

**COVERED CALIFORNIA  
STATE LEGISLATIVE REPORT  
2013-14 Session**

**Last updated: February 21, 2013**

BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>ABX1 1 (Perez)</u></b></p> <p><b><u>Version:</u></b> As introduced January 28, 2013</p>	<p><b><u>Medi-Cal: eligibility</u></b></p> <p>States legislative intent to expand Medi-Cal eligibility for individuals with incomes below 133 percent of the federal poverty level, so that millions of uninsured Californians can receive health care coverage.</p> <p>Adds ACA Essential Health Benefits to scheduled Medi-Cal benefits effective January 1, 2014.</p> <p>Requires all state health subsidy programs to accept self-attestation regarding age, date of birth, family size, household income, state residence, pregnancy, and any other applicable criteria needed to determine the eligibility of an applicant or recipient, to the extent permitted by state and federal law.</p> <p>Enacts temporary changes to Medi-Cal eligibility and enrollment rules effective until January 1, 2014.</p> <p><b>NOTE: This bill is the companion measure to SBX1 1 (Hernandez, Steinberg) introduced in the First Extraordinary Session. Similar to SB 28 (Hernandez, Steinberg) introduced in regular session.</b></p>	<p><b>Location:</b> Assembly Appropriations</p> <p>No hearing date set</p> <p><b>February 19: Passed out of Assembly Health Committee (13 - 6)</b></p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>ABX1 2 (Pan)</u></b></p> <p><b><u>Version:</u></b> As introduced January 29, 2013</p>	<p><b><u>Health care coverage – Individual and Small Group Market Reform</u></b></p> <p>This omnibus measure contains various provisions affecting the individual and small group markets including mandates on plan issuers to notify applicants about the Exchange and open enrollment period.</p> <p>Establishes 6 geographical rating regions in the individual and small group markets for plan year 2014 and 13 regions for plan year 2015 and later years, subject to federal approval.</p> <p>Creates a Healthy Families continuation program requiring plans to offer coverage to Healthy Families enrollees with coverage for 18 months.</p> <p><b>NOTE: This bill is the companion measure to SBX1 2 (Hernandez, Monning) introduced in the First Extraordinary Session. Similar to AB 18 (Pan) introduced in regular session.</b></p>	<p><b>Location:</b> Assembly Appropriations</p> <p>No hearing date set</p> <p><b>February 20: Passed out of Assembly Health Committee (13 - 6)</b></p>

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<p><b><u>SBX1 1 (Hernandez, Steinberg)</u></b></p> <p><b><u>Version:</u></b> As introduced, January 28, 2013.</p>	<p><b><u>Medi-Cal: eligibility</u></b></p> <p>States legislative intent to expand Medi-Cal eligibility for individuals with incomes below 133 percent of the federal poverty level, so that millions of uninsured Californians can receive health care coverage.</p> <p>Adds ACA Essential Health Benefits to scheduled Medi-Cal benefits effective January 1, 2014.</p> <p>Requires all state health subsidy programs to accept self-attestation regarding age, date of birth, family size, household income, state residence, pregnancy, and any other applicable criteria needed to determine the eligibility of an applicant or recipient, to the extent permitted by state and federal law.</p> <p>Enacts temporary changes to Medi-Cal eligibility and enrollment rules effective until January 1, 2014.</p> <p><b>NOTE: This bill is the companion measure to ABX1 1 (Perez) introduced in the First Extraordinary Session. Similar to SB 28 (Hernandez, Steinberg) introduced in regular session.</b></p>	<p><b>Location:</b> Senate Health</p> <p>Hearing date: February 27, 2013</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>SBX1 2 (Hernandez, Monning)</u></b></p> <p><b><u>Version:</u></b> As introduced, January 28, 2013.</p>	<p><b><u>Health care coverage – Individual and Small Group Market Reform</u></b></p> <p>This omnibus measure contains various provisions affecting the individual and small group markets including mandates on plan issuers to notify applicants about the Exchange and open enrollment period.</p> <p>Establishes 6 geographical rating regions in the individual and small group markets for plan year 2014 and 13 regions for plan year 2015 and later years, subject to federal approval.</p> <p>Creates a Healthy Families continuation program requiring plans to offer coverage to Healthy Families enrollees with coverage for 18 months.</p> <p>A more comprehensive listing of the bill’s provisions can be viewed <a href="#">here</a>.</p> <p><b>NOTE: This bill is the companion measure to ABX1 2 (Pan) introduced in the First Extraordinary Session. Similar to SB 18 (Hernandez) introduced in regular session.</b></p>	<p><b>Location:</b> Senate Appropriations Committee</p> <p>No hearing date set.</p> <p><b>February 20: Passed out of Senate Health Committee (7 - 2)</b></p>
<p><b><u>SBX1 3 (Hernandez)</u></b></p> <p><b><u>Version:</u></b> As introduced, February 5, 2013.</p>	<p><b><u>Health care coverage – Bridge Option</u></b></p> <p>Spot bill declaring legislative intent to enact legislation that would create a bridge option to allow low-cost health coverage to be provided to individuals within the California Health Benefit Exchange.</p>	<p><b>Location:</b> Senate Rules Committee</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b>AB 18 (Pan)</b></p> <p><b>Version:</b> As introduced, December 3, 2012</p>	<p><b><u>Individual Market Reform</u></b></p> <p>Spot bill stating legislative intent to enact legislation that would conform the individual health coverage market to the federal ACA. <b>(URGENCY)</b></p> <p><b>NOTE: This bill is the companion measure to SB 18 (Hernandez). Similar bill, ABX1 2 (Pan), has been introduced in the First Extraordinary Session.</b></p>	<p><b>Location:</b> Assembly – Pending referral</p>
<p><b>AB 50 (Pan)</b></p> <p><b>Version:</b> As introduced, December 21, 2012</p>	<p><b><u>Health Care Coverage: Medi-Cal eligibility, enrollment</u></b></p> <p>Requires DHCS establish presumptive eligibility process to allow participating hospitals as of 1/1/14 to make preliminary Medi-Cal eligibility determinations. Provides applicants for state health subsidy programs option to have renewal application prepopulated or electronically verified.</p> <p>To assure continuity of coverage and customer convenience requires renewal procedures to be coordinated across state health subsidy programs including applicant data held by California Health Benefit Exchange or other shared electronic databases under ACA.</p> <p>Effective 1/1/15, replaces existing law requiring Medi-Cal applicants or beneficiaries to personally attend a presentation on managed care and fee-for-service options with new process to inform Medi-Cal enrollees of options to obtain Medi-Cal services and to choose a health plan and primary care provider. DHCS would be required to consult on new process with stakeholders, counties and the Legislature and coordinate with the California Health Benefit Exchange.</p>	<p><b>Location:</b> Assembly Health Committee</p> <p>No hearing date set</p>

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<p><b><u>AB 209 (Pan)</u></b></p> <p><b>Version:</b> As introduced, January 30, 2013</p>	<p><b><u>Medi-Cal: managed care: quality and accessibility</u></b></p> <p>Requires DMHC to develop and implement a plan to monitor, evaluate, and improve the quality and accessibility of health care and dental services provided through Medi-Cal managed care.</p> <p>Requires DMHC to appoint an advisory committee composed of providers, plans, researchers, advocates, and enrollees for the purpose of making recommendations to the Department and the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 219 (Perea)</u></b></p> <p><b>Version:</b> As introduced, February 4, 2013</p>	<p><b><u>Health care coverage: cancer treatment</u></b></p> <p>Would prohibit a health care service plan contract and a health insurance policy issued, amended, or renewed on or after January 1, 2014 providing coverage for prescribed, orally administered anticancer medications from requiring an enrollee or insured to pay a total cost-sharing amount of more than \$100 per filled prescription.</p>	<p><b>Location:</b> Assembly Health No hearing date set</p>
<p><b><u>AB 361 (Mitchell)</u></b></p> <p><b>Version:</b> As introduced, February 14, 2013</p>	<p><b><u>Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions</u></b></p> <p>Would authorize the Department of Health Care Services, subject to federal approval, to create a health home program for Medi-Cal enrollees with chronic conditions pursuant to Section 2703 of the PPACA and the State Medicaid Director Letter issued on November 16, 2010.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 369 (Pan)</u></b></p> <p><b>Version:</b> As introduced, February 14, 2013</p>	<p><b><u>California Health Benefit Exchange: report on merger of individual and small group markets</u></b></p> <p>Amends exchange enabling statute to change due date of report to Legislature on whether to adopt the option under PPACA to merge the individual and small employer insurance markets from December 1, 2018 to March 1, 2019.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>

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<p><b><u>AB 411 (Pan)</u></b></p> <p><b>Version:</b> As introduced, February 15, 2013</p>	<p><b><u>Medi-Cal: performance measures</u></b></p> <p>Would require Medi-Cal managed care plans to analyze their Healthcare Effectiveness Data and Information Set (HEDIS) measures or their External Accountability Set (EAS) performance measure equivalent, by race, ethnicity, and primary language, and to implement strategies to reduce identified disparities between members of different races and ethnicities and with different primary languages.</p> <p>The bill would also require these data be reported to the Department of Health Care Services annually and be made available to the public via the DHCS Internet Web site. This bill would further require all Medi-Cal managed care plans to link individual level data collected as a part of analyzing their HEDIS measures, or their EAS performance measure equivalent, to personal identifiers and to submit that data to DHCS annually.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 422 (Nazarian)</u></b></p> <p><b>Version:</b> As introduced, February 15, 2013</p>	<p><b><u>Health care applications</u></b></p> <p>Would require School Lunch Program application packets include notice advising applicants may be eligible for reduced-cost, comprehensive health care coverage through the California Health Benefit Exchange (including Web site and phone number) or no-cost coverage through Medi-Cal.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 460 (Ammiano)</u></b></p> <p><b>Version:</b> As introduced, February 19, 2013</p>	<p><b><u>Health care coverage: infertility</u></b></p> <p>Would require health plans to include coverage for infertility treatment. Additionally provides this benefit must be offered without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 505 (Nazarian)</u></b></p> <p><b>Version:</b> As introduced, February 20, 2013</p>	<p><b><u>Medi-Cal: managed care: language assistance</u></b></p> <p>Mandates DHCS require all Medi-Cal managed care plans contracting with the Department to provide language assistance services to limited-English-proficient (LEP) enrollees, as specified.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>

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<p><b><u>AB 578 (Dickinson)</u></b></p> <p><b>Version:</b> As introduced, February 20, 2013</p>	<p><b><u>Health care</u></b></p> <p>Would require DMHC to publish a notice upon receiving an application from a managed care service plan in one or more newspapers of general circulation in the proposed plan's service area. Also requires DMHC to solicit public comments in writing and hold at least one public hearing concerning the application.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>SB 18 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced, December 3, 2012</p>	<p><b><u>Individual Market Reform</u></b></p> <p>Spot bill stating legislative intent to enact legislation that would conform the individual health coverage market to the federal ACA. <b>(URGENCY)</b></p> <p><b>NOTE: This bill is the companion measure related to AB 18 (Pan). Similar bill, SBX1 2 (Hernandez, Monning), has been introduced in the First Extraordinary Session.</b></p>	<p><b>Location:</b> Senate Rules Committee</p>
<p><b><u>SB 20 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced, December 3, 2012</p>	<p><b><u>Basic Health Program</u></b></p> <p>Spot bill stating legislative intent to establish a Basic Health Program as described in federal ACA.</p> <p><b>Note: Bill amended with new subject matter on 2/14/13. Will no longer be tracked.</b></p>	
<p><b><u>SB 22 (Beall)</u></b></p> <p><b>Version:</b> As introduced, December 3, 2012</p>	<p><b><u>Mental Health Parity</u></b></p> <p>Spot bill stating legislative intent to enact legislation that would ensure compliance with and implementation of state and federal mental health parity laws.</p>	<p><b>Location:</b> Senate Rules Committee</p>



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<p><b><u>SB 28 (Hernandez, Steinberg)</u></b></p> <p><b>Version:</b> As introduced, December 3, 2012</p>	<p><b><u>Medi-Cal: eligibility</u></b></p> <p>Effective January 1, 2014, would modify Medi-Cal eligibility, enrollment and notification standards to implement provisions of Title II, Subtitle A of the federal ACA (Improved Access to Medicaid) and states legislative intent to expand Medi-Cal eligibility for individuals with incomes below 133 percent of the federal poverty level.</p> <p>Would require Medi-Cal income eligibility determinations be based on modified adjusted gross income (MAGI) including a 5 percent income disregard and prohibits asset and deprivation means tests. Would also require applicant self-attestation of age, date of birth, family size, household income, state residence, pregnancy and other eligibility criteria.</p> <p>Would conform Medi-Cal benefits and services to state EHB benchmark.</p> <p><b>NOTE: This bill is similar to SBX1 2 (Hernandez, Steinberg) introduced in the First Extraordinary Session.</b></p>	<p><b>Location:</b> Senate Health Committee</p> <p>No hearing date set</p>
<p><b><u>SB 126 (Steinberg)</u></b></p> <p><b>Version:</b> As introduced, January 22, 2012</p>	<p><b><u>Health care coverage: pervasive developmental disorder or autism</u></b></p> <p>Extends mandate on health care service plan contracts and health insurance policies to provide benefits for behavioral health treatment for pervasive developmental disorder or autism to July 1, 2019 and repeals these provisions on January 1, 2020.</p>	<p><b>Location:</b> Senate Health Committee</p> <p>No hearing date set</p>

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<p><b><u>SB 161 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced February 1, 2013</p>	<p><b><u>Stop-loss insurance coverage</u></b></p> <p>Bars stop-loss insurance issued on or after January 1, 2014 to a small employers containing any of the following provisions:</p> <ul style="list-style-type: none"> <li>• An individual attachment point for a policy year that is less than \$95,000.</li> <li>• An aggregate attachment point for a policy year that is less than the greater of one of the following: <ul style="list-style-type: none"> <li>○ \$19,000 times the total number of covered employees and dependents.</li> <li>○ 120% of expected claims.</li> <li>○ \$95,000.</li> <li>○ A provision for direct coverage of an employee's health claims.</li> </ul> </li> </ul>	<p><b>Location:</b> Senate Health Committee</p> <p>No hearing date set</p>
<p><b><u>SB 189 (Monning)</u></b></p> <p><b>Version:</b> As introduced February 7, 2013</p>	<p><b><u>Health care coverage: wellness programs</u></b></p> <p>Until January 2, 2020, prescribes conditions for wellness programs offered by group health plans and bars programs that lead to cost shifting.</p>	<p><b>Location:</b> Senate - Pending Referral</p>
<p><b><u>SB 249 (Leno)</u></b></p> <p><b>Version:</b> As introduced February 12, 2013</p>	<p><b><u>Public health: health records: confidentiality</u></b></p> <p>Would authorize the Department of Public Health to share health records involving the diagnosis, care, and treatment of HIV or AIDS related for beneficiaries enrolled in federal Ryan White Act-funded programs who may be eligible for services in Medi-Cal, the Medi-Cal Bridge Program or any insurance plan certified by the California Health Benefits Exchange.</p>	<p><b>Location:</b> Senate - Pending Referral</p>
<p><b><u>SB 320 (Beall)</u></b></p> <p><b>Version:</b> As introduced February 12, 2013</p>	<p><b><u>Health care coverage: acquired brain injury</u></b></p> <p>Would bar health plans from denying coverage for medically necessary medical or rehabilitation treatment for an acquired brain injury at specified licensed health care facilities effective January 1, 2014.</p>	<p><b>Location:</b> Senate – Pending Referral</p>

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<p><b><u>SB 351 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced February 20, 2013</p>	<p><b><u>Health care coverage: emergency care</u></b></p> <p>Spot bill declaring legislative intent to enact legislation that would establish limits on out-of-network hospital emergency care billing practices.</p>	<p><b>Location:</b> Senate – Pending Referral</p>
<p><b><u>SB 353 (Lieu)</u></b></p> <p><b>Version:</b> As introduced February 12, 2013</p>	<p><b><u>Health care coverage: language assistance</u></b></p> <p>Would require health plans that advertise or markets in language other than English that do not meet enrollment thresholds specified in current law to provide specified communications and documents in that language.</p> <p>Additionally, the bill would require health insurers to file advertisements with the Department of Insurance at least 30 days before use, subject to CDI approval.</p>	<p><b>Location:</b> Senate - Pending Referral</p>