3240 VETOES

reimbursed and through Medical Assistance and other program reimbursements. These fiscal implications are compounded by the autonomy conferred on the Corporation from both Executive and Legislative control. Staff size and salary levels would not be subject to budgetary controls, although the cost of any increase will be borne, in part, by the State.

While Senate Bill 421 addressed the administration of several public health facilities, House Bill 1849 attempts to deal with perceived personnel and management problems at only one facility by removing its management from the State system.

With respect to existing personnel at the Center, House Bill 1849, at lines 400 through 405, states that these employees may elect to remain in the State Merit System and implies that the employees, in doing so, retain their current jobs. In contrast, lines 522 through 528 specify that all employees of the Center are transferred automatically to the employ of the Corporation when it assumes control of the Center. To remain in the State system, the employees must accept reassignment to "authorized available positions elsewhere within State service." If positions are not available, or if available positions are not convenient for the employees, they would be required to terminate State service. Predictably, I have received dozens of communications from current employees in opposition to these seemingly conflicting provisions.

Further conflicting statements appear in the bill with respect to the management of the Center by the Board of Directors of the Corporation. As introduced, the bill provided that the Board initially would have authority over Montebello and eventually have authority over "other State hospital centers as they are transferred to the jurisdiction of the corporation." This provision was stricken by amendment and the corresponding title reference was stricken. However, references to the management and control of other health facilities still appear in the provision delineating the Board's general authority.

Finally, I believe it is relevant that the Department of Budget and Fiscal Planning is awaiting the completion of a consultant's study of the Montebello Center. That report will address, in detail, the issues of the operation and governance of Montebello. I believe that the consultant should have the opportunity to complete this evaluation and present it to the Executive and the General Assembly.

The Montebello Hospital Center has now regained its accreditation. Programmatic and operational problems which may remain must be dealt with for the benefit of the Center itself and for the benefit of the entire State public health system. I do not believe that House Bill 1849 is the proper vehicle to attain this objective at this time.