

AMENDED IN SENATE APRIL 6, 2016

**SENATE BILL**

**No. 997**

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**Introduced by Senator Lara**

February 10, 2016

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An act to ~~amend~~ *add and repeal* Section ~~14007.8~~ *of 14007.81* of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 997, as amended, Lara. Health care coverage: immigration status.

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 individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the director makes the above-described determination to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. Existing law requires an individual who is eligible pursuant to these provisions to enroll in a Medi-Cal managed care health plan, where available, but does 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.

This bill, until January 1, 2019, ~~authorizes~~ *would authorize* the enrollment of eligible children who, as of May 1, 2016, were enrolled in comprehensive, low-cost coverage provided by a health care service plan with a total enrollment in excess of ~~five~~ 5 million lives, in full-scope Medi-Cal with the same health care service plan, notwithstanding any other law or existing Medi-Cal managed care contract. ~~The bill would prohibit the child from being enrolled in fee-for-service Medi-Cal or another Medi-Cal managed care plan unless a responsible adult seeks enrollment in fee-for-service Medi-Cal or another Medi-Cal managed care plan after the child obtains full-scope Medi-Cal benefits. The bill would require a health care service plan described above to provide specified information to the child's representative regarding the child's transition into the Medi-Cal program. The bill would require the department to provide notice to the family child's representative before the child's transition to full-scope Medi-Cal, as specified. Medi-Cal, and would require this notice to contain specified information, including that the child may choose not to transition into the Medi-Cal program, and what this choice will mean for his or her health care coverage and access to health care services. The bill would require the department, using its third-party liability database, to determine whether prior to May 1, 2016, an eligible child was enrolled in coverage with a health care service plan with a total enrollment in excess of 5 million lives.~~

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) No child in California should endure suffering and pain due
- 4 to a lack of access to health care services.
- 5 (b) Expanding access and increasing enrollment in
- 6 comprehensive health care coverage benefits the health and welfare
- 7 of all Californians.
- 8 (c) Through the enactment of Senate Bill 75, the California
- 9 Legislature has extended eligibility for full-scope Medi-Cal benefits
- 10 to all children in California, regardless of immigration status.
- 11 (d) Prior to the enactment of Senate Bill 75, some children who
- 12 otherwise would have been ineligible for full-scope Medi-Cal
- 13 benefits as a result of their immigration status obtained

1 comprehensive, low-cost coverage as a result of the community  
2 benefit program of a health care service plan with an enrollment  
3 of more than 5,000,000 Californians. It is the intent of the  
4 Legislature in enacting this act to provide for continuity of care  
5 for these children, while allowing them to be enrolled in full-scope  
6 Medi-Cal.

7 ~~SEC. 2.— Section 14007.8 of the Welfare and Institutions Code~~  
8 ~~is amended to read:~~

9 ~~14007.8.— (a) (1) After the director determines, and~~  
10 ~~communicates that determination in writing to the Department of~~  
11 ~~Finance, that systems have been programmed for implementation~~  
12 ~~of this section, but no sooner than May 1, 2016, an individual who~~  
13 ~~is under 19 years of age and who does not have satisfactory~~  
14 ~~immigration status or is unable to establish satisfactory immigration~~  
15 ~~status as required by Section 14011.2 shall be eligible for the full~~  
16 ~~scope of Medi-Cal benefits, if he or she is otherwise eligible for~~  
17 ~~benefits under this chapter.~~

18 ~~(2) (A) Individuals under 19 years of age enrolled in Medi-Cal~~  
19 ~~pursuant to subdivision (d) of Section 14007.5 at the time the~~  
20 ~~director makes the determination described in paragraph (1) shall~~  
21 ~~be enrolled in the full scope of Medi-Cal benefits, if otherwise~~  
22 ~~eligible, pursuant to an eligibility and enrollment plan. This plan~~  
23 ~~shall include outreach strategies developed by the department in~~  
24 ~~consultation with interested stakeholders, including, but not limited~~  
25 ~~to, counties, health care service plans, consumer advocates, and~~  
26 ~~the Legislature. Individuals subject to this subparagraph shall not~~  
27 ~~be required to file a new application for Medi-Cal.~~

28 ~~(B) The effective date of enrollment into Medi-Cal for~~  
29 ~~individuals described in subparagraph (A) shall be on the same~~  
30 ~~day on which the systems are operational to begin processing new~~  
31 ~~applications pursuant to the director's determination described in~~  
32 ~~paragraph (1).~~

33 ~~(C) Beginning January 31, 2016, and until the director makes~~  
34 ~~the determination described in paragraph (1), the department shall~~  
35 ~~provide monthly updates to the appropriate policy and fiscal~~  
36 ~~committees of the Legislature on the status of the implementation~~  
37 ~~of this section.~~

38 ~~(b) To the extent permitted by state and federal law, an~~  
39 ~~individual eligible under this section shall be required to enroll in~~  
40 ~~a Medi-Cal managed care health plan. Enrollment in a Medi-Cal~~

1 ~~managed care health plan shall not preclude a beneficiary from~~  
2 ~~being enrolled in any other children's Medi-Cal specialty program~~  
3 ~~that he or she would otherwise be eligible for.~~

4 ~~(e) The department shall seek any necessary federal approvals~~  
5 ~~to obtain federal financial participation in implementing this~~  
6 ~~section. Benefits for services under this section shall be provided~~  
7 ~~with state-only funds only if federal financial participation is not~~  
8 ~~available for those services.~~

9 ~~(d) The department shall maximize federal financial participation~~  
10 ~~in implementing this section to the extent allowable.~~

11 ~~(e) This section shall be implemented only to the extent it is in~~  
12 ~~compliance with Section 1621(d) of Title 8 of the United States~~  
13 ~~Code.~~

14 ~~(f) (1) Notwithstanding Chapter 3.5 (commencing with Section~~  
15 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~  
16 ~~the department, without taking any further regulatory action, shall~~  
17 ~~implement, interpret, or make specific this section by means of~~  
18 ~~all-county letters, plan letters, plan or provider bulletins, or similar~~  
19 ~~instructions until the time any necessary regulations are adopted.~~  
20 ~~Thereafter, the department shall adopt regulations in accordance~~  
21 ~~with the requirements of Chapter 3.5 (commencing with Section~~  
22 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code.~~

23 ~~(2) Commencing six months after the effective date of this~~  
24 ~~section, and notwithstanding Section 10231.5 of the Government~~  
25 ~~Code, the department shall provide a status report to the Legislature~~  
26 ~~on a semiannual basis, in compliance with Section 9795 of the~~  
27 ~~Government Code, until regulations have been adopted.~~

28 ~~(g) In implementing this section, the department may contract,~~  
29 ~~as necessary, on a bid or nonbid basis. This subdivision establishes~~  
30 ~~an accelerated process for issuing contracts pursuant to this section.~~  
31 ~~Those contracts, and any other contracts entered into pursuant to~~  
32 ~~this subdivision, may be on a noncompetitive bid basis and shall~~  
33 ~~be exempt from the following:~~

34 ~~(1) Part 2 (commencing with Section 10100) of Division 2 of~~  
35 ~~the Public Contract Code and any policies, procedures, or~~  
36 ~~regulations authorized by that part.~~

37 ~~(2) Article 4 (commencing with Section 19130) of Chapter 5~~  
38 ~~of Part 2 of Division 5 of Title 2 of the Government Code.~~

39 ~~(3) Review or approval of contracts by the Department of~~  
40 ~~General Services.~~

1 ~~(h) (1) In order to maximize continuity of care and coverage,~~  
2 ~~children eligible for full-scope Medi-Cal pursuant to this section~~  
3 ~~who, as of May 1, 2016, were enrolled in comprehensive, low-cost~~  
4 ~~coverage provided by a health care service plan with a total~~  
5 ~~enrollment in excess of five million lives, shall be enrolled in~~  
6 ~~full-scope Medi-Cal with the same health care service plan,~~  
7 ~~notwithstanding any other law or existing Medi-Cal managed care~~  
8 ~~contract.~~

9 ~~(2) A child subject to this subdivision shall not be enrolled in~~  
10 ~~fee-for-service Medi-Cal or another Medi-Cal managed care plan~~  
11 ~~unless, after the child obtains full-scope Medi-Cal benefits, a~~  
12 ~~responsible adult seeks enrollment in fee-for-service Medi-Cal or~~  
13 ~~another Medi-Cal managed care plan consistent with law.~~

14 ~~(3) Before the child's transition to full-scope Medi-Cal pursuant~~  
15 ~~to paragraph (1), the department shall provide the family with~~  
16 ~~timely, linguistically appropriate notice of the transition.~~

17 ~~(4) This subdivision shall be implemented only until January~~  
18 ~~1, 2019.~~

19 *SEC. 2. Section 14007.81 is added to the Welfare and*  
20 *Institutions Code, immediately following Section 14007.8, to read:*

21 *14007.81. (a) In order to maximize continuity of care and*  
22 *coverage, children eligible for full-scope Medi-Cal benefits*  
23 *pursuant to Section 14007.8 who, as of May 1, 2016, were enrolled*  
24 *in comprehensive, low-cost coverage provided by a health care*  
25 *service plan with a total enrollment in excess of five million lives,*  
26 *shall be enrolled in full-scope Medi-Cal with the same health care*  
27 *service plan if he or she is determined eligible for full-scope*  
28 *Medi-Cal benefits under this chapter, notwithstanding any other*  
29 *law or existing Medi-Cal managed care contract.*

30 *(b) (1) The health care service plan described in subdivision*  
31 *(a) shall provide the following information to the child's*  
32 *representative:*

33 *(A) How the child may be determined eligible for full-scope*  
34 *Medi-Cal benefits under this chapter.*

35 *(B) How the child may remain enrolled with the health care*  
36 *service plan from which the child obtained health care coverage*  
37 *as of May 1, 2016, if the child's representative chooses.*

38 *(C) How the child may obtain coverage from another Medi-Cal*  
39 *managed care health plan contracting with the department under*

1 *this chapter or Chapter 8 (commencing with Section 14200) or*  
2 *through fee-for-service Medi-Cal, consistent with law.*

3 (2) *The information provided pursuant to this subdivision shall*  
4 *be provided in a fair and accurate manner consistent with the*  
5 *regulations adopted by the board of the California Health Benefit*  
6 *Exchange for the regulation of certified plan-based enrollers*  
7 *pursuant to Section 100503 of the Government Code.*

8 (c) *In order to facilitate continuity of care and coverage, the*  
9 *department shall, using its third-party liability database, determine*  
10 *whether prior to May 1, 2016, a child who is eligible for full-scope*  
11 *Medi-Cal benefits pursuant to Section 14007.8 was enrolled in*  
12 *coverage with a health care service plan with a total enrollment*  
13 *in excess of five million lives.*

14 (d) *Before the child's transition to full-scope Medi-Cal pursuant*  
15 *to subdivision (a), the department shall provide the child's*  
16 *representative with timely, linguistically appropriate notice of the*  
17 *transition. This notice shall contain all of the following*  
18 *information:*

19 (1) *Which Medi-Cal managed care health plan or plans contain*  
20 *the child's existing primary care provider in those counties in*  
21 *which the health care service plan does not directly contract as a*  
22 *Medi-Cal managed care health plan with the department under*  
23 *this chapter or Chapter 8 (commencing with Section 14200).*

24 (2) *That the child, subject to his or her ability to change his or*  
25 *her health plan as described in paragraph (4), will be assigned to*  
26 *his or her existing health care service plan if enrolled in full-scope*  
27 *Medi-Cal benefits after May 1, 2016. If the child wants to keep his*  
28 *or her primary care provider, no additional action will be required.*

29 (3) *That if the child's existing primary care provider is not*  
30 *contracted with any Medi-Cal managed care health plan in the*  
31 *enrollee's county of residence or if the enrollee's existing health*  
32 *care service plan is not an available Medi-Cal managed care*  
33 *health plan in the child's county of residence, he or she will receive*  
34 *all provider and health plan information required to be sent to*  
35 *new enrollees. If the child does not affirmatively select one of the*  
36 *available Medi-Cal managed care health plans within 30 days of*  
37 *receipt of the notice, he or she will automatically be assigned a*  
38 *plan through the department-prescribed auto-assignment process.*

39 (4) *That the child may choose any available Medi-Cal managed*  
40 *care health plan and primary care provider in his or her county*

1 of residence, if more than one such plan is available in the county  
2 where he or she resides, and he or she will receive all provider  
3 and health plan information required to be sent to new enrollees  
4 and instructions on how to choose or change his or her health  
5 plan and primary care provider.

6 (5) That the child does not need to take any action to retain his  
7 or her health plan and primary care provider if he or she is  
8 enrolled in full-scope Medi-Cal benefits pursuant to subdivision  
9 (a).

10 (6) That the child may choose not to transition into the Medi-Cal  
11 program, and what this choice will mean for his or her health care  
12 coverage and access to health care services.

13 (7) That in counties where no Medi-Cal managed care health  
14 plans are available, the child will be transitioned into  
15 fee-for-service Medi-Cal, and provided with all information that  
16 is required to be sent to new Medi-Cal enrollees, including the  
17 assistance telephone number for fee-for-service beneficiaries, and  
18 that, if a Medi-Cal managed care health plan becomes available  
19 in the residence county, he or she will be enrolled in a Medi-Cal  
20 managed care health plan according to the enrollment procedures  
21 in place at that time.

22 (e) The health care service plan described in subdivision (a)  
23 and its designees shall work with the department and its designees  
24 to facilitate continuity of care and data sharing for the purposes  
25 of delivering Medi-Cal services.

26 (f) This section shall apply only to an enrollee in a service area  
27 of the health care service plan approved as of January 1, 2017.

28 (g) This section shall remain in effect only until January 1, 2019,  
29 and as of that date is repealed, unless a later enacted statute, that  
30 is enacted before January 1, 2019, deletes or extends that date.