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An act to add Section 14131.05 to the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.



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## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 14131.05 is added to the Welfare and Institutions Code, to read:

14131.05. (a) Notwithstanding any other provision of this chapter, Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14590), in order to implement changes in the level of funding for health care services, specific optional benefits are subject to per beneficiary benefit cap amounts under the Medi-Cal program.

(b) For the purposes of this section, "benefit cap amount" means the maximum amount of Medi-Cal coverage for specified optional benefits in subdivision (c), for each beneficiary, for each fiscal year.

(c) The following optional benefits are subject to a benefit cap amount under the Medi-Cal program:

(1) Hearing aid benefits are subject to a benefit cap amount of one thousand five hundred ten dollars (\$1,510).

(2) Durable medical equipment benefits are subject to a benefit cap amount of one thousand six hundred four dollars (\$1,604).

(3) Select disposable medical supply benefits are subject to the following benefit cap amounts:

(A) Incontinence medical supplies are subject to a benefit cap amount of one thousand six hundred fifty-nine dollars (\$1,659).

(B) Urological medical supplies are subject to a benefit cap amount of six thousand four hundred thirty-five dollars (\$6,435).



(C) Wound care medical supplies are subject to a benefit cap amount of three hundred ninety-one dollars (\$391).

(d) The benefit cap amounts in subdivision (c) do not apply to the following items:

- (1) Compressed oxygen equipment and supplies.
- (2) Respiratory equipment and supplies.
- (3) Tracheostomy medical supplies.
- (4) Ostomy medical supplies.
- (5) Diabetic medical supplies.
- (6) Respiratory medical supplies.
- (7) Infusion supplies.
- (8) Disposable gloves.
- (9) Medical supplies categorized as "miscellaneous" on the Medi-Cal list of covered medical supplies.

(e) Pregnancy-related benefits and benefits for the treatment of other conditions that might complicate the pregnancy are not subject to the benefit cap amounts in subdivision (c).

(f) The benefit cap amounts in subdivision (c) do not apply to 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 of the following:



(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.

(B) A licensed nursing facility pursuant to subdivision (k) of Section 1250 of the Health and Safety Code.

(g) This section shall be implemented only to the extent permitted by federal law.

(h) 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 department may implement the provisions of this section by means of all-county letters, provider bulletins, or similar instructions, without taking further regulatory action.

(i) This section shall be implemented on the first day of the first calendar month following 210 days after the effective date of this section.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to make changes necessary for implementation of the Budget Act of 2011, it is necessary that this act take effect immediately.



## LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, \_\_\_\_\_.

General Subject: Medi-Cal: selected optional benefits: benefit caps.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services. The Medi-Cal program is partially governed and funded by federal Medicaid Program provisions.

This bill would, notwithstanding prescribed provisions of law, and with certain exceptions, establish an annual per beneficiary benefit cap amount, as defined, for specified optional benefits. The bill would provide that certain Medi-Cal beneficiaries would be exempt from its provisions. This bill would require that it be implemented on the first day of the first calendar month following 210 days after its effective date, and only to the extent permitted by federal law.

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



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Vote: 2/3. Appropriation: no. Fiscal committee: yes. State-mandated local  
program: no.



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