

ASSEMBLY BILL

No. 1396

Introduced by Assembly Member Bonta
(Principal coauthor: Senator Pan)

February 27, 2015

An act relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1396, as introduced, Bonta. Medi-Cal.

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 federal law requires, among other things, that a state plan for medical assistance provide methods and procedures relating to the utilization of, and the payment for, care and services available under the plan as may be necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that care and services are available to the general population in the geographic area.

This bill would state the intent of the Legislature to enact legislation to align state law with federal law, as specified above, and to require an independent, third party to establish standardized metrics on access to care and quality of care, and to assess services using those metrics.

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. It is the intent of the Legislature to enact
2 legislation that would align state law with federal law, specifically
3 to assure that Medi-Cal “payments are consistent with efficiency,
4 economy, and quality of care and are sufficient to enlist enough
5 providers so that care and services are available under the plan at
6 least to the extent that such care and services are available to the
7 general population in the geographic area” (42 U.S.C. Sec.
8 1369a(a)(30)(A)), that would require an independent, third party
9 to establish standardized metrics on access to care and quality of
10 care, and that would require that same entity to annually assess,
11 using the standardized metrics, services provided to Medi-Cal
12 beneficiaries, and report those findings annually to the Legislature.

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