AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1257

Introduced by Assembly Member Gray

February 27, 2015

An act to-amend Section 14131.10 add Article 5.8 (commencing with Section 14188) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1257, as amended, Gray. Medi-Cal: optional benefits. ground ambulance rates.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care—benefits. services, including medical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law provides, except as specified, that certain optional Medi-Cal benefits, including, among others, certain adult dental services and optometric and optician services, are excluded from coverage under the Medi-Cal program. Existing law, beginning May 1, 2014, or the effective date—of—any necessary federal financial participation approvals, whichever is later, provides that only specified adult dental services are a covered Medi-Cal benefit for persons who are 21 years of age or older, as—specified. Existing law and regulations prescribe various requirements governing payment policies and reimbursement rates for these services.

This bill would make technical, nonsubstantive changes to this provision. require the State Department of Health Care Services to

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establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban and the Geographic Practice Cost Index, and would require the department to designate a specified ambulance cost study conducted by the federal Government Accountability Office as the evidentiary base.

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

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

SECTION 1. Article 5.8 (commencing with Section 14188) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

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Article 5.8. Ground Ambulance Service Rates

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14188. The department shall establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban (CPI-U) and the California weighted average Geographic Practice Cost Index and shall designate the ambulance cost study conducted by the federal Government Accountability Office (GAO-07-383) as the evidentiary base.

SECTION 1. Section 14131.10 of the Welfare and Institutions Code is amended to read:

14131.10. (a) Notwithstanding any other provision of this chapter, Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591), in order to implement changes in the level of funding for health care services, specific optional benefits are excluded from coverage under the Medi-Cal program.

- (b) (1) The following optional benefits are excluded from eoverage under the Medi-Cal program:
 - (A) Adult dental services, except as specified in paragraph (2).
- (B) Acupuncture services.
- 25 (C) Audiology services and speech therapy services.
- 26 (D) Chiropractic services.
- 27 (E) Optometric and optician services, including services 28 provided by a fabricating optical laboratory.
- 29 (F) Podiatric services.
- 30 (G) Psychology services.

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(H) Incontinence creams and washes.

- (2) (A) Medical and surgical services provided by a doctor of dental medicine or dental surgery, which, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a dentist in this state, are covered.
- (B) Emergency procedures are also covered in the categories of service specified in subparagraph (A). The director may adopt regulations for any of the services specified in subparagraph (A).
- (C) Effective May 1, 2014, or the effective date of any necessary federal approvals as required by subdivision (f), whichever is later, for persons who are 21 years of age or older, adult dental benefits, subject to utilization controls, are limited to all the following medically necessary services:
- (i) Examinations, radiographs/photographic images, prophylaxis, and fluoride treatments.
 - (ii) Amalgam and composite restorations.
- (iii) Stainless steel, resin, and resin window crowns.
- 19 (iv) Anterior root canal therapy.
- 20 (v) Complete dentures, including immediate dentures.
 - (vi) Complete denture adjustments, repairs, and relines.
 - (D) Services specified in this paragraph shall be included as a covered medical benefit under the Medi-Cal program pursuant to Section 14132.89.
 - (3) Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy are not excluded from coverage under this section.
 - (c) The optional benefit exclusions do not apply to either of the following:
 - (1) Beneficiaries under the Early and Periodic Screening Diagnosis and Treatment Program.
 - (2) Beneficiaries receiving long-term care in a nursing facility that is both:
 - (A) A skilled nursing facility or intermediate care facility as defined in subdivisions (c) and (d) of Section 1250 of the Health and Safety Code.
- 37 (B) Licensed pursuant to subdivision (k) of Section 1250 of the
 38 Health and Safety Code.
- 39 (d) This section shall only be implemented to the extent 40 permitted by federal law.

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 (e) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement the provisions of this section by means of all-county letters, provider bulletins, or similar instructions, without taking further regulatory action.

- (f) The department shall seek approval for federal financial participation and coverage of services specified in subparagraph (C) of paragraph (2) of subdivision (b) under the Medi-Cal program.
- (g) This section, except as specified in subparagraph (C) of paragraph (2) of subdivision (b), shall be implemented on the first day of the month following 90 days after the operative date of this section.