

AMENDED IN ASSEMBLY MARCH 16, 2022

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1930**

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**Introduced by Assembly Member Arambula**

February 10, 2022

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An act to amend Section 14005.185 of, and to add Section 14134.51 to, the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1930, as amended, Arambula. Medi-Cal: comprehensive perinatal services.

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, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy.

This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to collaborate with the State

Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

The bill would ~~also~~ require the department to seek any necessary federal approvals to ~~(1)~~ cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a nonlicensed perinatal health worker in a beneficiary’s home or other community setting away from a medical site, ~~as specified, and (2) specified.~~ *The bill would also require the department to seek any necessary federal approvals to allow a nonlicensed perinatal health worker rendering those preventive services to be supervised by (1) an enrolled Medi-Cal provider that is a clinic, hospital, community-based organization, or licensed practitioner; organization (CBO), or licensed practitioner, or (2) a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider is available for Medi-Cal billing purposes.*

The bill would condition implementation of the provisions above on receipt of any necessary federal approvals and the availability of federal financial participation.

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

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

1 SECTION 1. Section 14005.185 of the Welfare and Institutions  
2 Code is amended to read:  
3 14005.185. (a) (1) Notwithstanding Section 15840, the income  
4 eligibility requirements specified in Section 15832, and the annual  
5 redetermination requirements described in Section 14005.37, a  
6 pregnant individual or targeted low-income child who is eligible  
7 for and is receiving health care coverage under a Medi-Cal program  
8 identified in subdivision (b) shall be eligible for full-scope  
9 Medi-Cal benefits for the duration of the pregnancy and for a  
10 period of one year following the last day of the individual’s  
11 pregnancy.  
12 (2) (A) During the one-year postpregnancy eligibility period  
13 described in paragraph (1), as part of comprehensive perinatal  
14 services under Medi-Cal, as described in subdivision (u) of Section  
15 14132 and in Section 14134.5, the department shall cover  
16 additional comprehensive perinatal assessments and individualized

1 care plans and shall provide additional visits and units of services  
2 in an amount, duration, and scope that are at least proportional to  
3 those available on July 27, 2021, during pregnancy and the initial  
4 60-day postpregnancy period in effect on that date.

5 (B) The department shall collaborate with the State Department  
6 of Public Health and a broad stakeholder group to determine the  
7 specific number of additional comprehensive perinatal assessments,  
8 individualized care plans, visits, and units of services to be covered  
9 pursuant to subparagraph (A).

10 (b) For purposes of this section, “Medi-Cal program” refers to  
11 any of the following programs:

12 (1) The Medi-Cal Access Program, as described in Chapter 2  
13 (commencing with Section 15810) of Part 3.3.

14 (2) The Medi-Cal program, as described in this article.

15 (3) The Perinatal Services Program, as described in Article 4.7  
16 (commencing with Section 14148).

17 (c) The department shall seek any federal approvals, including  
18 under Titles XIX and XXI of the federal Social Security Act (42  
19 U.S.C. Sec. 1396 et seq.), that it determines are necessary to extend  
20 coverage for eligible pregnant and postpartum individuals or  
21 targeted low-income children as described in this section.

22 (d) (1) Except as provided in paragraph (2), coverage described  
23 in this section shall commence on April 1, 2022, or the effective  
24 date or dates reflected in any necessary federal approvals obtained  
25 by the department pursuant to subdivision (c), whichever is later.

26 (2) Notwithstanding paragraph (1), coverage described in this  
27 section for populations authorized under Title XXI of the federal  
28 Social Security Act (42 U.S.C. Sec. 1397aa) shall be effective on  
29 the date reflected in any necessary federal approvals obtained by  
30 the department pursuant to subdivision (c).

31 (e) Notwithstanding Chapter 3.5 (commencing with Section  
32 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
33 the department may implement, interpret, or make specific this  
34 section by means of all-county letters, provider bulletins, or similar  
35 instructions, without taking any further regulatory action.

36 (f) Implementation of this section is subject to an appropriation  
37 in the annual Budget Act, or any other act approved by the  
38 Legislature, for the purposes described in this section.

39 (g) (1) Except as provided in paragraph (2), this section shall  
40 be implemented only to the extent that any necessary federal

1 approvals are obtained and federal financial participation is  
2 available and not otherwise jeopardized.

3 (2) With respect to coverage described in the section for  
4 populations authorized under Title XXI of the federal Social  
5 Security Act (42 U.S.C. Sec. 1397aa), the department may  
6 implement this section prior to receipt of all necessary federal  
7 approvals, so long as the department determines that federal  
8 financial participation under the Medi-Cal program is not otherwise  
9 jeopardized.

10 SEC. 2. Section 14134.51 is added to the Welfare and  
11 Institutions Code, to read:

12 14134.51. (a) As part of comprehensive perinatal services  
13 under Medi-Cal, as described in subdivision (u) of Section 14132  
14 and in Section 14134.5, the department shall seek any necessary  
15 federal approvals to do both of the following:

16 (1) Cover preventive services that are recommended by a  
17 physician or other licensed practitioner and that are rendered by a  
18 nonlicensed perinatal health worker in a beneficiary’s home or  
19 other community setting away from a medical site, as described  
20 in Section 1396d(a)(13) of Title 42 of the United States Code and  
21 Section 440.130(c) of Title 42 of the Code of Federal Regulations.

22 (2) Allow a nonlicensed perinatal health worker rendering  
23 preventive services in accordance with paragraph (1) to be  
24 supervised by ~~an~~ *either of the following*:

25 (A) *An enrolled Medi-Cal provider that is a clinic, a hospital, a*  
26 *community-based organization, or a licensed practitioner.*

27 (B) *A community-based organization that is not an enrolled*  
28 *Medi-Cal provider, so long as an enrolled Medi-Cal provider is*  
29 *available for Medi-Cal billing purposes.*

30 (b) This section shall be implemented only to the extent that  
31 any necessary federal approvals are obtained and federal financial  
32 participation is available.