COVERED CALIFORNIA
STATE LEGISLATIVE REPORT
September Board Meeting

Bill Number	SUMMARY	BILL STATUS
AB 209 (Pan) **Version:** As Amended: April 9, 2013	**Medi-Cal: managed care: quality, accessibility, and utilization.** Would require the State Department of Health Care Services to develop and implement a plan, as specified, to monitor, evaluate, and improve the quality, accessibility, and utilization of health care and dental services provided through Medi-Cal managed care. The bill would require the department to appoint an advisory committee, with specified responsibilities, for the purpose of making recommendations to the department and to the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services. The bill would be implemented to the extent that funding is provided in the annual budget act or federal, private, or other non-General Fund moneys are available.	**Location:** Senate Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. THIRD READING on 8/27/2014) **Hearing Date:** None set
AB 314 (Pan) **Version:** As Amended: July 9, 2013	**Health care coverage: self-funded student plans.** Current federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that take effect January 1, 2014. This bill would prohibit a plan directly operated by a bona fide public or private college or university that directly provides health care services only to its students, faculty, staff, administration, and their respective dependents from establishing an annual limit or a lifetime limit on the dollar value of essential health benefits , as defined, for any participant or beneficiary. Because a willful violation of these requirements with respect to those plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	**Location:** Senate Dead **Status:** June 27, 2014: Failed Deadline pursuant to Rule 61(b)(13). (Last location was ED. on 7/9/2013) **Hearing Date:** None set
AB 369 (Pan) **Version:** As Chaptered: March 20, 2014	**Continuity of care.** Would require a health care service plan and a health insurer to arrange for the completion of covered services by a nonparticipating provider for a newly covered enrollee and a newly covered insured under an individual health care service plan contract or an individual health insurance policy whose prior coverage was withdrawn from the market between December 1, 2013, and March 31, 2014, inclusive, as specified. This bill contains other related provisions and other existing laws.	**Location:** Assembly Chaptered **Status:** March 20, 2014: Chaptered by Secretary of State - Chapter 4, Statutes of 2014. **Hearing Date:** None set
AB 505 (Nazarian)	**Medi-Cal: managed care: language assistance services.**	**Location:** Assembly Enrolled

Version: As Enrollment: September 2, 2014	Would require the State Department of Health Care Services to require all managed care plans contracting with the department to provide Medi-Cal services, except as specified, to provide language assistance services, which includes oral interpretation and translation services, to limited-English-proficient Medi-Cal beneficiaries, as defined. The bill would require the department to determine when a limited-English-proficient population meets the requirement for translation services, as prescribed.	**Status:** September 2, 2014: Enrolled and presented to the Governor at 4 p.m. **Hearing Date:** None set
AB 617 (Nazarian) **Version:** As Enrollment: September 8, 2014	**California Health Benefit Exchange: appeals.** Would require the board of the California Health Benefit Exchange to contract with the State Department of Social Services to serve as the Exchange appeals entity designated to hear appeals of eligibility or enrollment determination or redetermination for persons in the individual market or exemption determinations within the Exchange's jurisdiction. The bill would establish an appeals process for eligibility or enrollment determinations and redeterminations for insurance affordability programs, as defined, or exemption determinations within the Exchange's jurisdiction, including an informal resolution process, as specified, establishing procedures and timelines for hearings with the appeals entity, and notice provisions.	**Location:** Assembly Enrolled **Status:** September 8, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AB 889 (Frazier) **Version:** As Amended: May 2, 2013	**Health care coverage: prescription drugs.** Would authorize health care service plans and health insurers to require step therapy, as defined, when more than one drug is appropriate for the treatment of a medical condition, subject to specified requirements . The bill would require a plan or insurer that requires step therapy to have an expeditious process in place to authorize exceptions to step therapy when medically necessary and to conform effectively and efficiently with continuity of care requirements. The bill would specify that these provisions would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, dental-only, or vision-only contracts or policies. This bill contains other related provisions and other existing laws.	**Location:** Senate Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/13/2013) **Hearing Date:** None set
AB 1124 (Muratsuchi) **Version:** As Chaptered: March 28, 2014	**Medi-Cal: reimbursement rates.** Current law exempts from compliance with a specified regulation laboratory providers reimbursed pursuant to any payment reductions implemented pursuant to these provisions for 21 months following the date of implementation of this reduction, and requires the State Department of Health Care Services to adopt emergency regulations by July 1, 2014. This bill would instead exempt these laboratory providers from compliance with the specified regulation until July 1, 2015, and would require the department to adopt emergency regulations by June 30, 2016. This bill contains other related provisions.	**Location:** Assembly Chaptered **Status:** March 28, 2014: Chaptered by the Secretary of State, Chapter Number 8, Statutes of 2014 **Hearing Date:** None set
AB 1507 (Logue) **Version:** As Amended: April 21, 2014	**Health care coverage.** Would allow an individual or small employer health benefit plan in effect on October 1, 2013, that does not qualify as a grandfathered health plan under PPACA to be renewed until October 1, 2014, and to continue to be in force until December 31, 2014. The bill would exempt an individual or small	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. HEALTH on 4/22/2014)

	employer health benefit plan in effect on October 1, 2013, that does not qualify as a grandfathered health plan under PPACA and that is renewed between January 1, 2014, and October, 1, 2014, from various provisions of state law that implement the PPACA reforms described above.	**Hearing Date:** None set
AB 1509 (Fox) **Version:** As Enrollment: September 5, 2014	**Veterans: transition assistance.** Current law establishes the Department of Veterans Affairs, which is responsible for administering various programs and services for the benefit of veterans. This bill would require, by July 1, 2015, the Department of Veterans Affairs to develop a transition assistance program for veterans who have been discharged from the Armed Forces of the United States or the National Guard of any state, as specified. The bill would require the program to include certain California-specific transition assistance information.	**Location:** Assembly Enrolled **Status:** September 5, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AB 1553 (Yamada) **Version:** As Amended: April 23, 2014	**Long-term care insurance: premium basis.** Would prohibit a long-term care insurance policy issued, amended, or renewed on or after January 1, 2015, from charging a different premium, price, or charge based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy. The bill would prohibit insurers issuing, amending, or renewing long-term care insurance policies on or after January 1, 2015, from reducing or eliminating benefits or coverage based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy as a result of implementing these provisions.	**Location:** Assembly Dead **Status:** May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was INS. on 4/24/2014) **Hearing Date:** None set
AB 1644 (Medina) **Version:** As Amended: April 10, 2014	**Medi-Cal: Drug Medi-Cal Program providers.** Would designate all DMC Treatment Program providers as "high" categorical risk and would make them subject to background checks, as provided. The bill would authorize the State Department of Health Care Services, on and after January 1, 2018, to designate a DMC Treatment Program provider as "limited" or "moderate" categorical risk and, if it does so, would require the department to execute a declaration, to be posted on the department's Internet Web site, that states the reason that a "high" categorical risk designation is no longer warranted. The bill would require the department to transmit a copy of the declaration to the Legislature .	**Location:** Assembly Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 1771 (V. Manuel Pérez) **Version:** As Amended: June 24, 2014	**Telephone visits.** Would require a health care service plan or a health insurer, with respect to contracts and policies issued, amended, or renewed on or after January 1, 2016, to cover telephone visits, as defined, provided by a contracted physician or a contracted qualified nonphysician health care provider . The bill would provide that a health care service plan or a health insurer is not required to reimburse separately for specified telephone visits, including a telephone visit provided as part of a bundle of services reimbursed in a specified manner.	**Location:** Senate Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. SUSPENSE FILE on 8/14/2014) **Hearing Date:** None set
AB 1805 (Skinner)	**Medi-Cal: reimbursement: provider payments.**	**Location:** Assembly Dead

Version: As Amended: April 7, 2014	Current law requires, except as otherwise provided, Medi-Cal provider payments and payments for specified non-Medi-Cal programs to be reduced by 10% for dates of service on and after June 1, 2011. This bill would, instead, prohibit the application of those reductions for payments to providers for dates of service on or after June 1, 2011.	**Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. APPR. on 4/23/2014) **Hearing Date:** None set
AB 1814 (Waldron) **Version:** As Amended: May 12, 2014	**Prescriber Prevails Act.** Would, to the extent permitted by federal law, provide that drugs in specified therapeutic drug classes that are prescribed by a Medi-Cal beneficiary's treating provider are covered Medi-Cal benefits. The bill would require, except as specified, that a Medi-Cal managed care plan cover the drug upon demonstration by the provider that the drug is medically necessary and consistent with federal rules and regulations for labeling and use, as specified.	**Location:** Assembly Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 1829 (Conway) **Version:** As Amended: April 21, 2014	**California Health Benefit Exchange: employees and contractors.** Would prohibit the board governing the California Health Benefit Exchange from hiring or contracting with a person, including an employee or prospective employee, who has been convicted of specified crimes if the person's duties would involve facilitating enrollment in qualified health plans or would give the person access to the financial or medical information of enrollees or potential enrollees of the Exchange. This bill contains other related provisions.	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. HEALTH on 4/22/2014) **Hearing Date:** None set
AB 1830 (Conway) **Version:** As Amended: April 21, 2014	**California Health Benefit Exchange: confidentiality of personally identifiable information.** Would, where the American Health Benefit Exchange creates or collects personally identifiable information for the purpose of determining eligibility for specified plans and programs, authorize the Exchange to use or disclose that information only to the extent necessary to carry out specified functions authorized under PPACA or to carry out other nonspecified functions that satisfy certain federal criteria. The bill would require the Exchange to establish and implement privacy and security standards that are consistent with specified principles and to execute a contract with a non-Exchange entity that contains various provisions.	**Location:** Assembly Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/22/2014) **Hearing Date:** None set
AB 1831 (Conway) **Version:** As Amended: April 21, 2014	**California Health Insurance Fairness Act: personal income tax: deduction: medical insurance.** Would, for taxable years beginning on or after January 1, 2014, allow a deduction from gross income under the Personal Income Tax Law for the amounts paid or incurred by a taxpayer during the taxable year for medical insurance for medical care, as defined, and for transportation for and essential to that medical care, as provided. The bill would not allow as an itemized deduction, an amount allowed as a deduction from gross income as provided in the bill. This bill contains other related provisions.	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. REV. & TAX SUSPENSE FILE on 5/14/2014) **Hearing Date:** None set
AB 1868 (Gomez)	**Medi-Cal: optional benefits: podiatric medicine.**	**Location:** Senate Dead

Version: As Amended: June 10, 2014	Current law provides that optional podiatric services are excluded from coverage under the Medi-Cal program. This bill would cover medical and surgical services provided by a doctor of podiatric medicine within his or her scope of practice that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a podiatrist in the state.	**Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. SUSPENSE FILE on 8/14/2014) **Hearing Date:** None set
AB 1877 (Cooley) **Version:** As Enrollment: September 5, 2014	**California Vision Care Access Council.** Would establish the California Vision Care Access Council within state government and would require that the Council be governed by the executive board that governs the California Health Benefit Exchange. The bill would require the Council to establish an interagency agreement with the California Health Benefit Exchange allowing the Council to utilize the executive, administrative, and other related resources of the Exchange and would prohibit the use of specified Exchange funds for purposes of the Council.	**Location:** Assembly Enrolled **Status:** September 5, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AB 1917 (Gordon) **Version:** As Amended: June 24, 2014	**Outpatient prescription drugs: cost sharing.** Would, with respect to a health care service plan contract or health insurance policy that is subject to annual out-of-pocket limits, and is issued, amended, or renewed on or after January 1, 2016, for an individual contract or policy, or July 1, 2015, for a group contract or policy, require that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription not exceed 1/12 of the annual out-of-pocket limit applicable to self-only coverage for a supply of up to 30 days of a drug that does not have a time-limited course of treatment or has a time-limited course of treatment of more than 3 months.	**Location:** Senate Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. INACTIVE FILE on 8/28/2014) **Hearing Date:** None set
AB 1962 (Skinner) **Version:** As Enrollment: September 5, 2014	**Dental plans: medical loss ratios: reports.** Would require health care services plans that issue, sell, renew, or offer specialized dental health care service plan contracts and health insurers that issue, sell, renew, or offer specialized dental health insurance policies to, no later than September 30 , 2015, and each year thereafter, file a report, to be known as the MLR annual report, with the departments that contains the same information required in the 2013 federal Medical Loss Ratio (MLR) Annual Reporting Form. This bill contains other related provisions and other existing laws.	**Location:** Assembly Enrolled **Status:** September 5, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AB 2015 (Chau) **Version:** As Introduced: February 20, 2014	**Health care coverage: discrimination.** Current federal law, beginning January 1, 2014, prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. Beginning January 1, 2015, this bill would prohibit a health care service plan or health insurer from discriminating against any health care provider who is acting within the scope of that provider's license or certification, as specified.	**Location:** Assembly Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 2025 (Dickinson)	**Medi-Cal: program for aged and disabled persons.**	**Location:** Assembly Dead

Version: As Amended: March 18, 2014	Current law requires the State Department of Health Care Services to exercise its option under federal law to implement a program for aged and disabled persons, as described. Current law provides that an individual under these provisions shall satisfy certain financial eligibility requirements. This bill would increase income disregard amounts to $369 for an individual, or $498 in the case of a couple, and require that the income disregards be adjusted annually. The bill would provide that the income standard determined may not be less than the SSI/SSP payment level the individual or couple, as applicable, receives or would receive as a disabled or blind individual or couple.	**Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 2088 (Hernández, Roger) **Version:** As Enrollment: September 10, 2014	**Health insurance: minimum value: large group market policies.** PPACA requires each state to establish an American Health Benefits Exchange and allows qualified individuals to obtain premium assistance for coverage purchased through the Exchange. PPACA specifies that this premium assistance is not available if the individual is eligible for affordable employer-sponsored coverage that provides minimum value, as specified. This bill would extend that requirement to a health care service plan that offers, amends, or renews a group health plan contract and an insurer issuing a policy, except a health care service plan or insurer issuing a specialized health care service plan or policy, that provides less than 60% minimum value in the large group market and would require that the persons to be covered are also covered by a contract or plan that provides at least 60% minimum value.	**Location:** Assembly Enrolled **Status:** September 10, 2014: Enrolled and presented to the Governor at 4 p.m. **Hearing Date:** None set
AB 2147 (Melendez) **Version:** As Amended: May 1, 2014	**State government Internet Web sites: information practices.** Would require a state agency, as defined, that uses an Internet Web site to obtain information by means of an electronic form and shares that information with another state agency or private party to include a specified disclosure notice clearly displayed in direct proximity above the button used to submit the form. The disclosure would acknowledge that the information is being collected and may be shared. The bill would also prohibit a state agency using an electronic form, as described above, to utilize or share any information provided on the form until the person entering information into the form specifically acts to submit the form.	**Location:** Assembly Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 2301 (Mansoor) **Version:** As Amended: April 30, 2014	**California Health Benefit Exchange: individual market reports.** Would require the board governing the Exchange to prepare a written report on a quarterly basis that identifies the number of individuals enrolled in qualified health plans purchased through the individual market of the Exchange by demographics, level of coverage, and geographic region, and the number of applications filed through the individual market of the Exchange for each quarter, as specified . The bill would also require this report to identify the number of individuals who have been disenrolled from those plans by total number, demographics, level of coverage, geographic region, and reason for disenrollment.	**Location:** Assembly Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
AB 2367 (Donnelly)	**Personal income taxes: credits: health care coverage.**	**Location:** Assembly Dead

Version: As Introduced: February 21, 2014	Would, for taxable years beginning on or after January 1, 2014, and before January 1, ____, would allow a credit equal to the difference between the annual premium amount paid or incurred during the taxable year for an individual health care service plan contract or individual policy of health insurance and the annual premium amount paid or incurred prior to March 31, 2014, for such an individual plan contract or policy by a qualified taxpayer, which is defined as an individual whose individual plan contract or policy was canceled between during a specified time period, and who purchased a new individual plan contract or policy and paid or incurred an annual premium amount that exceeded the annual premium amount paid or incurred prior to the cancellation of his or her individual plan contract or policy.	**Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. REV. & TAX SUSPENSE FILE on 5/14/2014) **Hearing Date:** None set
AB 2375 (Dababneh) **Version:** As Introduced: February 21, 2014	**California Health Benefit Exchange: navigators.** Current law requires the board governing the Exchange to establish the navigator program, and to select and set performance standards and compensation for navigators. This bill would require the board to ensure that the performance standards selected for navigators are not so burdensome as to prevent a qualified entity from applying.	**Location:** Assembly Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/10/2014) **Hearing Date:** None set
AB 2400 (Ridley-Thomas) **Version:** As Amended: May 6, 2014	**Health care coverage: provider contracts.** Would require a health care service plan to provide at least 90 business days' notice to a contracting provider if a change is made by amending a manual, policy, or procedure document referenced in the contract and would require that the provider under a preferred provider arrangement have the right to negotiate and agree to the change. The bill would authorize a contract between a provider and a health insurer for alternative rates of payment to contain provisions permitting a material change to the contract by the insurer if the insurer provides at least 90 business days' notice to the provider.	**Location:** Senate Dead **Status:** June 27, 2014: Failed Deadline pursuant to Rule 61(b)(13). (Last location was S. HEALTH on 6/11/2014) **Hearing Date:** None set
AB 2418 (Bonilla) **Version:** As Enrollment: September 5, 2014	**Health care coverage: prescription drugs: refills.** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2016, that provides coverage for prescription drug benefits to permit and apply a prorated daily cost-sharing rate to refills of prescriptions that are dispensed by a participating pharmacy for less than the standard refill amount if the prescriber or pharmacist indicates that the refill is in the best interest of the enrollee or insured and is for the purpose of synchronizing the refill dates of the enrollee's or insured's medications, provided that certain requirements are satisfied.	**Location:** Assembly Enrolled **Status:** September 5, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AB 2433 (Mansoor) **Version:** As Introduced: February 21, 2014	**Health care coverage: catastrophic plans.** PPACA exempts from specified requirements a catastrophic plan that meets specified requirements and is sold only to an individual under 30 years of age or an individual who is exempt from the PPACA requirement to obtain minimum coverage because he or she cannot afford coverage or has suffered a hardship, as specified. The bill would, to the extent permitted by PPACA, require that an individual be deemed to face hardship for purposes of this provision if his or her coverage was withdrawn from the market between	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. HEALTH on 3/10/2014) **Hearing Date:** None set

	December 1, 2013, and March 31, 2014, as specified.	
AB 2456 (Melendez) **Version:** As Amended: April 24, 2014	**Health care.** Would require the Exchange to submit to the Department of Finance and the Legislative Analyst's Office a complete and detailed budget utilizing performance-based budgeting, as defined, that sets forth all proposed expenditures and estimated revenues for the ensuing fiscal year. The bill would require the Exchange to, if necessary, develop a process for consulting with contractors or other responsible entities and stakeholders to develop information related to performance standards and program performance.	**Location:** Assembly Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/28/2014) **Hearing Date:** None set
AB 2533 (Ammiano) **Version:** As Amended: August 19, 2014	**Health care coverage: noncontracting providers.** Would require a health care service plan or health insurer that contracts for alternative rates of payment to arrange for, or assist in arranging for, an enrollee or insured who is unable to obtain a medically necessary covered service to receive the care or service from a noncontracting provider in an accessible and timely manner. The bill would prohibit the health care service plan or health insurer from imposing copayments, coinsurance, or deductibles on an enrollee or insured that exceed what the enrollee or insured would pay for services from a contracting provider.	**Location:** Senate Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. THIRD READING on 8/19/2014) **Hearing Date:** None set
AB 2601 (Conway) **Version:** As Amended: April 21, 2014	**California Health Benefit Exchange: charge on qualified health plans.** Would prohibit the governing board of the California Health Benefit Exchange from assessing a charge on qualified health plans or supplemental coverage, on or after January 1, 2016, or increasing that charge thereafter, unless the charge is enacted as a statute.	**Location:** Assembly Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/22/2014) **Hearing Date:** None set
AB 2706 (Hernández, Roger) **Version:** As Enrollment: September 8, 2014	**Schools: health care coverage: enrollment assistance.** Would require a public school, for purposes of the 2015-16, 2016-17, and 2017-18 school years, to add an informational item to its enrollment forms, or amend an existing enrollment form in order to provide the parent or legal guardian information about health care coverage options and enrollment assistance. The bill would authorize a school, in order to fulfill this requirement, to either use a template, develop an informational item, or amend an existing enrollment form to provide the information.	**Location:** Assembly Enrolled **Status:** September 8, 2014: Enrolled and presented to the Governor at 3:30 p.m. **Hearing Date:** None set
AJR 23 (Logue) **Version:** As Introduced: May 31, 2013	**Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.** This measure would urge the President to remove any financial oversight responsibilities of the Internal Revenue Service with regard to the administration of the federal Patient Protection and Affordable Care Act and instead have those duties transferred to a separate board, created by and accountable to Congress.	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. HEALTH on 6/6/2013) **Hearing Date:** None set
SB 18 (Leno)	**Medi-Cal renewal.**	**Location:** Senate Enrolled

Version: As Enrollment: September 4, 2014	Would require the State Department of Health Care Services to accept contributions by private foundations in the amount of at least $6,000,000 for the purpose of providing Medi-Cal renewal assistance payments, as specified. The bill would also appropriate $6,000,000 from the Healthcare Outreach and Medi-Cal Enrollment Account and $6,000,000 from the Federal Trust Fund, to be available for encumbrance or expenditure until December 31, 2016, and authorize the use of previously appropriated funds in that account for this purpose.	**Status:** September 4, 2014: Enrolled and presented to the Governor at 2 p.m. **Hearing Date:** None set
SB 20 (Hernandez) **Version:** As Chaptered: June 16, 2014	**Individual health care coverage: enrollment periods.** PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for that coverage and to renew that coverage at the option of the plan sponsor or the individual. This bill would require a plan or insurer to provide an annual enrollment period for the policy year beginning on January 1, 2015, from November 15, 2014, to February 15, 2015, inclusive. This bill contains other related provisions and other existing laws.	**Location:** Senate Chaptered **Status:** June 16, 2014: Chaptered by Secretary of State - Chapter 24, Statutes of 2014. **Hearing Date:** None set
SB 22 (Beall) **Version:** As Amended: July 2, 2013	**Health care coverage: mental health parity.** Would, on or after October 1, 2014, require every health care service plan that provides hospital, medical, or surgical coverage, every specialized mental health care service plan that contracts with a health care service plan to provide mental health services, and every health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with specified state laws and the MHPAEA, except as provided. The bill would require the departments to collaborate with each other and consult with experts and stakeholders to create the standards for the form and content of those reports on or before July 1, 2014. This bill contains other related provisions and other existing laws.	**Location:** Assembly Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/14/2013) **Hearing Date:** None set
SB 361 (Padilla) **Version:** As Amended: August 26, 2013	**Elections: voter registration.** Would require the Department of Motor Vehicles to ensure that any electronic system, as specified, under which a person may electronically submit on the Internet Web site of the Department of Motor Vehicles an application for the issuance or renewal of a driver's license or state identification card, or a change of address form, shall offer the person the opportunity to submit an electronic affidavit of voter registration, or to electronically update his or her voter registration information, on the Internet Web site of the Secretary of State. This bill contains other related provisions and other existing laws.	**Location:** Assembly Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/30/2013) **Hearing Date:** None set
SB 508 (Hernandez) **Version:** As Enrollment: September 2, 2014	**Medi-Cal: eligibility.** Current law requires, with some exceptions, a Medi-Cal applicant's or beneficiary's income and resources be determined based on modified adjusted gross income (MAGI), as specified. Current law requires the State Department of Health Care Services to establish income eligibility thresholds for those eligibility groups whose eligibility will be determined using MAGI-	**Location:** Senate Enrolled **Status:** September 2, 2014: Enrolled and presented to the Governor at 11 a.m. **Hearing Date:** None set

	based financial methods. This bill would codify the income eligibility thresholds established by the department and would make other related and conforming changes. This bill contains other related provisions and other existing laws.	
SB 780 (Jackson) **Version:** As Amended: June 30, 2014	**Health care coverage.** Would delete specified requirements with regard to preferred provider organizations. The bill would change the timing of the 75-day filing to 30 days prior to the termination date for a contract between a health care service plan that is not a health maintenance organization and a provider group or general acute care hospital. The bill would distinguish between enrollees of an assigned group provider and enrollees of an unassigned group provider for purposes of whether the filing is required to be submitted to the Department of Managed Health Care.	**Location:** Assembly Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. APPR. on 8/14/2014) **Hearing Date:** None set
SB 841 (Cannella) **Version:** As Amended: March 27, 2014	**University of California: medical education.** Would express findings and declarations of the Legislature relating to the role of the University of California with respect to access to health care in the San Joaquin Valley. This bill contains other related provisions.	**Location:** Senate Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
SB 917 (Gaines) **Version:** As Amended: March 6, 2014	**Health care coverage: provider information.** Current law, with some exceptions, requires a health care service plan or disability insurer, as defined, to, on or before July 1, 2001, include a specified statement at the beginning of each provider directory. This bill would additionally require health care service plans and disability insurers to include a statement that states, among other things, that the information in the directory is subject to change. The bill would also make other conforming and technical changes. This bill contains other related provisions and other existing laws.	**Location:** Senate Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/19/2014) **Hearing Date:** None set
SB 932 (Anderson) **Version:** As Introduced: February 3, 2014	**General acute care hospitals: supplemental or special services.** Current law provides for the licensure and regulation of health facilities, including general acute care hospitals, by the State Department of Public Health. Current law prohibits a general acute care hospital, as defined, from holding itself out as providing a service that requires a supplemental or special service unless the hospital has first obtained approval from the department to operate that service. This bill would make technical, nonsubstantive changes to those provisions.	**Location:** Senate Dead **Status:** May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was RLS. on 2/20/2014) **Hearing Date:** None set
SB 959 (Hernandez) **Version:** As Enrollment: August 28, 2014	**Health care coverage.** The federal Patient Protection and Affordable Care Act requires that the index rate be adjusted based on Exchange user fees and expected payments and charges under certain risk adjustment and reinsurance programs. This bill would require that the index rate also be adjusted based on Exchange user fees, as specified under PPACA. This bill contains other related provisions and	**Location:** Senate Enrolled **Status:** August 28, 2014: Enrolled and presented to the Governor at 10 a.m. **Hearing Date:** None set

	other existing laws.	
SB 964 (Hernandez) **Version:** As Enrollment: September 4, 2014	**Health care coverage.** Would authorize the Department of Managed Health Care to develop standardized methodologies to be used by plans in making the annual reports on compliance with the timeliness of access to care standards, as specified, and would make the development and adoption of those methodologies exempt from the Administrative Procedure Act until January 1, 2020. The bill would require DMHC to annually review information regarding compliance with the timeliness standards and to post its findings from the reviews, and any waivers or alternative standards approved by DMHC, on its Internet Web site.	**Location:** Senate Enrolled **Status:** September 4, 2014: Enrolled and presented to the Governor at 11 a.m. **Hearing Date:** None set
SB 972 (Torres) **Version:** As Chaptered: July 21, 2014	**California Health Benefit Exchange: board: membership.** The Exchange is governed by an executive board consisting of 5 members who are residents of California. Each person is required to have demonstrated and acknowledged expertise in at least 2 listed areas, including, but not limited to, individual health care coverage, health care finance, and purchasing health plan coverage. This bill would add marketing of health insurance products, information technology system management, management information systems, and enrollment counseling assistance, with priority to cultural and linguistic competency, to the list of areas of expertise.	**Location:** Senate Chaptered **Status:** July 21, 2014: Chaptered by the Secretary of State, Chapter Number 172, Statutes of 2014 **Hearing Date:** None set
SB 974 (Anderson) **Version:** As Amended: June 30, 2014	**California Health Benefit Exchange.** Would require the board governing the Exchange, without unreasonable delay, to allow an applicant to indicate in an application for health care coverage whether or not the applicant would like assistance with completing the application from an Exchange certified insurance agent or certified enrollment counselor. The bill would prohibit the Exchange from disclosing any personal information, as defined, that was obtained from the application for health care coverage to a certified insurance agent or certified enrollment counselor until the Exchange has complied with the provision described above.	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. APPR. on 8/14/2014) **Hearing Date:** None set
SB 986 (Hernandez) **Version:** As Amended: May 27, 2014	**Medi-Cal: managed care: exemption from plan enrollment.** Would, until January 1, 2018, require that a Medi-Cal beneficiary who has received a medical exemption from enrollment in a Medi-Cal managed care plan and who is to receive or has received specified transplantations, including allogeneic bone marrow transplantation, receive an extension of the medical exemption for up to 12 months if the treating physician who provided or oversaw the transplantation or who is providing the followup care determines that it is medically necessary for the beneficiary to remain under the care of the treating physician.	**Location:** Assembly Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. APPR. on 8/14/2014) **Hearing Date:** None set
SB 1002 (De León) **Version:** As Enrollment: September	**Low-income individuals: eligibility determinations.** Would require the State Department of Health Care Services to seek any	**Location:** Senate Enrolled **Status:** September 9, 2014: Enrolled

9, 2014	federal waivers necessary to use eligibility information of certain individuals who have been determined eligible for the CalFresh program to redetermine their eligibility for Medi-Cal. The bill would similarly require the State Department of Social Services to seek any federal waivers necessary to use eligibility information of individuals who have been determined eligible for the Medi-Cal program to determine or redetermine their eligibility for CalFresh eligibility.	and presented to the Governor at 11 a.m. **Hearing Date:** None set
SB 1005 (Lara) **Version:** As Amended: April 22, 2014	**Health care coverage: immigration status.** Would create the California Health Exchange Program for All Californians within state government and would require that the program be governed by the executive board that governs the California Health Benefit Exchange. The bill would specify the duties of the board relative to the program and would require the board to, by January 1, 2016, facilitate the enrollment into qualified health plans of individuals who are not eligible for full-scope Medi-Cal coverage and would have been eligible to purchase coverage through the Exchange but for their immigration status.	**Location:** Senate Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was S. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
SB 1034 (Monning) **Version:** As Chaptered: August 15, 2014	**Health care coverage: waiting periods.** The federal Patient Protection and Affordable Care Act prohibits a group health plan and a health insurance issuer offering group health insurance coverage from applying a waiting period that exceeds 90 days. This bill would prohibit those group contracts and policies from imposing any waiting or affiliation period, as defined, and would make related conforming changes. Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	**Location:** Senate Chaptered **Status:** August 15, 2014: Chaptered by Secretary of State - Chapter 195, Statutes of 2014. **Hearing Date:** None set
SB 1035 (Huff) **Version:** As Amended: April 10, 2014	**Personal income taxes: health savings accounts.** Would, for taxable years beginning on and after January 1, 2015, allow a deduction in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided.	**Location:** Senate Dead **Status:** August 31, 2014: Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. G. & F. on 4/10/2014) **Hearing Date:** None set
SB 1045 (Beall) **Version:** As Chaptered: July 7, 2014	**Medi-Cal Drug Treatment Program: group outpatient drug free services.** For purposes of Drug Medi-Cal, current law requires that the maximum allowable rate for group outpatient drug free services be set on a per person basis and requires that a group consist of a minimum of 4, and a maximum of 10, individuals, at least one of which must be a Medi-Cal eligible beneficiary. This bill would require a group to consist of a minimum of 2 and a maximum of 12 individuals, at least one of which is a Medi-Cal eligible beneficiary.	**Location:** Senate Chaptered **Status:** July 7, 2014: Chaptered by Secretary of State. Chapter 80, Statutes of 2014. **Hearing Date:** None set
SB 1052 (Torres) **Version:** As Enrollment: September 4, 2014	**Health care coverage.** Would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to	**Location:** Senate Enrolled **Status:** September 4, 2014: Enrolled and presented to the Governor at 11

	post those formularies on its Internet Web site and update that posting with changes on a monthly basis. The bill would require the Department of Managed Health Care and the Department of Insurance to jointly develop a standard formulary template by January 1, 2017, and would require plans and insurers to use that template to display formularies, as specified.	a.m. **Hearing Date:** None set
SB 1053 (Mitchell) **Version:** As Enrollment: August 28, 2014	**Health care coverage: contraceptives.** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2016, to provide coverage for women for all prescribed and FDA-approved female contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related followup services. This bill contains other related provisions and other existing laws.	**Location:** Senate Enrolled **Status:** August 28, 2014: Enrolled and presented to the Governor at 3 p.m. **Hearing Date:** None set
SB 1100 (Hernandez) **Version:** As Amended: April 3, 2014	**Continuity of care.** Would also require a health care service plan to include notice of the process to obtain continuity of care in every evidence of coverage issued after January 1, 2015. The bill would also require a plan to provide a written copy of this information to its contracting providers and provider groups, as well as a copy to its enrollees upon request. The bill would delete the conditions that needed to be fulfilled in order for a health care service plan or health insurer, upon request of a newly covered enrollee or insured, to be required to provide for the completion of covered services for a specified condition by a nonparticipating provider. The bill would make other technical changes to the provisions governing health insurers and continuity of care.	**Location:** Assembly Dead **Status:** June 27, 2014: Failed Deadline pursuant to Rule 61(b)(13). (Last location was A. HEALTH on 6/2/2014) **Hearing Date:** None set
SB 1124 (Hernandez) **Version:** As Enrollment: September 2, 2014	**Medi-Cal: estate recovery.** Current law, with certain exceptions, requires the State Department of Health Care Services to claim against the estate of a decedent, or against any recipient of the property of that decedent by distribution or survival, an amount equal to the payments for Medi-Cal services received or the value of the property received by any recipient from the decedent by distribution or survival, whichever is less. This bill would instead provide that the department shall make these claims only in specified circumstances and would define health care services for these purposes.	**Location:** Senate Enrolled **Status:** September 2, 2014: Enrolled and presented to the Governor at 11 a.m. **Hearing Date:** None set
SB 1150 (Hueso) **Version:** As Amended: March 26, 2014	**Medi-Cal: federally qualified health centers and rural health clinics.** Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would provide that a maximum of 2 visits, as defined, taking place on the same day at a single location shall be reimbursed when either after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment or the patient has a medical visit, as defined, and another health visit, as defined, or both.	**Location:** Senate Dead **Status:** May 23, 2014: Failed Deadline pursuant to Rule 61(b)(8). (Last location was S. APPR. SUSPENSE FILE on 5/23/2014) **Hearing Date:** None set
SB 1176 (Steinberg) **Version:** As Amended: June 24, 2014	**Health care coverage: cost sharing: monitoring.** Would require a health care service plan or health insurer to be responsible	**Location:** Assembly Dead **Status:** August 31, 2014: Failed

	for monitoring the accrual of out-of-pocket costs toward the annual out-of-pocket limit. The bill would require a health care service plan or health insurer, for cost sharing attributed to in-network providers, including contracted vendors, that count toward the annual limit on out-of-pocket costs, to be solely responsible for monitoring the accrual of out-of-pocket costs and prohibit the health care service plan or health insurer from requiring the consumer to track or monitor the accumulation of cost sharing for covered essential health benefits attributed to in-network providers, including contracted vendors.	Deadline pursuant to Rule 61(b)(17). (Last location was A. INACTIVE FILE on 8/21/2014) **Hearing Date:** None set
SB 1241 (Leno) **Version:** As Introduced: February 20, 2014	**Health care coverage: marketplace transparency.** Current 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. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a plan or insurer to provide certain disclosures of the benefits, services, and terms of a contract or policy. This bill would declare the intent of the Legislature to enact legislation to increase transparency in the health care service plan contract and health insurance policy marketplace.	**Location:** Senate Dead **Status:** May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was RLS. on 3/6/2014) **Hearing Date:** None set
SB 1320 (Torres) **Version:** As Amended: March 26, 2014	**Medi-Cal: eligibility.** Would allow a military service member's dependent, who is receiving home- and community-based services, to retain eligibility for those services or have his or her benefits temporarily suspended while he or she is living out of state due to the military service member being posted outside the state on military assignment, as provided.	**Location:** Senate Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/3/2014) **Hearing Date:** None set
SB 1322 (Hernandez) **Version:** As Amended: June 30, 2014	**California Health Care Cost and Quality Database.** Would state the intent of the Legislature to establish a system to provide valid health care performance information that is publicly available and can be used to improve the safety, appropriateness, and medical effectiveness of health care, and to provide care that is safe, medically effective, patient-centered, timely, affordable, and equitable.	**Location:** Assembly Dead **Status:** August 15, 2014: Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. APPR. on 8/14/2014) **Hearing Date:** None set
SB 1340 (Hernandez) **Version:** As Chaptered: July 7, 2014	**Health care coverage: provider contracts.** Would prohibit a contract between a plan or insurer and a provider or supplier, as defined, from containing a provision that restricts the ability of the plan or insurer to furnish information to consumers or purchasers, as defined, concerning the cost range of a procedure or full course of treatment or the quality of services performed by the provider or supplier. The bill would require a plan or insurer to provide a provider or supplier with 30 days to review the methodology and data used and would make related, conforming changes.	**Location:** Senate Chaptered **Status:** July 7, 2014: Chaptered by Secretary of State. Chapter 83, Statutes of 2014. **Hearing Date:** None set
SB 1341 (Mitchell) **Version:** As Enrollment: August 25,	**Medi-Cal: Statewide Automated Welfare System.** Would require the Statewide Automated Welfare System to be the system of	**Location:** Senate Enrolled **Status:** August 25, 2014: Enrolled

2014	record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would, notwithstanding this provision, authorize the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to house the business rules necessary for an eligibility determination to be made, as specified, pursuant to the federal Patient Protection and Affordable Care Act.	and presented to the Governor at 11 a.m. **Hearing Date:** None set
SB 1446 (DeSaulnier) **Version:** As Chaptered: July 7, 2014	**Health care coverage: small employer market.** Would allow a small employer health care service plan contract or a small employer health insurance policy that was in effect on December 31, 2013, that is still in effect as of the effective date of this act, and that does not qualify as a grandfathered health plan under PPACA, to be renewed until January 1, 2015, and to continue to be in force until December 31, 2015. This bill contains other related provisions and other existing laws.	**Location:** Senate Chaptered **Status:** July 7, 2014: Chaptered by Secretary of State. Chapter 84, Statutes of 2014. **Hearing Date:** None set
SB 1452 (Wolk) **Version:** As Introduced: February 21, 2014	**Medi-Cal: managed care.** Would, to the extent permitted by federal law, provide that a Medi-Cal beneficiary for whom a conservator has been appointed under the Lanterman-Petris-Short Act shall be exempt from mandatory enrollment in a managed care plan under the Medi-Cal program.	**Location:** Senate Dead **Status:** May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/17/2014) **Hearing Date:** None set
SB 1465 (Committee on Health) **Version:** As Enrollment: August 28, 2014	**Health.** Current law requires the State Department of Public Health to license a home health agency that, among other things, is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Community Health Accreditation Program and the accrediting organization forwards to the department certain information. This bill would instead require each county to submit its reports to the Emergency Medical Services Authority. The bill would require the authority to compile and forward a summary of each county's report to the appropriate policy and fiscal committees of the Legislature. This bill contains other related provisions and other existing laws.	**Location:** Senate Enrolled **Status:** August 28, 2014: Enrolled and presented to the Governor at 3 p.m. **Hearing Date:** None set

Total Measures: 69
Total Tracking Forms: 69