

Introduced by Senator Durazo

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An act to amend Section 14007.8 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1422, as introduced, Durazo. Medi-Cal: eligibility: immigration status.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and 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 sets a schedule of benefits that are covered by the Medi-Cal program.

The federal Medicaid program prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing state law extends Medi-Cal eligibility for the full scope of Medi-Cal benefits to individuals who do not have satisfactory immigration status if they are otherwise eligible for those benefits, with the exception of specified dental benefits for individuals who are 19 years of age or older. Existing law makes an individual who is 19 years of age or older, who does not have satisfactory immigration

status, and who applies for Medi-Cal on or after January 1, 2026, or loses eligibility for eligibility for full-scope Medi-Cal on or after January 1, 2026, eligible only for pregnancy-related services and emergency medical treatment. Existing law, beginning no sooner than July 1, 2027, as specified, requires individuals who do not have satisfactory immigration status, who are not pregnant, and who are 19 to 59 years of age, inclusive, to pay a monthly premium of \$30, subject to certain exceptions.

This bill would instead make an individual who is 19 years of age or older, who does not have satisfactory immigration status, eligible for the full scope of Medi-Cal benefits subject to certain limitations, such as the payment of premiums and certain dental benefits.

Because counties are required to make Medi-Cal eligibility determinations and this bill would alter Medi-Cal eligibility, the 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 the statutory provisions noted above.

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 14007.8 of the Welfare and Institutions
2 Code is amended to read:
3 14007.8. (a) (1) An individual who is 25 years of age or
4 younger, and who does not have satisfactory immigration status
5 or is unable to establish satisfactory immigration status as required
6 by Section 14011.2, shall be eligible for the full scope of Medi-Cal
7 benefits, subject to the service limitations described in ~~subdivisions~~
8 ~~(b), (c), and (k)~~, *subdivision (i)*, if they are otherwise eligible for
9 benefits under this chapter.
10 (2) (A) After the director determines, and communicates that
11 determination in writing to the Department of Finance, that systems
12 have been programmed for implementation of this subparagraph,
13 but no sooner than May 1, 2022, an individual who is 50 years of

1 age or older, and who does not have satisfactory immigration status
2 or is unable to establish satisfactory immigration status as required
3 by Section 14011.2, shall be eligible for the full scope of Medi-Cal
4 benefits, subject to the service limitations described in subdivisions
5 (b), (c), and (k); *subdivision (i)*, if they are otherwise eligible for
6 benefits under this chapter.

7 (B) After the director determines, and communicates that
8 determination in writing to the Department of Finance, that systems
9 have been programmed for implementation of this subparagraph,
10 but no later than January 1, 2024, an individual who is 26 to 49
11 years of age, inclusive, and who does not have satisfactory
12 immigration status as required by Section 14011.2, shall be eligible
13 for the full scope of Medi-Cal benefits, subject to the service
14 limitations described in subdivisions (b), (c), and (k); *subdivision*
15 *(i)*, if they are otherwise eligible for benefits under this chapter.

16 ~~(b) (1) No sooner than January 1, 2026, an individual who is~~
17 ~~19 years of age or older, who does not have satisfactory~~
18 ~~immigration status as required by Section 14011.2, who is~~
19 ~~otherwise eligible for Medi-Cal services pursuant to subdivision~~
20 ~~(d) of Section 14007.5, and who applies for Medi-Cal on or after~~
21 ~~January 1, 2026, shall only be eligible for medically necessary~~
22 ~~pregnancy-related services, and care and services necessary for~~
23 ~~the treatment of an emergency medical condition and medical care~~
24 ~~directly related to the emergency, as defined in federal law.~~

25 ~~(2) Notwithstanding paragraph (1), an individual who is 19~~
26 ~~years of age or older, who does not have satisfactory immigration~~
27 ~~status as required by Section 14011.2, who was enrolled in~~
28 ~~full-scope Medi-Cal and was not pregnant, but loses coverage for~~
29 ~~full-scope Medi-Cal, shall be eligible to reenroll in full-scope~~
30 ~~Medi-Cal within three months from the date of disenrollment for~~
31 ~~full-scope Medi-Cal, pregnancy-only Medi-Cal, or postpartum~~
32 ~~Medi-Cal. Payment of outstanding premium balances prior to the~~
33 ~~initiation of the three-month cure period shall be a condition of~~
34 ~~reenrollment under this subdivision for individuals disenrolled~~
35 ~~from Medi-Cal due to nonpayment of premiums. For purposes of~~
36 ~~this paragraph, “full-scope Medi-Cal” means the full scope of~~
37 ~~Medi-Cal benefits, subject to the service limitations described in~~
38 ~~subdivision (k).~~

39 ~~(3) Paragraphs (1) and (2) shall not apply to nonminor~~
40 ~~dependents, as defined in Section 11400, and individuals who but~~

1 for their immigration status are eligible for Medi-Cal pursuant to
2 Section 14005.28. These individuals shall remain eligible for the
3 full scope of Medi-Cal benefits until their 26th birthday.

4 (e) (1) No sooner than January 1, 2026, if an individual
5 described in subdivision (a) who is 19 years of age or older loses
6 eligibility for full-scope Medi-Cal on or after January 1, 2026, the
7 individual shall only be eligible for medically necessary
8 pregnancy-related services, and care and services necessary for
9 the treatment of an emergency medical condition and medical care
10 directly related to the emergency, as defined in federal law.

11 (2) No sooner than January 1, 2026, notwithstanding paragraph
12 (1), if an individual described in subdivision (a) who is 19 years
13 of age or older loses eligibility for full-scope Medi-Cal while
14 pregnant, the individual shall remain eligible for the full scope of
15 Medi-Cal benefits, subject to the service limitations described in
16 subdivision (k), throughout the pregnancy and for 12 months after
17 the pregnancy ends.

18 (3) Paragraphs (1) and (2) shall not apply to nonminor
19 dependents, as defined in Section 11400, and individuals who but
20 for their immigration status are eligible for Medi-Cal pursuant to
21 Section 14005.28. These individuals shall remain eligible for the
22 full scope of Medi-Cal benefits until their 26th birthday.

23 (d)

24 (b) The department shall provide monthly updates to the
25 appropriate policy and fiscal committees of the Legislature on the
26 status of the implementation of this section.

27 (e)

28 (c) To the extent permitted by state and federal law, an
29 individual eligible for full-scope Medi-Cal pursuant to subdivision
30 (a) shall be required to enroll in a Medi-Cal managed care health
31 plan. Enrollment in a Medi-Cal managed care health plan shall not
32 preclude a beneficiary from being enrolled in any other children's
33 Medi-Cal specialty program that they would otherwise be eligible
34 for.

35 (f)

36 (d) (1) The department shall maximize federal financial
37 participation in implementing this section to the extent allowable.
38 For purposes of implementing this section, the department shall
39 claim federal financial participation to the extent that the
40 department determines it is available.

1 (2) To the extent that federal financial participation is
2 unavailable, the department shall implement this section using
3 state funds appropriated for this purpose.

4 ~~(g)~~

5 (e) This section shall be implemented only to the extent it is in
6 compliance with Section 1621(d) of Title 8 of the United States
7 Code.

8 ~~(h)~~

9 (f) (1) Notwithstanding Chapter 3.5 (commencing with Section
10 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
11 the department, without taking any further regulatory action, shall
12 implement, interpret, or make specific this section by means of
13 all-county letters, plan letters, plan or provider bulletins, or similar
14 instructions until the time any necessary regulations are adopted.
15 Thereafter, the department shall adopt regulations in accordance
16 with the requirements of Chapter 3.5 (commencing with Section
17 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

18 (2) Notwithstanding Section 10231.5 of the Government Code,
19 the department shall provide a status report to the Legislature on
20 a semiannual basis, in compliance with Section 9795 of the
21 Government Code, until regulations have been adopted.

22 ~~(i)~~

23 (g) In implementing this section, the department may contract,
24 as necessary, on a bid or nonbid basis. This subdivision establishes
25 an accelerated process for issuing contracts pursuant to this section.
26 Those contracts, and any other contracts entered into pursuant to
27 this subdivision, may be on a noncompetitive bid basis and shall
28 be exempt from both of the following:

29 (1) Part 2 (commencing with Section 10100) of Division 2 of
30 the Public Contract Code and any policies, procedures, or
31 regulations authorized by that part.

32 (2) Review or approval of contracts by the Department of
33 General Services.

34 ~~(j)~~

35 (h) (1) (A) No sooner than July 1, 2027, all individuals
36 described in subdivision (a), except for those individuals described
37 in subparagraph (B), shall be required to pay a monthly premium
38 as a condition of eligibility for Medi-Cal benefits, if they are
39 otherwise eligible for benefits under this chapter.

1 (B) The following individuals are not subject to the monthly
2 premium requirements described in subparagraph (A):

3 (i) Individuals under 19 years of age.

4 (ii) Individuals over 59 years of age.

5 (iii) Individuals who are pregnant.

6 (2) Monthly premiums imposed under this section shall be thirty
7 dollars (\$30) per beneficiary.

8 (3) An individual described in paragraph (1), after no more than
9 90 days of nonpayment of the monthly premium, will only be
10 eligible for medically necessary pregnancy-related services, and
11 care and services necessary for the treatment of an emergency
12 medical condition and medical care directly related to the
13 emergency, as defined in federal law. All outstanding premium
14 balances shall be paid in full as a condition of continued eligibility
15 for full-scope Medi-Cal coverage, subject to the service limitations
16 described in subdivision ~~(k)~~: (i).

17 (4) The monthly premium requirements and service limitations
18 described in paragraphs (1), (2), and (3) shall not apply to nonminor
19 dependents, as defined in Section 11400, and individuals who but
20 for their immigration status are eligible for Medi-Cal pursuant to
21 Section 14005.28. These individuals shall remain eligible for the
22 full scope of Medi-Cal benefits until their 26th birthday.

23 ~~(k)~~

24 (i) (1) No sooner than July 1, 2026, an individual who is 19
25 years of age or older, who is eligible for Medi-Cal benefits pursuant
26 to subdivision (a), shall not be eligible for dental services set forth
27 in this chapter, except for the treatment of an emergency medical
28 condition and medical care directly related to the emergency, as
29 defined in federal law.

30 (2) Paragraph (1) shall not apply to nonminor dependents, as
31 defined in Section 11400, and individuals who but for their
32 immigration status are eligible for Medi-Cal pursuant to Section
33 14005.28. These individuals shall remain eligible for the full scope
34 of Medi-Cal benefits until their 26th birthday.

35 ~~(l) Subdivisions (b), (c), (j), and (k) shall be implemented only
36 after the director determines, and communicates in writing to the
37 Department of Finance, that systems have been programmed for
38 implementation.~~

39 SEC. 2. If the Commission on State Mandates determines that
40 this act contains costs mandated by the state, reimbursement to

1 local agencies and school districts for those costs shall be made
2 pursuant to Part 7 (commencing with Section 17500) of Division
3 4 of Title 2 of the Government Code.

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