilitate a parent’s or caregiver’s participation in an infant, toddler, or minor consumer’s ABA or intensive behavioral intervention services through the provision of additional services and support, accommodations, or both. 4) Prohibits a parent’s or caregiver’s failure to participate in ABA or intensive behavioral intervention services from being used to deny, delay, or reduce those services. 5) Requires regional centers to provide information in a manner that is culturally and linguistically appropriate for a consumer and certain other parties. 6) Deletes language permitting regional centers to pay for medical and dental services during certain periods, and instead requires regional centers to pay for services during those periods as necessary to implement the consumer’s IPP. 7) Requires the Department of Developmental Services (DDS) to convene a task force to develop a purchase of services budget and allocation methodology, and to submit a report to the Legislature by August 31, 2018. 	
----------------	----------------------	---	--

AB 1610	Ridley-Thomas	<p>Fiscal:</p> <ol style="list-style-type: none"> 1) Annual costs of approximately \$1.3 million (\$0.87 million GF) to provide written information regarding the appeal and complaints processes at IFSP and IPP meetings, exemption and exception processes and documentation regarding medical and dental services, and to provide a list of services purchased by a regional center. 2) Annual costs of approximately \$9.5 million (\$6.2 million GF) in FY 2017-18 and \$37.8 million (\$24.7 million GF) in 2018-19 and ongoing to restore camping, social recreation, and nonmedical therapies. 3) Annual costs of approximately \$9.9 million (\$5.3 million GF) in FY 2017-18 and \$20.7 million (\$11.2 million GF) in 2018-19 and ongoing to remove respite services limits. 4) Unknown costs regarding the payment of medical or dental services. These services are currently permissible and DDS does not track the number of consumers not receiving these services due to lack of regional center payment. 5) Potential future costs to the extent a lack of parental participation in intensive behavioral intervention reduces the effectiveness of those services and requires the services be required over a longer period of time. 6) Unknown, but likely minor costs to provide culturally and linguistically appropriate communication. 	
---------	---------------	--	--

AB 1643	Bonta	<p>Subject: Health Care for All Commission.</p> <p>Establishes the Health Care for All Commission (Commission) in the Department of Health Care Services (DHCS) to investigate issues related to improving health care access and affordability for all Californians.</p> <p>Fiscal:</p> <p>Unknown, significant GF cost pressure, likely in the hundreds of thousands to low millions of dollars annually for two years, for staff and contract costs to DHCS to support the Commission, as well as minor costs to reimburse commissioner expenses. For comparative purposes, the California Health Benefits Review Program (CHBRP), which supports a narrower mission than the Commission envisioned by this bill, has an annual budget of \$2 million.</p>	
AB 1706	Low*	<p>Subject: Sunset extension for the Physical Therapy Board and the Board of Occupational Therapy.</p> <p>Extends the sunset date of the Physical Therapy Board and the Board of Occupational Therapy, as well as the authority for the Physical Therapy Board to appoint an Executive Officer, by four years, until January 1, 2022. It also changes the date for review of the Board of Chiropractic Examiners to January 1, 2022.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> 1) Cost of approximately \$ 4.2 million per year, for four additional years, to continue the operation of the Physical Therapy Board beyond the current January 1, 2018, sunset (Physical Therapy Fund). 2) Cost of approximately \$ 1.3 million per year, for four additional years, to continue the operation of the Board of Occupational Therapy beyond the current January 1, 2018, sunset (Occupational Therapy Fund). 	

AB 1707	Low*	<p>Subject: Sunset extension for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.</p> <p>Extends the sunset date of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) and its authority to appoint and Executive Officer by four years, until January 1, 2022.</p> <p>Fiscal:</p> <p>Cost of approximately \$2 million per year, for four additional years, to continue the operation of the Board beyond the current January 1, 2018, sunset (Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund).</p>	
AB 1708	Low*	<p>Subject: Sunset extension for the Board of Optometry.</p> <p>Extends sunset date of the Board of Optometry (Board) and its authority to appoint an executive officer by four years, until January 1, 2022.</p> <p>Fiscal:</p> <p>Cost of approximately \$2.5 million per year, for four additional years, to continue the operation of the Board beyond the current January 1, 2018 sunset (State Optometry Fund/ Dispensing Opticians Fund).</p>	