

Introduced by Senator AshbyFebruary 14, 2024

An act to add Section 1371.51 to the Health and Safety Code, to add Section 10126.61 to the Insurance Code, and to add Section 14132.13 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1180, as introduced, Ashby. Health care coverage: emergency medical services.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users and triage paramedic assessments.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for services provided by a community

paramedicine program, a triage to alternate destination program, and a mobile integrated health program. The bill would require those plans and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount they would pay for the same covered services received from a contracting program. The bill would specify the reimbursement process and amount for a noncontracting program. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would also make services provided by these programs covered benefits under the Medi-Cal 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 no reimbursement is required by this act for a specified reason.

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 1371.51 is added to the Health and Safety
- 2 Code, to read:
- 3 1371.51. (a) A health care service plan contract issued,
- 4 amended, or renewed on or after January 1, 2025, shall include
- 5 coverage for services provided by a community paramedicine
- 6 program, triage to alternate destination program, or mobile
- 7 integrated health program.
- 8 (b) (1) A health care service plan contract issued, amended, or
- 9 renewed on or after January 1, 2025, shall require an enrollee who
- 10 receives covered services from a noncontracting community
- 11 paramedicine program, triage to alternate destination program, or
- 12 mobile integrated health program to pay no more than the same
- 13 cost-sharing amount that the enrollee would pay for the same
- 14 covered services received from a contracting community
- 15 paramedicine program, triage to alternate destination program, or
- 16 mobile integrated health program.
- 17 (2) Reimbursement for a noncontracting community
- 18 paramedicine program, triage to alternate destination program, or

1 mobile integrated health program shall follow the same process
2 as described in Section 1371.56.

3 (c) For purposes of this section:

4 (1) “Community paramedicine program” means a program
5 defined in Section 1815.

6 (2) “Mobile integrated health program” means a fire
7 department-based team of licensed health care practitioners,
8 operating within their scope of practice, who provide mobile health
9 services to support the emergency medical services system.

10 (3) “Triage to alternate destination program” means a program
11 defined in Section 1819.

12 SEC. 2. Section 10126.61 is added to the Insurance Code, to
13 read:

14 10126.61. (a) A health insurance policy issued, amended, or
15 renewed on or after January 1, 2025, shall include coverage for
16 services provided by a community paramedicine program, triage
17 to alternate destination program, or mobile integrated health
18 program.

19 (b) (1) A health insurance policy issued, amended, or renewed
20 on or after January 1, 2025, shall require an insured who receives
21 covered services from a noncontracting community paramedicine
22 program, triage to alternate destination program, or mobile
23 integrated health program to pay no more than the same
24 cost-sharing amount that the insured would pay for the same
25 covered services received from a contracting community
26 paramedicine program, triage to alternate destination program, or
27 mobile integrated health program.

28 (2) Reimbursement for a noncontracting community
29 paramedicine program, triage to alternate destination program, or
30 mobile integrated health program shall follow the same process
31 as described in Section 10126.66.

32 (c) For purposes of this section:

33 (1) “Community paramedicine program” means a program
34 defined in Section 1815 of the Health and Safety Code.

35 (2) “Mobile integrated health program” means a fire
36 department-based team of licensed health care practitioners,
37 operating within their scope of practice, who provide mobile health
38 services to support the emergency medical services system.

39 (3) “Triage to alternate destination program” means a program
40 defined in Section 1819 of the Health and Safety Code.

1 SEC. 3. Section 14132.13 is added to the Welfare and
2 Institutions Code, to read:

3 14132.13. (a) Services provided by a community paramedicine
4 program, triage to alternate destination program, or mobile
5 integrated health program are covered benefits under the Medi-Cal
6 program.

7 (b) The department shall develop rates of reimbursement for
8 services provided by a community paramedicine program, triage
9 to alternate destination program, or mobile integrated health
10 program in consultation with community paramedicine programs,
11 triage to alternate destination programs, and mobile integrated
12 health programs.

13 (c) For purposes of this section:

14 (1) “Community paramedicine program” means a program
15 defined in Section 1815 of the Health and Safety Code.

16 (2) “Mobile integrated health program” means a fire
17 department-based team of licensed health care practitioners,
18 operating within their scope of practice, who provide mobile health
19 services to support the emergency medical services system.

20 (3) “Triage to alternate destination program” means a program
21 defined in Section 1819 of the Health and Safety Code.

22 SEC. 4. No reimbursement is required by this act pursuant to
23 Section 6 of Article XIII B of the California Constitution because
24 the only costs that may be incurred by a local agency or school
25 district will be incurred because this act creates a new crime or
26 infraction, eliminates a crime or infraction, or changes the penalty
27 for a crime or infraction, within the meaning of Section 17556 of
28 the Government Code, or changes the definition of a crime within
29 the meaning of Section 6 of Article XIII B of the California
30 Constitution.