



Subject: Opposition to AB 1575 – Request to Withdraw or Amend

March 30, 2026

Dear Assembly Member,

We are an autistic-led consumer organization, and we urge you to withdraw or substantially amend the Lanterman Act through [AB 1575](#). This bill is not neutral program improvement. AB 1575 replaces “**consumer**” with “**person eligible for regional center services**.” That is not cosmetic. It shifts disabled people out of a state-guaranteed framework and into a contractor-controlled system.

California already routes Medicaid HCBS services through 21 nonprofit [regional centers](#), with oversight reduced to aggregate “assurances,” that are not segmented to individual-level claims data tied to real services, denials, or interventions. That is a federal **accountability gap**.

AB 1575 deepens that gap. It turns individuals into placeholders for transactions, where services are billed in their name without clear, accessible state-level visibility. It **weakens** the link between people, what service(s) that providers claim were literally rendered, and the public dollars overtly used to pay for it. This is not technical. It is a **program integrity failure**.

In any real system, a transaction produces a record visible to the person it is made for. California Medicaid program design breaks that rule when it demotes a Consumer to a billable. A system that bills in a person’s name while withholding the record invites **waste** and room for fraud, as the consumer cannot fact-check.

Our federal government is pushing for nationwide oversight:

- IHSS , the largest expenditure of Medicaid dollars is under federal scrutiny: ([January 27, 2026 Feds to CA](#), and [February 17, 2026 California’s Response To Cms’ Request For Program Integrity Action Plan](#))
- Senate Health Chair’s [SB 874](#) proposes to strengthen DHCS oversight and align with federal Medicaid integrity, especially as IHSS and other programs face more scrutiny and federal enforcement demands more transparency.

- President’s [Executive Order 14395](#) (“Establishing the Task Force to Eliminate Fraud,” March 16, 2026) calls for greater transparency and stronger fraud enforcement in publicly funded programs.
- According to audits based on fee-for-service and consumer data, (see [The Doogri Institute CMS federal audit](#), March 9, 2026) California’s fee-for-service data is severely compromised

AB 1575 risks obscuring consumer data from program integrity reviews, by obscuring what legislators can objectively analyze. California should not adopt changes that reduce visibility or diminish the role of individuals in **safeguarding system integrity**. Consumers have the desire to be identified and integrated into public policy. Our position is grounded in **lived experience, and our consumer status should remain protected under DDS, not regional centers**. When consumers are excluded from the data systems that define their care, their **rights become invisible**.

AB 1575 bill risks the following:

- It weakens the Lanterman Act’s rights-based guarantees and consumer protections.
- It diffuses accountability through regional intermediaries, limiting the Department’s liability.
- It adds instability to a system already in conflict with federal Medicaid requirements.

Regional Centers are unionized and represented by lobbyists, and emboldening them to further hide segmented data will not be defensible to federal scrutiny. This risks compromising the entire medicaid federal match.

I urge withdrawal of AB 1575 or, at minimum, amendment to preserve the term “consumer” to reaffirm the state’s direct responsibility under the Lanterman Act. If modified, eligibility must remain with the Department—not delegated to nonprofit contractors. As proposed, AB 1575 shifts the system from a **guaranteed support to a conditional access** while further obscuring how services are delivered and funded.

Sincerely,
Henny Kupferstein, Ph.D.



Policy Analyst, Doogri Institute
Autistic (DDS Consumer)

