AMENDED IN SENATE JULY 15, 2010

AMENDED IN ASSEMBLY APRIL 6, 2010

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL No. 1872

Introduced by Assembly Member Galgiani

February 16, 2010

An act to amend Section 14105.18 of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1872, as amended, Galgiani. Health care programs: provider reimbursement rates.

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 benefits.

Existing law also requires the department to administer various health programs, including the California Children's Services Program, Genetically Handicapped Person's Program, Breast and Cervical Cancer Early Detection Program, State-Only Family Planning Program, and Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program. Existing law requires provider rates of payment for services under these programs to be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program, except, until January 1, 2011, with regard to hospital inpatient rates of payment, which existing law requires to be 90% of Medi-Cal hospital interim rates of payment, as provided.

This bill would extend the provisions that would be repealed on January 1, 2011, until ~~the earlier of~~ January 1, 2014~~, or the state's~~

~~implementation of the provisions expanding Medi-Cal pursuant to the federal Patient and Protection Affordable Care Act~~.

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

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

SECTION 1. Section 14105.18 of the Welfare and Institutions Code, as amended by Section 1 of Chapter 260 of the Statutes of 2009, is amended to read:

14105.18. (a) Notwithstanding any other provision of law, provider rates of payment for services rendered in all of the following programs shall be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program, except that hospital inpatient rates of payment shall be 90 percent of the Medi-Cal hospital interim rates of payment, as developed by the department, and these hospital rates shall not be subject to any further reductions to Medi-Cal rates of payment enacted before or after the effective date of the act that amended this subdivision during the 2007–08 Regular Session.

(1) The California Children's Services Program established pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

(2) The Genetically Handicapped Person's Program established pursuant to Article 1 (commencing with Section 125125) of Chapter 2 of Part 5 of Division 106 of the Health and Safety Code.

(3) The Breast and Cervical Cancer Early Detection Program established pursuant to Article 1.3 (commencing with Section 104150) of Chapter 2 of Part 1 of Division 103 of the Health and Safety Code and the breast cancer programs specified in Section 30461.6 of the Revenue and Taxation Code.

(4) The State-Only Family Planning Program established pursuant to Division 24 (commencing with Section 24000).

(5) The Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program established pursuant to subdivision (aa) of Section 14132.

(b) The director may identify in regulations other programs not listed in subdivision (a) in which providers shall be paid rates of

payment that are identical to the rates of payments in the Medi-Cal program pursuant to subdivision (a).

(c) Notwithstanding subdivision (a), services provided under any of the programs described in subdivisions (a) and (b) may be reimbursed at rates greater than the Medi-Cal rate that would otherwise be applicable if those rates are adopted by the director in regulations.

~~(d) This section shall remain in effect until the earlier of January 1, 2014, or the state's implementation of the provisions expending Medi-Cal pursuant to the federal Patient Protection and Affordable Care Act (Public Law 111-148), and as of January 1, 2014, is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.~~

(d) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 2. Section 14105.18 of the Welfare and Institutions Code, as amended by Section 2 of Chapter 260 of the Statutes of 2009, is amended to read:

14105.18. (a) Notwithstanding any other provision of law, provider rates of payment for services rendered in all of the following programs shall be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program.

(1) The California Children's Services Program established pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

(2) The Genetically Handicapped Person's Program established pursuant to Article 1 (commencing with Section 125125) of Chapter 2 of Part 5 of Division 106 of the Health and Safety Code.

(3) The Breast and Cervical Cancer Early Detection Program established pursuant to Article 1.5 (commencing with Section 104150) of Chapter 2 of Part 1 of Division 103 of the Health and Safety Code and the breast cancer programs specified in Section 30461.6 of the Revenue and Taxation Code.

(4) The State-Only Family Planning Program established pursuant to Division 24 (commencing with Section 24000).

(5) The Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program established pursuant to subdivision (aa) of Section 14132.

(b) The director may identify in regulations other programs not listed in subdivision (a) in which providers shall be paid rates of payment that are identical to the rates of payments in the Medi-Cal program pursuant to subdivision (a).

(c) Notwithstanding subdivision (a), services provided under any of the programs described in subdivisions (a) and (b) may be reimbursed at rates greater than the Medi-Cal rate that would otherwise be applicable if those rates are adopted by the director in regulations.

~~(d) This section shall become operative on January 1, 2014, or on the date the state begins implementing the provisions expanding Medi-Cal pursuant to the federal Patient Protection and Affordable Care Act (Public Law 111-148), whichever occurs first.~~

(d) This section shall become operative on January 1, 2014.

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