

AMENDED IN SENATE MAY 31, 2016

AMENDED IN SENATE APRIL 26, 2016

AMENDED IN SENATE APRIL 5, 2016

SENATE BILL

No. 1300

Introduced by Senator Hernandez

February 19, 2016

An act to add Article 3.91 (commencing with Section 14129) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 1300, as amended, Hernandez. Medi-Cal: emergency medical transport providers: quality assurance fee.

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 establishes a quality assurance fee program for skilled nursing and intermediate care facilities, as prescribed.

This bill, commencing July 1, 2017, and subject to federal approval, would impose a quality assurance fee for each transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the director to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill would require the Director of Health

Care Services to deposit the collected quality assurance fee into the Medi-Cal Emergency Medical Transport Fund, which the bill would create in the State Treasury, to be continuously appropriated, thereby making an appropriation, to the department to be used exclusively in a specified order of priority to enhance federal financial participation for ambulance services under the Medi-Cal program, and to provide additional reimbursement to, and to support quality improvement efforts of, emergency medical transport providers, to pay for state administrative costs, and to provide funding for health care coverage for Californians. The bill, on or before August 15, 2016, would require each emergency medical transport provider to report to the department specified data, including data on gross receipts, as defined, from the provision of emergency medical transports, as specified, in a manner and form prescribed by the department and, commencing on October 1, 2016, and each fiscal quarter thereafter, would require each emergency medical transport provider to report this data to the department. The bill would authorize the department to establish an Internet Web site for the submission of these data reports. The bill would authorize the department to require a certification by each emergency medical transport provider, under penalty of perjury, of the truth of these data reports. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill would authorize the department, upon written notice to the emergency medical transport provider, to impose a \$100 per day penalty against the provider for each day that the provider fails to make a report within 5 business days of the date upon which the data report was due. The bill would provide that the failure to make a report under these provisions within 90 days of the date upon which the report was due shall be considered a violation that relates to his or her licensed activities for purposes of a specified section of the Vehicle Code, which authorizes the Commissioner of the California Highway Patrol to suspend, revoke, or take other disciplinary action against a license if the licensee violates any section of the Vehicle Code that relates to his or her licensed activities.

The bill, commencing July 1, 2017, and subject to federal approval, would increase the Medi-Cal reimbursement to emergency medical transport providers for emergency medical transports, including both fee-for-service transports paid by the department and managed care transports paid by Medi-Cal managed care health plans, as specified.

The bill would authorize the department to adopt regulations as necessary to implement these provisions, as specified.

The bill would provide that the provisions of the bill shall cease to be implemented if any of certain conditions, including ~~continued withdrawal of federal approval, are no longer~~ satisfied.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: yes.

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) The Legislature recognizes the essential role that emergency
- 4 medical transport providers play in serving the state's Medi-Cal
- 5 beneficiaries. To that end, it has been and remains the intent of
- 6 the Legislature to improve funding for emergency medical transport
- 7 providers and obtain all available federal funds to make
- 8 supplemental Medi-Cal payments to emergency medical transport
- 9 providers.
- 10 (b) It is the intent of the Legislature to impose a quality
- 11 assurance fee to be paid by emergency medical transport providers,
- 12 which will be used to increase federal financial participation in
- 13 order to increase Medi-Cal payments to emergency medical
- 14 transport providers.
- 15 (c) It is the intent of the Legislature to increase the Medi-Cal
- 16 emergency medical transport reimbursement in Medi-Cal
- 17 fee-for-service and Medi-Cal managed care by increasing the
- 18 fee-for-service payment schedule for emergency medical transports
- 19 to support quality improvement efforts by emergency medical
- 20 transport providers, including, but not limited to, the provision of
- 21 advanced life support services, as defined in Section 1797.52 of
- 22 the Health and Safety Code.

1 (d) *It is the further intent of the Legislature that the increased*
2 *fee-for-service and Medi-Cal managed care payment schedule*
3 *amounts pursuant to this article shall not result in any expenditure*
4 *from the General Fund.*

5 SECTION 1.

6 SEC. 2. Article 3.91 (commencing with Section 14129) is added
7 to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions
8 Code, to read:

9
10 Article 3.91. Medi-Cal Emergency Medical Transportation
11 Reimbursement Act
12

13 ~~14129. The Legislature finds and declares all of the following:~~

14 ~~(a) The Legislature recognizes the essential role that emergency~~
15 ~~medical transport providers play in serving the state's Medi-Cal~~
16 ~~beneficiaries. To that end, it has been and remains the intent of the~~
17 ~~Legislature to improve funding for emergency medical transport~~
18 ~~providers and obtain all available federal funds to make~~
19 ~~supplemental Medi-Cal payments to emergency medical transport~~
20 ~~providers.~~

21 ~~(b) It is the intent of the Legislature to impose a quality~~
22 ~~assurance fee to be paid by emergency medical transport providers,~~
23 ~~which will be used to increase federal financial participation in~~
24 ~~order to increase Medi-Cal payments to emergency medical~~
25 ~~transport providers.~~

26 ~~(c) It is the intent of the Legislature to increase the Medi-Cal~~
27 ~~emergency medical transport reimbursement in Medi-Cal~~
28 ~~fee-for-service and Medi-Cal managed care by increasing the~~
29 ~~fee-for-service payment schedule for emergency medical transports~~
30 ~~to support quality improvement efforts by emergency medical~~
31 ~~transport providers, including, but not limited to, the provision of~~
32 ~~advanced life support services, as defined in Section 1797.52 of~~
33 ~~the Health and Safety Code.~~

34 ~~(d) It is the further intent of the Legislature that the increased~~
35 ~~fee-for-service and Medi-Cal managed care payment schedule~~
36 ~~amounts pursuant to this article shall not result in any expenditure~~
37 ~~from the General Fund.~~

38 ~~14129.1.~~

39 14129. For purposes of this article, the following definitions
40 shall apply:

1 (a) “Annual quality assurance fee rate” means the quality
2 assurance fee assessed on each emergency medical transport
3 applicable to each state fiscal year.

4 (b) “Aggregate fee schedule increase amount” means the product
5 of the quotient described in paragraph (2) of subdivision (a) of
6 Section ~~14129.4~~ 14129.3 and the Medi-Cal emergency medical
7 transports, including both fee-for-service transports paid by the
8 department and managed care transports paid by Medi-Cal
9 managed care health plans, utilizing the billing codes for
10 emergency medical transport for the state fiscal year.

11 (c) “Available fee amount” shall be calculated as the sum of the
12 following:

13 (1) The amount deposited in the Medi-Cal Emergency
14 Transportation Fund established under Section ~~14129.3~~ 14129.2
15 during the applicable state fiscal year, less the amounts described
16 in subparagraphs (A) and (B) of paragraph (2) of subdivision (f)
17 of Section ~~14129.3~~ 14129.2.

18 (2) Any federal financial participation obtained as a result of
19 the deposit of the amount described in paragraph (1) in the
20 Medi-Cal Emergency Transportation Fund for the applicable fiscal
21 year.

22 (d) “Department” means the State Department of Health Care
23 Services.

24 (e) “Director” means the Director of Health Care Services.

25 (f) “Effective state medical assistance percentage” means a ratio
26 of the aggregate expenditures from state-only sources for the
27 Medi-Cal program divided by the aggregate expenditures from
28 state and federal sources for the Medi-Cal program for a state fiscal
29 year.

30 (g) “Emergency medical transport” means the act of transporting
31 an individual from any point of origin to the nearest medical facility
32 capable of meeting the emergency medical needs of the patient by
33 an ambulance licensed, operated, and equipped in accordance with
34 applicable state or local statutes, ordinances, or regulations that
35 are billed with billing codes A0429 BLS Emergency, A0427 ALS
36 Emergency, and A0433 ALS2, and any equivalent, predecessor,
37 or successor billing codes as may be determined by the director.
38 “Emergency medical transports” shall not include transportation
39 of beneficiaries by passenger car, taxicabs, litter vans, wheelchair
40 vans, or other forms of public or private conveyances, nor shall it

1 include transportation by an air ambulance provider. An
2 “emergency medical transport” does not occur when, following
3 evaluation of a patient, a transport is not provided.

4 (h) “Gross receipts” means gross payments received as patient
5 care revenue for emergency medical transports, determined on a
6 cash basis of accounting, excluding supplemental amounts received
7 pursuant to Section 14105.94.

8 (i) “Emergency medical transport provider” means any provider
9 of emergency medical transports.

10 (j) “Emergency medical transport provider subject to the fee”
11 means all emergency medical transport providers that bill and
12 receive patient care revenue from the provision of emergency
13 medical transports, except emergency medical transport providers
14 that are exempt pursuant to subdivision (c) of Section ~~14129.7~~.
15 ~~14129.6~~.

16 (k) “Medi-Cal managed care health plan” means a “managed
17 health care plan” as that term is defined in subdivision (ab) of
18 Section 14169.51.

19 ~~14129.2~~.

20 ~~14129.1~~. (a) On or before August 15, 2016, each emergency
21 medical transport provider shall report to the department data on
22 the number of actual emergency medical transports by payor type,
23 including, without limitation, Medi-Cal fee-for-service emergency
24 medical transports and Medi-Cal managed care emergency medical
25 transports, and gross receipts from the provision of emergency
26 medical transports provided in each quarter from July 1, 2015,
27 ~~through~~ to June 30, 2016, inclusive, in a manner and format
28 prescribed by the department.

29 (b) Commencing with the fiscal quarter beginning on October
30 1, 2016, and each fiscal quarter thereafter, on or before the 45th
31 day of the quarter, each emergency medical transport provider
32 shall report to the department data on the number of actual
33 emergency medical transports by payor type, including, without
34 limitation, Medi-Cal fee-for-service emergency medical transports
35 and Medi-Cal managed care emergency medical transports, and
36 gross receipts from the provision of emergency medical transports
37 provided in the quarter preceding the quarter in which the report
38 is due, in a manner and format prescribed by the department.

39 (c) The department may establish an Internet Web site for the
40 submission of reports required by this section.

(d) The department may require a certification by each emergency medical transport under penalty of perjury of the truth of the reports required under this section. Upon written notice to an emergency medical transport provider, the department may impose a penalty of one hundred dollars (\$100) per day against an emergency medical transport provider for every day that an emergency medical transport provider fails to make a report required by this section within five days of the date upon which the report was due. If an emergency medical transport provider has not made a report as required by this section within 90 days of the date upon which the report was due, the failure to make the report shall be considered a violation of a section of the Vehicle Code that relates to the emergency medical transport provider's licensed activities for the purposes of Section 2542 of the Vehicle Code.

~~14129.3.~~

~~14129.2.~~ (a) Commencing with the state fiscal quarter beginning on July 1, 2017, and continuing each *state* fiscal quarter thereafter, there shall be imposed a quality assurance fee for each emergency medical transport provided by each emergency medical transport provider subject to the fee in accordance with this section.

(b) (1) On or before June 15, 2017, and each June 15 thereafter, the director shall calculate the annual quality assurance fee rate applicable to the following state fiscal year based on the most recently collected data collected from emergency medical transport providers pursuant to ~~Section 14129.2~~, *14129.1*, and publish the annual quality assurance fee rate on its Internet Web site. In no case shall the fees calculated pursuant to this subdivision and collected pursuant to this article exceed the amounts allowable under federal law.

(A) For state fiscal year 2017–18, the annual quality assurance fee rate shall be calculated by multiplying the projected total annual gross receipts for all emergency medical transport providers subject to the fee by 5.5 percent, which resulting product shall be divided by the projected total annual emergency medical transports by all emergency medical transport providers subject to the fee for the state fiscal year.

(B) For state fiscal years 2018–19 and thereafter, the annual quality assurance fee rate shall be calculated by a ratio, the numerator of which shall be the sum of the product of the projected

1 aggregate fee schedule amount and the effective state medical
2 assistance percentage, and the amount described in subparagraph
3 (A) of paragraph (2) of subdivision (f), and the denominator of
4 which shall be 95 percent of the projected total annual emergency
5 medical transports by all emergency medical transport providers
6 subject to the fee for the state fiscal year.

7 (2) On or before June 15, 2017, and each June 15 thereafter, the
8 director shall publish the annual quality assurance fee rate on its
9 Internet Web site.

10 (3) In no case shall the fees calculated pursuant to this
11 subdivision and collected pursuant to this article exceed the
12 amounts allowable under federal law.

13 (4) If, during a state fiscal year, the actual or projected available
14 fee amount exceeds or is less than the actual or projected aggregate
15 fee schedule amount by more than 1 percent, the director shall
16 adjust the annual quality assurance fee rate so that the available
17 fee amount for the state fiscal year will approximately equal the
18 aggregate fee schedule amount for the state fiscal year. The
19 available fee amount for a state fiscal year will be considered to
20 equal the aggregate fee schedule amount for the state fiscal year
21 if the difference between the available fee amount for the state
22 fiscal year and the aggregate fee schedule amount for the state
23 fiscal year constitutes less than 1 percent of the aggregate fee
24 schedule amount for the state fiscal year.

25 (c) (1) Each emergency medical transport provider subject to
26 the fee shall remit to the department an amount equal to the annual
27 quality assurance fee rate for the 2017–18 state fiscal year
28 multiplied by the number of transports reported or that should have
29 been reported by the emergency medical transport provider
30 pursuant to subdivision (b) of Section ~~14129.2~~ 14129.1 in the
31 quarter commencing April 1, 2017, based on a schedule established
32 by the director. The schedule established by the director for the
33 fee payment described in this paragraph shall not require payment
34 of any of the fee payment prior to July 1, 2017, and shall not
35 require payment of more than 50 percent of the fee payment prior
36 to August 1, 2017.

37 (2) Commencing with the state fiscal quarter beginning on
38 October 1, 2017, and each *state* fiscal quarter thereafter, on or
39 before the first day of each state fiscal quarter, each emergency
40 medical transport provider subject to the fee shall remit to the

1 department an amount equal to the annual quality assurance fee
2 rate for the applicable state fiscal year multiplied by the number
3 of transports reported or that should have been reported by the
4 emergency medical transport provider pursuant to subdivision (b)
5 of Section ~~14129.2~~ *14129.1* in the immediately preceding quarter.

6 (d) (1) Interest shall be assessed on quality assurance fees not
7 paid on the date due at the greater of 10 percent per annum or the
8 rate at which the department assesses interest on Medi-Cal program
9 overpayments to hospitals that are not repaid when due. Interest
10 shall begin to accrue the day after the date the payment was due
11 and shall be deposited in the Medi-Cal Emergency Medical
12 Transport Fund established in subdivision (f).

13 (2) In the event that any fee payment is more than 60 days
14 overdue, the department may deduct the unpaid fee and interest
15 owed from any Medi-Cal reimbursement payments owed to the
16 provider until the full amount of the fee and interest are recovered.
17 Any deduction made pursuant to this subdivision shall be made
18 only after the department gives the provider written notification.
19 Any deduction made pursuant to this subdivision may be deducted
20 over a period of time that takes into account the financial condition
21 of the provider.

22 (3) In the event that any fee payment is more than 60 days
23 overdue, a penalty equal to the interest charge described in
24 paragraph (1) shall be assessed and due for each month for which
25 the payment is not received after 60 days.

26 (e) The department shall accept an emergency medical transport
27 provider's payment even if the payment is submitted in a rate year
28 subsequent to the rate year in which the fee was assessed.

29 (f) (1) The director shall deposit the quality assurance fee
30 collected pursuant to this section in the Medi-Cal Emergency
31 Medical Transport Fund, which is hereby created in the State
32 Treasury and, notwithstanding Section 13440 of the Government
33 Code, is continuously appropriated without regard to fiscal years
34 to the department for the purposes specified in this article.
35 Notwithstanding Section 16305.7 of the Government Code, the
36 fund shall also include interest and dividends earned on moneys
37 in the fund.

38 (2) The moneys in the Medi-Cal Emergency Medical Transport
39 Fund, including any interest and dividends earned on money in
40 the fund, shall be available exclusively to enhance federal financial

1 participation for ambulance services under the Medi-Cal program
2 and to provide additional reimbursement to, and to support quality
3 improvement efforts of, emergency medical transport providers,
4 as well as to pay for the state's administrative costs and to provide
5 funding for health care coverage for Californians, in the following
6 order of priority:

7 (A) To pay for the department's staffing and administrative
8 costs directly attributable to implementing this article, not to exceed
9 three hundred fifty thousand dollars (\$350,000) for each fiscal
10 year, exclusive of any federal matching funds.

11 (B) To pay for the health care coverage in each fiscal year in
12 the amount of ~~5~~ 10 percent of the projected quality assurance fee
13 revenue for that fiscal year, as calculated by the department on or
14 before June 15 preceding that fiscal year, exclusive of any federal
15 matching funds.

16 (C) To make increased payments to emergency medical transport
17 providers pursuant to this article.

18 ~~(D) To provide additional support for health care coverage of~~
19 ~~Californians.~~

20 ~~14129.4.~~

21 *14129.3.* (a) Effective July 1, 2017, the Medi-Cal
22 fee-for-service payment schedule governing reimbursement to
23 emergency medical transport providers for emergency medical
24 transports shall be increased. The department shall calculate the
25 projections required by this subdivision based on the data submitted
26 pursuant to ~~Section 14129.2.~~ *14129.1.* The resulting fee-for-service
27 payment schedule amounts after the application of this section
28 shall be equal to the sum of both of the following:

29 (1) The Medi-Cal fee-for-service payment schedule amount for
30 the state fiscal year 2015–16.

31 (2) The quotient of the projected available fee amount for the
32 state fiscal year 2017–18, divided by the total projected Medi-Cal
33 emergency medical transports, including both fee-for-service
34 transports paid by the department and managed care transports
35 paid by Medi-Cal managed care health plans, utilizing these billing
36 codes for the state fiscal year 2017–18.

37 (b) Each Medi-Cal managed care health plan shall satisfy its
38 obligation under Section 438.114(c) of Title 42 of the Code of
39 Federal Regulations for emergency medical transports by providing
40 payment to emergency medical transport providers that is equal

1 to the amount of payment described in Section 1396u-2(b)(2)(D)
2 of Title 42 of the United States Code.

3 (c) The fee-for-service and Medi-Cal managed care payment
4 schedule increase established pursuant to this section shall be
5 funded solely from the following:

6 (1) The quality assurance fee set forth in Section ~~14129.3~~,
7 *14129.2*, along with any interest or other investment income
8 thereon.

9 (2) Federal reimbursement and any other related federal funds.

10 (d) The proceeds of the quality assurance fee set forth in Section
11 ~~14129.3~~, *14129.2*, the matching amount provided by the federal
12 government, and any interest earned on those proceeds shall be
13 used to supplement existing funding for emergency medical
14 transports provided by emergency transport providers and not
15 supplant this funding.

16 ~~14129.5~~:

17 *14129.4*. If there is a delay in the implementation of this article
18 for any reason, including a delay in any required approval of the
19 quality assurance fee and reimbursement methodology specified
20 by the federal Centers for Medicare and Medicaid Services, all of
21 the following shall apply:

22 (a) An emergency transport provider subject to the fee may be
23 assessed the amount the provider would be required to pay to the
24 department if the fee-for-service payment schedule increases
25 described in Section ~~14129.4~~ *14129.3* were already approved, but
26 shall not be required to pay the fee until the fee-for-service payment
27 schedule increases described in Section ~~14129.4~~ *14129.3* are
28 approved. The director shall establish a schedule for payment of
29 retroactive fees pursuant to this subdivision in consultation with
30 emergency medical transport providers to minimize the disruption
31 to the cashflow of emergency medical transport providers.

32 (b) The department may retroactively increase and make
33 payment of supplemental rates to emergency medical transport
34 providers pursuant to Section ~~14129.4~~ *14129.3*.

35 ~~14129.6~~:

36 *14129.5*. (a) The director shall administer this article.

37 (b) The director may adopt regulations as are necessary to
38 implement this article. These regulations may be adopted as
39 emergency regulations in accordance with the rulemaking
40 provisions of the Administrative Procedure Act (Chapter 3.5

(commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). For purposes of this article, the first adoption of regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. The regulations shall include, but need not be limited to, any regulations necessary for any of the following purposes:

(1) The administration of this article, including the proper imposition of the quality assurance fee and process for its collection, reporting, and refunds. The costs associated with the administration of this article are not to exceed the amounts reasonably necessary to administer this article.

(2) The development of any forms necessary to obtain required information from providers subject to the quality assurance fee.

(3) The provision of details, definitions, formulas, and other requirements.

(c) As an alternative to subdivision (b), and notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the director may implement this article, in whole or in part, by means of a provider bulletin, or other similar instructions, without taking regulatory action, provided that no such bulletin or other similar instructions shall remain in effect after June 30, 2018. It is the intent of the Legislature that the regulations adopted pursuant to subdivision (b) be adopted on or before June 30, 2018.

(d) The director shall ensure that the quality assurance fee per transport imposed pursuant to this article is collected.

~~14129.7.~~

~~14129.6.~~ (a) The department shall request approval from the federal Centers for Medicare and Medicaid Services for the use of fees collected pursuant to this article for the purpose of receiving federal matching funds.

(b) The director may alter the methodology specified in this article to the extent necessary to meet the requirements of federal law or regulations or to obtain federal approval. If the director, after consulting with affected emergency medical transport providers, determines that an alteration is needed, the director shall execute a declaration stating that this determination has been made. The director shall retain the declaration and provide a copy, within

1 five working days of the execution of the declaration, to the fiscal
2 and appropriate policy committees of the Legislature.

3 (c) The director may add categories of exempt emergency
4 medical transport providers or apply a nonuniform fee per transport
5 to emergency medical transport providers that are subject to the
6 fee in order to meet requirements of federal law or regulations.
7 The director may exempt categories of emergency medical
8 transport providers from the fee if necessary to obtain federal
9 approval.

10 ~~14129.8.~~

11 *14129.7.* (a) This article shall be implemented only if, and as
12 long as, both of the following conditions are met:

13 (1) The state receives federal approval of the quality assurance
14 fee from the federal Centers for Medicare and Medicaid Services.

15 (2) The state receives federal approval for the increased
16 fee-for-service payment schedule increases described in subdivision
17 (a) of Section ~~14129.4~~. *14129.3.*

18 (b) This article shall cease to be implemented if one of the
19 following conditions is satisfied:

20 (1) The federal Centers for Medicare and Medicaid Services no
21 longer allows the use of the provider assessment provided in this
22 article.

23 (2) The Medi-Cal fee-for-service payment schedule increase
24 described in subdivision (a) of Section ~~14129.4~~ *14129.3* no longer
25 remains in effect.

26 (3) The quality assurance fee assessed and collected pursuant
27 to this article is no longer available for the purposes specified in
28 this article.

29 (4) *A final judicial determination by the California Supreme*
30 *Court or any California Court of Appeal that the revenues collected*
31 *pursuant to this article that are deposited in the Medi-Cal*
32 *Emergency Medical Transport Fund are either of the following:*

33 (A) *“General Fund proceeds of taxes appropriated pursuant to*
34 *Article XIII B of the California Constitution,” as used in*
35 *subdivision (b) of Section 8 of Article XVI of the California*
36 *Constitution.*

37 (B) *“Allocated local proceeds of taxes,” as used in subdivision*
38 *(b) of Section 8 of Article XVI of the California Constitution.*

39 (c) If all of the conditions in subdivision (a) are met, this article
40 is implemented. If, subsequently, any one of the conditions in

1 subdivision (b) is met, this article shall become inoperative
2 notwithstanding that the condition or conditions subsequently may
3 be met.

4 (d) Notwithstanding subdivisions (a), (b), and (c), in the event
5 of a final judicial determination made by any state or federal court
6 that is not appealed, or by a court of appellate jurisdiction that is
7 not further appealed, in any action by any party, or a final
8 determination by the administrator of the federal Centers for
9 Medicare and Medicaid Services, that federal financial participation
10 is not available with respect to any payment made under the
11 methodology implemented pursuant to this article because the
12 methodology is invalid, unlawful, or contrary to any provision of
13 federal law or regulations or of state law, this article shall become
14 inoperative.

15 ~~SEC. 2.~~

16 *SEC. 3.* No reimbursement is required by this act pursuant to
17 Section 6 of Article XIII B of the California Constitution because
18 the only costs that may be incurred by a local agency or school
19 district will be incurred because this act creates a new crime or
20 infraction, eliminates a crime or infraction, or changes the penalty
21 for a crime or infraction, within the meaning of Section 17556 of
22 the Government Code, or changes the definition of a crime within
23 the meaning of Section 6 of Article XIII B of the California
24 Constitution.

25 ~~SEC. 3.~~

26 *SEC. 4.* This act is an urgency statute necessary for the
27 immediate preservation of the public peace, health, or safety within
28 the meaning of Article IV of the Constitution and shall go into
29 immediate effect. The facts constituting the necessity are:

30 In order to make the necessary changes to increase Medi-Cal
31 payments to emergency ambulance providers and to improve
32 access, at the earliest possible time, to allow this act to be operative
33 as soon as approval from the federal Centers for Medicare and
34 Medicaid Services is obtained by the State Department of Health
35 Care Services, it is necessary that this act take effect immediately.