

*National Multiple Sclerosis Society – California Action Network
(MS-CAN)*

GOVERNMENT ISSUES ACTION REPORT
Summer 2013

MS-CAN Co-Sponsors AB 582 (Chesbro) to Ensure Access to Complex Rehabilitation Technology

Given its strong support, Assemblyman Wes Chesbro (D-Humboldt) invited MS-CAN to co-sponsor his bill, AB 582.

AB 582 creates a category for complex medical technology (CRT) that will be separate from other durable medical equipment (DME) in the state's Medi-Cal program. The new category of CRT will include customized mobility devices (e.g. manual or power wheelchairs and adaptive seating or alternative positioning systems). Creating a separate category will ensure access to appropriate technology and support services for Medi-Cal clients using CRT, including wheelchair repairs and rentals.

AB 582 will:

1. Require CRT providers to
 - a. meet the quality standards established for a DME supplier;
 - b. be accredited by a recognized accrediting organization as a supplier of CRT;
 - c. employ or contract with at least one qualified rehabilitation technology professional who will be involved in determining the CRT needs of each patient and with the final fitting and delivery of the equipment;
 - d. maintain a reasonable supply of parts, adequate physical facilities, and qualified service or repair technicians, and provide patients with prompt services and repair.
2. Require a physical exam of the individual be conducted by a medical provider before prescribing a motorized wheelchair or scooter and complete a certificate of medical necessity that documents the medical condition that necessitates the equipment.

3. Allow as an option the Department of Health Care Services to require an evaluation by a licensed physical therapist

During its April 8, 2013 MS-CAN Advocacy Day, Northern California Chapter staff and volunteers visited over 60 members of the Legislature to educate them on the importance of AB 582 to people disabled by MS.

Terry Farmer, Chair of the Sacramento GRC, testified on behalf of MS-CAN in support of the bill in the Assembly and Senate Health Committees. In both committees, he testified about the need for individualized assessment and fitting, proper continued maintenance and repair of this customized equipment, and its importance for maintaining quality of life for people living with MS. He also emphasized that National MS Society Chapters throughout the state have reported that fewer and fewer medical supply stores are handling and maintaining such equipment because of the lack of reimbursement for such services. AB 582 is now halfway through the legislative process. It was approved by the Assembly and currently is in the Senate.

State Adopts FY 2013-14 Budget

The Legislature approved and the Governor signed the state's FY 2013-14 budget. For the first time in several years, there were no reductions to health and human services programs and a few health programs and services that had been previously cut saw some of their funding restored. Some of the health and human services budget items of interest to MS-CAN:

Medi-Cal Benefits —The Budget includes new funding for several Medi-Cal optional benefits:

- Adult Dental -The budget includes \$33.8 million to provide preventive adult dental benefits beginning May 1, 2014.
- Seven Physician Visit Cap -The budget repeals the state's previous attempt to limit the number of physician visits per Medi-Cal enrollee to seven per year and fully funds the program.

In-Home Supportive Services (IHSS) Court Settlement - In March 2013, the Governor reached an agreement with plaintiffs to the Oster and Dominguez class-action lawsuits that challenged cuts to IHSS hours and wages. IHSS helps pay for services provided to low-income elderly, blind or disabled individuals to hire someone to help them with housework, meal preparation, and personal care. The cuts in IHSS hours and wages had been made in 2009, 2010 and 2011. SB 67 (Chapter 4, Statutes of 2013), part of this year's budget, reversed the IHSS provider wage and service reductions enacted in prior years. In its place,

SB 67 instituted a temporary 8 percent across-the-board reduction for all IHSS recipients effective July 1, 2013, decreasing to a 7 percent reduction after 12 months. These temporary reductions were agreed to by disability rights organizations and the Brown Administration instead of the much larger permanent reductions to the program that were approved by the Legislature and Governor as part of the 2009-2010 and the 2011-2012 state budgets

Coordinated Care Initiative (CCI) - In 2012, the Legislature created the Coordinated Care Initiative (CCI), an eight-county pilot (Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara) that will be implemented to demonstrate the effective integration of Medi-Cal and Medicare benefits for "dual eligibles"— individuals who qualify for both benefits. The CCI will also integrate long-term services and supports (LTSS) under Medi-Cal managed care in the eight counties for the “dual eligibles,” including In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), and other community-based long term care services. In addition, seniors and persons with disabilities covered only by Medi-Cal will be included in the CCI Initiative. People living with MS that are eligible for this initiative in the eight counties will be notified of their enrollment by the Department of Health Care Services.

The FY 2013-14 budget made the following changes to the CCI:

1. Because there are so many beneficiaries in Los Angeles County, there will be a cap of 200,000 on the number of people who can be enrolled from that county.
2. Changes the scheduled phasing in for beneficiaries enrolling in the CCI. Beneficiaries in the eight participating counties will enroll in the demonstration no sooner than January 2014 (originally scheduled for October 2013).
3. The state will enroll eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless individuals actively choose to “opt out” of joining a health plan for their Medicare benefits and stay with their current medical provider. The state will require mandatory enrollment into a health plan for people on Medi-Cal.

As part of the FY 2013-14 budget, the Legislature passed and the Governor signed SB 94, a trailer bill to the budget that makes additional changes to the CCI. Of particular interest, SB 94 specifies that if at least 30 days prior to the enrollment of individuals into the CCI (end of November 2013) and every year after that, the Department of Finance estimates that CCI will not generate the expected savings to the state, the CCI will become inoperative. Individuals will

be notified by the Department of Health Care Services and they will return to their previous health care services and providers.

Medi-Cal Expansion Moves Forward in California

The Governor signed two bills, SBX 1 (Hernandez, D-Los Angeles) and ABX 1 (Perez, D-Los Angeles) that will implement the expansion of Medi-Cal to childless adults under 138% of the federal poverty level (\$15,856 for an individual; \$32,500 for a family of 4). The Medi-Cal expansion is a key element of the health care reform law for expanding health care benefits to the uninsured. By increasing health care coverage, this program will improve the health of more Californians, keep people out of the emergency room, and provide access to needed treatment, including low income people living with MS. SBX 1 and ABX 1 were priority bills for MS-CAN. The key components of the bills will:

1. Expand Medi-Cal to low income adults without children at home.
2. Provide comprehensive Medi-Cal benefits, plus the essential health benefits, including mental health and substance use disorder benefits.
3. Provide electronic verification of age, family size, income, and residency through the new federal hub that links to Homeland Security and the Internal Revenue Service as well as appropriate state data bases such as the Department of Motor Vehicles and Employment Development Department.
4. Move very low income recent legal immigrants under 138% of the federal poverty level who are childless adults to the health benefit exchange (Covered California) with affordability and benefits that are comparable to Medi-Cal.
5. Simplify the Medi-Cal renewal process
6. Automatically enroll into Medi-Cal those Californians who are already enrolled in CalFresh or other public health and human services programs
7. Convert the income threshold for eligibility to be consistent with the health benefit exchange, Covered California, eligibility
8. Eliminate the asset test and deprivation test (children with an absent parent, unemployed or underemployed parent)
9. Allow a Governor to undo the Medi-Cal expansion after 2018 if federal funding for that population ever goes below 70%. However, this can only be done after the Legislature has had 12 months to review the proposal and respond.

MS-CAN Priority Bills

MS-CAN has taken positions on the following legislation:

ACR 22 (Dickinson, D - Sacramento) MS Awareness Week

ACR 22 establishes March 11-15, 2013 as MS Awareness Week in California.

Position: Support

Status: Adopted by the Legislature

Sponsor: National Multiple Sclerosis Society – CA Action Network

ABX 1 2 (Pan, D - Sacramento) Health Care Coverage

ABx 1 2 implements the health insurance market reforms contained in the Affordable Care Act (ACA) for California. ABx 1 2 establishes the rules under which insurance can be marketed and sold in California. One such rule is prohibiting insurers from denying coverage based on preexisting conditions.

(Same as SBx 1 2)

Position: Support

Status: Signed by the Governor

AB 299 (Holden, D - Pasadena) Pharmacy

AB 299 prohibits a nonresident pharmacy or a pharmacy located in California that delivers prescriptions through the mail from requiring plan enrollees to use mail order services or to require a plan enrollee to specifically “opt out” of the mail order pharmacy. AB 299 was introduced in response to the recent announcement by Anthem Blue Cross that required all of its health plan enrollees to receive their specialty drugs only from mail order pharmacies.

Position: Support

Status: Held in the Assembly Appropriations Committee

Sponsor: CA Pharmacists Association

AB 582 (Chesbro, D - Humboldt) Complex Rehabilitation Technology

AB 582 establishes a separate category in the state’s Medi-Cal program for complex medical technology (CRT) including customized mobility devices (manual or power wheelchairs, and adaptive seating or alternative positioning systems), that is distinct from all other types of durable medical equipment.

Position: Support

Status: In Senate Appropriations Committee

Sponsor: MS-CAN Co-Sponsor

SBx 1 2 (Hernandez, D – Los Angeles) Health Care Coverage

SBx1 2 establishes health insurance market reforms contained in the Affordable Care Act (ACA) specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions. (Same as ABx 1 2)

Position: Support

Status: Signed by the Governor

SB 111 (Beall, D – Santa Clara) Voter Registration: Signature Stamps

SB 111 allows a person who cannot sign his or her name and who has a signature stamp approved for use by, and on file with the Department of Motor Vehicles to utilize that stamp to register to vote online without also having to use the stamp in the presence of a county election official.

Position: Support

Status: Passed the Senate. In the Assembly Appropriations Committee

Sponsor: Secretary of State

SB 391 (DeSaulnier, D – Contra Costa) The California Homes and Jobs Act of 2013

SB 391 will put a \$75 recordation fee on real estate transactions – excluding home sales in order to build safe and affordable single-family homes and apartments for Californians in need, including families, seniors, veterans, and people with disabilities. The author intends to amend the bill in the next couple of weeks that will target funds for accessibility improvements, so-called “grants for ramps.”

Position: Support

Status: Special Hearings in Assembly Housing and Community Development Committee on August 12 and Assembly Labor and Employment Committee on August 14.

Sponsor: California Housing Consortium and Housing California

SB 550 (Jackson, D – Santa Barbara) Accessible Housing

SB 550 increases the number of accessible housing units required in state and locally assisted housing developments for persons with mobility disabilities from 5% to 10% and communications disabilities (i.e., hearing and vision) from 2% to 4%.

Position: Support

Status: Held in the Senate Appropriations Committee

SB 639 (Hernandez, D - Los Angeles) Health Care Coverage

SB 639 gives California state regulators the ability to enforce the patient cost sharing provisions and maximum out-of-pocket limits contained in the

Affordable Care Act (ACA). SB 639 also requires that individual insurance market products sold outside the health benefit exchange (Covered California), be standardized to mirror the insurance products sold inside Covered California.

Position: Support

Status: August 13 Hearing in Assembly Health Committee

Sponsor: Health Access California