

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

Last updated: March 15, 2013

BILL NUMBER	SUMMARY	BILL STATUS
<p><u>ABX1 1 (Perez)</u></p> <p><u>Version:</u> As introduced January 28, 2013</p>	<p><u>Medi-Cal: eligibility</u></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>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.</p>	<p>Location: Senate Rules</p> <p>Last action: March 7, 2013: Read first time</p>
<p><u>ABX1 2 (Pan)</u></p> <p><u>Version:</u> As amended March 7, 2013</p>	<p><u>Health care coverage</u></p> <p>This omnibus measure contains various provisions affecting the individual and small group markets. The bill was extensively amended March 7, 2013 and double joined to SBX1-2 (Hernandez).</p> <p>A comprehensive listing of the bill's provisions can be viewed here.</p>	<p>Location: Senate Health Committee</p> <p>Last action: March 12, 2013: Hearing postponed.</p> <p>Hearing date: April 3, 2013</p>

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<p><u>SBX1 1 (Hernandez, Steinberg)</u></p> <p>Version: As introduced, January 28, 2013.</p>	<p><u>Medi-Cal: eligibility</u></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>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.</p>	<p>Location: Assembly Desk.</p> <p>Last action: March 7, 2013: Read first time. (Cleared Senate 24-7 3/7/13.)</p>
<p><u>SBX1 2 (Hernandez, Monning)</u></p> <p>Version: As amended, March 7, 2013.</p>	<p><u>Health care coverage</u></p> <p>This omnibus measure contains various provisions affecting the individual and small group markets. The bill was extensively amended March 7, 2013 and double joined to ABX1-2 (Pan).</p> <p>A comprehensive listing of the bill's provisions can be viewed here.</p>	<p>Location: Assembly Health Committee</p> <p>Last action: March 7, 2013: Read second time and amended. (Cleared Senate 26-10 2/28/13.)</p> <p>No hearing date set.</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><u>SBX1 3 (Hernandez)</u></p> <p>Version: As amended, March 6, 2013.</p>	<p><u>Health care coverage – Bridge Plan</u></p> <p>Defines Bridge Plan individual product and states legislative intent to extent possible it will be lowest cost silver tier plan in rating region.</p> <p>Subject to federal approval, authorizes the Exchange to certify Bridge Plans as QHPs and offer Bridge Plans to Exchange-eligible individuals with MAGI not exceeding 200% of FPL.</p> <p>Exempts Bridge Plans from metal tier level offer requirements and allows plan issuers to offer only a Bridge Plan in the Exchange.</p> <p>Defines Bridge Plan certification requirements and eligible enrollees.</p>	<p>Location: Senate Health Committee</p> <p>Last action: March 14, 2013: Re-referred to Senate Health Committee.</p> <p>Hearing date: March 20, 2013</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><u>AB 18 (Pan)</u></p> <p>Version: As introduced, December 3, 2012</p>	<p><u>Individual Market Reform</u></p> <p>Spot bill stating legislative intent to enact legislation that would conform the individual health coverage market to the federal ACA. (URGENCY)</p> <p>NOTE: This bill is the companion measure to SB 18 (Hernandez). Similar bill, ABX1 2 (Pan), has been introduced in the First Extraordinary Session.</p>	<p>Location: Assembly – Pending referral</p>
<p><u>AB 50 (Pan)</u></p> <p>Version: As introduced, December 21, 2012</p>	<p><u>Health Care Coverage: Medi-Cal eligibility, enrollment</u></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>Location: Assembly Health Committee</p> <p>No hearing date set</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><u>AB 209 (Pan)</u></p> <p>Version: As introduced, January 30, 2013</p>	<p><u>Medi-Cal: managed care: quality and accessibility</u></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>Location: Assembly Health.</p> <p>No hearing date set</p>
<p><u>AB 219 (Perea)</u></p> <p>Version: As introduced, February 4, 2013</p>	<p><u>Health care coverage: cancer treatment</u></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>Location: Assembly Health</p> <p>No hearing date set.</p>
<p><u>AB 361 (Mitchell)</u></p> <p>Version: As introduced, February 14, 2013</p>	<p><u>Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions</u></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>Location: Assembly Health</p> <p>No hearing date set.</p>
<p><u>AB 369 (Pan)</u></p> <p>Version: As introduced, February 14, 2013</p>	<p><u>California Health Benefit Exchange: report on merger of individual and small group markets</u></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>Location: Assembly Health</p> <p>No hearing date set</p>
<p><u>AB 390 (Logue)</u></p> <p>Version: As introduced, February 15, 2013</p>	<p><u>Medi-Cal</u></p> <p>Spot bill amending Welfare and Institutions Code Section 14000.</p>	<p>Location: Assembly - Pending Referral</p>

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<p><u>AB 411 (Pan)</u></p> <p>Version: As introduced, February 15, 2013</p>	<p><u>Medi-Cal: performance measures</u></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>Location: Assembly Health</p> <p>Hearing date: April 2, 2013</p>
<p><u>AB 422 (Nazarian)</u></p> <p>Version: As introduced, February 15, 2013</p>	<p><u>Health care applications</u></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>Location: Assembly Health</p> <p>No hearing date set</p>
<p><u>AB 460 (Ammiano)</u></p> <p>Version: As introduced, February 19, 2013</p>	<p><u>Health care coverage: infertility</u></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>Location: Assembly Health</p> <p>No hearing date set</p>
<p><u>AB 505 (Nazarian)</u></p> <p>Version: As introduced, February 20, 2013</p>	<p><u>Medi-Cal: managed care: language assistance</u></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>Location: Assembly Health</p> <p>No hearing date set</p>

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<p><u>AB 578 (Dickinson)</u></p> <p>Version: As introduced, February 20, 2013</p>	<p><u>Health care</u></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>Location: Assembly Health</p> <p>Hearing date: April 2, 2013</p>
<p><u>AB 596 (Brown)</u></p> <p>Version: As introduced, February 20, 2013</p>	<p><u>Health care services grants</u></p> <p>Spot bill that would amend existing law governing the California Health Facilities Authority grants program for projects designed to demonstrate specified new or enhanced cost-effective methods of delivering quality health care services improving access to quality health care for vulnerable populations or communities to enhance health outcomes and preventive services.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 617 (Nazarian)</u></p> <p>Version: As introduced, February 20, 2013</p>	<p><u>Health care coverage</u></p> <p>Spot bill regarding DMHC branch offices.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 671 (Logue)</u></p> <p>Version: As introduced, February 21, 2013</p>	<p><u>Health care service plans</u></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 676 (Fox)</u></p> <p>Version: As introduced, February 21, 2013</p>	<p><u>Health care coverage: post discharge care needs</u></p> <p>Would prohibit health care service plans, health insurers, and the Department of Health Care Services or Medi-Cal managed care plans from causing an enrollee, insured, or beneficiary to remain in a general acute care hospital or an acute psychiatric hospital upon determination by the attending physician on the medical staff that the individual no longer requires inpatient hospital care.</p>	<p>Location: Assembly Health</p> <p>No hearing date set</p>

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<p><u>AB 710 (Pan)</u></p> <p>Version: As amended, March 11, 2013</p>	<p><u>California Health Benefit Exchange: Multiemployer plans</u></p> <p>Would require the Exchange to facilitate the purchase of multiemployer plans as defined in Section 3(37) of the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1001 et seq.), no later than July 1, 2014.</p>	<p>Location: Assembly Health</p> <p>Last action: March 11, 2013, from committee chair, with author's amendments. Re-referred to Assembly Health</p>
<p><u>AB 720 (Skinner)</u></p> <p>Version: As introduced, February 21, 2013</p>	<p><u>Inmates: health care enrollment</u></p> <p>Would require counties to assist jail inmates enroll in the Medi-Cal program available in that county 30 days before scheduled release. For inmates ineligible for federal Medi-Cal benefits and who do not have health care insurance, to supply appropriate information regarding the California Health Benefit Exchange.</p>	<p>Location: Assembly Public Safety</p> <p>Hearing date: April 2, 2013</p>
<p><u>AB 725 (Wilk)</u></p> <p>Version: As introduced, February 21, 2013</p>	<p><u>Health care coverage</u></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 880 (Gomez)</u></p> <p>Version: As introduced, February 22, 2013</p>	<p><u>Medi-Cal</u></p> <p>Spot bill amending Welfare and Institutions Code Section 14000.</p>	<p>Location: Assembly - Pending Referral</p>

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<p><u>AB 889 (Frazier)</u></p> <p>Version: As introduced, February 22, 2013</p>	<p><u>Health care coverage</u></p> <p>Would require health care service plans and insurance policies to provide coverage for all medically necessary outpatient prescription drugs</p> <p>Sets standards regarding outpatient prescription drug benefits, including requiring a plan or insurer seeking to establish limitations or exclusions on outpatient prescription drug benefits to establish those limitations or exclusions consistent with up-to-date evidence-based outcomes and current published, peer-reviewed medical and pharmaceutical literature.</p> <p>Restricts copayments, coinsurance and deductibles, including, among other things, prohibiting a copayment or percentage coinsurance from exceeding 50% of the cost to the plan or insurer.</p> <p>Allows enrollees and insureds or their providers to request an expeditious medical review if there is an imminent and serious threat to the health of the enrollee, including, but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of the health of the enrollee.</p>	<p>Location: Assembly Health</p> <p>No hearing date set</p>
<p><u>AB 912 (Quirk-Silva)</u></p> <p>Version: As introduced, February 22, 2013</p>	<p><u>Health care coverage: fertility preservation</u></p> <p>Would require health care plans and insurers to provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.</p>	<p>Location: Assembly Health</p> <p>No hearing date set</p>
<p><u>AB 980 (Pan)</u></p> <p>Version: As introduced, February 22, 2013</p>	<p><u>Office of Statewide Health Planning and Development</u></p> <p>Spot bill amending Health and Safety Code Section 127750 requirement that OHSPD prepare a Health Manpower Plan for California.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 987 (Jones)</u></p> <p>Version: As introduced, February 22, 2013</p>	<p><u>Health care service plans</u></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p>Location: Assembly - Pending Referral</p>

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<p><u>AB 1018 (Conway)</u> Version: As introduced, February 22, 2013</p>	<p><u>Health care service plans</u> Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 1087 (Torres)</u> Version: As introduced, February 22, 2013</p>	<p><u>Medi-Cal: California's Bridge to Reform Demonstration</u> Spot bill amending Section Welfare and Institutions Code Section 14180 regarding Medi-Cal demonstration projects.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 1129 (Gaines)</u> Version: As introduced February 22, 2013</p>	<p><u>Income tax: health savings accounts</u> Would conform California law to federal law governing health savings accounts for tax years beginning Jan. 1, 2013.</p>	<p>Location: Assembly Revenue and Taxation No hearing date set</p>
<p><u>AB 1133 (Mitchell)</u> Version: As introduced February 22, 2013</p>	<p><u>Office of Health Equity</u> Spot bill amending existing law establishing Office of Health Equity within the Department of Public Health.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 1180 (Pan)</u> Version: As introduced, February 22, 2013</p>	<p><u>California Health Benefit Exchange</u> Spot bill amending Government Code Section 100503.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>AB 1263 (Perez)</u> Version: As introduced, February 22, 2013</p>	<p><u>Medi-Cal: CommuniCal</u> Mandate DHCS to establish the Medi-Cal Patient-Centered Communication program (CommuniCal), to be administered by a 3rd-party administrator, to, commencing July 1, 2014, provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient (LEP).</p>	<p>Location: Assembly Health Hearing date: April 2, 2013</p>

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<p><u>AB 1335 (Gomez)</u> Version: As introduced, February 22, 2013</p>	<p><u>Health care service plans</u> Spot bill stating legislative intent to clarify the law with regard to health care service plans and the entities with which a health care service plan may transact business.</p>	<p>Location: Assembly - Pending Referral</p>
<p><u>SB 18 (Hernandez)</u> Version: As introduced, December 3, 2012</p>	<p><u>Individual Market Reform</u> Spot bill stating legislative intent to enact legislation that would conform the individual health coverage market to the federal ACA. (URGENCY) 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.</p>	<p>Location: Senate Rules Committee</p>
<p><u>SB 20 (Hernandez)</u> Version: As introduced, December 3, 2012</p>	<p><u>Basic Health Program</u> Spot bill stating legislative intent to establish a Basic Health Program as described in federal ACA. Note: Bill amended with new subject matter on 2/14/13. Will no longer be tracked.</p>	
<p><u>SB 22 (Beall)</u> Version: As amended, February 26, 2013</p>	<p><u>Mental Health Parity</u> Requires health care plans and contractor submit annual report to regulators certifying compliance with federal and state law providing parity of benefits for mental health and addiction treatment and survey enrollees effective July 1, 2014.</p>	<p>Location: Senate Health Committee (Double referred to Judiciary) Hearing date: April 2, 2013</p>

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<p><u>SB 28 (Hernandez, Steinberg)</u></p> <p>Version: As introduced, December 3, 2012</p>	<p><u>Medi-Cal: eligibility</u></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>Location: Senate Health Committee</p> <p>No hearing date set</p>
<p><u>SB 126 (Steinberg)</u></p> <p>Version: As introduced, January 22, 2012</p>	<p><u>Health care coverage: pervasive developmental disorder or autism</u></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>Location: Senate Health Committee</p> <p>Hearing date: April 10, 2013</p>
<p><u>SB 161 (Hernandez)</u></p> <p>Version: As introduced February 1, 2013</p>	<p><u>Stop-loss insurance coverage</u></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"> • An individual attachment point for a policy year that is less than \$95,000. • 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"> ○ \$19,000 times the total number of covered employees and dependents. ○ 120% of expected claims. ○ \$95,000. ○ A provision for direct coverage of an employee's health claims. 	<p>Location: Senate Health Committee</p> <p>No hearing date set</p>

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<p><u>SB 189 (Monning)</u></p> <p>Version: As introduced February 7, 2013</p>	<p><u>Health care coverage: wellness programs</u></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>Location: Senate Health Committee</p> <p>No hearing date set</p>
<p><u>SB 249 (Leno)</u></p> <p>Version: As introduced February 12, 2013</p>	<p><u>Public health: health records: confidentiality</u></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>Location: Senate Health Committee (Double referred to Judiciary Committee)</p> <p>No hearing date set</p>
<p><u>SB 320 (Beall)</u></p> <p>Version: As introduced February 12, 2013</p>	<p><u>Health care coverage: acquired brain injury</u></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>Location: Senate Health Committee</p> <p>No hearing date set</p>
<p><u>SB 351 (Hernandez)</u></p> <p>Version: As introduced February 20, 2013</p>	<p><u>Health care coverage: emergency care</u></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>Location: Senate Rules Committee</p>
<p><u>SB 353 (Lieu)</u></p> <p>Version: As introduced February 12, 2013</p>	<p><u>Health care coverage: language assistance</u></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>Location: Senate Health Committee</p> <p>Hearing date: April 10, 2013</p>
<p><u>SB 456 (Padilla)</u></p> <p>Version: As introduced February 21, 2013</p>	<p><u>Health care coverage</u></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p>Location: Senate Rules Committee</p>

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<p><u>SB 488 (Rubio)</u></p> <p>Version: As introduced February 21, 2013</p>	<p><u>Health care coverage: pervasive developmental disorder or autism</u></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975 mandate on health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism.</p>	<p>Location: Senate Rules Committee</p>
<p><u>SB 494 (Monning)</u></p> <p>Version: As introduced February 21, 2013</p>	<p><u>Health care providers: California Health Benefit Exchange</u></p> <p>Spot bill stating legislative intent to ensure QHPs participating in the California Health Benefit Exchange provide an adequate network of primary care providers, including non-physician providers.</p>	<p>Location: Senate Rules Committee</p>
<p><u>SB 508 (Hernandez)</u></p> <p>Version: As introduced February 21, 2013</p>	<p><u>Health disparity report</u></p> <p>Mandates the Office of Statewide Health Planning and Development and the Health and Human Services Agency develop a health disparity report based upon the inpatient hospital discharge data and provide to the Legislature by January 1, 2016.</p> <p>The bill would require the report to focus on eight medical conditions consistent with the Healthy People 2020 priorities such as cardiovascular disease and breast cancer.</p>	<p>Location: Senate Health Committee</p> <p>No hearing date set</p>
<p><u>SB 615 (Galgiani)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>Health facility financing</u></p> <p>Would require health care facilities borrowing from the California Health Facilities Financing Authority Fund to advise those seeking services of their potential eligibility for health care coverage by QHPs participating in the California Health Benefit Exchange.</p>	<p>Location: Senate Health Committee</p> <p>No hearing date set</p>
<p><u>SB 639 (Hernandez)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>Health care coverage: cost sharing</u></p> <p>Spot bill declare the intent of the legislature to enact legislation that would address cost sharing as contemplated by the PPACA.</p>	<p>Location: Senate Rules Committee</p>
<p><u>SB 640 (Lara)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>Medi-Cal</u></p> <p>Spot bill amending Welfare and Institutions Code Section 14000.</p>	<p>Location: Senate Rules Committee</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><u>SB 703 (Hernandez)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>Medi-Cal</u></p> <p>Spot bill stating legislative intent to enact legislation that would make necessary improvements to the Medi-Cal program.</p>	<p>Location: Senate Rules Committee</p>
<p><u>SB 780 (Jackson)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>Disability insurance</u></p> <p>Would require a health insurer to notify CDI at least 30 days prior to terminating a contract with a provider group or general acute care hospital to provide services at alternative rates of payment if the contract termination would result in a material change to the provider network.</p> <p>Mandates health insurers disclose to insureds in clear and simple language that enables consumers to evaluate and compare health insurance policies the conditions and procedures for cancellation, rescission, or nonrenewal, a description of the limitations on the insured's choice of provider, and, with respect to insurers that contract for alternate rates of payment, a statement describing the basic method of reimbursement made to participating providers.</p> <p>Mandates health insurers, medical groups, or participating providers receiving financial bonuses or other incentives to provide a written summary of specified information to any requesting person including whether the bonuses and any other incentives are related to a provider's use of referral services.</p>	<p>Location: Senate Health Committee</p> <p>Hearing date: April 10, 2013</p>
<p><u>SB 800 (Lara)</u></p> <p>Version: As introduced February 22, 2013</p>	<p><u>California Health Benefit Exchange: membership</u></p> <p>Would expand the Board to seven (7) members. (URGENCY)</p>	<p>Location: Senate Health Committee</p>