

AMENDED IN ASSEMBLY SEPTEMBER 4, 2015

AMENDED IN ASSEMBLY SEPTEMBER 1, 2015

AMENDED IN ASSEMBLY JULY 16, 2015

AMENDED IN ASSEMBLY JULY 7, 2015

AMENDED IN SENATE JUNE 1, 2015

AMENDED IN SENATE APRIL 28, 2015

AMENDED IN SENATE APRIL 6, 2015

**SENATE BILL**

**No. 4**

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**Introduced by Senator Lara**

(Principal coauthor: Assembly Member Bonta)

**(Coauthors: Senators Hall, Hancock, Hernandez, Hill, Hueso,  
Mitchell, Monning, Pan, and Wolk)**

(Coauthors: Assembly Members Alejo, Chiu, Gomez, Levine, Lopez,  
and Thurmond)

December 1, 2014

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An act to ~~add Section 100522 to the Government Code, and to amend~~ Section 14007.8 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 4, 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 the California Health and Human Services Agency 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 California Health Benefit Exchange. The bill would require, after that waiver has been granted, the California Health Benefit 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. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 19 years of age who do not have, or are unable to establish, satisfactory immigration status, commencing after the Director of Health Care Services determines that systems have been programmed for implementation of this extension, but in no case sooner than May 1, 2016. Existing law requires these individuals to enroll in a Medi-Cal managed care health plan in those counties in which a Medi-Cal managed care health plan is available.

This bill would require individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the director makes the above-described determination to be ~~transitioned to full-scope Medi-Cal within 30 days of that determination.~~ *enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified.* The bill would also require that an individual who is eligible pursuant to these provisions enroll in a Medi-Cal managed care health plan ~~if the individual would otherwise have been required to enroll in that plan.~~ *The bill would not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program that he or she would otherwise be eligible for.*

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

3 ~~(1)~~

4 (a) No child in California should endure suffering and pain due  
5 to a lack of access to health care services.

6 ~~(2) No individual in California should be excluded from~~  
7 ~~obtaining coverage through the California Health Benefit Exchange~~  
8 ~~by reason of immigration status.~~

9 ~~(3)~~

10 (b) Expanding access and increasing enrollment in  
11 comprehensive health care coverage benefits the health and welfare  
12 of all Californians.

13 ~~(b) It is the intent of the Legislature to ensure that all~~  
14 ~~Californians are eligible to obtain health care coverage through~~  
15 ~~the Exchange.~~

16 ~~(c) It is further the intent of the Legislature to increase~~  
17 ~~opportunities for enrollment in comprehensive coverage for adults,~~  
18 ~~regardless of immigration status, through the enactment of this~~  
19 ~~bill.~~

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

25 ~~(c) Through the enactment of Senate Bill 75, the California~~  
26 ~~Legislature has extended eligibility for full-scope Medi-Cal benefits~~  
27 ~~to all children in California, regardless of immigration status.~~

28 SEC. 2. Section 100522 is added to the Government Code, to  
29 read:

30 100522. ~~(a) The Secretary of California Health and Human~~  
31 ~~Services shall apply to the United States Department of Health~~  
32 ~~and Human Services for a waiver authorized under Section 1332~~  
33 ~~of the federal act as defined in subdivision (c) of Section 100501~~  
34 ~~in order to allow persons otherwise not able to obtain coverage by~~  
35 ~~reason of immigration status through the Exchange to obtain~~

1 coverage from the Exchange by waiving the requirement that the  
2 Exchange offer only qualified health plans solely for the purpose  
3 of offering coverage to persons otherwise not able to obtain  
4 coverage by reason of immigration status.

5 (b) ~~The Exchange shall offer California qualified health plans  
6 that shall be subject to the requirements of this title, including all  
7 of those requirements applicable to qualified health plans. In  
8 addition, California qualified health plans shall be subject to the  
9 requirements of Section 1366.6 of the Health and Safety Code and  
10 Section 10112.3 of the Insurance Code in the same manner as  
11 qualified health plans.~~

12 (c) ~~Persons eligible to purchase California qualified health plans  
13 shall pay the cost of coverage without federal advanced premium  
14 tax credit, federal cost-sharing reduction, or any other federal  
15 assistance.~~

16 (d) ~~Subdivisions (b) and (c) of this section shall become  
17 operative upon federal approval of the waiver pursuant to  
18 subdivision (a).~~

19 (e) ~~For purposes of this section, a “California qualified health  
20 plan” means a product offered to persons not otherwise eligible to  
21 purchase coverage from the Exchange by reason of immigration  
22 status and that comply with each of the requirements of state law  
23 and the Exchange for a qualified health plan.~~

24 ~~SEC. 3.~~

25 *SEC. 2.* Section 14007.8 of the Welfare and Institutions Code  
26 is amended to read:

27 14007.8. (a) (1) After the director determines, and  
28 communicates that determination in writing to the Department of  
29 Finance, that systems have been programmed for implementation  
30 of this section, but no sooner than May 1, 2016, an individual who  
31 is under 19 years of age and who does not have satisfactory  
32 immigration status or is unable to establish satisfactory immigration  
33 status as required by Section 14011.2 shall be eligible for the full  
34 scope of Medi-Cal benefits, if he or she is otherwise eligible for  
35 benefits under this chapter.

36 (2) Individuals under 19 years of age enrolled in ~~restricted-scope~~  
37 Medi-Cal *pursuant to subdivision (d) of Section 14007.5* at the  
38 time the director makes the determination described in paragraph  
39 (1) shall be ~~transitioned to full-scope Medi-Cal within 30 days of~~  
40 ~~the director’s determination.~~ *enrolled in the full scope of Medi-Cal*

1 *benefits, if otherwise eligible, pursuant to an eligibility and*  
2 *enrollment plan. This plan shall include outreach strategies*  
3 *developed by the department in consultation with interested*  
4 *stakeholders, including, but not limited to, counties, health care*  
5 *service plans, consumer advocates, and the Legislature.*

6 (b) To the extent permitted by state and federal law, an  
7 individual eligible under this section shall be required to enroll in  
8 a Medi-Cal managed care health plan ~~if the individual would~~  
9 ~~otherwise have been required to enroll in the plan.~~ *Enrollment*  
10 *in a Medi-Cal managed care health plan shall not preclude a*  
11 *beneficiary from being enrolled in any other children's Medi-Cal*  
12 *specialty program that he or she would otherwise be eligible for.*

13 (c) The department shall seek any necessary federal approvals  
14 to obtain federal financial participation in implementing this  
15 section. Benefits for services under this section shall be provided  
16 with state-only funds only if federal financial participation is not  
17 available for those services.

18 (d) The department shall maximize federal financial participation  
19 in implementing this section to the extent allowable.

20 (e) This section shall be implemented only to the extent it is in  
21 compliance with Section 1621(d) of Title 8 of the United States  
22 Code.

23 (f) (1) Notwithstanding Chapter 3.5 (commencing with Section  
24 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
25 the department, without taking any further regulatory action, shall  
26 implement, interpret, or make specific this section by means of  
27 all-county letters, plan letters, plan or provider bulletins, or similar  
28 instructions until the time any necessary regulations are adopted.  
29 Thereafter, the department shall adopt regulations in accordance  
30 with the requirements of Chapter 3.5 (commencing with Section  
31 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

32 (2) Commencing six months after the effective date of this  
33 section, and notwithstanding Section 10231.5 of the Government  
34 Code, the department shall provide a status report to the Legislature  
35 on a semiannual basis, in compliance with Section 9795 of the  
36 Government Code, until regulations have been adopted.

37 (g) In implementing this section, the department may contract,  
38 as necessary, on a bid or nonbid basis. This subdivision establishes  
39 an accelerated process for issuing contracts pursuant to this section.  
40 Those contracts, and any other contracts entered into pursuant to

1 this subdivision, may be on a noncompetitive bid basis and shall  
2 be exempt from the following:

3 (1) Part 2 (commencing with Section 10100) of Division 2 of  
4 the Public Contract Code and any policies, procedures, or  
5 regulations authorized by that part.

6 (2) Article 4 (commencing with Section 19130) of Chapter 5  
7 of Part 2 of Division 5 of Title 2 of the Government Code.

8 (3) Review or approval of contracts by the Department of  
9 General Services.

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