

# Assembly Appropriations Committee

## Health & Human Services

9/1/17 8:28 AM

BILL	AUTHOR	SUBJECT/FISCAL EFFECT	
SB 12	Beall	<p>Subject: Facilitating foster youth access to postsecondary education.</p> <p>Requires the California Student Aid Commission (CSAC) to work with the California Department of Social Services (DSS) to develop an automated system to verify a student’s status as a foster youth to process applications for federal financial aid; expands the Cooperating Agencies Foster Youth Educational Support (CAFYES) Program from up to 10 community college districts to up to 20; and makes changes to increase and facilitate foster youth and nonminor dependent access to postsecondary education.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Onetime costs (GF) of \$60,000 to the CSAC, and approximately \$450,000 over two years and \$80,000 ongoing to DSS, for the development of an automated system to verify a student’s foster youth status.</li> <li>2) Onetime costs of approximately \$320,000 (\$160,000 GF) for county human services agencies to identify a person to assist foster youth with applications for postsecondary education and financial aid as part of existing county child welfare case plan requirements, and to meet other requirements of the bill for all youth ages 16 and older currently in care. This assumes approximately 13,000 eligible youth and 15 mins of social worker time per case.</li> <li>3) On-going costs of approximately \$125,000 (\$63,000 GF) for county social workers to meet the bill's requirements for all youth who either turn 16 while in care or who enter care after the age of 16, assuming 5,000 eligible youth.</li> <li>4) Potential Proposition 98 GF cost pressure to expand the Cooperating Agencies Foster Youth Educational Support Program from 10 to up to 20 community college districts, to the extent that the ongoing budget appropriation is insufficient to support the expansion. Currently, there is \$8.7 million, of a \$15 million annual appropriation, available for the expansion.</li> </ol>	

SB 17	Hernández	<p>Subject: Reporting on prescription drug prices and spending.</p> <p>Establishes disclosure on prescription drug spending, a 60-day prior notification for prescription drug price increases that meet a certain threshold, and reporting to the state on prescription drug price information.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Costs to the DMHC in the range of \$200,000 in 2017-18, \$370,00 in 2018-19, and \$350,000 ongoing to review, compile, and report on new rate filing information (Managed Care Fund).</li> <li>2) Minor costs to CDI, not likely to exceed \$15,000 ongoing, to review, compile, and report on new rate filing information (Insurance Fund).</li> <li>3) Costs to enforce the reporting requirement and collect, coordinate, and publish information by the Office of Statewide Health Planning and Development (California Health Data and Planning Fund) estimated at \$550,000 in 2018-19, \$1.3 million in 2019-20 and 2020-21, and \$1 million ongoing.</li> <li>4) Unknown potential GF penalty revenues, based on enforcement and levels of noncompliance.</li> </ol>	
SB 162	Allen	<p>Subject: Prohibition on cannabis branded merchandise.</p> <p>Specifies the prohibition on advertising cannabis or cannabis products in a manner attractive to children also includes a prohibition on advertising using branded merchandise, including, but not limited to, clothing, hats, or other merchandise with the name or logo of the product.</p> <p>Fiscal:</p> <p>One-time costs to the Bureau of Cannabis Control (Bureau) of \$290,000, and ongoing costs of about \$270,000 per year for regulatory, legal, and enforcement workload (Marijuana Control Fund).</p>	

SB 171	Hernández	<p>Subject: Implementing federal Medi-Cal managed care regulations.</p> <p>Makes changes needed to implement major federal regulations governing managed care delivery systems in Medicaid (Medi-Cal in California).</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) This bill essentially implements federal regulations. <ol style="list-style-type: none"> <li>a) 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 requested an additional \$8.9 million and 15 positions for the same purpose. DHCS indicates the department does not intend to request additional resources.</li> <li>b) Department of Social Services expects to incur costs of \$2.0 million in 2018-19 and \$1.6 million ongoing for staff to implement required changes to the fair hearing process. Actual costs are difficult to project on balance—some appeals may be exhausted at the plan level instead of resulting in a fair hearing, but the shortened timelines may necessitate additional resources.</li> </ol> </li> <li>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 the bill's provisions 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 managed care plans that do not meet medical loss ratio requirements, due to the provision that implements a state option to require such remittances.</li> </ol>	
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SB 199	Hernández	<p>Subject: California Health Care Cost, Quality, and Equity Atlas Advisory Committee.</p> <p>Requires the California Health and Human Services Agency (CHHSA) to convene an advisory committee to make recommendations related to a statewide health care cost, quality, and equity atlas.</p> <p>Fiscal:</p> <p>Costs to CHHSA to staff the advisory committee of \$40,000 GF annually for 1-2 years.</p>	
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SB 213	Mitchell	<p>Subject: Revising criminal exemptions for potential caregivers of foster children.</p> <p>Revises rules for exemptible and non-exemptible crimes for those seeking placement of foster children. Among its provisions, this bill:</p> <ol style="list-style-type: none"> <li>1) Conforms generally with federal law the list of non-exemptible crimes that will prohibit the placement of a child with any prospective adoptive parent, foster care provider applicant, including a relative, nonrelative extended family members (NREFM), resource family applicant, or any associated individual subject to a background check requirement, who has committed these crimes.</li> <li>2) Provides that the child welfare agency may grant an exemption from disqualification, under certain circumstances, for specified offenses.</li> <li>3) Requires the child welfare agency or other approving entity, in considering whether to grant a criminal records exemption under (2) to consider all reasonably available evidence, as specified.</li> <li>4) Requires the child welfare agency, if a foster care provider applicant, resource family applicant or any associated person has been convicted of a crime that is neither non-exemptible nor exemptible, under (1) and ( 2) to grant an exemption from disqualification if the individual’s state and federal criminal history received from the Department of Justice independently supports a reasonable belief that the applicant or person convicted of the crime (if other than the applicant) is of present good character necessary to justify granting an exemption.</li> </ol> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs, estimated at \$450,000 (GF) to the Department of Social Services (DSS) to update the Caregiver Background Check system and the licensing mainframe.</li> <li>2) One-time costs, potentially in excess of \$150,000 (GF), to DSS to revise regulations and various manuals, and to provide notification and instructions to counties on the revised exemptions and placement approval process.</li> <li>3) Unknown, but potentially significant costs to the State Hearings Division within DSS for workload increases due to an increase in the number and complexity of appeals hearings.</li> </ol>	
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SB 219	Wiener	<p>Subject: Nondiscrimination in long-term care facilities.</p> <p>Establishes nondiscrimination protections for residents in long-term care facilities, including skilled nursing facilities and assisted living facilities, among other facilities.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Enforcement costs to CDPH and DSS are expected to be minor and absorbable.</li> <li>2) Potentially significant costs to DHCS for increased Medi-Cal payments to skilled nursing facilities (SNFs). As provided in statute, administrative costs incurred by the facilities are reflected in cost reports provided to the state, which are then used as the basis for facility-specific and cost-based Medi-Cal SNF rates. Facilities estimate this bill will result in costs, largely for staff training, of about \$2 million total funds in the first year (GF/federal), which would initially be passed on to the state in the form of an add-on to SNF rates. Actual costs would depend upon costs incurred by facilities. To the extent ongoing training had a continued cost impact, it would likely be lower than the initial year estimate and would be built into SNF rates for each facility on an annual basis.</li> </ol>	
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SB 223	Atkins	<p>Subject: Health care language assistance services.</p> <p>Codifies requirements related to nondiscrimination protections and language assistance services.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs of \$50,000 in 2017-18 and \$58,000 in 2018-19 for the California Department of Insurance (CDI) to adopt regulations. CDI does not anticipate significant enforcement costs.</li> <li>2) One-time costs of \$480,000 in 2017-18, \$410,000 in 2018-19, \$515,000 in 2019-20, and \$760,000 ongoing for the Department of Managed Health Care (DMHC) to adopt regulations, review health plan compliance, and take necessary enforcement actions (Managed Care Fund).</li> <li>3) Unknown, potentially significant administrative costs in the range of hundreds of thousands of dollars, if DHCS is required to print and distribute material notifying enrollees of the availability of language services (GF/federal).</li> <li>4) Administrative staff costs of \$90,000 in 2017-18 and \$140,000 ongoing to DHCS to provide oversight of qualified interpreter education (GF/federal).</li> <li>5) Unknown, potentially significant cost pressure on Medi-Cal mental health plans to comply with and monitor more stringent requirements on translator education and written consent for non-professional translation (local/federal or GF/federal). It is possible that the requirements would trigger a "Proposition 30" concern. Proposition 30 of 2012 provides that legislation that has an overall effect of increasing the costs already borne by a local agency for specified programs or levels of service shall apply to local agencies only to the extent that the state provides annual funding for the cost increase.</li> </ol>	
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SB 233	Beall	<p>Subject: Caregiver access to foster children's school records.</p> <p>Expands the list of caregivers who may access a currently enrolled or former students' educational records, expands the types of school records which may be accessed, and clarifies the rights and duties of a foster caregiver relative to school records, including the responsibility of a caregiver, or social worker if appropriate, to notify the educational rights holder of any educational needs requiring the consent or participation of that educational rights holder.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Costs for increased social worker time of approximately \$5 million (\$4 million GF) in 2017-18 and approximately \$10 million (\$8 million GF) ongoing. This estimate assumes 15 minutes of increased social worker time twice a year to perform the required training, notification and other duties for approximately 40,000 cases. This cost could be partially offset by approximately \$600,000 annually, to the extent that social workers spend less time accessing records that caregivers currently cannot access.</li> <li>2) Potentially reimbursable costs, likely minor, to local education agencies to provide additional student records. These costs would be reimbursable only to the extent a local agency files a claim and the Commission on State Mandates determines it is a reimbursable cost.</li> </ol>	
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SB 323	Mitchell	<p>Subject: Clinic billing for Drug Medi-Cal and specialty mental health services.</p> <p>Allows federally qualified health centers (FQHCs) and rural health clinics (collectively, clinics) to provide Drug Medi-Cal (DMC) services and specialty mental health services, and describes payment and contracting arrangements.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs, likely in the low hundreds of thousands, for revising regulations and seeking any necessary federal approvals to allow the payment procedures authorized under the bill (GF/federal).</li> <li>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 or specialty mental health 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.</li> </ol> <p>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 would elect to contract and apply for a scope-of-service change to ensure DMC and specialty mental health services are carved out of the PPS rate.</p> <ol style="list-style-type: none"> <li>3) Although clarification that clinics can contract with counties and mental health plans for services may improve access, no significant increase in utilization or costs for services is assumed to be directly attributable to this bill.</li> </ol>	
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SB 349	Lara	<p>Subject: Staffing ratios for dialysis clinics.</p> <p>Requires minimum staffing ratios for dialysis clinics and a minimum transition time between dialysis patients, as follows, commencing January 1, 2020.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) California Department of Public Health will incur \$66,000 in costs this fiscal year and approximately \$2.9 million annually ongoing to implement this bill. Most of the costs are associated with hiring new personnel to conduct annual inspections.</li> <li>2) Potential minor revenues to the State Facilities Citation Account if penalties are assessed using the new authority granted in the bill.</li> <li>3) Facilities report this bill will reduce their flexibility and efficiency, and will significantly increase their labor costs. Although increasing provider costs can result in pressure on provider rates generally, Medi-Cal rates do not automatically respond to provider cost increases. However, to the extent this bill increases the cost of providing dialysis services, it could result in cost pressure on dialysis payers, including Medi-Cal, to raise rates.</li> </ol>	
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SB 351	Roth	<p>Subject: Hospital satellite compounding pharmacy licenses.</p> <p>Creates a new Board of Pharmacy license type for hospital satellite compounding pharmacies, specifies conditions that must be met prior to licensure, and applies current initial licensure and renewal fees for nongovernmental sterile compounding pharmacies to the new license type. Also replaces a reference in the definition of a hospital pharmacy to allow a general acute care hospital with multiple physical plants, but which does not have a consolidated license, to obtain multiple pharmacy licenses.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) If a significant number of hospital satellite compounding pharmacies apply for licensure, the Board may incur the following ongoing costs (Pharmacy Board Contingent Fund, with costs offset by licensure revenues): <ol style="list-style-type: none"> <li>a) \$200,000 per year for an additional inspector position.</li> <li>b) Approximately \$50,000 per year in staff costs to process the new license type.</li> </ol> </li> <li>2) One-time information technology costs of \$50,000 for the Board of Pharmacy create a new license type and enforcement codes (Pharmacy Board Contingent Fund).</li> </ol>	
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SB 380	Bradford	<p>Subject: Exempting certain child support payments from CalWORKs eligibility.</p> <p>Allows, in certain instances, a CalWORKs assistance unit to receive the full child support payments for a stepsibling in that unit, and prohibits those child support payments from impacting CalWORKs eligibility or benefit level determination. Specifically, this bill:</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Unknown overall fiscal impact. There are potential cost savings, estimated at \$1.3 million (\$0.7 million GF) in the first year (net of the \$1.2 million automation costs discussed below) and \$5.0 million (\$1.4 million GF) ongoing, to DSS for a reduction in the cash grant amount to families who exclude a child from the AU. However, these cost savings will be offset to the extent DSS no longer collects child support payments they currently collect as reimbursement to the state and federal government for costs associated with providing grant assistance. The amount of this offset is unknown and would be dependent on the number of families that choose to exclude a child from the AU as well as the difference in the amount of child support and the adjustment in the cash grant amount.</li> <li>2) One-time automation costs to DSS, estimated at \$1.2 million (GF) to reprogram the Statewide Automated Welfare System (SAWS) to reflect eligibility changes in this bill.</li> <li>3) Unknown, potentially reimbursable, county administrative costs, likely in the high tens of thousands of dollars, to reassess cash assistance for the cases that opt to exclude the child support recipient from an AU, and to notify recipients explaining how this bill would impact the AU's eligibility.</li> </ol>	
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SB 443	Hernández	<p>Subject: EMS automated drug delivery system for restocking drugs.</p> <p>Allows a pharmacy or wholesaler that is an emergency medical services (EMS) provider agency to restock drugs to an EMS automated drug delivery system (EMSADDS) located within an EMS provider agency, subject to specified conditions. Also allows the Board of Pharmacy to issue a designated paramedic license, for purposes of restocking a EMSADDS, if the paramedic meets designated criteria.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Costs of approximately \$150,000 in 2018-19 and annual ongoing costs of \$135,000 for the Board of Pharmacy to license EMS providers that wish to make use of the authority to use an EMSADDS (Pharmacy Board Contingent Fund).</li> <li>2) One-time information technology costs of \$50,000 for the Board of Pharmacy to create a new license type and prepare enforcement codes (Pharmacy Board Contingent Fund).</li> <li>3) As government entities are exempt from license fees, the board would not collect sufficient license revenue to offset all costs. Anticipated revenues are approximately \$40,000 in 2018-19 and \$20,000 ongoing from licensure fees from EMSADDS systems at EMS provider agencies, and paramedic licensure fees (Pharmacy Board Contingent Fund).</li> </ol>	
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SB 523	Hernández	<p>Subject: EMS provider quality assurance fee program.</p> <p>Establishes a quality assurance fee (QAF) on providers of emergency medical transportation (EMT, or ambulance) beginning on July 1, 2018, and uses the revenue to increase reimbursement to ambulance providers through an add-on payment that supplements the existing Medi-Cal fee-for-service payment schedule.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs of \$1.2 million and ongoing administrative costs of \$750,000 annually (Medi-Cal Emergency Medical Transport Fund/federal) for DHCS to develop regulations, gain federal approval, make any necessary system changes, oversee collection of the fee, and make increased payments. This bill provides that \$1.003 million in the first year and \$374,000 per year thereafter must be available to DHCS for administrative costs (the state would be able to draw down additional federal funding to help cover the administrative costs).</li> <li>2) Based on data provided by EMT providers, staff assumes costs associated with fee collection and payment as follows: <ol style="list-style-type: none"> <li>a) Ongoing GF benefit of about \$3.2 million per year through reduced GF 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.</li> <li>b) Additional payments of about \$74 million per year for Medi-Cal EMT services (Medi-Cal Emergency Medical Transport Fund/ federal). The quality assurance fee is projected to generate nearly \$30 million per year in revenues (after accounting for administration and a 10% set-aside for state health care coverage). With federal matching funds, about \$73 million per year would be paid in increased reimbursements to providers.</li> </ol> </li> </ol>	
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SB 528	Stone	<p>Subject: Automated drug delivery systems in specified clinics.</p> <p>Allows pharmacies to use automated drug delivery systems to provide pharmacy services to certain safety net clinics that participate in the federal "340B" discount drug program, and prescribes a number of conditions under which pharmacies may do so.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Staff costs to the Board of Pharmacy of \$160,000 in 2018-19, and \$140,000 in 2019-20 and ongoing to regulate the new license types (Pharmacy Board Contingent Fund).</li> <li>2) A projected information technology impact of \$70,000 can be absorbed by redirecting existing maintenance resources (Pharmacy Board Contingent Fund).</li> <li>3) Unknown, likely minor potential revenues from additional license fees (Pharmacy Board Contingent Fund).</li> </ol>	
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SB 570	Newman	<p>Subject: Income disregard of veterans' benefits when determining CalWORKs eligibility.</p> <p>Exempts United States Department of Veterans Affairs (VA) education, training, vocation, or rehabilitation benefits received by a veteran, or spouse or dependent of a veteran who died in the line of duty or has a service-connected disability, from being considered as income for purposes of determining eligibility for CalWORKs program benefits and calculating grant amounts.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs to the Department of Social Services (DSS) of approximately \$300,000 for automation changes (GF).</li> <li>2) Unknown, potentially significant costs to DSS for an increase in additional grant amounts to accommodate exempted VA benefits (federal funds/GF).</li> <li>3) Unknown costs, likely minor, to county social workers due to increased applications as a result of this bill. These costs could be potentially offset to an unknown extent due to a reduction in caseworker time needed for existing cases and other administrative efficiencies. These costs are potentially reimbursable by the Commission on State Mandates, but it is unlikely a county would submit a claim.</li> </ol>	
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SB 608	Hernández	<p>Subject: Medi-Cal Hospital Quality Assurance Fee grant allocations.</p> <p>Allocates direct grant funding of about \$155 million to designated public hospitals and about \$112 million to non-designated public hospitals from the existing hospital quality assurance fee (QAF), over the last two quarters of the 2016-17 fiscal year, as well as the 2017-18 and 2018-19 fiscal years.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Direct grants to designated public hospitals of \$25 million in 2016-17, \$61 million in 2017-18, and \$69 million in 2018-19 from the existing hospital QAF (Hospital Quality Assurance Revenue Fund).</li> <li>2) Direct grants to non-designated public hospitals of \$21 million in 2016-17, \$44 million in 2017-18, and \$47 million in 2018-19 from the existing hospital QAF (Hospital Quality Assurance Revenue Fund).</li> </ol>	
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SB 643	Pan	<p>Subject: Adding Duchenne muscular dystrophy to the GHPP program.</p> <p>Adds Duchenne muscular dystrophy (DMD) as an eligible condition in the Genetically Handicapped Persons Program (GHPP).</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) Ongoing administrative costs of approximately \$180,000 to the Department of Health Care Services (DHCS) to provide case management services to newly eligible GHPP enrollees (GF/federal).</li> <li>2) Costs of about \$3.4 million in 2017-18 and \$6.6 million in 2018-19 and ongoing to provide additional medial services and pharmaceuticals to newly qualified individuals (GF). The vast majority of these costs are for two medications used to treat DMD.</li> </ol> <p>Future-year costs could grow, but are subject to some uncertainty. Factors influencing future costs include:</p> <ol style="list-style-type: none"> <li>a) A steady number of young people will age of the California Children's Services Program (CCS) and become eligible for GHPP. Enrollment of previously CCS-eligible children would increase caseload by allowing about 25 individuals per year to gain coverage. This would increase cost by about \$600,000 each year on a cumulative basis, based on current spending.</li> <li>b) As noted, since most costs are for medications, costs could grow or ameliorate in future years based on the prices and variety of available treatments for the specific condition.</li> <li>c) Individuals with DMD unfortunately have a short, though lengthening, life span, so to the extent individuals with DMD die or otherwise terminate enrollment in GHPP, the state would no longer incur costs to provide them care. Individuals will likely enroll in GHPP in their twenties. Although there are cases of individuals living into their 40s or 50s, the tenure of individuals with DMD in GHPP is not likely to be measured in decades.</li> </ol>	
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SB 687	Skinner	<p>Subject: Attorney General review of emergency department closures.</p> <p>Requires the Attorney General to review and approve reductions in, or elimination of, hospital emergency services, similar to existing procedures for hospital sales and transfers.</p> <p>Fiscal:</p> <p>Costs of \$340,000 in 2017-18, and ongoing costs of \$550,000 per year for the Attorney General’s Office to research the possible impacts of planned emergency department closures, including costs to contract with expert witnesses (reimbursements from the non-profit hospitals under review, as specified).</p>	
SB 743	Hernández	<p>Subject: Freedom of choice for Medi-Cal family planning services.</p> <p>Prohibits Medi-Cal managed care plans from restricting an enrollee’s choice of a family planning services provider, even if they are out-of-network, and requires Medi-Cal managed care plans to reimburse out-of-network providers at the applicable fee-for-service rate.</p> <p>Fiscal:</p> <p>As this bill mirrors current federal regulations and the current practice as reflected in state Medi-Cal managed care plan contractual requirements, it has no practical fiscal impact.</p> <p>However, it should be noted that pending federal legislation includes provisions that would prohibit federal Medicaid funding from being made available to certain family planning providers. This bill would preserve the ability of Medi-Cal enrollees to access any qualified provider, regardless of the availability of federal matching funds. If federal law changes are made that reduce or prohibit federal matching funds from being used to reimburse certain providers, Medi-Cal reimbursement to such providers would be made by the GF.</p>	

SB 796	Hill	<p>Subject: Sunset extension for the Naturopathic Doctors Committee and Respiratory Care Board.</p> <p>Extends the sunset of the Respiratory Care Board (RCB) and the Naturopathic Medicine Committee (NMC), and implements recommendations that emerged from the legislative sunset review of these Department of Consumer Affairs (DCA) regulatory entities.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) The new requirements of this bill are not expected to result in significant costs.</li> <li>2) By extending their sunsets, DCA will continue to incur annual fee-supported special fund costs associated with continued operation of the following regulatory entities, as follows: <ol style="list-style-type: none"> <li>a) NMC: \$400,000 annually (Naturopathic Doctors Fund).</li> <li>b) Respiratory Care Board: \$3.6 million annually (Respiratory Care Fund).</li> </ol> </li> </ol>	
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SB 798	Hill	<p>Subject: Sunset extension for the Medical Board of California and the Osteopathic Medical Board.</p> <p>Extends the sunset of the two state boards that regulate physicians, and enacts various changes.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) One-time costs of \$150,000 for information technology changes, and ongoing costs of \$250,000 per year for the OSHPD to collect and analyze clinical information provided by outpatient surgery centers (California Health Data and Planning Fund).</li> <li>2) Costs to continue the operation of the MBC of approximately \$61 million per year until January 1, 2022 (Contingent Fund of the Medical Board of California).</li> <li>3) Unknown potential additional revenue from removing the prohibition on cost recovery on cases before the MBC.</li> <li>4) Uncertain fiscal impact to the MBC based on anticipated changes to the VE model for investigation.</li> <li>5) Costs for two new staff to the OMBC for licensing and enforcement workload created by the addition of a new postgraduate license type of \$200,000 per year (Osteopathic Medical Board of California Contingent Fund).</li> <li>6) The Board of Podiatric Medicine currently holds a Shared Services Agreement (SSA) with the MBC, which both programs anticipate to continue upon passing of this bill. If the MBC is unable to continue the SSA, the BPM indicates its intention to seek additional funding through the annual budget process.</li> <li>7) Potentially significant loss of revenue to the Board of Optometry (Optometry Fund).</li> <li>8) Information technology impacts to various boards.</li> <li>9) Minor costs to DOJ to process fingerprint scans, upon request from OMBC (Fingerprint Fees Account).</li> </ol>	
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SB 799	Hill	<p>Subject: Sunset extension for the Board of Registered Nursing.</p> <p>Extends the sunset of the Board of Registered Nursing, and enacts various changes.</p> <p>Fiscal:</p> <ol style="list-style-type: none"> <li>1) \$41 million per year for an additional 4 years, until January 1, 2022, for continued operation of the BRN (Board of Registered Nursing Fund).</li> <li>2) Costs of \$50,000 to \$75,000 for a study on CE issues (Board of Registered Nursing Fund).</li> <li>3) Unknown, potentially significant cost pressure to conduct investigations of nurses who are enrolled in the intervention program. Although investigations are at the board's discretion, it would increase the universe of potential investigations (Board of Registered Nursing Fund).</li> </ol>	
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