

AMENDED IN ASSEMBLY MAY 10, 2011

AMENDED IN ASSEMBLY APRIL 25, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 652**

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**Introduced by Assembly Member Mitchell  
(Coauthor: Assembly Member Jeffries)**

February 16, 2011

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An act to add Section 1367.17 to the Health and Safety Code, to add Section 12693.625 to the Insurance Code, and to add Section 14087.306 to the Welfare and Institutions Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

AB 652, as amended, Mitchell. Child health.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law creates the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision benefits to eligible children pursuant to a federal program, the State Children's Health Insurance Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under existing law, one of the methods by which Medi-Cal is provided is pursuant to contracts with various types of managed care plans. Existing law provides for a schedule of benefits under the Medi-Cal program and

provides for various services provided to children, including, among others, early and periodic screening, diagnosis, and treatment for any individual under 21 years of age.

This bill would provide that an initial health assessment, as defined, and a forensic medical evaluation, as defined, shall be covered benefits under health care service plans licensed pursuant to the ~~Knox-Keene Health Care Service Plan Act of 1973 Act~~, and would require these health care service plans, plans providing services under the Healthy Families Program, and Medi-Cal managed care plans, as defined, to make payments to providers for these services, as specified. This bill would authorize a county board of supervisors to, upon a motion made at the request of a local child welfare agency, excuse the plans specified above from the obligation to provide coverage of, or payment for, initial health assessments or forensic medical evaluations provided to children who are residents of that county if the county welfare agency has made sufficient alternative arrangements to ensure that the services are provided and that payment is made to providers for these services. Because a willful violation of the bill's provisions relative to health care service plans would be a crime, the bill would 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.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Section 1367.17 is added to the Health and Safety
- 2 Code, to read:
- 3 1367.17. (a) For the purposes of this section, the following
- 4 definitions shall apply:
- 5 (1) "Initial health assessment" means a medical or dental
- 6 examination, or both, performed on a child for whom a case plan
- 7 must be prepared pursuant to Section 16501.1 of the Welfare and
- 8 Institutions Code and who has been placed in an out-of-home
- 9 placement within the last 30 days, and that is designed to determine
- 10 the child's medical and dental status and further health care needs.

1 An initial health assessment shall meet, and may exceed, the  
2 guidelines established by the Child Health and Disability  
3 Prevention Program for well child exams and includes, but is not  
4 limited to, diagnostic testing to the extent necessary to provide a  
5 complete assessment.

6 (2) "Forensic medical evaluation" means an examination  
7 performed by a qualified medical professional at the request of a  
8 local child welfare agency pursuant to Section 324.5 of the Welfare  
9 and Institutions Code. A forensic medical evaluation includes, but  
10 is not limited to, diagnostic testing to the extent necessary to  
11 provide a complete evaluation.

12 (3) "*Qualified medical professional*" means a medical  
13 practitioner who has specialized training in detecting and treating  
14 child abuse injuries and neglect pursuant to Section 324.5 of the  
15 *Welfare and Institutions Code*.

16 (b) (1) An individual or group health care service plan contract  
17 issued, amended, or renewed on or after January 1, 2012, shall  
18 cover an initial health assessment or forensic medical evaluation  
19 provided for any child who is an enrollee at the time the assessment  
20 or evaluation is performed. Notwithstanding any other provision  
21 of law, prior authorization shall not be required for the provision  
22 of an initial health assessment or forensic medical evaluation  
23 pursuant to this section.

24 (2) This section shall not be construed to apply to specialized  
25 health care service plans as described in subdivision (o) of Section  
26 1345.

27 (c) Payments made to providers pursuant to this section shall  
28 be equal to the reasonable value of the service, which shall not,  
29 during the 2012 calendar year, be less than two hundred fifty  
30 dollars (\$250) for an initial health assessment, and seven hundred  
31 ~~fifty dollars (\$250)~~ *dollars (\$750)* for a forensic medical evaluation.  
32 These minimum payment amounts shall be increased each year  
33 by the Medicare Economic Index. A contract between a provider  
34 and a plan obligated to make payment pursuant to this section may  
35 provide for a different payment amount.

36 (d) In the event that a local child welfare agency elects to limit  
37 the health care providers that are eligible to receive payment  
38 pursuant to this section, the obligation to pay providers shall only  
39 apply to initial health assessments and forensic medical evaluations

1 performed by providers designated by the local child welfare  
2 agency.

3 (e) The obligation to pay a provider pursuant to this section  
4 exists irrespective of whether the provider has a contract with the  
5 plan obligated to make the payment and irrespective of whether  
6 the provider is part of the plan’s network.

7 (f) A county board of supervisors may, upon a motion made at  
8 the request of a local child welfare agency, excuse all individual  
9 and group health care service plans from the obligation to provide  
10 coverage of, or payment for, initial health assessments or forensic  
11 medical evaluations provided to children who are residents of that  
12 county if the county welfare agency has made sufficient alternative  
13 arrangements to ensure that the services are provided and that  
14 payment is made to providers for these services.

15 (g) A court, local law enforcement agency, or local child welfare  
16 agency may consider or rely on a report by any qualified medical  
17 professional regarding the health care status, needs, or findings of  
18 a forensic medical evaluation concerning a child examined or  
19 evaluated by the qualified medical professional, irrespective of  
20 whether the medical professional may receive payment under this  
21 section.

22 SEC. 2. Section 12693.625 is added to the Insurance Code, to  
23 read:

24 12693.625. (a) For the purposes of this section, the following  
25 definitions shall apply:

26 (1) “Initial health assessment” means a medical or dental  
27 examination, or both, performed on a child for whom a case plan  
28 must be prepared pursuant to Section 16501.1 of the Welfare and  
29 Institutions Code and who has been placed in an out-of-home  
30 placement within the last 30 days, and that is designed to determine  
31 the child’s medical and dental status and further health care needs.  
32 An initial health assessment shall meet, and may exceed, the  
33 guidelines established by the Child Health and Disability  
34 Prevention Program for well child exams and includes, but is not  
35 limited to, diagnostic testing to the extent necessary to provide a  
36 complete assessment.

37 (2) “Forensic medical evaluation” means an examination  
38 performed by a qualified medical professional at the request of a  
39 local child welfare agency pursuant to Section 324.5 of the Welfare  
40 and Institutions Code. A forensic medical evaluation includes, but

1 is not limited to, diagnostic testing to the extent necessary to  
2 provide a complete evaluation.

3 (3) *“Qualified medical professional” means a medical*  
4 *practitioner who has specialized training in detecting and treating*  
5 *child abuse injuries and neglect pursuant to Section 324.5 of the*  
6 *Welfare and Institutions Code.*

7 (b) Notwithstanding any other provision of law, prior  
8 authorization shall not be required for the provision of an initial  
9 health assessment or forensic medical evaluation pursuant to this  
10 section.

11 (c) Plans providing coverage under this part, except for  
12 specialized health care service plans as described in subdivision  
13 (o) of Section 1345 of the Health and Safety Code, shall make  
14 payment to providers for initial health assessments and forensic  
15 medical evaluations of amounts ~~at least~~ equal to the reasonable  
16 value of the service, which shall not, during the 2012 calendar  
17 year, be less than two hundred fifty dollars (\$250) for an initial  
18 health assessment, and seven hundred fifty dollars (\$750) for a  
19 forensic medical evaluation. These minimum payment amounts  
20 shall be increased each year by the Medicare Economic Index. A  
21 contract between a provider and a plan obligated to make payment  
22 pursuant to this section may provide for a different payment  
23 amount.

24 (d) In the event that a local child welfare agency elects to limit  
25 the health care providers that are eligible to receive payment  
26 pursuant to this section, the obligation to pay providers shall only  
27 apply to initial health assessments and forensic medical evaluations  
28 performed by providers designated by the local child welfare  
29 agency.

30 (e) The obligation to pay a provider pursuant to this section  
31 exists irrespective of whether the provider has a contract with the  
32 plan obligated to make the payment and irrespective of whether  
33 the provider is part of the plan’s network.

34 (f) To the extent permitted by federal law, a county board of  
35 supervisors may, upon a motion made at the request of a local  
36 child welfare agency, excuse all plans providing coverage pursuant  
37 to this part from the obligation to provide coverage of, or payment  
38 for, initial health assessments or forensic medical evaluations  
39 provided to children who are residents of that county if the county  
40 welfare agency has made sufficient alternative arrangements to

1 ensure that the services are provided and that payment is made to  
2 providers for these services.

3 (g) A court, local law enforcement agency, or local child welfare  
4 agency may consider or rely on a report by any qualified medical  
5 professional regarding the health care status, needs, or findings of  
6 a forensic medical evaluation concerning a child examined or  
7 evaluated by the qualified medical professional, irrespective of  
8 whether the medical professional may receive payment under this  
9 section.

10 SEC. 3. Section 14087.306 is added to the Welfare and  
11 Institutions Code, to read:

12 14087.306. (a) For the purposes of this section, the following  
13 definitions shall apply:

14 (1) "Initial health assessment" means a medical or dental  
15 examination, or both, performed on a child for whom a case plan  
16 must be prepared pursuant to Section 16501.1 and who has been  
17 placed in an out-of-home placement within the last 30 days, and  
18 that is designed to determine the child's medical and dental status  
19 and further health care needs. An initial health assessment shall  
20 meet, and may exceed, the guidelines established by the Child  
21 Health and Disability Prevention Program for well child exams  
22 and includes, but is not limited to, diagnostic testing to the extent  
23 necessary to provide a complete assessment.

24 (2) "Forensic medical evaluation" means an examination  
25 performed by a qualified medical professional at the request of a  
26 local child welfare agency pursuant to Section 324.5. A forensic  
27 medical evaluation includes, but is not limited to, diagnostic testing  
28 to the extent necessary to provide a complete evaluation.

29 (3) "*Qualified medical professional*" means a medical  
30 practitioner who has specialized training in detecting and treating  
31 child abuse injuries and neglect pursuant to Section 324.5.

32 (3) "Medi-Cal managed care plan" means a health plan that is  
33 subject to the requirements contained in Article 2.7 (commencing  
34 with Section 14087.3), Article 2.81 (commencing with Section  
35 14087.96), and Article 2.91 (commencing with Section 14089),  
36 or a prepaid health plan with an agreement under Chapter 8  
37 (commencing with Section 14200). "Medi-Cal managed care plan"  
38 shall not include a managed care plan that contracts to provide  
39 health services in a single specialized area of health care.

1 (b) Notwithstanding any other provision of state law, and to the  
2 extent permitted by federal law, no Medi-Cal managed care plan  
3 shall require prior authorization for the provision of an initial health  
4 assessment or forensic medical evaluation pursuant to this section.

5 (c) All Medi-Cal managed care plans shall make payment to  
6 providers for the initial health assessments and forensic medical  
7 evaluations at a rate equal to the reasonable value of the service,  
8 which shall not, during the 2012 calendar year, be less than two  
9 hundred fifty dollars (\$250) for an initial health assessment, and  
10 seven hundred fifty dollars (\$750) for a forensic medical  
11 evaluation. These minimum payment amounts shall be increased  
12 each year by the Medicare Economic Index. A contract between  
13 a provider and a plan obligated to make payment pursuant to this  
14 section may provide for a different payment amount.

15 (d) In the event that a local child welfare agency elects to limit  
16 health care providers that are eligible to receive reimbursement  
17 under this section, the obligation to reimburse providers shall only  
18 apply to initial health assessments and forensic medical evaluations  
19 performed by providers designated by the local child welfare  
20 agency.

21 (e) The obligation to reimburse a provider pursuant to this  
22 section exists irrespective of whether the provider has a contract  
23 with the Medi-Cal managed care plan obligated to make the  
24 payment and irrespective of whether the provider is part of the  
25 plan's network.

26 (f) To the extent permitted by federal law, a county board of  
27 supervisors may, upon a motion made at the request of a local  
28 child welfare agency, excuse all Medi-Cal managed care plans  
29 from the obligation to provide coverage of, or make payment for,  
30 initial health assessments or forensic medical evaluations provided  
31 to children who are residents of that county if the county welfare  
32 agency has made sufficient alternative arrangements to ensure that  
33 the services are provided and that payment is made to providers  
34 for these services.

35 (g) A court, local law enforcement agency, or local child welfare  
36 agency may consider or rely on a report by any qualified medical  
37 professional regarding the health care status, needs, or findings of  
38 a forensic medical evaluation concerning a child examined or  
39 evaluated by the qualified medical professional, irrespective of

1 whether the medical professional may receive payment under this  
2 section.

3 SEC. 4. No reimbursement is required by this act pursuant to  
4 Section 6 of Article XIII B of the California Constitution because  
5 the only costs that may be incurred by a local agency or school  
6 district will be incurred because this act creates a new crime or  
7 infraction, eliminates a crime or infraction, or changes the penalty  
8 for a crime or infraction, within the meaning of Section 17556 of  
9 the Government Code, or changes the definition of a crime within  
10 the meaning of Section 6 of Article XIII B of the California  
11 Constitution.

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