

AMENDED IN SENATE AUGUST 28, 2000

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

ASSEMBLY BILL

No. 2900

Introduced by ~~Committee on Health (Gallegos (Chair), Bates (Vice Chair), Aanestad, Corbett, Cox, Firebaugh, Kuehl, Runner, Thomson, Vincent, Wayne, Wesson, and Zettel)~~ Assembly Member Gallegos

(Principal coauthors: Assembly Members Hertzberg and Thomson)

(Coauthors: Assembly Members Corbett, Firebaugh, Kuehl, Vincent, Wayne, Wesson, and Wildman)

March 14, 2000

An act to ~~amend Section 12693.90 of the Insurance~~ add Section 14005.25 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2900, as amended, ~~Committee on Health Gallegos. Health care: Healthy Families Program: advisory panel Medi-Cal: eligibility.~~

Existing law establishes the Medi-Cal program, administered by the State Department of Health Services, under which health care services are provided to qualified low-income persons.

Existing federal law contains various federal requirements and optional provisions that govern the Medi-Cal program.

This bill would, to the extent that federal financial participation is available, require the department to

implement a federal option to extend continuous eligibility to children 19 years of age and younger, as described.

Because each county is required to administer Medi-Cal eligibility requirements, the bill would, by expanding Medi-Cal eligibility, impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

~~The Healthy Families Program requires the Managed Risk Medical Insurance Board to appoint a 15-member advisory panel to advise the board.~~

~~This bill would make a nonsubstantive, technical change in the provision establishing the panel.~~

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

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

- 1 ~~SECTION 1. Section 12693.90 of the Insurance Code~~
- 2 ~~is amended to read:~~
- 3 ~~12693.90. (a) The board shall appoint a 15-member~~
- 4 ~~advisory panel to advise the board, the chair of which may~~
- 5 ~~serve as an ex officio, nonvoting member of the board.~~
- 6 ~~The panel shall be appointed and ready to perform its~~
- 7 ~~duties by no later than February 1, 1998.~~
- 8 ~~(b) The membership of the advisory panel shall be~~
- 9 ~~composed of all of the following:~~
- 10 ~~(1) Three representatives from the subscriber~~
- 11 ~~population.~~
- 12 ~~(2) One physician and surgeon who is board certified~~
- 13 ~~in pediatrics.~~



- 1 ~~(3) One physician and surgeon who is board certified~~
2 ~~in the area of family practice medicine.~~
- 3 ~~(4) One member who is a licensed, practicing dentist.~~
- 4 ~~(5) One representative from a licensed nonprofit~~
5 ~~primary care clinic.~~
- 6 ~~(6) One representative from a licensed hospital that is~~
7 ~~on the disproportionate share list maintained by the State~~
8 ~~Department of Health Services.~~
- 9 ~~(7) One representative of the mental health provider~~
10 ~~community.~~
- 11 ~~(8) One representative of the substance abuse~~
12 ~~provider community.~~
- 13 ~~(9) One representative of the county public health~~
14 ~~provider community.~~
- 15 ~~(10) One representative from the education~~
16 ~~community.~~
- 17 ~~(11) One representative from the health plan~~
18 ~~community.~~
- 19 ~~(12) One representative from the business~~
20 ~~community.~~
- 21 ~~(13) One representative from an eligible family with~~
22 ~~children with special needs.~~
- 23 ~~(e) The advisory panel members shall have~~
24 ~~demonstrated expertise in the provision of health-related~~
25 ~~services to children aged 18 years and under, as~~
26 ~~applicable.~~
- 27 ~~(d) The advisory panel members shall be composed of~~
28 ~~representatives of the geographic, cultural, economic,~~
29 ~~and other social factors of the state.~~
- 30 ~~(e) The panel shall elect, from among its members, its~~
31 ~~chair.~~
- 32 ~~(f) The panel shall have all of the following powers and~~
33 ~~duties:~~
 - 34 ~~(1) To advise the board on all policies, regulations,~~
35 ~~operations, and implementation of the program.~~
 - 36 ~~(2) To consider all written recommendations of the~~
37 ~~panel and respond in writing when the board rejects the~~
38 ~~advice of the panel.~~
 - 39 ~~(3) To meet at least quarterly, unless deemed~~
40 ~~unnecessary by the chair.~~



1 ~~(g) The members of the panel shall be reimbursed for~~
2 ~~all necessary travel expenses associated with the activities~~
3 ~~of the panel.~~

4 ~~(h) The members of the panel who represent the~~
5 ~~subscriber population may receive per diem~~
6 ~~compensation if they are otherwise economically unable~~
7 ~~to meet panel responsibilities.~~

8 *SECTION 1. Section 14005.25 is added to the Welfare*
9 *and Institutions Code, to read:*

10 *14005.25. (a) To the extent federal financial*
11 *participation is available, the department shall exercise*
12 *the option under Section 1902(e)(12) of the federal Social*
13 *Security Act (42 U.S.C. Sec. 1396a(e)(12)) to extend*
14 *continuous eligibility to children 19 years of age and*
15 *younger. A child shall remain eligible pursuant to this*
16 *subdivision from the date of a determination of eligibility*
17 *for Medi-Cal benefits until the earlier of either:*

18 *(1) The end of a 12-month period following the*
19 *eligibility determination.*

20 *(2) The date the individual exceeds the age of 19 years.*

21 *(b) This section shall be implemented only if, and to*
22 *the extent that, federal financial participation is available.*

23 *(c) Notwithstanding Chapter 3.5 (commencing with*
24 *Section 11340) of Part 1 of Division 3 of Title 2 of the*
25 *Government Code, the department shall, without taking*
26 *regulatory action, implement this section by means of all*
27 *county letters or similar instructions. Thereafter, the*
28 *department shall adopt regulations in accordance with*
29 *the requirements of Chapter 3.5 (commencing with*
30 *Section 11340) of Part 1 of Division 3 of Title 2 of the*
31 *Government Code.*

32 *SEC. 2. Notwithstanding Section 17610 of the*
33 *Government Code, if the Commission on State Mandates*
34 *determines that this act contains costs mandated by the*
35 *state, reimbursement to local agencies and school*
36 *districts for those costs shall be made pursuant to Part 7*
37 *(commencing with Section 17500) of Division 4 of Title*
38 *2 of the Government Code. If the statewide cost of the*
39 *claim for reimbursement does not exceed one million*



1 *dollars (\$1,000,000), reimbursement shall be made from*
2 *the State Mandates Claims Fund.*

O

