CALIFORNIA HEALTH BENEFIT EXCHANGE
STATE LEGISLATIVE REPORT*

August 17, 2011

Bill	Summary
AB 52 (Feuer)	**Health Care Coverage: Rate Approval**
Version: A-6/1/2011 Sponsor: Author Status: Referred to Senate Appropriations Suspense File on 8/15	This bill would require a health care service plan or health insurer to receive approval prior to implementing any new rate or rate change for individual or group contracts or policies, beginning January 1, 2012. The bill would also prohibit DMHC or CDOI from approving any new rate or rate change that is found to be excessive, inadequate or unfairly discriminatory and would authorize the imposition of fees and civil penalties on health care service plans and health insurers for violating its provisions. The Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB) are exempt from provisions of this bill.
AB 714 (Atkins)	**Health Care Coverage: California Health Benefit Exchange**
Version: A-6/30/2011 Sponsor: Health Access Status: Referred to Senate Appropriations Suspense File on 8/15	This bill would require certain public health care programs to notify individuals who cease to be enrolled that they may be eligible for coverage through the California Health Benefit Exchange. Among the programs specified are the Breast and Cervical Cancer Treatment Program, AIDS Drug Assistance Program, and the Ryan White HIV/AIDS Program, all administered by the Department of Public Health; the Healthy Families Program, the Access for Infants and Mothers Program, the Major Risk Medical Insurance Program, and the Pre-Existing Condition Insurance Program, all administered by the Managed Risk Medical Insurance Board; and the Medi-Cal Program and Family Planning, Access, Care, and Treatment Program, both administered by the Department of Health Care Services. Upon approval from the federal government, the bill would require these programs to transfer information to the Exchange to initiate eligibility determinations and enrollment. Finally, the bill would also require certain hospitals, when billing, to include additional disclosures regarding the availability of health care coverage provided through the Exchange.
AB 792 (Bonilla)	**Health Care Coverage: California Health Benefit Exchange**
Version: A-6/30/2011 Sponsor: Author Status: Referred to Senate Appropriations Suspense File on 8/15	This bill would require the disclosure of information to individuals on health care coverage through the California Health Benefit Exchange by the courts, health care service plans, health insurers, employers, employee associations, the Employment Development Department and other entities, in circumstances when those individuals' health care coverage ceases. Included among the circumstances listed are marriage dissolution, adoption, job loss, reduction in hours, plan disenrollment, and disability or unemployment claims. The bill would further require that several, though not all, of these entities transfer information to the Exchange to initiate eligibility determinations and enrollment.
AB 1083 (Monning)	**Health Care Coverage: ACA Conformity**
Version: A-8/15/2011 Sponsors: Health Access;	This bill would conform state law to certain provisions in the Affordable Care Act related to individual and small business health care coverage. Among other changes, the bill would, beginning in 2014: prohibit health care service

Small Business Majority Status: Second Reading	plans and health insurers from limiting or excluding coverage on the basis of health status or a preexisting condition; prohibit plans and insurers from applying risk adjustment factors; and require that rate adjustments for age not vary by more than three to one for adults. The bill would also implement the federal option to define small employer as 1 (certain self-employed individuals) to 50 from plan years beginning on or after January 1, 2014, until December 31, 2015, and define a small employer as having at least 1, but no more than 100 eligible employees, on or after plan years beginning January 1, 2016. *Amendments made on August 15 phase out existing law for plan years beginning on or before December 31, 2013, and make the ACA changes effective for plan years beginning after January 14, 2014. Additional technical amendments were made to conform to federal ACA guidance.*
AB 1296 (Bonilla) Version: A-6/28/2011 Sponsor: Western Center on Law and Poverty Status: Referred to Senate Appropriations Suspense File on 8/15	**Health Care Eligibility, Enrollment, and Retention Act** This bill would enact the Health Care Eligibility, Enrollment, and Retention Act, which would require the California Health and Human Services Agency, in consultation with specified entities, to establish a standardized single application form and related renewal procedures for Medi-Cal, the Healthy Families Program, the California Health Benefits Exchange, the Access for Infants and Mothers Program and, if enacted, the Basic Health Program, by July 1, 2013. The bill would require the Agency to report information regarding the policy changes necessary to implement the eligibility, enrollment and retention system to the appropriate fiscal and policy committees of the Legislature by April 1, 2012.
SB 703 (Hernandez) Version: A-7/12/2011 Sponsor: Local Health Plans of California Status: Referred to Assembly Appropriations Suspense File on 8/17	**Managed Risk Medical Insurance Board: Basic Health Program** This bill would require the Managed Risk Medical Insurance Board to establish a basic health program pursuant to the federal Patient Protection and Affordable Care Act and specifies MRMIB's responsibilities and authorities to administer the program accordingly. Section 1331 of the Affordable Care Act provides for a state option to establish one or more "Basic Health" insurance plans to individuals between 133 percent and 200 percent of the federal poverty level instead of offering those individuals coverage through the Exchange. Coverage is provided through competitive contracting with standard health plans. Plans must provide at least the essential health benefits and individual premiums must be no greater than the corresponding silver plan on the Exchange. Federal payment for the cost of coverage in a Basic Health Program would be up to 95 percent of the coverage in the Exchange.