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WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 9. PUBLIC SOCIAL SERVICES [10000 - 18999.98] (Division 9 added by Stats. 1965, Ch. 1784.)

PART 4.7. HEALTH CARE FOR INDIGENTS [16900 - 16996.2] (Heading for Part 4.7 added by Stats. 1990, Ch. 50, Sec. 10.5.)

CHAPTER 5. California Healthcare for Indigents Program [16940 - 16995.1] (Chapter 5 added by Stats. 1989, Ch. 1331, Sec. 9.)

ARTICLE 4. Other County Health Services [16960 - 16961] (Article 4 added by Stats. 1989, Ch. 1331, Sec. 9.)

16960. (a) Twenty-eight and three-tenths percent, or that percentage of the program account deriving from the Unallocated Account of the fund in a fiscal year of each MISP county's allocation under Section 16941, shall be expended consistent with Article 2 (commencing with Section 30121) of Chapter 2 of Part 13 of Division 2 of the Revenue and Taxation Code, at county discretion, to maintain and enhance health care services provided on or after July 1, 1989, for patients who cannot pay for those services which will not be covered by private insurance or by a program funded in whole or in part by the federal government. In those MISP counties where city public health departments exist, the county shall give consideration to those agencies in the use of funds received pursuant to this section.

(b) Counties may expend up to 5 percent or fifty thousand dollars (\$50,000), whichever is greater, of the funds received pursuant to this section for costs related to the purchase of equipment and fixed assets. However, no single expenditure may exceed ten thousand dollars (\$10,000).

(Amended by Stats. 1990, Ch. 51, Sec. 44. Effective April 18, 1990.)

16961. Services provided pursuant to this article include only those health care services specified in Sections 14021 and 14132, and former Division 1 (commencing with Section 100), and the Communicable Disease Prevention and Control Act as set forth in subdivision (a) of Section 27, of the Health and Safety Code, which are provided to patients who cannot afford to pay for those services, and for whom payment will not be made through private coverage or by any program funded in whole or in part by the federal government.

(Amended by Stats. 1996, Ch. 1023, Sec. 495. Effective September 29, 1996.)