

AMENDED IN ASSEMBLY JUNE 14, 2016

AMENDED IN SENATE MAY 31, 2016

AMENDED IN SENATE APRIL 20, 2016

AMENDED IN SENATE APRIL 6, 2016

SENATE BILL

No. 997

Introduced by Senator Lara

February 10, 2016

~~An act to add and repeal Sections 14007.81 and 14007.82 of the Welfare and Institutions Code, relating to health care coverage. An act to amend Section 1185 of the Civil Code, relating to notaries public.~~

LEGISLATIVE COUNSEL'S DIGEST

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

Existing law prohibits the acknowledgment of an instrument from being taken unless the officer taking it has "satisfactory evidence" that the person making the acknowledgment is the individual who is described in and who executed the instrument. Under existing law, "satisfactory evidence" means the absence of information, evidence, or other circumstances that would lead a reasonable person to believe that the person making the acknowledgment is not the individual he or she claims to be and, among other things, he or she presents a specified document that is either current or issued within 5 years that contains a photograph and description of the person named on it, the signature of the person, and a serial or other identifying number, as provided.

This bill would add an identification card issued by a federally recognized tribal government to the list of documents acceptable for identification purposes.

~~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, 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 5 million lives, in full-scope Medi-Cal with the same health care service plan, notwithstanding any other law. The bill would provide that this authorization is applicable only in a county in which a health care service plan with a total enrollment in excess of 5 million lives has a contract or a subcontract for Medi-Cal managed care. The bill would also, until January 1, 2019, authorize the enrollment of eligible children who, as of May 1, 2016, were enrolled in a comprehensive, low-cost coverage program provided by a Medi-Cal managed care health plan, in full-scope Medi-Cal with the same Medi-Cal managed care health plan, notwithstanding any other law. The bill would require the department to provide notice to the child's representative of the child's enrollment into Medi-Cal and health plan options, and would require this notice to contain specified information. The bill would require the department, using information provided to it by health care service plans, 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. The bill would require a Medi-Cal managed care health plan and its~~

~~designees to work with the department and its designees to facilitate continuity of care and data sharing for the purpose of implementing these provisions:~~

~~This bill would require the department to adopt necessary regulations to implement these provisions, and until those regulations are adopted, would authorize the department to implement these provisions by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action. The bill would require the department to provide a semiannual status report to the Legislature on the implementation of these provisions, as specified.~~

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

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

1 SECTION 1. Section 1185 of the Civil Code is amended to
2 read:

3 1185. (a) The acknowledgment of an instrument shall not be
4 taken unless the officer taking it has satisfactory evidence that the
5 person making the acknowledgment is the individual who is
6 described in and who executed the instrument.

7 (b) For purposes of this section, “satisfactory evidence” means
8 the absence of information, evidence, or other circumstances that
9 would lead a reasonable person to believe that the person making
10 the acknowledgment is not the individual he or she claims to be
11 and any one of the following:

12 (1) (A) The oath or affirmation of a credible witness personally
13 known to the officer, whose identity is proven to the officer upon
14 presentation of a document satisfying the requirements of paragraph
15 (3) or (4), that the person making the acknowledgment is personally
16 known to the witness and that each of the following are true:

17 (i) The person making the acknowledgment is the person named
18 in the document.

19 (ii) The person making the acknowledgment is personally known
20 to the witness.

21 (iii) That it is the reasonable belief of the witness that the
22 circumstances of the person making the acknowledgment are such
23 that it would be very difficult or impossible for that person to
24 obtain another form of identification.

1 (iv) The person making the acknowledgment does not possess
2 any of the identification documents named in paragraphs (3) and
3 (4).

4 (v) The witness does not have a financial interest in the
5 document being acknowledged and is not named in the document.

6 (B) A notary public who violates this section by failing to obtain
7 the satisfactory evidence required by subparagraph (A) shall be
8 subject to a civil penalty not exceeding ten thousand dollars
9 (\$10,000). An action to impose this civil penalty may be brought
10 by the Secretary of State in an administrative proceeding or a public
11 prosecutor in superior court, and shall be enforced as a civil
12 judgment. A public prosecutor shall inform the secretary of any
13 civil penalty imposed under this subparagraph.

14 (2) The oath or affirmation under penalty of perjury of two
15 credible witnesses, whose identities are proven to the officer upon
16 the presentation of a document satisfying the requirements of
17 paragraph (3) or (4), that each statement in paragraph (1) is true.

18 (3) Reasonable reliance on the presentation to the officer of any
19 one of the following, if the document or other form of identification
20 is current or has been issued within five years:

21 (A) An identification card or driver’s license issued by the
22 Department of Motor Vehicles.

23 (B) A passport issued by the Department of State of the United
24 States.

25 (C) An inmate identification card issued by the Department of
26 Corrections and Rehabilitation, if the inmate is in custody in prison.

27 (D) Any form of inmate identification issued by a sheriff’s
28 department, if the inmate is in custody in a local detention facility.

29 (4) Reasonable reliance on the presentation of any one of the
30 following, provided that a document specified in subparagraphs
31 (A) to ~~(E)~~; (F), inclusive, shall either be current or have been issued
32 within five years and shall contain a photograph and description
33 of the person named on it, shall be signed by the person, shall bear
34 a serial or other identifying number, and, in the event that the
35 document is a passport, shall have been stamped by the United
36 States Citizenship and Immigration Services of the Department of
37 Homeland Security:

38 (A) A passport issued by a foreign government.

1 (B) A driver’s license issued by a state other than California or
2 by a Canadian or Mexican public agency authorized to issue
3 driver’s licenses.

4 (C) An identification card issued by a state other than California.

5 (D) An identification card issued by any branch of the Armed
6 Forces of the United States.

7 (E) An employee identification card issued by an agency or
8 office of the State of California, or by an agency or office of a city,
9 county, or city and county in this state.

10 (F) *An identification card issued by a federally recognized tribal*
11 *government.*

12 (c) An officer who has taken an acknowledgment pursuant to
13 this section shall be presumed to have operated in accordance with
14 the provisions of law.

15 (d) A party who files an action for damages based on the failure
16 of the officer to establish the proper identity of the person making
17 the acknowledgment shall have the burden of proof in establishing
18 the negligence or misconduct of the officer.

19 (e) A person convicted of perjury under this section shall forfeit
20 any financial interest in the document.

21 ~~SECTION 1. The Legislature finds and declares all of the~~
22 ~~following:~~

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

25 ~~(b) Expanding access and increasing enrollment in~~
26 ~~comprehensive health care coverage benefits the health and welfare~~
27 ~~of all Californians.~~

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

31 ~~(d) Prior to the enactment of Senate Bill 75, some children who~~
32 ~~otherwise would have been ineligible for full-scope Medi-Cal~~
33 ~~benefits as a result of their immigration status obtained~~
34 ~~comprehensive, low-cost coverage as a result of the community~~
35 ~~benefit program of a health care service plan with an enrollment~~
36 ~~of more than 5,000,000 Californians, as well as coverage offered~~
37 ~~by other health plans. It is the intent of the Legislature in enacting~~
38 ~~this act to provide for continuity of care for these children, while~~
39 ~~allowing them to be enrolled in full-scope Medi-Cal.~~

1 ~~SEC. 2.— Section 14007.81 is added to the Welfare and~~
2 ~~Institutions Code, immediately following Section 14007.8, to read:~~

3 ~~14007.81. (a) In order to maximize continuity of care and~~
4 ~~coverage, children eligible for full-scope Medi-Cal benefits~~
5 ~~pursuant to Section 14007.8 who, as of May 1, 2016, were enrolled~~
6 ~~in comprehensive, low-cost coverage provided by a health care~~
7 ~~service plan with a total enrollment in excess of five million lives;~~
8 ~~shall be enrolled in full-scope Medi-Cal with the same health care~~
9 ~~service plan if he or she is determined eligible for full-scope~~
10 ~~Medi-Cal benefits under this chapter, notwithstanding any other~~
11 ~~law. This requirement shall apply only in a county in which a~~
12 ~~health care service plan with a total enrollment in excess of five~~
13 ~~million lives has a contract or a subcontract for Medi-Cal managed~~
14 ~~care.~~

15 ~~(b) In order to facilitate continuity of care and coverage, the~~
16 ~~department shall, using information provided to it by health care~~
17 ~~service plans consistent with Section 14124.90, determine whether~~
18 ~~prior to May 1, 2016, a child who is eligible for full-scope~~
19 ~~Medi-Cal benefits pursuant to Section 14007.8 was enrolled in~~
20 ~~coverage with a health care service plan with a total enrollment in~~
21 ~~excess of five million lives.~~

22 ~~(c) The department shall provide the child's representative with~~
23 ~~timely, linguistically appropriate notice of the child's enrollment~~
24 ~~into Medi-Cal and health plan options. This notice shall contain~~
25 ~~all of the following information:~~

26 ~~(1) Which Medi-Cal managed care health plan or plans contain~~
27 ~~the child's existing primary care provider, including those instances~~
28 ~~in which the health care service plan does not directly contract as~~
29 ~~a Medi-Cal managed care health plan with the department under~~
30 ~~this chapter or Chapter 8 (commencing with Section 14200).~~

31 ~~(2) That the child, subject to his or her ability to change his or~~
32 ~~her health plan as described in paragraph (4), will be assigned to~~
33 ~~his or her existing health care service plan if enrolled in full-scope~~
34 ~~Medi-Cal benefits after May 1, 2016. If the child wants to keep~~
35 ~~his or her primary care provider, no additional action will be~~
36 ~~required.~~

37 ~~(3) That if the child's existing primary care provider is not~~
38 ~~contracted with any Medi-Cal managed care health plan in the~~
39 ~~enrollee's county of residence or if the enrollee's existing health~~
40 ~~care service plan is not an available Medi-Cal managed care health~~

1 plan in the child's county of residence, he or she will receive all
2 provider and health plan information required to be sent to new
3 enrollees. If the child does not affirmatively select one of the
4 available Medi-Cal managed care health plans within 30 days of
5 receipt of the notice, he or she will automatically be assigned a
6 plan through the department-prescribed auto-assignment process.

7 (4) That the child may choose any available Medi-Cal managed
8 care health plan and primary care provider in his or her county of
9 residence, if more than one Medi-Cal managed care health plan is
10 available in the county where he or she resides, and he or she will
11 receive all provider and health plan information required to be sent
12 to new enrollees and instructions on how to choose or change his
13 or her health plan and primary care provider.

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

17 (d) The health care service plan described in subdivision (a)
18 and its designees shall work with the department and its designees
19 to facilitate continuity of care and data sharing for the purposes of
20 delivering Medi-Cal services.

21 (e) This section shall apply only to an enrollee in a service area
22 of the health care service plan approved as of the effective date of
23 this section.

24 (f) (1) Notwithstanding Chapter 3.5 (commencing with Section
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
26 the department, without taking any further regulatory action, shall
27 implement, interpret, or make specific this section by means of
28 all-county letters, plan letters, plan or provider bulletins, or similar
29 instructions until the time any necessary regulations are adopted.
30 Thereafter, the department shall adopt regulations in accordance
31 with the requirements of Chapter 3.5 (commencing with Section
32 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

33 (2) Commencing six months after the effective date of this
34 section, and notwithstanding Section 10231.5 of the Government
35 Code, the department shall provide a report on the status of the
36 implementation of this section to the Legislature on a semiannual
37 basis. The submission of the report shall comply with Section 9795
38 of the Government Code.

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

4 ~~SEC. 3. Section 14007.82 is added to the Welfare and~~
5 ~~Institutions Code, to read:~~

6 ~~14007.82. (a) In order to maximize continuity of care and~~
7 ~~coverage, children eligible for full-scope Medi-Cal benefits~~
8 ~~pursuant to Section 14007.8 who, as of May 1, 2016, were enrolled~~
9 ~~in a comprehensive, low-cost coverage program provided by a~~
10 ~~Medi-Cal managed care health plan shall be enrolled in full-scope~~
11 ~~Medi-Cal with the same Medi-Cal managed care health plan~~
12 ~~pursuant to the requirements of this subdivision, notwithstanding~~
13 ~~any other law.~~

14 ~~(b) A Medi-Cal managed care health plan described in~~
15 ~~subdivision (a) and its designees shall work with the department~~
16 ~~and its designees to facilitate continuity of care and data sharing~~
17 ~~to the extent permissible by state and federal law for the purposes~~
18 ~~of implementing this section.~~

19 ~~(c) The department shall provide the child's representative with~~
20 ~~timely, linguistically appropriate notice of the child's enrollment~~
21 ~~into Medi-Cal and of health plan options consistent with the~~
22 ~~applicable provisions of subdivision (d) of Section 14007.81. The~~
23 ~~notice shall contain all of the following information:~~

24 ~~(1) Which Medi-Cal managed care health plan or plans contain~~
25 ~~the child's existing primary care provider, including those instances~~
26 ~~in which the health care service plan does not directly contract as~~
27 ~~a Medi-Cal managed care health plan with the department under~~
28 ~~this chapter or Chapter 8 (commencing with Section 14200).~~

29 ~~(2) That the child, subject to his or her ability to change his or~~
30 ~~her health plan as described in paragraph (3), will be assigned to~~
31 ~~his or her existing health care service plan if enrolled in full-scope~~
32 ~~Medi-Cal benefits after May 1, 2016. If the child wants to keep~~
33 ~~his or her primary care provider, no additional action will be~~
34 ~~required.~~

35 ~~(3) That the child may choose any available Medi-Cal managed~~
36 ~~care health plan and primary care provider in his or her county of~~
37 ~~residence, if more than one Medi-Cal managed care health plan is~~
38 ~~available in the county where he or she resides, and he or she will~~
39 ~~receive all provider and health plan information required to be sent~~

1 to new enrollees and instructions on how to choose or change his
2 or her health plan and primary care provider.

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

6 ~~(d) (1) Notwithstanding Chapter 3.5 (commencing with Section~~
7 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~
8 ~~the department, without taking any further regulatory action, shall~~
9 ~~implement, interpret, or make specific this section by means of~~
10 ~~all-county letters, plan letters, plan or provider bulletins, or similar~~
11 ~~instructions until the time any necessary regulations are adopted.~~
12 ~~Thereafter, the department shall adopt regulations in accordance~~
13 ~~with the requirements of Chapter 3.5 (commencing with Section~~
14 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code.~~

15 ~~(2) Commencing six months after the effective date of this~~
16 ~~section, and notwithstanding Section 10231.5 of the Government~~
17 ~~Code, the department shall provide a report on the status of the~~
18 ~~implementation of this section to the Legislature on a semiannual~~
19 ~~basis. The submission of the report shall comply with Section 9795~~
20 ~~of the Government Code.~~

21 ~~(e) This section shall remain in effect only until January 1, 2019,~~
22 ~~and as of that date is repealed, unless a later enacted statute, that~~
23 ~~is enacted before January 1, 2019, deletes or extends that date.~~