

AMENDED IN ASSEMBLY APRIL 19, 2016

AMENDED IN ASSEMBLY MARCH 16, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1739**

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**Introduced by Assembly Member Waldron**

February 1, 2016

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An act to add Section 14133.75 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1739, as amended, Waldron. Medi-Cal: allergy testing.

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 under the Medi-Cal program, and authorizes the use of utilization controls, including prior authorization, that may be applied to those covered benefits and that are reviewed for, among other things, medical necessity. Under the Medi-Cal program, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

This bill would require the department to treat serologic-specific IgE allergy tests and percutaneous skin allergy tests as equivalent in their sensitivity and accuracy for confirming the existence of an allergy in a patient, and to ~~treat those tests as medically necessary~~ *provide the same standard of coverage for either test* for those individuals with a medical

history consistent with specified conditions. The bill would require the department to update its provider bulletins, as necessary, to reference the most current professional literature and guidance related to allergy testing.

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) Historically, allergies were diagnosed by an allergist who~~  
4     ~~used a percutaneous, or “skin-prick,” test to infect the skin of a~~  
5     ~~patient with varying allergens for the purpose of determining the~~  
6     ~~patient’s reaction to those allergens. This procedure required the~~  
7     ~~patient to be referred by his or her primary care physician to an~~  
8     ~~allergist, and required the patient to undergo a series of pricks to~~  
9     ~~his or her skin.~~
- 10    ~~(b) Advances in blood testing technology using~~  
11    ~~serologic-specific IgE quantitative testing allow a patient to be~~  
12    ~~diagnosed without a referral to a specialist.~~
- 13    ~~(c) Professional literature and guidance from the National Heart,~~  
14    ~~Lung, and Blood Institute at the National Institutes of Health has~~  
15    ~~determined that blood tests and skin tests for allergies are equal~~  
16    ~~in their diagnostic value, and that blood testing is preferred in the~~  
17    ~~case of testing for food allergies.~~
- 18    ~~(d) Private health care insurance plans recognize the professional~~  
19    ~~literature and guidelines regarding the efficacy of blood testing~~  
20    ~~and cover blood testing for the diagnosis of allergies.~~
- 21    ~~(e) Medi-Cal does not cover blood testing for allergies in the~~  
22    ~~same manner as private health care insurance.~~
- 23    ~~(f) Fee-for-service Medi-Cal patients are not receiving the same~~  
24    ~~level of care as patients with private health insurance coverage.~~  
25    ~~Due to an insufficient number of allergists available to diagnose~~  
26    ~~and treat Medi-Cal patients, the diagnosis of many patients covered~~  
27    ~~by Medi-Cal is delayed or never occurs.~~
- 28    ~~(g) Medi-Cal coverage decisions must be based on the latest~~  
29    ~~and most current medical literature and studies.~~

1 ~~SEC. 2.~~

2 *SECTION 1.* Section 14133.75 is added to the Welfare and  
3 Institutions Code, to read:

4 14133.75. (a) The department shall treat serologic-specific  
5 IgE tests and percutaneous skin tests as equivalent confirmatory  
6 tests in terms of their sensitivity and accuracy, and shall ~~treat them~~  
7 ~~as medically necessary~~ *provide the same standard of coverage for*  
8 *either test* for those individuals with a medical history consistent  
9 with any of the following:

- 10 (1) An inhalant allergy.  
11 (2) A food allergy.  
12 (3) Hymenoptera venom allergy or an allergy to stinging insects.  
13 (4) Allergic bronchopulmonary aspergillosis (ABPA).  
14 (5) Certain parasitic diseases.  
15 (6) Allergies to specific drugs.  
16 (b) The department shall update its provider bulletins, as  
17 necessary, to reference the most current professional literature and  
18 guidance related to allergy testing.

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