

ASSEMBLY BILL

No. 1868

Introduced by Assembly Member Gomez

February 19, 2014

An act to amend Section 14131.10 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1868, as introduced, Gomez. Medi-Cal: optional benefits: podiatric medicine.

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. Existing law provides that optional podiatric services are excluded from coverage under the Medi-Cal program.

This bill would cover medical and surgical services provided by a doctor of podiatric medicine that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a podiatrist in the state.

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. Section 14131.10 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14131.10. (a) Notwithstanding any other provision of this
- 4 chapter, Chapter 8 (commencing with Section 14200), or Chapter

1 8.75 (commencing with Section 14591), in order to implement
2 changes in the level of funding for health care services, specific
3 optional benefits are excluded from coverage under the Medi-Cal
4 program.

5 (b) (1) The following optional benefits are excluded from
6 coverage under the Medi-Cal program:

7 (A) Adult dental services, except as specified in paragraph (2).

8 (B) Acupuncture services.

9 (C) Audiology services and speech therapy services.

10 (D) Chiropractic services.

11 (E) Optometric and optician services, including services
12 provided by a fabricating optical laboratory.

13 (F) Podiatric services, *except as specified in paragraph (2)*.

14 (G) Psychology services.

15 (H) Incontinence creams and washes.

16 (2) (A) (i) Medical and surgical services provided by a doctor
17 of dental medicine or dental surgery, ~~which~~ *that*, if provided by a
18 physician, would be considered physician services, and which
19 services may be provided by either a physician or a dentist in this
20 state, are covered.

21 (ii) *Medical and surgical services provided by a doctor of*
22 *podiatric medicine, that, if provided by a physician, would be*
23 *considered physician services, and which services may be provided*
24 *by either a physician or a doctor of podiatric medicine in this state,*
25 *are covered.*

26 (B) Emergency procedures are also covered in the categories
27 of service specified in subparagraph (A). The director may adopt
28 regulations for any of the services specified in subparagraph (A).

29 (C) Effective May 1, 2014, or the effective date of any necessary
30 federal approvals as required by subdivision (f), whichever is later,
31 for persons 21 years of age or older, adult dental benefits, subject
32 to utilization controls, are limited to all the following medically
33 necessary services:

34 (i) Examinations, radiographs/photographic images, prophylaxis,
35 and fluoride treatments.

36 (ii) Amalgam and composite restorations.

37 (iii) Stainless steel, resin, and resin window crowns.

38 (iv) Anterior root canal therapy.

39 (v) Complete dentures, including immediate dentures.

40 (vi) Complete denture adjustments, repairs, and relines.

1 (D) Services specified in this paragraph shall be included as a
2 covered medical benefit under the Medi-Cal program pursuant to
3 Section 14132.89.

4 (3) Pregnancy-related services and services for the treatment of
5 other conditions that might complicate the pregnancy are not
6 excluded from coverage under this section.

7 (c) The optional benefit exclusions do not apply to either of the
8 following:

9 (1) Beneficiaries under the Early and Periodic Screening
10 Diagnosis and Treatment Program.

11 (2) Beneficiaries receiving long-term care in a nursing facility
12 that is both:

13 (A) A skilled nursing facility or intermediate care facility as
14 defined in subdivisions (c) and (d) of Section 1250 of the Health
15 and Safety Code.

16 (B) Licensed pursuant to subdivision (k) of Section 1250 of the
17 Health and Safety Code.

18 (d) This section shall only be implemented to the extent
19 permitted by federal law.

20 (e) Notwithstanding Chapter 3.5 (commencing with Section
21 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
22 the department may implement the provisions of this section by
23 means of all-county letters, provider bulletins, or similar
24 instructions, without taking further regulatory action.

25 (f) The department shall seek approval for federal financial
26 participation and coverage of services specified in subparagraph
27 (C) of paragraph (2) of subdivision (b) under the Medi-Cal
28 program.

29 (g) This section, except as specified in subparagraph (C) of
30 paragraph (2) of subdivision (b), shall be implemented on the first
31 day of the month following 90 days after the operative date of this
32 section.