

AMENDED IN SENATE AUGUST 15, 2016
AMENDED IN SENATE SEPTEMBER 1, 2015
AMENDED IN SENATE JUNE 15, 2015
AMENDED IN ASSEMBLY APRIL 16, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1114

Introduced by Assembly Member ~~Bonilla~~ *Eggman*

February 27, 2015

~~An act to amend Section 15926 of the Welfare and Institutions Code, relating to public health.~~ *An act to add Section 14132.968 to the Welfare and Institutions Code, relating to health care, and declaring the urgency thereof, to take effect immediately.*

LEGISLATIVE COUNSEL'S DIGEST

AB 1114, as amended, ~~Bonilla~~ *Eggman*. ~~Health care: eligibility and enrollment.~~ *Medi-Cal: pharmacist services.*

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. Existing law provides for a schedule of benefits covered by the Medi-Cal program, including the purchase of prescribed drugs subject to the Medi-Cal list of contract drugs and utilization controls. Existing law requires a pharmacy provider under the Medi-Cal program to submit his or her usual and customary charge, as defined, when billing the Medi-Cal program for prescribed drugs. The Pharmacy Law specifies the functions a pharmacist is authorized

to perform, including furnishing nicotine replacement products and administering immunizations, as specified.

This bill would add to the schedule of benefits pharmacist services, subject to department protocols and utilization controls. The bill would require pharmacist services to include only those services provided by a pharmacist consistent with the laws governing his or her scope of practice and would require the department to develop a list of pharmacist services. The bill would require the rate of reimbursement for pharmacist services to be at 85% of the fee schedule for physician services under the Medi-Cal program and would require the department to establish a fee schedule. The bill would authorize the department to implement these provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until regulations are adopted, and would require the department to adopt those regulations by July 1, 2021. Commencing July 1, 2017, the bill would require the department to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. The bill would require these provisions to be implemented only to the extent that federal financial participation is available and the necessary federal approvals are obtained.

This bill would declare that it is to take effect immediately as an urgency statute.

~~Existing law establishes various programs to provide health care coverage to persons with limited financial resources, including the Medi-Cal program and the State's Children's Health Insurance Program. Existing law establishes the California Health Benefit Exchange (Exchange), pursuant to the federal Patient Protection and Affordable Care Act (PPACA), and specifies the duties and powers of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and facilitating the purchase of qualified health plans through the Exchange. Existing law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, operative as provided, requires the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible, application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements relating to the forms and notices developed for these purposes.~~

~~This bill would define the terms "forms" and "notices" for these purposes as application and renewal forms and notices of action needed~~

to obtain or retain eligibility, benefits, or services from an insurance affordability program.

Vote: ~~majority~~^{2/3}. Appropriation: no. Fiscal committee: ~~no~~^{yes}. State-mandated local program: no.

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

1 SECTION 1. Section 14132.968 is added to the Welfare and
2 Institutions Code, immediately following Section 14132.966, to
3 read:

4 14132.968. (a) Pharmacist services are a benefit under the
5 Medi-Cal program, subject to approval by the federal Centers for
6 Medicare and Medicaid Services.

7 (b) The department shall develop a list of pharmacist services
8 that are reimbursable to an enrolled Medi-Cal pharmacy provider.

9 (1) The department shall establish a fee schedule for the list of
10 pharmacist services.

11 (2) The rate of reimbursement for pharmacist services shall be
12 at 85 percent of the fee schedule for physician services under the
13 Medi-Cal program.

14 (c) Covered pharmacist services provided to a Medi-Cal
15 beneficiary shall include only those services provided by a
16 pharmacist consistent with the laws governing his or her scope of
17 practice. Covered pharmacist services shall be subject to
18 department protocols and utilization controls.

19 (d) A pharmacist shall be enrolled as an ordering, referring,
20 and prescribing provider under the Medi-Cal program prior to
21 rendering a pharmacist service that is submitted by a Medi-Cal
22 pharmacy provider for reimbursement pursuant to this section.

23 (e) The director shall seek any necessary federal approvals to
24 implement this section. This section shall not be implemented until
25 the necessary federal approvals are obtained and shall be
26 implemented only to the extent that federal financial participation
27 is available.

28 (f) Notwithstanding Chapter 3.5 (commencing with Section
29 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
30 the department may implement, interpret, or make specific this
31 section, and any applicable federal waivers and state plan
32 amendments, by means of all-county letters, plan letters, plan or
33 provider bulletins, or similar instructions, without taking

1 regulatory action. By July 1, 2021, the department shall adopt
2 regulations in accordance with the requirements of Chapter 3.5
3 (commencing with Section 11340) of Part 1 of Division 3 of Title
4 2 of the Government Code. Commencing July 1, 2017, the
5 department shall provide a status report to the Legislature on a
6 semiannual basis, in compliance with Section 9795 of the
7 Government Code, until regulations have been adopted.

8 SEC. 2. This act is an urgency statute necessary for the
9 immediate preservation of the public peace, health, or safety within
10 the meaning of Article IV of the Constitution and shall go into
11 immediate effect. The facts constituting the necessity are:

12 In order to make pharmacist services available as a benefit under
13 the Medi-Cal program at the earliest possible time, it is necessary
14 that this act take effect immediately.

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17 **All matter omitted in this version of the bill**
18 **appears in the bill as amended in the**
19 **Senate, September 1, 2015. (JR11)**
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