

ASSEMBLY BILL

No. 1257

Introduced by Assembly Member Gray

February 27, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1257, as introduced, Gray. Medi-Cal: optional benefits.

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, except as specified, that certain optional Medi-Cal benefits, including, among others, certain adult dental services and optometric and optician services, are excluded from coverage under the Medi-Cal program. Existing law, beginning May 1, 2014, or the effective date of any necessary federal financial participation approvals, whichever is later, provides that only specified adult dental services are a covered Medi-Cal benefit for persons who are 21 years of age or older, as specified.

This bill would make technical, nonsubstantive changes to this provision.

Vote: majority. Appropriation: no. Fiscal committee: no.

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
5 8.75 (commencing with Section 14591), in order to implement
6 changes in the level of funding for health care services, specific
7 optional benefits are excluded from coverage under the Medi-Cal
8 program.

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

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

12 (B) Acupuncture services.

13 (C) Audiology services and speech therapy services.

14 (D) Chiropractic services.

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

17 (F) Podiatric services.

18 (G) Psychology services.

19 (H) Incontinence creams and washes.

20 (2) (A) Medical and surgical services provided by a doctor of
21 dental medicine or dental surgery, which, if provided by a
22 physician, would be considered physician services, and which
23 services may be provided by either a physician or a dentist in this
24 state, are covered.

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

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

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

35 (ii) Amalgam and composite restorations.

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

37 (iv) Anterior root canal therapy.

38 (v) Complete dentures, including immediate dentures.

- 1 (vi) Complete denture adjustments, repairs, and relines.
- 2 (D) Services specified in this paragraph shall be included as a
- 3 covered medical benefit under the Medi-Cal program pursuant to
- 4 Section 14132.89.
- 5 (3) Pregnancy-related services and services for the treatment of
- 6 other conditions that might complicate the pregnancy are not
- 7 excluded from coverage under this section.
- 8 (c) The optional benefit exclusions do not apply to either of the
- 9 following:
 - 10 (1) Beneficiaries under the Early and Periodic Screening
 - 11 Diagnosis and Treatment Program.
 - 12 (2) Beneficiaries receiving long-term care in a nursing facility
 - 13 that is both:
 - 14 (A) A skilled nursing facility or intermediate care facility as
 - 15 defined in subdivisions (c) and (d) of Section 1250 of the Health
 - 16 and Safety Code.
 - 17 (B) Licensed pursuant to subdivision (k) of Section 1250 of the
 - 18 Health and Safety Code.
 - 19 (d) This section shall only be implemented to the extent
 - 20 permitted by federal law.
 - 21 (e) Notwithstanding Chapter 3.5 (commencing with Section
 - 22 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
 - 23 the department may implement the provisions of this section by
 - 24 means of all-county letters, provider bulletins, or similar
 - 25 instructions, without taking further regulatory action.
 - 26 (f) The department shall seek approval for federal financial
 - 27 participation and coverage of services specified in subparagraph
 - 28 (C) of paragraph (2) of subdivision (b) under the Medi-Cal
 - 29 program.
 - 30 (g) This section, except as specified in subparagraph (C) of
 - 31 paragraph (2) of subdivision (b), shall be implemented on the first
 - 32 day of the month following 90 days after the operative date of this
 - 33 section.