

AMENDED IN SENATE JUNE 1, 2015

AMENDED IN SENATE APRIL 6, 2015

**SENATE BILL**

**No. 447**

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**Introduced by Senator Allen**

February 25, 2015

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An act to amend Section 14132.01 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 447, as amended, Allen. Medi-Cal: clinics: drugs and supplies.

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.

The Medi-Cal program, pursuant to a federal waiver, administers a program known as the Family Planning, Access, Care, and Treatment (Family PACT) Program, to provide comprehensive clinical family planning services to any person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Existing law requires reimbursement for drugs and supplies covered under the Medi-Cal program and Family PACT Program by a licensed community clinic or free clinic, or an intermittent clinic, to be the lesser of the amount billed or the Medi-Cal reimbursement rate and caps reimbursement at the net cost of the drugs or products as provided to retail pharmacies under the Medi-Cal program. Existing law sets the costs for drugs and supplies covered under those programs at an aggregate amount equivalent to the sum of the actual acquisition cost of a drug or supply plus a clinic dispensing

fee not to exceed \$12 per billing unit, as specified. Existing law also sets the cost for a take-home drug that is dispensed for use by the patient within a specific timeframe of 5 or less days from the date medically indicated at the actual acquisition cost for that drug plus a clinic dispensing fee, not to exceed \$17 per prescription.

This bill would revise this reimbursement formula ~~for those drugs subject to a rebate under specified federal law~~, and would instead require the clinic dispensing fee to be the difference between the actual acquisition cost of a drug or supply, to be calculated not less than annually, and the Medi-Cal reimbursement rate. The bill would remove the cap on reimbursement that is based on the net cost of drugs or supplies when provided by retail pharmacies under the Medi-Cal program.

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. Section 14132.01 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14132.01. (a) Notwithstanding any other law, a community
- 4 clinic or free clinic licensed pursuant to subdivision (a) of Section
- 5 1204 of the Health and Safety Code or an intermittent clinic
- 6 operating pursuant to subdivision (h) of Section 1206 of the Health
- 7 and Safety Code, that has a valid license pursuant to Article 13
- 8 (commencing with Section 4180) of Chapter 9 of Division 2 of
- 9 the Business and Professions Code shall bill and be reimbursed,
- 10 as described in this section, for drugs and supplies covered under
- 11 the Medi-Cal program and Family PACT Waiver Program.
- 12 (b) (1) ~~With respect to those drugs that are subject to a rebate~~
- 13 ~~under Section 1396r-8 of Title 42 of the United States Code, a A~~
- 14 clinic described in subdivision (a) shall bill the Medi-Cal program
- 15 and Family PACT Waiver Program for drugs and supplies covered
- 16 under those programs at the lesser of cost or the clinic's usual
- 17 charge made to the general public.
- 18 (2) For purposes of this section, "cost" means an aggregate
- 19 amount equivalent to the sum of the actual acquisition cost of a
- 20 drug or supply plus a clinic dispensing fee. The actual acquisition
- 21 cost of a drug or supply shall be calculated not less than annually.
- 22 The clinic dispensing fee shall be the difference between the actual

1 acquisition cost of a drug or supply and the Medi-Cal  
2 reimbursement rate.

3 (c) Reimbursement shall be at the lesser of the amount billed  
4 or the Medi-Cal reimbursement rate.

5 (d) A clinic described in subdivision (a) that furnishes services  
6 free of charge, or at a nominal charge, as defined in subsection (a)  
7 of Section 413.13 of Title 42 of the Code of Federal Regulations,  
8 or that can demonstrate to the department, upon request, that it  
9 serves primarily low-income patients, and its customary practice  
10 is to charge patients on the basis of their ability to pay, shall not  
11 be subject to reimbursement reductions based on its usual charge  
12 to the general public.

13 (e) Federally qualified health centers and rural health clinics  
14 that are clinics as described in subdivision (a) may bill and be  
15 reimbursed as described in this section, upon electing to be  
16 reimbursed for pharmaceutical goods and services delivered  
17 through their dispensaries on a fee-for-service basis, as permitted  
18 by subdivision (k) of Section 14132.100.

19 (f) A clinic that otherwise meets the qualifications set forth in  
20 subdivision (a), that is eligible to, but that has elected not to, utilize  
21 drugs purchased under the 340B Discount Drug Program for its  
22 Medi-Cal patients, shall provide notification to the Health  
23 Resources and Services Administration's Office of Pharmacy  
24 Affairs that it is utilizing non-340B drugs for its Medi-Cal patients  
25 in the manner and to the extent required by federal law.

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