

# Policy At A Glance:

## 2019 Vetoed Health Legislation in California

*In October 2019, Governor Newsom signed 870 out of 1,042 bills passed by California's legislature during its regular session. In this issue of 'Policy At A Glance,' we will provide a roundup of five health bills that garnered attention but were ultimately vetoed by the Governor in 2019.*

In his first year in office, Governor Gavin Newsom considered over 1,000 bills ranging from incorporating cultural competency into emergency plans to vaping in state parks and beaches to limiting rent inflation.

He also vetoed a number of bills related to health care. Below is a summary of these bills, listed in numerical order by Assembly Bill (AB) or Senate Bill (SB).

### AB 166. Medi-Cal: Violence Preventive Services

According to the California Department of Public Health (CDPH), violent injuries in the State accounted for over 27,000 hospitalizations, 154,000 Emergency Department (ED) visits, and 6,000 deaths, resulting in over \$11 billion in medical expenses and lost productivity in 2014.<sup>1</sup> Violence also disproportionately affects young black men, with black men between the ages of 15 to 29 being almost six times more likely to die from gun violence than any other groups in California.<sup>2</sup>

### *Vetoed 2019 Health-related Bills*

- |        |  |
|--------|--|
| AB 166 | Medi-Cal: Violence Preventive Services                     |
| AB 512 | Medi-Cal: Specialty Mental Health Services                 |
| AB 842 | Child Nutrition: School, Childcare, and Preschool Meals    |
| SB 154 | Medi-Cal: Restorative Dental Services                      |
| SB 305 | Compassionate Access to Medical Cannabis Act or Ryan's Law |

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*If enacted, AB 166 would have established a hospital-based violence intervention pilot program by January 1, 2021, in nine counties: Alameda, Contra Costa, Los Angeles, Monterey, Sacramento, San Bernardino, San Francisco, Santa Clara, and Ventura.* The pilot program would have targeted Medi-Cal (California's version of Medicaid) beneficiaries who seek medical treatments for gunshot wounds or stabbings and are also at a greater risk for re-injury or committing violence in retaliation. AB 166 sought to break the cycle of gun violence and would have required Medi-Cal to reimburse for the services provided in the pilot program by violence prevention professionals.<sup>3</sup>

## AB 512. Medi-Cal: Specialty Mental Health Services

Cultural competence is “the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.”<sup>4</sup> In mental health, cultural competency is important as racial and ethnic minorities 1) are less likely to have access to mental health services; 2) are less likely to receive necessary mental health care; 3) often receive a poorer quality of treatment; and 4) are significantly underrepresented in mental health research.<sup>5</sup>

In addition to race and ethnicity, cultural competency focuses on other dimensions that influence a person's individual identity, such as language, sexual orientation, gender, age, disability, socioeconomic status, education, and religious or spiritual orientation.<sup>5</sup>

*AB 512 would have required the County Mental Health Plans (CMHP) to prepare a Cultural Competence Plan (CCP) to address disparities in mental health access, utilization, and outcome by race, ethnicity, primary language, sexual orientation, gender identity, age, disability status, income level, and immigration status.<sup>6</sup> CMHP would also have to establish disparity reduction targets as well as developing strategies for reaching those targets.*

In his veto message, Governor Newsom stated that the bill should be considered through the state's annual budget process, as its implementation would result in General Fund cost pressures.

## AB 842. Child Nutrition: School, Childcare, and Preschool Meals

In 2019, California had the highest poverty rate in the nation, surpassed only by Washington, DC.<sup>7</sup> Current California law requires low-income students from Kindergarten through grade 12 to receive at least one free or low-cost healthy meal on each

school day.<sup>7</sup> However, the same does not apply to low-income children enrolled in public preschools or childcare programs.

*Starting July 1, 2020, AB 842 would have required California children enrolled in part-day (three hours or more) state preschool programs to receive at least one nutritious meal while children enrolled in full-day (6.5 hours or more) programs receive at least two nutritious meals or two snacks and one nutritious meal a day. AB 842 would have also required publicly-run childcare and development programs to provide at least one nutritionally adequate free or reduced-price meal to children.*

Governor Newsom vetoed AB 842 citing that the bill did not fully consider the additional financial burdens it would place on preschools and daycare providers.<sup>9</sup>

## SB 154. Medi-Cal: Restorative Dental Services

Dental caries, commonly known as cavities or tooth decay, are a preventable condition. Nonetheless, one in every seven children in the United States between the ages of two and eight has untreated dental caries.<sup>10</sup> In California, almost one in three kindergarteners have untreated caries in their primary (baby) teeth.<sup>11</sup> Furthermore, half of California infants younger than two years have never visited a dentist.<sup>11</sup>

Traditional caries treatment involves drilling into the tooth as well as local anesthesia. In comparison, Silver Diamine Fluoride (SDF) therapy is non-invasive and inexpensive. The material costs of SDF are less than a dollar while traditional treatment can be hundreds of dollars.<sup>12</sup> During SDF treatment, a fluoride “varnish” is applied directly to cavities to instantly stop caries from “forming, growing, or spreading to other teeth.”<sup>13</sup> Although SDF can darken the teeth, its benefits are believed to outweigh its side effects.<sup>12</sup> In 2017, the American Academy of Pediatric Dentistry published guidelines supporting the use of SDF for the comprehensive management of dental caries in children and adolescents, including those with special health care needs.<sup>14</sup>

*SB 154 would have allowed Denti-Cal (Medi-Cal’s dental program) to reimburse service providers, including dental hygienists, for the application of SDF to stop caries when SDF therapy is part of a comprehensive treatment plan.* This benefit would have been limited to children six years of age or younger and individuals with disability.<sup>15</sup>



## SB 305. Compassionate Access to Medical Cannabis Act or Ryan's Law

Thirty-three states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands approve the medical use of marijuana.<sup>16</sup> As of June 25, 2019, eleven states, including California, also allow the recreational use of marijuana for adults over 21 years of age.<sup>17,18</sup> At the federal level, however, marijuana use remains illegal under any circumstance. This is because marijuana, along with heroin and LSD, is a Schedule I substance classified as having a high potential for abuse without accepted medical use.<sup>19</sup> Because of federal laws, physicians cannot prescribe medical marijuana and many hospital do not allow medical marijuana in their facilities in order to protect their federal funding.

*SB 305 would have required hospitals to allow the use of medical marijuana for terminally ill patients with a prognosis one year or less.* Governor Newsom “begrudgingly” vetoed SB 305, as it would create significant conflicts between federal and state laws.<sup>20</sup>

### References

1. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Violence%20Prevention%20Initiative/VP1%20Volume%201%20Version%201%2024%2019%20ADA.pdf>
2. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Violence%20Prevention%20Initiative/TheImpactofViolenceonCalifornia.aspx>
3. [https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill\\_id=201920200AB166](https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB166)
4. <https://npi.cdc.gov/pages/cultural-competence>
5. <http://tucollaborative.org/wp-content/uploads/2017/01/Cultural-Competence-in-Mental-Health.pdf>
6. [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200AB512](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB512)
7. <https://www.sacbee.com/news/california/article234920662.html>
8. [https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill\\_id=201920200AB842](https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB842)
9. [https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill\\_id=201920200AB842](https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200AB842)
10. <https://www.aappublications.org/news/2016/08/05/SilverDiamine080516>
11. [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California\\_FINAL\\_04.20.2017\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf)
12. <https://www.healthaffairs.org/doi/10.1377/hblog20190328.92628/full/>
13. <https://www.healthline.com/health/silver-diamine-fluoride>
14. [https://www.aapd.org/media/Policies\\_Guidelines/G\\_SDF.pdf](https://www.aapd.org/media/Policies_Guidelines/G_SDF.pdf)
15. [https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill\\_id=201920200SB154](https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB154)
16. <http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>
17. <https://www.governing.com/gov-data/safety-justice/state-marijuana-laws-map-medical-recreational.html>
18. <https://www.usatoday.com/story/news/nation/2019/12/01/legal-weed-michigan-illinois-know-recreational-marijuana/4339486002/>
19. <https://www.dea.gov/drug-scheduling>
20. [https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill\\_id=201920200SB305](https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200SB305)



## Did you know?

In 2019, Governor Gavin Newsom signed SB 34 into law. Under SB 34, cannabis retailers providing free medicinal marijuana to low-income patients will be exempt from state taxes.



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### Questions?

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