

**ASSEMBLY BILL**

**No. 525**

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**Introduced by Assembly Member Chu**

February 16, 2005

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An act to add Section 14148.033 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 525, as introduced, Chu. Health care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons.

Existing law requires the State Department of Health Services to implement, as a Medi-Cal program benefit, a 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, as revised annually, and who is otherwise eligible to receive these services, to be known as the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program.

This bill would provide that certain individuals who are, or who would be, but for being pregnant at the time of application, eligible for Family PACT program benefits shall also be deemed to be eligible for additional pregnancy-related care, for cervical cancer screening and treatment, and for diagnostic and other treatment for certain other cancers that threaten reproductive capability.

This bill would require the department to develop and implement an enrollment system and card for purposes of implementing this bill, to be known as the UniHealth Access Card by July 1, 2006.

Under existing law, counties are responsible for determining eligibility for benefits under the Medi-Cal program.

By revising eligibility standards for the receipt of benefits under the Medi-Cal program, this bill would impose a state-mandated local program.

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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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

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

- 1 SECTION 1. Section 14148.033 is added to the Welfare and  
2 Institutions Code, to read:  
3 14148.033. (a) Any individual who is determined to be  
4 eligible for benefits under subdivision (aa) of Section 14132 for  
5 comprehensive clinical family planning shall be deemed to have  
6 applied and been determined to be eligible for the following:  
7 (1) Medi-Cal benefits for pregnancy-related care under this  
8 chapter if the individual becomes pregnant during the period for  
9 which the individual has been certified as being eligible to  
10 receive Family PACT services under subdivision (a) of Section  
11 14132.  
12 (2) Breast and cervical cancer screening and treatment for  
13 uninsured or underinsured women as described in Sections  
14 104160 and 104161 of the Health and Safety Code and Section  
15 14007.71.  
16 (3) Prostate cancer screening and treatment upon exhaustion of  
17 eligibility for Family PACT Services under paragraph (8) of  
18 subdivision (aa) of Section 14132 for diagnoses and treatment  
19 services for cancers that threaten reproductive capability.  
20 (b) For purposes of paragraph (2) of subdivision (a):  
21 (1) “Uninsured” means not covered for breast or cervical  
22 cancer treatment services by any of the following:

- 1 (A) No cost full scope Medi-Cal.  
2 (B) Medicare.  
3 (C) A health care service plan contract or policy of disability  
4 insurance.  
5 (D) Any other form of health care coverage.
- 6 (2) “Underinsured” means either of the following:  
7 (A) Covered for breast or cervical cancer treatment services by  
8 any health care insurance listed in subparagraph (B), (C), or (D)  
9 of paragraph (1), but the sum of the individual’s insurance  
10 deductible, premiums, and expected copayments in the initial  
11 12-month period that breast or cervical cancer treatment services  
12 are needed exceeds seven hundred fifty dollars (\$750).  
13 (B) Covered by share-of-cost or limited scope Medi-Cal, if  
14 the individual is not otherwise eligible for treatment services  
15 pursuant to Section 14007.71.
- 16 (c) Any individual who has undergone screening under this  
17 section and would be eligible for Family Pact benefits under  
18 subdivision (aa) of Section 14132, but for the fact that she is  
19 pregnant at the time of application for those services, shall be  
20 deemed to have applied and been determined to be eligible for  
21 those pregnancy-related and other health care benefits specified  
22 in subdivision (a).
- 23 (d) (1) By July 1, 2006, the department shall develop and  
24 implement an enrollment system and card for the implementation  
25 of this section, to be known as the UniHealth Access Card, that is  
26 consistent with this section and Section 14148.03.
- 27 (2) The department shall consult with representatives of  
28 providers, consumers, counties, and health plans in the  
29 development and implementation of the UniHealth Access Card.
- 30 SEC. 2. If the Commission on State Mandates determines that  
31 this act contains costs mandated by the state, reimbursement to  
32 local agencies and school districts for those costs shall be made  
33 pursuant to Part 7 (commencing with Section 17500) of Division  
34 4 of Title 2 of the Government Code.