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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 3. AID AND MEDICAL ASSISTANCE [11000 - 15771]** ( Part 3 added by Stats. 1965, Ch. 1784. )

**CHAPTER 7.5. Protect Access to Health Care Act of 2024 [14199.100 - 14199.136]** ( Chapter 7.5 added November 5, 2024, by initiative Proposition 35, Sec. 1. )

**ARTICLE 4. Protecting Access to Health Care [14199.109 - 14199.120.9]** ( Article 4 added November 5, 2024, by initiative Proposition 35, Sec. 1. )

**14199.109.** Primary Care Account

(a) Moneys in the Primary Care Account shall be used for the purpose of providing Medi-Cal patients with increased access to quality primary care services as set forth in this section.

(b) (1) The department shall, subject to the stakeholder input requirements of Section 14199.121, increase reimbursement rates for primary care services above those in effect on January 1, 2024, and shall ensure that Medi-Cal managed care plans provide those increases in a manner consistent with the intent and purposes of this chapter.

(2) In addition to paragraph (1), in implementing this section, the department may, subject to federal approval and after obtaining stakeholder input pursuant to Section 14199.121, utilize different payment mechanisms, including quality incentive payments or value-based payment models, to recruit, retain, and improve primary care provider participation in Medi-Cal and improve quality.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.110.** Specialty Care Account

(a) Moneys in the Specialty Care Account shall be used for the purpose of increasing Medi-Cal patient access to specialty care services as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, establish and implement one or more payment methodologies that meet federal requirements and that require each Medi-Cal managed care plan or its subcontracted entities to expand beneficiary access to Medi-Cal covered specialty care services. The payment methodology or methodologies developed by the department shall address the following objectives:

- (1) Increase the number of Medi-Cal managed care plan-contracting specialists.
- (2) Retain existing Medi-Cal managed care plan-contracting specialists within the plan's network of contracting providers.
- (3) Increase the number of Medi-Cal patients an existing Medi-Cal managed care plan-contracting specialist serves.
- (4) Provide expanded specialist appointment availability for Medi-Cal patients.
- (5) Support specialists in coordinating and overseeing the care of patients as part of a multidisciplinary care team.

(c) A Medi-Cal managed care plan or a subcontracted entity shall provide payments to specialists consistent with the payment methodologies developed by the department pursuant to this section.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.110.5.** Emergency Department Physicians Account

(a) Moneys in the Emergency Department Physicians Account shall be used for the purpose of increasing reimbursements for emergency department physicians treating Medi-Cal patients as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, establish and implement one or more payment methodologies to increase reimbursements for emergency department physicians treating Medi-Cal patients. The payment methodology or methodologies shall be consistent with the purposes of this chapter, shall be designed to improve access and support for emergency department services, and shall not be conditioned on a physician's contracted network provider status.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

#### **14199.111.** Community Health Workers Account

(a) The Community Health Workers Account is hereby created within the Improving Access to Health Care Subfund. Moneys in the Community Health Workers Account shall be used for the purpose of increasing access to community health workers in Medi-Cal programs as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, establish a grant program to expand the number of locations and populations served by community health workers providing services on behalf of community-based organizations, community providers, and clinics.

(c) (1) On and after January 1, 2030, the maximum allowable balance of unencumbered moneys in this account shall be sixty-four million dollars (\$64,000,000). As long as this account is at or above sixty-four million dollars (\$64,000,000), moneys otherwise required to be deposited into this account shall instead be deposited on a pro rata basis into the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) that are not at or above their maximum allowable balance.

(2) This subdivision does not apply if this account is at or above sixty-four million dollars (\$64,000,000) as a result of the department violating its nondiscretionary ministerial duty set forth in subdivision (b) of Section 14199.106, or if the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) are all simultaneously at or above their maximum allowable balance.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

#### **14199.112.** Outpatient and Clinic Access Account

(a) Moneys in the Outpatient and Clinic Access Account shall be used for the purpose of increasing net reimbursements for outpatient facilities, including ambulatory surgical centers and clinics, that provide eligible outpatient services and procedures to Medi-Cal patients.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, develop, seek federal approval for, and implement one or more payment methodologies that provide increased net reimbursement for eligible outpatient facilities, regardless of licensure type, in a manner consistent with the purposes of this chapter.

(c) Moneys in the Outpatient and Clinic Access Account shall be used only to increase net reimbursement levels for those eligible outpatient services and procedures above existing net reimbursement levels in effect for the eligible outpatient services and procedures as of January 1, 2024.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

#### **14199.113.** Family Planning Account

(a) Moneys in the Family Planning Account shall be used for the purpose of expanding the scope and availability of family planning services as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the account for all of the following purposes:

(1) Expanding the scope of benefits offered pursuant to the State-Only Family Planning Program and the Family PACT program.

(2) Increasing reimbursement rates for:

(A) Family planning services and family planning-related services in the Medi-Cal program.

(B) Comprehensive clinical family planning services in the Family PACT program.

(C) Family planning services in the State-Only Family Planning Program.

(3) Authorizing the department, subject to the stakeholder input requirements of Section 14199.121, to fund practice transformation activities and to establish alternative payment methodologies, including, but not limited to, bundled payments, directed payments to both network and nonnetwork providers, capitated payments, and value-based payments for family planning, family planning-related services, and sexual and reproductive health services.

(4) Providing grant funding to qualified family planning providers to offset the costs of providing uncompensated outpatient services and supports.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.114.** Reproductive Health Account

(a) Moneys in the Reproductive Health Account shall be used as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the Reproductive Health Account for the purpose of protecting, preserving, and expanding access to abortion and abortion-related services, including to increase payment rates for abortion and abortion-related services.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.115.** Emergency Medical Transportation Account

(a) Moneys in the Emergency Medical Transportation Account shall be used for the purpose of increased payments to private ground emergency medical transport providers and emergency air ambulance transport providers as set forth in this section.

(b) Eighty percent of the moneys in the account shall be deposited into the Ground Emergency Medical Transportation Subaccount, which is hereby created in the Emergency Medical Transportation Account. Moneys in this subaccount shall be used for the purpose of increased payments to private ground emergency medical transport providers as follows:

(1) The department shall, subject to the stakeholder input requirements of Section 14199.121, establish and implement increased net reimbursement to private ground emergency medical transport providers for ground emergency medical transports above the rates in effect as of January 1, 2024. To the extent permitted by federal law, the department shall increase net reimbursement based on the regional cost of living where the transport was rendered.

(2) The increased Medi-Cal payments described in paragraph (1) shall be applicable to fee-for-service rates to private ground emergency medical transport providers and payments from Medi-Cal managed care plans to private ground emergency medical transport providers. The department shall structure the increased Medi-Cal managed care payments pursuant to this subdivision so that private ground emergency medical transport providers that receive payments for ground emergency medical transports rendered to managed care patients pursuant to Section 14129.3 or any successor statute are eligible to receive payments for ground emergency medical transports rendered to Medi-Cal managed care patients pursuant to this section.

(3) Moneys in the Ground Emergency Medical Transportation Subaccount shall be used only to increase net reimbursement levels for private ground emergency medical transport providers above existing net reimbursement levels in effect for private ground emergency medical transport providers as of January 1, 2024. The director may modify or make adjustments to any methodology, fee amount, or other provision specified in Article 3.91 (commencing with Section 14129) of Chapter 7, as authorized by subdivision (b) of Section 14129.6, only to the extent necessary to meet the requirements of federal law or regulations or to obtain federal approval pursuant to Section 14129.6 after the implementation of this subdivision.

(c) Twenty percent of the moneys in the account shall be deposited into the Air Ambulance Emergency Medical Transportation Subaccount, which is hereby created in the Emergency Medical Transportation Account. Moneys in this subaccount shall be used for the purpose of increased Medi-Cal payments for emergency air ambulance transport providers as follows:

(1) The department shall, subject to the stakeholder input requirements of Section 14199.121, establish and implement increased Medi-Cal payments for air emergency ambulance transport providers above the rates in effect as of January 1, 2024.

(2) The increased rates described in paragraph (1) shall be applicable to Medi-Cal fee-for-service payment rates to emergency air ambulance transport providers and payments from Medi-Cal managed care plans to emergency air ambulance transport providers.

(3) Payments made pursuant to this subdivision shall be in addition to any other Medi-Cal payments to emergency air ambulance transport providers and shall not supplant amounts that would otherwise be payable under Medi-Cal to an emergency air ambulance transport provider.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.116.** Emergency Department and Hospital Services Account

(a) Moneys in the Emergency Department and Hospital Services Account shall be used for the purpose of protecting access to, and improving the quality of, hospital care, including access to inpatient acute care and emergency departments, for Medi-Cal patients, as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, develop, seek federal approval for, and implement one or more payment methodologies that provide increased net reimbursement to public and private hospitals for eligible hospital services. The department may adjust payments with moneys in the account.

(c) Moneys in the Emergency Department and Hospital Services Account shall be used only to increase net reimbursement levels for those eligible hospital services above existing net reimbursement levels in effect for the eligible hospital services as of January 1, 2024.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.117.** Designated Public Hospital Account

(a) Moneys in the Designated Public Hospital Account shall be used for the purpose of sustaining and promoting access to hospital and nonhospital care at designated public hospital systems.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the account to provide increased net reimbursement or new payments for designated public hospitals and health systems, including, but not limited to, quality incentive payments under existing or successor payment mechanisms or payments in support of services provided by designated hospital systems or that enhance their capabilities, or to provide financial support for the nonfederal share of the Medi-Cal payments to the designated public hospital systems. The department may apply the moneys in the Designated Public Hospital Account for these purposes.

(c) Moneys in the Designated Public Hospital Account shall be used only to increase net reimbursement levels for designated public hospital systems for the eligible services above existing net reimbursement levels for the eligible services in effect as of January 1, 2024.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.118.** Affordable Prescription Drugs Account

(a) The Affordable Prescription Drugs Account is hereby created within the Improving Access to Health Care Subfund. Moneys in the Affordable Prescription Drugs Account shall be used as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the Affordable Prescription Drugs Account for the purpose of providing increased funding for the California Affordable Drug Manufacturing Act of 2020 to increase competition, lower prices, and address shortages in the market for generic prescription drugs, to reduce the cost of prescription drugs for public and private purchasers, taxpayers, and consumers, and to increase patient access to affordable drugs.

(c) (1) On and after January 1, 2030, the maximum allowable balance of unencumbered moneys in this account shall be twenty million dollars (\$20,000,000). As long as this account is at or above twenty million dollars (\$20,000,000), moneys otherwise required to be deposited in this account shall instead be deposited on a pro rata basis into the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) that are not at or above their maximum allowable balance.

(2) This subdivision does not apply if this account is at or above twenty million dollars (\$20,000,000) as a result of the department violating its nondiscretionary ministerial duty set forth in subdivision (b) of Section 14199.106, or if the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) are all simultaneously at or above their maximum allowable balance.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.119.** Improving Mental Health Account

(a) (1) Moneys in the Improving Mental Health Account shall be used for the purpose of expanding access to mental health programs and services as set forth in this section.

(2) Moneys in the account shall be used to provide additional funding for inpatient psychiatric services pursuant to subdivision (b).

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the account for the purpose of increasing the supply of mental health inpatient psychiatric beds by providing a supplemental payment for psychiatric inpatient days in licensed acute care hospitals and acute psychiatric hospitals. These payments shall:

- (1) Increase the net reimbursement levels paid to these hospitals with respect to those services above the existing net reimbursement levels in effect for those services as of January 1, 2024.
- (2) Not affect or supplant any other payments to these hospitals.
- (3) Be made to these hospitals irrespective of contracting status with a county mental health plan or with a Medi-Cal managed care plan or other managed care entity that is financially responsible for psychiatric inpatient hospital services under contract with the department, as applicable.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.120.** Health Care Workers Account

(a) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the Health Care Workers Account for the purpose of attracting, retaining, and expanding the pool of health care workers available to treat Medi-Cal patients as set forth in this section.

(b) Seventy-five percent of the moneys in the account shall be deposited in the Graduate Medical Education Subaccount, which is hereby created in the Health Care Workers Account. Moneys in this subaccount shall be transferred to the University of California for the administration and expenditure to other qualified entities to expand graduate medical education in order to achieve the goal of increasing the number of physician and surgeon residency slots and expanding the number of locations offering physician and surgeon residency programs, as compared to the number of residency slots and program locations in place on December 31, 2023. For the purposes of this section, all allopathic and osteopathic residency programs accredited by federally recognized accrediting organizations and located in California shall be eligible to apply to receive funding to support resident education in California. No later than January 1, 2027, the department may seek federal approval for the programs created or expanded pursuant to this subdivision. However, the graduate medical education programs are not contingent upon federal approval and federal financial participation.

(c) Twenty-five percent of the moneys in the account shall be deposited in the Medi-Cal Workforce Subaccount, which is hereby created in the Health Care Workers Account. The department may enter into an interagency agreement with another state government agency or entity to administer and implement a grant program funded by the Medi-Cal Workforce Subaccount as set forth in this subdivision.

(1) (A) No sooner than January 1, 2027, the department or its designated state government agency or entity shall issue grants pursuant to this subdivision with available moneys in the Medi-Cal Workforce Subaccount to strengthen and support the development and retention of the Medi-Cal workforce through bona fide labor-management cooperation committees.

(B) Criteria shall be established, pursuant to the stakeholder input requirements of Section 14199.121, for grants to bona fide labor-management cooperation committees to support the development of high-quality workforce development programs.

(2) The criteria for grant awards may include, but is not limited to, the following:

(A) Implementing workforce training programs to promote patient safety, improve quality outcomes, and advance employee career opportunities.

(B) Developing and supporting health care workforce apprenticeship and preapprenticeship programs.

(C) Recruiting and retaining workforce.

(D) Funding for training organizations such as Taft-Hartley training funds, to support the development of the workforce.

(E) Additional investments in workforce capacity.

(3) In issuing grants pursuant to this subdivision, the department or its designated state government agency or entity may give preference to a bona fide labor-management cooperation committee that is organized on a multiemployer basis and involves multiple labor organizations.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.120.5.** Clinic Quality Account

(a) Moneys in the Clinic Quality Account shall be used for the purpose of providing monetary incentives for clinics that demonstrate improved quality and increased access to care for Medi-Cal patients as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, develop and seek federal approval for a directed payment program, alternative payment methodology, or other enhanced payment methodology for clinics that meet one or more of the following objectives:

- (1) Increasing appointment availability or access to health care services, including specialty services.
- (2) Meeting improved quality measures.
- (3) Improving data quality and reporting.
- (4) Enhancing care coordination.

(c) Any funding methodology developed pursuant to this section shall be for enhanced payments to participating clinics on or after January 1, 2025, and moneys provided pursuant to this section shall not be used to supplant, in whole or in part, funding for any prior payment methodologies developed and submitted to the federal Centers for Medicare and Medicaid Services before December 31, 2024.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.120.6.** Improved Dental Services Account

(a) Moneys in the Improved Dental Services Account shall be used for the purpose of providing enhanced access to Medi-Cal patients for specialty and restorative dental care as set forth in this section.

(b) The department shall, subject to the stakeholder input requirements of Section 14199.121, develop and seek federal approval for a payment methodology, rate augmentation, directed payment or other financial incentives to general dentists and dental specialists such as oral and maxillofacial surgeons, endodontists, periodontists, orthodontists, prosthodontists, and pediatric dentists.

(c) The department may also use moneys in this account, subject to the stakeholder input requirements of Section 14199.121, for the purpose of supporting practice transformation activities in dental provider offices that treat Medi-Cal patients. Practice transformation activities include, but are not limited to, value-based payments, use or enhanced use of electronic medical records, care coordination with primary and specialty care providers, and training and retention of dental staff and clinicians.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.120.7.** Health Care Workforce Loan Repayment Account

(a) The Health Care Workforce Loan Repayment Account is hereby created within the Improving Access to Health Care Subfund. Moneys in the Health Care Workforce Loan Repayment Account shall be used as set forth in this section.

(b) Fifty percent of the moneys in the account shall be deposited in the Advanced Practice Clinicians and Allied Health Care Loan Repayment Subaccount, which is hereby created in the Health Care Workforce Loan Repayment Account. Moneys in this subaccount shall be used for the purpose of establishing an educational loan repayment program for advanced practice clinicians and allied health care professionals. The department shall, subject to the stakeholder input requirements of Section 14199.121, determine the eligibility and qualifications for loan repayment.

(c) Fifty percent of the moneys in the account shall be deposited into the CalHealthCares Subaccount, which is hereby created in the Health Care Workforce Loan Repayment Account. Moneys in this subaccount shall be used for the purpose of providing increased funding for educational loan repayment for physicians and dentists through the CalHealthCares Program.

(d) (1) On and after January 1, 2030, the maximum allowable balance of unencumbered moneys in this account shall be one hundred twenty-eight million dollars (\$128,000,000). As long as this account is at or above one hundred twenty-eight million dollars (\$128,000,000), moneys otherwise required to be deposited in this account shall instead be deposited on a pro rata basis into the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) which are not at or above their maximum allowable balance.

(2) This subdivision does not apply if this account is at or above one hundred twenty-eight million dollars (\$128,000,000) as a result of the department violating its nondiscretionary ministerial duty set forth in subdivision (b) of Section 14199.106, or if the accounts described in paragraphs (1) to (8), inclusive, and (11) to (13), inclusive, of subdivision (d) are all simultaneously at or above their maximum allowable balance.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*

**14199.120.9.** Medi-Cal Access and Support Account

(a) Moneys in the Medi-Cal Access and Support Account shall be used as set forth in this section.

(b) Moneys in this account shall be used by the department to provide overall support to the Medi-Cal program and maintain access to necessary health care services.

(c) Section 14199.107 does not apply to moneys in this account.

*(Added November 5, 2024, by initiative Proposition 35, Sec. 1. Effective December 18, 2024. Approved in Proposition 35 at the November 5, 2024, election. Operative January 1, 2025, pursuant to Section 14199.135.)*