Assembly Appropriations Committee
Health & Human Services

8/10/16 3:09 PM

BILL	AUTHOR	SUBJECT/FISCAL EFFECT	RECOMMENDATION
SB 123	Liu	Subject: School-based claiming for Medi-Cal. Revises claiming options for school-based activities that qualify for federal reimbursement through the Medi-Cal program, requires Department of Health Care Services (DHCS) and the California Department of Education (CDE) to form a workgroup and develop a memorandum of understanding (MOU), and requires DHCS to annually report additional information about school-based Medi-Cal claiming. Fiscal: 1) This bill requires DHCS to develop an appeals process, staff a workgroup, and develop an MOU. Staffing the workgroup and developing the MOU would be a one-time cost in the hundreds of thousands. Costs for the appeals process could be in the range of $1.5 million ongoing (LEA reimbursement funds/federal). 2) Additional, unknown costs are possible if the workgroup recommends activities that are authorized under this bill, including a statewide random moment time survey or direct contracting with LEAs (LEA reimbursement funds/federal). 3) Ongoing cost to CDE of $222,000 to jointly co-chair the workgroup, assist in developing recommendations for the SBAC and LEA Billing Option programs, provide consultation, and develop an interagency agreement or MOU with DHCS (likely LEA reimbursement funds/federal). 4) If the role and responsibilities of CDE increase upon completion of the workgroup MOU, potential additional costs to CDE (likely LEA reimbursement funds/federal/potentially GF).	

SB 447	Allen	Subject: Medi-Cal reimbursement for family planning drugs. (Revises the Medi-Cal reimbursement methodology for community clinics, free clinics, and intermittent clinics (clinics) that dispense drugs, with different methodologies for contraceptive versus non-contraceptive drugs.) Fiscal: 1) For contraceptive drugs, devices, and supplies, increased Medi-Cal drug costs projected at $49 million ($11 million GF) plus an additional $3.9 million GF impact from lost rebate revenue based on an assumption that a slightly higher number of drugs will be dispensed by clinics instead of being filled in pharmacies. 2) For all other non-contraceptive drugs, devices, and supplies, the bill could result in additional unknown cost pressure to the extent dispensing fees are increased. This bill removes limits on dispensing fees and authorizes DHCS to define fee amounts. In addition, prior to the definition of dispensing fees, the bill sets reimbursement at the Medi-Cal rate, which is likely to be higher than current reimbursement levels.	

SB 476	Mendoza	Subject: Day camps. Redefines organized camps and separates them into two types: resident camps and day camps. Requires organized day camps to follow existing public health and safety codes and regulations. Fiscal: 1) Minor costs to the Department of Public Health and the Department of Social Services (DSS) for updates to policy, process, and potential regulatory changes (GF). 2) Potential costs of several hundred thousand dollars GF annually for Division of the State Architect (DSA) within Department of General Services, if building standards approval is delegated to DSA as allowed under this bill. Actual costs are unknown, and would depend on the number and scope of potential activities. 3) Costs for inspecting and overseeing day camps will be incurred by LHJs. The bill gives LHJs broad authority to charge fees to cover regulatory costs.	

SB 547	Liu	Subject: Aging and Long-Term Care Services Coordinating Council. Requires the California Health and Human Services Agency to be responsible for inter- and intra-agency coordination of state aging and long-term care services, supports, and programs, and creates a Statewide Aging and Long-Term Care Services Coordinating Council comprised of state departments that is required to produce a state strategic plan for aging and long-term care services by July 1, 2018. It also allows CHHSA to accept private or in-kind contributions for its purposes. Fiscal: 1) One-time costs, potentially in the hundreds of thousands, in staff or contract costs to convene the council and produce a strategic plan that includes goals, timelines, and cost-benefit analyses (GF, or potentially private or in-kind funds). Staff time from a number of departments and agencies will be required as well; however, no significant increased staffing appears necessary (various funds). The cost will vary based on the robustness of the effort. 2) The creation of a legislatively mandated strategic plan may result in unknown cost pressure (potentially GF/federal/special funds) if various improvements to the long-term care system are recommended as goals in the plan. Improvements could also result in cost avoidance by increasing efficiency and effectiveness of aging services and long-term care services and supports. The magnitude of any such costs, and net effect on costs, are unknown.	

SB 586	Hernández	Subject: California Children's Services (CCS) program and carve-out extension. Extends the California Children's Services (CCS) “carve out” for most counties until January 1, 2022, and establishes the Whole Child Model (WCM) program for CCS eligible children under the age of 21 in counties with county organized health systems for delivery of Medi-Cal managed care (COHS counties). Fiscal: 1) This bill largely aligns with existing administrative plans to implement a WCM program. However, there are several required activities that will result in costs (GF/federal): a. Monitoring and oversight standards: $500,000 per year. b. Stakeholder advisory group: $50,000 per year. c. Independent evaluation: $300,000-$500,000 one-time. 2) The requirements for managed care plans to pay providers at existing rates results in unknown fiscal impact. To the extent access to care could be maintained with lower payment rates, this may lead to potential unrealized savings. 3) Extending the carve-out result in non-COHS counties results in an unknown, potentially significant fiscal impact to the extent it reduces flexibility to provide care in a more cost-efficient manner. However, there are no plans to "carve in" CCS services for non-COHS counties.	

SB 648	Mendoza	Subject: Licensing assisted living referral agencies. Requires agencies that refer individuals to residential care facilities for the elderly (RCFEs) to be licensed by the Department of Social Services (DSS), and establishes a number of consumer protections related to the referral practices of such agencies, including anti-kickback rules, restrictions on the sharing of consumers' information, restrictions on commission for referrals, and required disclosures. Also makes owners, operators, and employees of referral agencies mandated reporters of elder or dependent adult abuse. Fiscal: Significant one-time costs to the Department of Social Services, potentially exceeding $1 million GF to establish the licensure program, as well as significant ongoing costs in the range of $1.5 million or higher. Estimates of ongoing costs are subject to significant uncertainty due to the varying size and complexity of referral agencies, uncertainty about complaint volume, and number of licensees. If complaint volume is high or significant enforcement resources are necessary, costs could be higher.	

SB 877	Pan	Subject: Violent death reporting. Requires the California Department of Public Health to establish and maintain an electronic system for tracking and reporting on violent deaths, to the extent that funding is appropriated by the Legislature or available through private funds in each fiscal year. Authorizes CDPH to apply for grants provided under the National Violent Death Reporting System, and to accept private or foundation moneys to implement this section. Fiscal: CDPH received a tentative award of funding on July 13, 2016 through Centers for Disease Control and Prevention (CDC) in order to resume participation in the NVDRS. The actual funding amount is not able to be released until the award is official. Assuming funds are appropriated or available through private sources: 1) Ongoing costs of $460,000 per year for staff to oversee contracts with counties and law enforcement organizations, analyze data, and prepare reports (GF or potentially federal/private funds, if available). 2) Ongoing costs of $300,000 for payments to counties and law enforcement agencies to reimburse counties and law enforcement agencies who would provide information to DPH for entry into the tracking system (GF or potentially federal/private funds, if available). Previously, CDPH provided reimbursement to local government agencies to reimburse them for the time needed to provide information to CDPH. 3) CDPH has an existing database that was used for such reporting—however, to the extent reinstating the program requires any upgrade, expansion, or ongoing maintenance of the California Electronic Violent Death Reporting System (Cal-EVDRS),there could be unknown, likely minor information technology costs (GF or potentially federal/private funds, if available).	

SB 982	McGuire	Subject: State developmental centers longitudinal study. Requires the Department of Developmental Services (DDS) to contract with an outside agency, beginning July 1, 2017, to conduct a longitudinal study to collect data on the quality of life of residents of the Sonoma Developmental Center (SDC), the Fairview Developmental Center (FDC), and the general treatment area of the Porterville Developmental Center (PDC) who transition out of the facilities due the closure of these centers. Fiscal: DDS estimates ongoing costs in the range of $373,000 to $467, 000 ($290,000 to $360,000 GF) per year for approximately six-and-a-half-years, for an independent contractor to undertake the required study.	
SB 1010	Hernández	Subject: Reporting on the price of prescription drugs. Establishes disclosure on prescription drug spending, as well as a 30-day prior notification for prescription drug price increases that meet a certain threshold. Fiscal: 1) Costs to the DMHC in the range of $270,000 ongoing, and minor costs to CDI, not likely to exceed $25,000 ongoing, to review, compile, and report on new rate filing information (Insurance Fund). 2) Unknown costs for enforcement of the reporting requirement on drug manufacturers by the Office of Statewide Health Planning and Development (California Health Data and Planning Fund). The bill places a requirement on drug manufacturers to report information on prices to state health care purchasers. The bill places this provision within the body of law overseen by the Office. However, the Office indicates that the bill, as drafted, does not give the Office legal authority to enforce this reporting requirement.	

SB 1034	Mitchell	Subject: Broadening and extending the autism services mandate. Extends and broadens an existing mandate that requires health plans and insurers to cover medically necessary behavioral health treatment (BHT) services, including applied behavioral analysis (ABA) for pervasive developmental disorder or autism (autism). Fiscal: 1) According to the California Health Benefits Review Program (CHBRP): a) Annual premium costs to CalPERS of about $290,000 per year (GF/ special/ federal/ local). Cost savings are split approximately 50-50 between state and local government. b) Annual employer-funded premium costs in the private insurance market of approximately $4 million. c) Increased premium expenditures by employees and individuals purchasing insurance of $3.4 million, and increased total out-of-pocket expenses of $0.5 million. 2) CHBRP notes several other provisions may increase utilization of services and commensurate costs. However, CHBRP was unable to quantify these increases. Utilization increases could lead to significant new costs, however. Any costs associated with these "unquantifiable" provisions would affect CalPERS premiums and the state as a payer, as well commercial plans. 3) No increased costs for the Medi-Cal program are anticipated due to this bill. Current law exempts Medi-Cal managed care plans from the existing benefit mandate, and this bill continues to exempt Medi-Cal. 4) Minor costs, under $50,000, to the California Department of Insurance (Insurance Fund) and minor and absorbable costs to the Department of Managed Health Care (Managed Care Fund) to verify plans and insurers comply with this requirement. 5) To the extent this bill leads to greater payment for autism-related services in a school setting that would otherwise be funded by the public school system, there could be reduced Proposition 98/GF cost pressure.	

SB 1040	Hill	Subject: Adoptions: unlawful transfer of custody. Requires DSS to establish a working group to examine the unique challenges facing adoptive families, and makes it unlawful for anyone to solicit custody of a child without pursuing a legal adoption or guardianship. Fiscal: 1) One-time costs likely in the range of $125,000 to $145,000 (GF) to DSS to establish the working group, collaborate with working group members to develop recommendations, and submit the report to the Legislature. 2) Minor costs (GF) to the Judicial Council to participate in the working group.	
SB 1090	Mitchell	Subject: Sexually transmitted diseases. Creates a funding structure to allocate funds to local health jurisdictions for sexually transmitted disease outreach and screening services, to the extent funds are appropriated by the Legislature for the purpose. Also updates and broadens statutes related to STD prevention, and clarifies it does not affect existing services or prevent California Department of Public Health (CDPH) from adding new services. Fiscal: 1) Unknown GF costs to provide funding to local health jurisdictions. The bill requires the CDPH) to make funding available upon appropriation by the Legislature. The amount would depend on future budget appropriations. 2) Unknown GF costs to provide program administration, including developing program guidelines, reviewing applications, awarding grants, and monitoring local implementation. For instance, if the amount of funding made available in the future were $10 million per year, the Department would be able to spend up to $1 million per year to administer the program.	

SB 1095	Pan	Subject: Newborn screening program. Requires the California Department of Public Health (CDPH) to expand genetic disease screening of newborns to include any additional disease adopted as part of the federal Recommended Uniform Screening Panel (federal panel), as soon as the disease is adopted. Fiscal: 1) One-time costs of $2.4 million and ongoing costs of $4.3 million per year to screen for two diseases (MPS-1 and Pompe disease) that have already been approved for inclusion in the federal panel (Genetic Disease Testing Fund). The ongoing costs would cover initial screening tests, follow-up tests for positive results, and initial case management for confirmed diagnoses. The Genetic Disease Screening Program is fee-supported; most health insurance, including Medi-Cal, covers the screening fee. The fee has increased pursuant to the 2016-17 Budget Act, and is currently $130.25. Adding these two conditions would require an additional fee increase of about $9. 2) Ongoing costs of over $2 million per year for coverage of the increased screening fee by the Medi-Cal program (GF/federal). Medi-Cal covers the cost of the screening exam and Medi-Cal pays for roughly 50% of the births in the state. 3) Unknown future costs to expand newborn screening program to add screening tests for new diseases as they are adopted as part of the federal panel (Genetic Disease Testing Fund). Costs vary by disease; recent additions have generally cost in the low millions per condition, per year. Screening fees will be adjusted to support the additional projected expenditures. 4) Potential long-term savings due to improved clinical outcomes from early testing and treatment (various funds).	

SB 1098	Canella	Subject: Denti-Cal advisory group. Until January 1, 2022, creates a Denti-Cal Advisory Group (advisory group) to study the policies and priorities of the Denti-Cal program, and to assist and advise the Legislature and the administration on the Denti-Cal program. Fiscal: 1) Costs in the range of $200,000 (GF/federal) ongoing annually, including costs to staff the advisory group, contract costs to provide consultant and meeting facilitative services, and other miscellaneous and travel costs. 2) To the extent this bill results in additional utilization of dental services based on the specific utilization goal of 60%, unknown, potentially significant costs to the Denti-Cal program, as well as potential cost avoidance through prevention of more severe dental problems by improving access to dental preventive care (GF/federal). The net effect is unknown.	

SB 1159	Hernández	Subject: California Health Care Cost and Quality Database. Requires data reporting by health care entities to the California Health and Human Services Agency (CHSSA), for purposes of developing a California Health Care Cost and Quality Database. Fiscal: 1) One-time GF costs of $40,000 to CHHSA to provide staff support to the required advisory committee and to develop the report on health care utilization and financing issues. Ongoing costs are expected to be minor. 2) A number of state health care regulators are likely to incur costs to enforce data reporting requirements. Enforcement costs are inherently difficult to project; in this case costs would depend on the ultimate scope of data collection requirements, which is to be decided by the advisory committee, and the level of compliance. Enforcement costs are estimated as follows: a) Potential ongoing costs of about $100,000 per year for Department of Insurance enforcement of the requirement to report data by insurers (Insurance Fund) and indeterminate costs for Department of Managed Health Care enforcement of the requirement to report data by health plans (Managed Care Fund.) b) Potential, likely minor and absorbable, enforcement costs to other regulatory entities including the California Department of Public Health, which oversees health facilities, and regulatory boards within the Department of Consumer Affairs, such as the Medical Board of California. 3) GF cost pressure to develop and maintain a database, estimated in the low millions one-time for start-up costs and low millions ongoing, based on an analysis by Manatt Health Solutions of a California-specific database. Actual costs would be subject to numerous decisions about the business requirements of such a system, and could vary significantly depending upon existing capabilities of bidders, assuming the database implemented through a contract. It should be noted this bill does not explicitly require the database to be constructed, but it authorizes related activities.	

SB 1177	Galgiani	Subject: Physician Health and Wellness Program. Authorizes the Medical Board of California (MBC) to establish a Physician and Surgeon Health and Wellness Program, which seeks to provide interventions to support doctors in their recovery from substance abuse. Fiscal: 1) Assuming approximately 400 to 500 licensees will participate in the program, and assuming an annual cost of $4,000 per individual (based on current DCA diversion contract rate per participant), the cost would be approximately $1.6 million to $2 million per year to contract with a third-party vendor to administer the program (Physician and Surgeon Health and Wellness Program Account, created by this bill and funded by fees adopted pursuant to this bill). The actual treatment costs are required to be paid privately by program participants, and are not included here. 2) Approximately $105,000 per year, plus an additional $8,000 for the first year of funding, for staff to set up and initiate the program and then to provide ongoing support and coordinate with the third-party vendor to implement the program (Contingent Fund of the MBC for first year; Physician and Surgeon Health and Wellness Program Account on an ongoing basis thereafter). 3) Unknown, likely minor, one-time information technology costs (Contingent Fund of the MBC).	

SB 1193	Hill	Subject: Board of Pharmacy and Veterinary Medical Board sunset extension. (Extends the operation of the Board of Pharmacy (BOP) until January 1, 2021, and makes various changes to the Pharmacy Law intended to improve BOP oversight. It also extends the operation of the Veterinary Medical Board (VMB) until January 1, 2021, and makes various minor changes related to the VMB.) Fiscal: BOP provisions (All costs are fee-supported - Pharmacy Board Contingent Fund): 1) Ongoing costs of $20.1 million per year for the continued operation of the BOP. 2) One-time costs of $335,000 and ongoing costs of $320,000 per year, for licensing and inspection activities relating to outsourcing facilities. The BOP also estimates $288,000 in revenue from an outsourcing facilities fee authorized by this bill in the first year, and $244,000 annually in the second year. Costs related to other provisions, including information technology costs, are expected to be minor and absorbable. VMB provisions (All costs are fee-supported-Veterinary Medical Board Contingent Fund): 1) Ongoing costs of about $5.0 million per year for the continued operation of the VMB. All costs to operate the VMB are funded with licensing fees. 2) Costs related to VMB-related provisions are anticipated to be minor and absorbable.	

SB 1194	Hill	Subject: Board of Psychology sunset extension. Extends the sunset date for the Board of Psychology (BOP) by four years, until January 1, 2021. Also contains a number of minor provisions to address issues discussed in BOP's sunset review. Fiscal: 3) Approximately $5 million (fee-supported Psychology Fund) per year to continue operation of the BOP for an additional four years. 4) Minor and absorbable costs to issue regulations to implement a retired license type, and to make necessary information technology changes (Psychology Fund). 5) Unknown, likely minor, ongoing revenue loss to the Psychology Fund, as well as reduced administrative workload, to the extent some individuals apply for a retired license ($75 one-time fee and application) instead of an inactive license ($50 every two years).	

SB 1220	McGuire	Subject: Child welfare services: including treatment plans as part of case plans. Requires a county social worker to complete the following activities with regard to a child's case plan: 1) Include a summary or copy of the treatment plan developed for a child who has been assessed as needing behavioral health services. 2) Redact information that is otherwise confidential in order to include the treatment plan as part of the case plan. 3) Indicate in the case plan if a treatment plan has not been finalized, and update the plan at the next regular hearing after the treatment plan has been finalized. 4) Attach the treatment plan to a request to authorize the administration of psychotropic medication submitted to the court, as specified. Fiscal: 1) Potential increase in social worker time for case management activities of approximately $823,000 ($655,000 GF*) in 2016-17 and $1.6 million ($1.3 million GF*) in 2017-18 and ongoing. This assumes 30 minutes of additional social worker time to update a child's case plan to include a summary or copy of the treatment plan two times per year. The total eligible caseload is 22, 876 statewide annually. No significant workload impact is estimated to attach the treatment plan to the psychotropic medication authorization to the court. *Proposition 30 (2012), exempts the State from mandate reimbursement for realigned responsibilities for "public safety services" including the provision of child welfare services. However, legislation enacted after September 30, 2012, that has an overall effect of increasing the costs already borne by a local agency for public safety services apply to local agencies only to the extent that the State provides annual funding for the cost increase. To the extent the local agency costs resulting from this measure are determined to be applicable under the provisions of Proposition 30, this bill could result in additional costs to the State.	

SB 1291	Beall	Subject: Specialty mental health for children in Medi-Cal. Institutes more stringent oversight of county Medi-Cal mental health plans' provision of services to foster youth requiring treatment for severe mental illness, including requirements for county mental health plans to submit an annual foster care mental health service plan to the Department of Health Care Services, a required external and internal review, data-sharing, and a process whereby deficiencies are identified by the department and corrected by the county mental health plans through written corrective action plans. Fiscal: 1) Ongoing costs of about $1 million per year for DHCS to review county plans, review EQRO findings and corrective action plans, and provide data on foster youth to counties (50% GF/50% federal). 2) Ongoing costs of about $450,000 per year for additional items to be reviewed by the external quality review organization (50% GF/50% federal). 3) Likely administrative costs in the millions of dollars for county mental health plans to develop the required foster youth mental health service plans (50% GF/50% federal). Much of the required information is already collected. However, there are likely to be administrative costs to compile that information and develop the required plans. Under the state constitution, local governments are not required to implement state laws that increase local costs to administer programs realigned in 2011, including specialty mental health, unless the state provides additional funding annually to pay for the increased costs. This estimate assumes funding is provided by the state to implement this bill. For example, if each mental health plan dedicated one full-time staff on average to the foster youth-specific efforts, costs would be $9.8 million annually (GF/federal). 4) Unknown potential cost pressure on counties to provide additional or enhanced specialty mental health services (likely local/federal funds, but potentially GF/federal).	

SB 1300	Hernandez	Subject: Medi-Cal: emergency medical transport providers: quality assurance fee. Establishes a quality assurance fee (QAF) on providers of emergency medical transportation (EMT, or ambulance) beginning on July 1, 2017, and uses the revenue to raise reimbursement rates for ambulance providers. Fiscal: 1) One-time costs of $1.2 million and ongoing administrative costs of $750,000 annually (Medi-Cal Emergency Medical Transport Fund/GF/federal) for DHCS to develop regulations, gain federal approval, make any necessary system changes, oversee collection of the quality assurance fee, and make increased payments. This bill provides that $350,000 per year shall be available to DHCS for administrative costs (the state would be able to draw down additional federal funding to help cover the administrative costs). To the extent that actual administrative costs are higher, those costs would be GF/federal. 2) DHCS states it has been unable to independently verify data provided by EMT providers. However, based on such data, staff assumes costs associated with fee collection and payment as follows: a) Ongoing GF benefit of about $3 million per year through reduced health care spending. This bill provides that 10% of revenue collected (after setting aside administrative funding) is available to the state for health care coverage. Thus, this bill reduces the need for GF support of the Medi-Cal program by an equal amount. b) Additional payments of about $73 million per year for Medi-Cal EMT services (Medi-Cal Emergency Medical Transport Fund/ federal). The quality assurance fee is projected to generate about $30 million per year in revenues (after accounting for administration and state benefits). With federal matching funds, about $73 million per year would be paid in increased reimbursements to providers. 3) Unknown GF cost pressure, potentially in the millions annually, to maintain higher ambulance transport rates if QAF revenues are eliminated or changed. See comment 7 (a), below.	

SB 1335	Mitchell	Subject: Clinic contracting for local behavioral health services. (Authorizes federally qualified health centers (FQHCs) and rural health clinics (RHCs) (clinics) to provide Drug Medi-Cal (DMC) services, and describes payment and contracting arrangements.) 1) Minor one-time costs for revising regulations and seeking any necessary federal approvals to allow the payment procedures authorized under the bill (GF/federal). 2) Unknown, potentially significant costs for DHCS to conduct provider enrollment activities, contract directly with clinics, and to recalculate the prospective payment system (PPS) rate for clinics that wish to carve out costs associated with DMC services or contract directly with the department (GF/federal). The bill requires that if clinics elect to contract directly for DMC services, and costs associated with providing the services are part of the clinic's base PPS rate, the costs must be adjusted out of the clinic's base rate as a "scope-of-service change." In addition, current law requires DHCS to enroll providers and provides for state direct contracting in certain situations. 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 30 clinics seek a recalculation, the administrative costs to DHCS would be about $300,000, plus costs for provider enrollment and related activities (GF/federal). It is unclear how many clinics currently contract for DMC services, or who would elect to contract and apply for a scope-of-service change to ensure DMC services are carved out of the PPS rate. 3) Although clarification that clinics can contract with counties for Drug Medi-Cal services may improve access, no significant increase in utilization or costs for services is assumed to be directly attributable to this bill.	

SB 1427	Pavley	Subject: Work Transition Program for developmentally disabled individuals. Requires the Department of Developmental Services (DDS), on or before July 1, 2017, to establish a Work Transition Project (WTP), as specified, to facilitate the delivery of integrated services and assist in state compliance with federal Home and Community-Based Services (HCBS) Waiver regulations. Fiscal: 1) Likely annual costs in the range of $12 million to $27 million (GF/federal funds) to establish a WTP with a process for regional centers to allow well-coordinated forms of integrated services. The exact cost will depend on the number of participants, the number of hours of participation, and whether the hours are in addition to or in lieu of current Day/WAP participation. This estimate assumes 1,000 participants who participate 10-15 hours per week in lieu of equivalent hours of Day/WAP participation, accounts for the enhanced rate of $40 per hour, and includes offsetting savings for less than 52 weeks per year of use. 2) Likely one-time costs up to $150,000 for DDS to develop program requirements, accountability measures, and data collection requirements (GF/federal funds). 3) Likely ongoing administrative costs in the hundreds of thousands per year for regional centers to administer and monitor participation in the program (GF/federal funds).	

SB 1466	Mitchell	Subject: Trauma screening in Medi-Cal. (Enhances screening for mental health services need among Medi-Cal eligible children and youth. Specifically, this bill: 1) Requires screening services provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal benefit to include screening for trauma at all screenings, and requires foster children be assessed by the county mental health plan for specialty mental health services. 2) Requires the Department of Health Care Services (DHCS), in consultation with the Department of Social Services (DSS) and specified stakeholders, to adopt, employ, and/or develop, as appropriate, tools and protocols for the screening of children for trauma, consistent with existing law and this section. Fiscal: Staff assumes the state would be responsible for any nonfederal share of costs under this bill based on the requirements of Article XIII, Section 36 of the California Constitution (Proposition 30. 1) Costs, likely in the millions annually for additional screening and assessment services provided to Medi-Cal-eligible children, including foster children (GF/federal). 2) For every thousand children who receive specialty mental health services, the state would incur about $6 million in costs annually. Costs associated with a significantly higher referral rate to specialty mental health services could cost in tens or hundreds of millions of dollars (GF/federal). The state could also experience unknown additional cost pressure for provision of additional mental health services for mild to moderate diagnoses through Medi-Cal managed care plans (GF/federal). 3) To the extent increased provision of mental health services to Medi-Cal-eligible children results in improved social, emotional and health outcomes, the state could experience some unknown reductions in Medi-Cal costs over the long term, (GF/federal). DHCS and DSS will also incur minor staff costs to consult with stakeholders and provide guidance to operationalize the required trauma screening (GF/federal).	

SB 1471	Hernandez	Subject: Health professions loan repayment. Redirects an additional portion of funds generated from fines and penalties on managed care plans into health professional loan repayment programs, as specified. Specifically, this bill: 1) Limits the amount of funds redirected to the Major Risk Medical Insurance Program (MRMIP) to the second $1 million in the Managed Care Administrative Fines and Penalties Fund annually (currently, loan repayment programs receive the first $1 million and the MRMIP program receives any funds over $1 million). 2) Deposits any amount over $2 million in the fund to the Medically Underserved Account for Physicians (MUAP) for loan repayment programs, as specified. 3) Authorizes up to half of the amount over the first $2 million deposited into the MUAP to be prioritized to fund the repayment of loans for providers of psychiatric services. Fiscal: This bill appears to conflict somewhat with a recent budget action (See committee analysis). As a practical matter, in absence of state funding demand for MRMIP, funds could be redirected by statute to support other state needs, including comprehensive health care programs that are currently funded through the GF. However, it does not appear there are statutory modifications currently under consideration that would effectuate the intended redirection of funds for future years. Due to the timing of this bill, additional awards could not be provided by OSHPD until 2017-18, and technically the transfer could be effectuated July 1, 2017. Thus, the bill certainly conflicts with the intent language included in the budget, but it does not appear to conflict on a technical basis, as the redirection of funds to Medi-Cal is only for 2016-17.	