Introduced by Senator Berryhill

February 18, 2016

An act to amend Section 14000 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1244, as introduced, Berryhill. Medi-Cal.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and 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 provides that it is the intent of the Legislature to provide, to the extent practicable, for health care for those aged and other individuals who lack sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of care would jeopardize the individual's or family's future minimum self-maintenance and security.

This bill would make technical, nonsubstantive changes to this statement of legislative intent.

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

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

- 1 SECTION 1. Section 14000 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14000. (a) The purpose of this chapter is to afford to
- 4 qualifying individuals health care and related remedial or

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preventive services, including related social services—which that are necessary for those receiving health care under this chapter.

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(b) The intent of the Legislature is to provide, to the extent practicable, through the provisions of this chapter, for health care for those aged and other—persons, individuals, including family persons members who lack sufficient annual income to meet the costs of health—care, care and whose other assets are so limited that their application toward the costs of—such that care would jeopardize the—person individual's or family's future minimum self-maintenance and security. It is intended that whenever possible and feasible:

(a)

(1) The means employed shall allow, to the extent practicable, an eligible persons individual to secure health care in the same manner employed by the public generally, and without discrimination or segregation based purely on—their his or her economic disability. The means employed shall include an emphasis on efforts to arrange and encourage access to health care through enrollment in organized, managed care plans of the type available to the general public.

(b)

(2) The benefits available under this chapter shall not duplicate those provided under other federal or state laws or under other contractual or legal entitlements of the person individual or persons individuals receiving them.

(e)

(3) In the administration of this chapter and in establishing the means to be used to provide access to health care to—persons individuals eligible under this chapter, the department shall emphasize and take advantage of both the efficient organization and ready accessibility and availability of health care facilities and resources through enrollment in managed health care plans and new and innovative fee-for-service managed health care plan approaches to the delivery of health care services.