

AMENDED IN SENATE JULY 1, 2014
AMENDED IN SENATE JUNE 16, 2014
AMENDED IN ASSEMBLY JANUARY 16, 2014
AMENDED IN ASSEMBLY JANUARY 6, 2014
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 357

Introduced by Assembly Member Pan

February 14, 2013

An act to repeal Chapter 13 (commencing with Section 12693.90) of Part 6.2 of Division 2 of the Insurance Code, and to add Section 14005.271 to the Welfare and Institutions Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

AB 357, as amended, Pan. Medi-Cal Children's Health Advisory Panel.

Existing law requires the state to implement and administer various child health and disease prevention programs. Existing law establishes the Healthy Families Advisory Board, a 15-member advisory panel appointed by the Managed Risk Medical Insurance Board. Existing law provides for the transition of children from the Healthy Families Program to Medi-Cal, including the transfer of the Healthy Families Advisory Board to the State Department of Health Care Services.

This bill would repeal the Healthy Families Advisory Board and instead rename and recast the board as the Medi-Cal Children's Health Advisory Panel, an independent, statewide advisory body composed of 19 members charged with advising the State Department of Health Care Services on matters relevant to all children enrolled in Medi-Cal and

their families, as specified. The bill would require that panel members, except as otherwise specified, be appointed by the department. The bill would specify the powers and duties of the panel and the department in this regard and would require that the department submit, on or before January 1, 2018, and every 5 years thereafter, a report to the Legislature on the advisory panel’s accomplishments, effectiveness, efficiency, and any recommendations for improving the ability of the advisory panel to fulfill its purpose.

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. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The health and well-being of California’s children should
- 4 be among the state’s top priorities, and it is imperative that every
- 5 child in California has meaningful health coverage with benefits
- 6 that support healthy growth and development.
- 7 (b) Children’s health coverage should encompass more than
- 8 just treatment of diseases and illnesses, but also cover services and
- 9 care to promote healthy development and well-being, identify and
- 10 intervene in problems early on, and prevent chronic disease.
- 11 (c) All children should receive care that meets recognized
- 12 standards of practice.
- 13 (d) For the first time in history, the current generation of children
- 14 is likely to be less healthy than their parents and live shorter lives.
- 15 (e) The incidences and types of chronic disease in children have
- 16 both increased and changed dramatically over the past four decades.
- 17 One in five children has a mental health problem, and the number
- 18 of overweight children has tripled for preschoolers and adolescents
- 19 and quadrupled for children 6 to 11 years of age, inclusive.
- 20 (f) In 2013, California moved over 750,000 children who had
- 21 previously been enrolled in Healthy Families, California’s
- 22 Children’s Health Insurance program, into Medi-Cal, California’s
- 23 Medicaid program.
- 24 (g) Medi-Cal now provides health coverage for roughly 5 million
- 25 children, approximately one-half of all California children.
- 26 (h) Children eligible for Medi-Cal, including children with
- 27 chronic medical conditions and infectious diseases eligible for

1 California Children’s Services, foster youth and former foster
2 youth up to 26 years of age, and children from medically
3 underserved ethnic and geographic populations, are often those
4 who experience the greatest challenges in accessing a variety of
5 the high-quality services they need.

6 (i) In authorizing the Healthy Families transition, the Legislature
7 authorized the transfer of the Healthy Families Advisory Panel to
8 the State Department of Health Care Services, which oversees
9 Medi-Cal.

10 (j) The Healthy Families Advisory Panel was a 15-member
11 panel of stakeholders, including parents of children enrolled in
12 Healthy Families, that advised the Managed Risk Medical
13 Insurance Board on all policies, regulations, operations, and
14 implementation of the Healthy Families Program since the
15 program’s inception in 1998, made recommendations that helped
16 improve the quality of care for children in Healthy Families, and
17 served as an important venue for parents of enrollees, active
18 providers, and other experts to discuss ways to improve the
19 program.

20 (k) The modern epidemics facing children today have lifelong
21 consequences and present significant costs to the economy. The
22 failure to ensure the health of our children enrolled in Medi-Cal
23 may jeopardize their ability to function effectively as adults and
24 for our state to remain strong and competitive in our global society.

25 SEC. 2. Chapter 13 (commencing with Section 12693.90) of
26 Part 6.2 of Division 2 of the Insurance Code is repealed.

27 SEC. 3. Section 14005.271 is added to the Welfare and
28 Institutions Code, immediately following Section 14005.27, to
29 read:

30 14005.271. (a) The Healthy Families Advisory Board
31 established by former Section 12693.90 of the Insurance Code is
32 hereby renamed the Medi-Cal Children’s Health Advisory Panel.

33 (b) The Medi-Cal Children’s Health Advisory Panel shall be
34 an independent, statewide advisory board that shall advise the State
35 Department of Health Care Services on matters relevant to all
36 children enrolled in Medi-Cal and their families, including, but
37 not limited to, emerging trends in the care of children, quality
38 measurements, communications between the State Department of
39 Health Care Services and Medi-Cal families, provider network
40 issues, and Medi-Cal enrollment issues.

- 1 (c) The membership of the advisory panel shall be composed
2 of the following 19 members:
- 3 (1) Three providers who currently participate in Medi-Cal,
4 including each of the following:
- 5 (A) One member who is a licensed, practicing dentist.
6 (B) One physician and surgeon who is board certified in the
7 area of family practice medicine.
8 (C) One physician and surgeon who is board certified in
9 pediatrics.
- 10 (2) Five representatives of provider organizations that currently
11 participate in Medi-Cal, including each of the following:
- 12 (A) One representative from a licensed nonprofit primary care
13 clinic.
14 (B) One representative from the mental health provider
15 community.
16 (C) One representative of the substance abuse provider
17 community.
18 (D) One representative of the county public health provider
19 community.
20 (E) One representative from a licensed hospital that is on the
21 disproportionate share list maintained by the State Department of
22 Health Care Services.
- 23 (3) (A) Five representatives of the Medi-Cal population, one
24 of each of the following:
- 25 (i) A current or former foster youth; an attorney, social worker,
26 probation officer, or court appointed special advocate who currently
27 represents one or more foster youth; a foster care service provider;
28 or a child welfare advocate.
- 29 (ii) A parent of a Medi-Cal enrollee who has received treatment
30 services under the California Children's Services Program within
31 the past six months.
32 (iii) A Medi-Cal enrollee who has received services under the
33 Access for Infants and Mothers Program within the past six months.
34 (iv) A parent or legal guardian of a Medi-Cal enrollee under 21
35 years of age who has received mental health services under the
36 Early and Periodic Screening, Diagnostic, and Treatment Program
37 (EPSDT) within the past six months.
38 (v) A parent or legal guardian of a Medi-Cal enrollee who has
39 received services from the enrollee's Medi-Cal dental managed
40 care plan within the past year.

1 (B) If a representative cannot be identified to meet the
2 requirements of any clause in subparagraph (A), a parent or legal
3 guardian of any Medi-Cal enrollee may be appointed to participate
4 in lieu of the individual specified in that clause.

5 ~~(4) Two representatives from the Legislature, including each~~
6 ~~of the following:~~

7 ~~(A)~~

8 (4) One representative appointed by the Senate Committee on
9 Rules.

10 ~~(B)~~

11 (5) One representative appointed by the Speaker of the
12 Assembly.

13 ~~(5)~~

14 (6) Four additional representatives, including each of the
15 following:

16 (A) One representative from the health plan community.

17 (B) One representative from the business community.

18 (C) One representative from the education community.

19 (D) One in-person assister currently certified to enroll
20 individuals in Medi-Cal.

21 (d) The advisory panel shall elect, from among its members, its
22 chair. The chair shall be considered a member of the State
23 Department of Health Care Service's Stakeholder Advisory
24 Committee.

25 (e) The advisory panel members, except as otherwise specified,
26 *specified in paragraphs (4) and (5) of subdivision (c)*, shall be
27 appointed by the State Department of Health Care Services, or in
28 the case of vacancies of three months or greater, by the ~~chair~~ *chair*;
29 *except for vacancies for positions appointed pursuant to*
30 *paragraphs (4) and (5) of subdivision (c)*.

31 (f) The advisory panel's powers and duties include, but are not
32 limited to, all of the following:

33 (1) To advise the Director of Health Care Services on all
34 policies, regulations, and operations of the Medi-Cal program
35 related to providing health care services to children.

36 (2) To meet at least quarterly, unless deemed unnecessary by
37 the chair.

38 (g) The State Department of Health Care Services's powers and
39 duties shall include, but not be limited to, all of the following:

- 1 (1) To provide general support and staff assistance to the
2 advisory panel.
- 3 (2) To convene and attend meetings of the advisory panel
4 quarterly, unless deemed unnecessary by the chair, at locations
5 that are easily accessible to the public and advisory panel members,
6 are of sufficient duration for presentation, discussion, and public
7 comment on each agenda item, and are in accordance with the
8 Bagley-Keene Open Meeting Act (Article 9 (commencing with
9 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
10 the Government Code).
- 11 (3) To consider all written recommendations of the advisory
12 panel and respond in writing to each written recommendation.
- 13 (4) To reimburse the members of the advisory panel for all
14 necessary travel expenses associated with the activities of the
15 advisory panel, and to provide a stipend of one hundred dollars
16 (\$100) per meeting attended to each panel member who is a
17 Medi-Cal enrollee or a parent of a Medi-Cal enrollee.
- 18 (5) To maintain an Internet Web page on the department's
19 Internet Web site dedicated to the advisory panel that shall include,
20 but not be limited to, all of the following:
- 21 (A) The purpose and scope of the advisory panel.
22 (B) The current membership of the advisory panel.
23 (C) A list of past and future meetings.
24 (D) Agendas and other materials made available for past and
25 future meetings.
26 (E) Recommendations submitted to the department by the
27 advisory panel.
28 (F) The department's responses to recommendations submitted
29 by the advisory panel.
30 (G) Contact information for department staff assisting the
31 advisory panel.
- 32 (6) To inform advisory panel members when new information
33 is posted to the Internet Web page dedicated to the advisory panel.
- 34 (7) Notwithstanding Section 10231.5 of the Government Code,
35 to submit on or before January 1, 2018, and every five years
36 thereafter, a report to the Legislature on the advisory panel's
37 accomplishments, effectiveness, efficiency, and any
38 recommendations for improving the ability of the advisory panel
39 to fulfill its purpose. The report shall be submitted in compliance
40 with Section 9795 of the Government Code.

- 1 (h) The Legislature does not intend the addition of this section
- 2 to result in a new panel, but rather a continuation of the prior panel
- 3 established by former Section 12693.90 of the Insurance Code.
- 4 New panel members shall not be appointed until a vacancy occurs.

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