

ASSEMBLY BILL

No. 1314

Introduced by Assembly Member Jones

February 27, 2009

An act to add Article 5.5 (commencing with Section 14182) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1314, as introduced, Jones. Medi-Cal: health care coverage.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

This bill would require the department, no later than February 1, 2010, in consultation with the Legislature, to develop and submit an application to the federal Centers for Medicare and Medicaid Services for a waiver that would meet certain objectives, including, but not limited to, expanding health care coverage for low- and moderate-income children and adults and reducing the number of uninsured persons in the state. The bill would condition implementation of the waiver upon the enactment of subsequent statutory authorization.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 5.5 (commencing with Section 14182) is
2 added to Chapter 7 of Part 3 of Division 9 of the Welfare and
3 Institutions Code, to read:

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Article 5.5. Health Care Coverage Expansion

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14182. (a) The State Department of Health Care Services, no
8 later than February 1, 2010, in consultation with the Legislature,
9 shall develop and submit an application to the federal Centers for
10 Medicare and Medicaid Services for a waiver that would meet all
11 of the following objectives:

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(1) Expand health care coverage for low- and moderate-income
13 children and adults.

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(2) Reduce the number of uninsured persons in the state.

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(3) Maximize federal funds for health care coverage and ensure
16 that California receives federal funds at the maximum allowable
17 level to match all available state and local expenditures for health
18 care.

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(4) Establish appropriate provider fees to leverage federal
20 resources and maximize state and local revenues for health care.

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(5) Revise and increase provider payments to ensure adequate
22 access to primary and specialty health care for persons in state and
23 local sponsored health care programs.

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(6) Reward health care providers for quality care and enhanced
25 performance.

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(7) Secure funding and establish reimbursement mechanisms
27 to support a vigorous and accountable health care safety net and
28 delivery system.

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(8) Improve fee-for-service health care delivery systems in state
30 and local health care programs to better coordinate and manage
31 health care services, emphasize timely primary and preventive
32 care, and reduce the use and overuse of high-cost emergency and
33 hospital inpatient services.

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(9) Improve coordination and efficiency of state and local health
35 care programs and mental health care programs.

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- 1 (b) If the federal Centers for Medicare and Medicaid Services
- 2 approves the waiver, the department shall only implement the
- 3 waiver upon enactment of subsequent statutory authorization.

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