

AMENDED IN ASSEMBLY APRIL 13, 2016
AMENDED IN ASSEMBLY SEPTEMBER 9, 2015
AMENDED IN ASSEMBLY JULY 7, 2015
AMENDED IN SENATE JUNE 2, 2015

SENATE BILL

No. 10

Introduced by Senator Lara

December 1, 2014

An act to add Section 100522 to the Government Code, ~~and to add Section 14102.1 to the Welfare and Institutions Code~~, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 10, as amended, Lara. Health care coverage: immigration status.

Existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, and meets certain other requirements. PPACA specifies that an individual who is not a citizen or national of the United States or an alien lawfully present in the United States shall not be treated as a qualified individual and may not be covered under a qualified health plan offered through an exchange. Existing law creates the California Health Benefit Exchange for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.

This bill would require the Secretary of California Health and Human Services to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain

health coverage because of their immigration status to obtain coverage from the Exchange. The bill would require, after that waiver has been granted, the Exchange to offer California qualified health benefit plans, as specified, to these individuals. The bill would require that individuals eligible to purchase California qualified health plans pay the cost of coverage without federal assistance.

~~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. The federal Medicaid Program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.~~

~~This bill would extend eligibility for full-scope Medi-Cal benefits to individuals 19 years of age and older who are otherwise eligible for those benefits but for their immigration status if the department determines that sufficient funding is available, or for limited scope Medi-Cal benefits if funding for full-scope benefits is not available. The bill would require these individuals to enroll into Medi-Cal managed care health plans, and to pay copayments and premium contributions, to the extent required of otherwise eligible Medi-Cal recipients who are similarly situated. The bill would require that benefits for those services be provided with state-only funds only if federal financial participation is not available. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions:~~

~~Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: *yes-no*.~~

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

1 ~~SECTION 1. (a) The Legislature finds and declares all of the~~
2 ~~following:~~

3 ~~(1) The Legislature and the Governor, through the enactment~~
4 ~~of the Budget Act of 2015 (Chapter 11 of the Statutes of 2015),~~
5 ~~expanded Medi-Cal eligibility for children to ensure that no child~~
6 ~~in California who is income eligible will be denied access to health~~
7 ~~care coverage on the basis of immigration status.~~

8 ~~(2) Expanding access and increasing enrollment in~~
9 ~~comprehensive health care coverage is of benefit to the health and~~
10 ~~welfare of all Californians.~~

11 ~~(3) Longstanding California law provides full-scope Medi-Cal~~
12 ~~benefits to United States citizens, lawful permanent residents, and~~
13 ~~individuals permanently residing in the United States under color~~
14 ~~of law, including those granted deferred action.~~

15 ~~(b) It is the intent of the Legislature in enacting this act to~~
16 ~~increase opportunities for enrollment in comprehensive health care~~
17 ~~coverage for adults, regardless of immigration status.~~

18 ~~(e) It is further the intent of the Legislature that all Californians~~
19 ~~who are otherwise eligible for Medi-Cal, a qualified health plan~~
20 ~~offered through the California Health Benefit Exchange, or~~
21 ~~affordable employer-based health coverage, enroll in that coverage,~~
22 ~~and obtain the care that they need.~~

23 ~~SEC. 2.~~

24 ~~SECTION 1.~~ Section 100522 is added to the Government Code,
25 to read:

26 100522. (a) The Secretary of California Health and Human
27 Services shall apply to the United States Department of Health
28 and Human Services for a waiver authorized under Section 1332
29 of the federal act as defined in subdivision (e) of Section 100501
30 in order to allow persons otherwise not able to obtain coverage by
31 reason of immigration status through the Exchange to obtain
32 coverage from the Exchange by waiving the requirement that the
33 Exchange offer only qualified health plans solely for the purpose
34 of offering coverage to persons otherwise not able to obtain
35 coverage by reason of immigration status.

36 (b) The Exchange shall offer California qualified health plans
37 that shall be subject to the requirements of this title, including all
38 of those requirements applicable to qualified health plans. In

1 addition, California qualified health plans shall be subject to the
2 requirements of Section 1366.6 of the Health and Safety Code and
3 Section 10112.3 of the Insurance Code in the same manner as
4 qualified health plans.

5 (c) Persons eligible to purchase California qualified health plans
6 shall pay the cost of coverage without federal advanced premium
7 tax credit, federal cost-sharing reduction, or any other federal
8 assistance.

9 (d) Subdivisions (b) and (c) shall become operative upon federal
10 approval of the waiver pursuant to subdivision (a).

11 (e) For purposes of this section, a “California qualified health
12 plan” means a product offered to persons not otherwise eligible to
13 purchase coverage from the Exchange by reason of immigration
14 status and that comply with each of the requirements of state law
15 and the Exchange for a qualified health plan.

16 ~~SEC. 3. Section 14102.1 is added to the Welfare and~~
17 ~~Institutions Code, to read:~~

18 ~~14102.1. (a) (1) Notwithstanding any other law, an individual~~
19 ~~19 years of age or older who meets all of the eligibility~~
20 ~~requirements for full-scope Medi-Cal benefits under this chapter,~~
21 ~~but for his or her immigration status, may be enrolled for full-scope~~
22 ~~Medi-Cal benefits, pursuant to paragraph (2).~~

23 ~~(2) When a county completes the Medi-Cal eligibility~~
24 ~~determination process for an individual 19 years of age or older~~
25 ~~who meets all of the eligibility requirements for full-scope~~
26 ~~Medi-Cal benefits under this chapter, but for his or her immigration~~
27 ~~status, the county shall transmit this information to the department~~
28 ~~to determine if sufficient funding is available for this individual~~
29 ~~to receive full-scope Medi-Cal benefits. If sufficient funding is~~
30 ~~available, the individual shall be eligible for full-scope benefits.~~
31 ~~If sufficient funding is not available, the individual shall be eligible~~
32 ~~for limited scope Medi-Cal benefits.~~

33 ~~(b) This section shall not apply to individuals eligible for~~
34 ~~coverage pursuant to Section 14102.~~

35 ~~(c) An individual who is eligible for coverage under subdivision~~
36 ~~(a) shall be required to enroll into Medi-Cal managed care health~~
37 ~~plans to the extent required of otherwise eligible Medi-Cal~~
38 ~~recipients who are similarly situated.~~

39 ~~(d) An individual who is eligible for coverage under subdivision~~
40 ~~(a) shall pay copayments and premium contributions to the extent~~

1 required of otherwise eligible Medi-Cal recipients who are similarly
2 situated.

3 ~~(e) Benefits for services under this section shall be provided~~
4 ~~with state-only funds only if federal financial participation is not~~
5 ~~available for those services. The department shall maximize federal~~
6 ~~financial participation in implementing this section to the extent~~
7 ~~allowable.~~

8 ~~(f) Eligibility for full-scope Medi-Cal benefits for an individual~~
9 ~~19 years of age or older pursuant to subdivision (a) shall not be an~~
10 ~~entitlement. The department shall have the authority to determine~~
11 ~~eligibility, determine the number of individuals who may be~~
12 ~~enrolled, establish limits on the number enrolled, and establish~~
13 ~~processes for waiting lists needed to maintain program expenditures~~
14 ~~within available funds.~~

15 ~~(g) Notwithstanding Chapter 3.5 (commencing with Section~~
16 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~
17 ~~the department, without taking any further regulatory action, shall~~
18 ~~implement, interpret, or make specific this section by means of~~
19 ~~all-county letters, plan letters, plan or provider bulletins, or similar~~
20 ~~instructions until the time regulations are adopted. The department~~
21 ~~shall adopt regulations by July 1, 2018, in accordance with the~~
22 ~~requirements of Chapter 3.5 (commencing with Section 11340) of~~
23 ~~Part 1 of Division 3 of Title 2 of the Government Code.~~
24 ~~Commencing July 1, 2016, and notwithstanding Section 10231.5~~
25 ~~of the Government Code, the department shall provide a status~~
26 ~~report to the Legislature on a semiannual basis, in compliance with~~
27 ~~Section 9795 of the Government Code, until regulations have been~~
28 ~~adopted.~~

29 ~~SEC. 4. If the Commission on State Mandates determines that~~
30 ~~this act contains costs mandated by the state, reimbursement to~~
31 ~~local agencies and school districts for those costs shall be made~~
32 ~~pursuant to Part 7 (commencing with Section 17500) of Division~~
33 ~~4 of Title 2 of the Government Code.~~