

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

**Last updated: April 19, 2013**

BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>ABX1 1 (Perez)</u></b></p> <p><b>Version:</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> Senate Health Committee</p> <p><b>Last action:</b> March 14, 2013: Referred to Health Committee</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>ABX1 2 (Pan)</u></b></p> <p><b>Version:</b> As amended April 1, 2013</p>	<p><b><u>Health care coverage</u></b></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 and amendments can be viewed <a href="#">here</a>.</p>	<p><b>Location:</b> Senate 3<sup>rd</sup> Reading</p> <p><b>Last action:</b> April 15, 2013: Cleared Senate Appropriations Committee (7-0)</p> <p><b>Hearing date:</b> None set</p>

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<p><b><u>ABX1 3 (Conway)</u></b></p> <p><b><u>Version:</u></b> As introduced, April 15, 2013.</p>	<p><b><u>Fingerprinting</u></b></p> <p>Requires all employees, prospective employees, contractors, subcontractors, and vendors, who facilitate enrollment of persons in a qualified health plan in the Exchange and who, in the course and scope of their employment, have access to the financial or medical information of enrollees or potential enrollees, to be fingerprinted, at appropriate locations determined by the board, for the purpose of obtaining criminal history information.</p> <p>Prohibits a person who has been convicted of felony crimes of dishonesty or breach of trust in a state or federal jurisdiction or other specified crimes from being hired by or contracting with the Exchange.</p> <p>Requires an applicant to notify the Exchange of any prescribed misdemeanor or felony convictions, filing of charges, or administrative actions.</p>	<p><b>Location:</b> Assembly Desk</p> <p><b>Last action:</b></p> <p><b>Hearing date:</b></p>

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<p><b><u>SBX1 1 (Hernandez, Steinberg)</u></b></p> <p><b>Version:</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> Assembly Desk.</p> <p><b>Last action:</b> March 7, 2013: Read first time. (Cleared Senate 3/7/13, 24-7)</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>SBX1 2 (Hernandez, Monning)</u></b></p> <p><b>Version:</b> As amended, April 1, 2013.</p>	<p><b><u>Health care coverage</u></b></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 and amendments can be viewed <a href="#">here</a>.</p>	<p><b>Location:</b> Assembly 3<sup>rd</sup> Reading</p> <p><b>Last action:</b> April 17, 2013: Cleared Assembly Appropriations Committee (12-5)</p> <p><b>Hearing date:</b> None set</p>

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<p><b><u>SBX1 3 (Hernandez)</u></b></p> <p><b><u>Version:</u></b> As amended, March 6, 2013.</p>	<p><b><u>Health care coverage – Bridge Plan</u></b></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><b>Location:</b> Assembly Desk</p> <p><b>Last action:</b> April 11, 2013: Cleared Senate Floor (37-0)</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>SBX1 4 (Emmerson)</u></b></p> <p><b><u>Version:</u></b> As introduced, April 15, 2013.</p>	<p><b><u>Fingerprinting</u></b></p> <p>Requires all employees, prospective employees, contractors, subcontractors, and vendors, who facilitate enrollment of persons in a qualified health plan in the Exchange and who, in the course and scope of their employment, have access to the financial or medical information of enrollees or potential enrollees, to be fingerprinted, at appropriate locations determined by the board, for the purpose of obtaining criminal history information.</p> <p>Prohibits a person who has been convicted of felony crimes of dishonesty or breach of trust in a state or federal jurisdiction or other specified crimes from being hired by or contracting with the Exchange.</p> <p>Requires an applicant to notify the Exchange of any prescribed misdemeanor or felony convictions, filing of charges, or administrative actions.</p>	<p><b>Location:</b> Senate Desk</p> <p><b>Last action:</b></p> <p><b>Hearing date:</b></p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>AB 18 (Pan)</u></b></p> <p><b>Version:</b> As amended, April 16, 2013</p>	<p><b><u>Individual Market Reform</u></b></p> <p>Exempts QHPs offered through the Exchange from the ACA requirement they include coverage for pediatric oral care if the Exchange offers a stand-alone dental plan as described in PPACA.</p> <p>Mandating stand-alone dental plans offered through the Exchange include coverage of pediatric oral care benefits.</p> <p><b>(URGENCY)</b></p>	<p><b>Location:</b> Assembly Desk</p> <p><b>Last action:</b> Amended April 16, 2013 and re-referred to Health Committee.</p> <p><b>Hearing date:</b> April 23, 2013.</p>
<p><b><u>AB 50 (Pan)</u></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>(URGENCY)</b></p>	<p><b>Location:</b> Assembly Health Committee</p> <p><b>Hearing date:</b> April 30, 2013</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>AB 209 (Pan)</u></b></p> <p><b>Version:</b> As amended, April 9, 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. Mandates analysis by race, ethnicity, primary language, and gender to extent permitted by federal law.</p> <p>Requires plan to include minimum and benchmark performance standards and contract requirements and strategies to encourage and reward improvement and to identify and reduce health disparities among populations.</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>These mandates would be implemented only if funding appropriated in budget act.</p>	<p><b>Location:</b> Assembly Appropriations</p> <p><b>Last action:</b> April 10, 2013: Cleared Health Committee 17-0-2 and referred to Appropriations Committee.</p> <p><b>Hearing date:</b> None set.</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 3<sup>rd</sup> Reading</p> <p><b>Last action:</b> April 17, 2013. Cleared Assembly Appropriations (15-0).</p>
<p><b><u>AB 361 (Mitchell)</u></b></p> <p><b>Version:</b> As amended, April 4, 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 pursuant to ACA Section 2703 and the State Medicaid Director Letter issued on November 16, 2010 and subject to federal approval to create a health home program for targeted Medi-Cal beneficiaries with diagnoses of chronic, co-occurring physical health, mental health, or substance use disorders prevalent among frequent hospital users chronic conditions.</p>	<p><b>Location:</b> Assembly Appropriations</p> <p><b>Last action:</b> April 17, 2013: On Suspende.</p> <p><b>Hearing date:</b> None set</p>

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<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 Health</p> <p><b>Hearing date:</b> None set.</p>
<p><b><u>AB 390 (Logue)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Health care</u></b></p> <p>Would require the Exchange to submit to the Department of Finance and the Legislative Analyst's Office detailed performance-based budget of proposed expenditures and estimated revenues for the ensuing fiscal year.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last Action:</b> April 1, 2013: Re-referred to Health Committee.</p> <p><b>Hearing date:</b> April 30, 2013</p>
<p><b><u>AB 411 (Pan)</u></b></p> <p><b>Version:</b> As amended, April 18, 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 Appropriations</p> <p><b>Last action:</b> April 2, 2013: Cleared Health Committee (14-0).</p> <p><b>Hearing date:</b> None set</p>

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<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 Health</p> <p><b>Hearing date:</b> May 7, 2013</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 Health</p> <p><b>Hearing date:</b> April 30, 2013</p>
<p><b><u>AB 505 (Nazarian)</u></b></p> <p><b>Version:</b> As amended, April 17, 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 Health</p> <p><b>Hearing date:</b> April 23, 2013</p>
<p><b><u>AB 578 (Dickinson)</u></b></p> <p><b>Version:</b> As amended, April 8, 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 Appropriations</p> <p><b>Last action:</b> April 2, 2013: Cleared Health Committee (11-6).</p> <p><b>Hearing date:</b> None set.</p>



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<p><b><u>AB 596 (Brown)</u></b></p> <p><b>Version:</b> As introduced, February 20, 2013</p>	<p><b><u>Health care services grants</u></b></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><b>Location:</b> Assembly - Pending Referral</p>
<p><b><u>AB 617 (Nazarian)</u></b></p> <p><b>Version:</b> As amended, April 15, 2013</p>	<p><b><u>California Health Benefit Exchange: appeals</u></b></p> <p>Would require the Exchange to contract with the Department of Social Services to serve as the Exchange appeals entity to hear appeals of eligibility determinations or redeterminations for individual market applicants.</p> <p>Would establish an appeals process for initial eligibility determinations and redetermination, including an informal resolution process, as specified, establishing procedures and timelines for hearings with the appeals entity, and notice provisions. The bill would also establish continuing eligibility for individuals during the appeals process.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> Amended March 19, 2013 and re-referred to Health Committee.</p> <p><b>Hearing date:</b> April 23, 2013</p>
<p><b><u>AB 671 (Logue)</u></b></p> <p><b>Version:</b> As amended, March 19, 2013</p>	<p><b><u>Health care service plans</u></b></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p> <p>Bill amended with new subject matter on March 19; no longer being tracked.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>AB 676 (Fox)</u></b></p> <p><b>Version:</b> As amended, April 10, 2013</p>	<p><b><u>Health care coverage: post discharge care needs</u></b></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><b>Location:</b> Assembly Appropriations</p> <p><b>Last action:</b> April 16, 2013: Cleared Health Committee (11-6).</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>AB 710 (Pan)</u></b></p> <p><b>Version:</b> As amended, March 11, 2013</p>	<p><b><u>California Health Benefit Exchange: Multi-employer plans</u></b></p> <p>Would require the Exchange to facilitate the purchase of QHPs through the Exchange by ERISA multi-employer plans no later than July 1, 2014.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> March 12, 2013: Re-referred to Assembly Health.</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>AB 720 (Skinner)</u></b></p> <p><b>Version:</b> As amended, April 11, 2013</p>	<p><b><u>Inmates: health care enrollment</u></b></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><b>Location:</b> Assembly Appropriations</p> <p><b>Last action:</b> April 16, 2013: Cleared Public Safety Committee (7-0).</p> <p><b>Hearing date:</b> None set</p>
<p><b><u>AB 725 (Wilk)</u></b></p> <p><b>Version:</b> As amended, March 19, 2013</p>	<p><b><u>Health care coverage</u></b></p> <p><del>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</del></p> <p>Bill amended with new subject matter on March 19; no longer being tracked.</p>	<p><b>Location:</b> Assembly – Pending Referral</p>

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<p><b><u>AB 771 (Jones)</u></b></p> <p><b>Version:</b> As amended March 19, 2013.</p>	<p><b><u>Public health: wellness programs</u></b></p> <p>Would require California HHS to:</p> <ul style="list-style-type: none"> <li>• Apply to the federal HHS Department to allow California to be a participating pilot state in the wellness program demonstration project in the individual market per ACA Section 1201(l).</li> <li>• Petition HHS to amend federal regulations to allow California employers to offer employees rewards of up to 50 percent of the cost of health care coverage for participating in a wellness program meeting ACA requirements.</li> </ul>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> March 20, 2013: Re-referred to Health Committee.</p> <p><b>Hearing date:</b> None set.</p>
<p><b><u>AB 880 (Gomez)</u></b></p> <p><b>Version:</b> As amended, April 11, 2013</p>	<p><b><u>Medi-Cal</u></b></p> <p>Amends Revenue and Taxation Code Section 19548.5(a) to add state employer identification number, if one has been issued, and identifying number assigned to the employer under Section 6109 of the Internal Revenue Code to tax return data the Franchise Tax Board may disclose to the Exchange, DHCS, MRMIB and county agencies.</p> <p>Additionally authorizes DSS and DHCS in utilizing Franchise Tax Board records to match social security numbers of applicants for and recipients of aid or public services with their employer's state employer identification number.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> April 15, 2013: Amend, and re-refer to Com. on Health.</p> <p><b>Hearing date:</b> April 30, 2013</p>
<p><b><u>AB 889 (Frazier)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Health care coverage: prescription drugs</u></b></p> <p>Would require plans restricting medications pursuant to step therapy or fail first protocol to utilize an expeditious process authorizing exceptions to step therapy when medically necessary and to conform effectively and efficiently to continuity of care.</p> <p>Would require the duration of any step therapy or fail first protocol be consistent with up-to-date evidence-based outcomes and current published peer-reviewed medical and pharmaceutical literature, and would, except under certain conditions.</p> <p>Would prohibit plans from requiring that a patient try and fail on more than two medications before allowing the patient access to other medication prescribed by the prescribing provider.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> March 21, 2013: Amend, and re-refer to Com. on Health.</p> <p><b>Hearing date:</b> April 30, 2013</p>

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<p><b><u>AB 912 (Quirk-Silva)</u></b></p> <p><b>Version:</b> As introduced, February 22, 2013</p>	<p><b><u>Health care coverage: fertility preservation</u></b></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><b>Location:</b> Assembly Health</p> <p><b>Hearing date:</b> April 30, 2013</p>
<p><b><u>AB 980 (Pan)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Office of Statewide Health Planning and Development</u></b></p> <p>Spot bill amending Health and Safety Code Section 127750 requirement that OHSPD prepare a Health Manpower Plan for California.</p> <p>Bill amended with new subject matter on March 21; no longer being tracked.</p>	<p><b>Location:</b> Assembly – Pending Referral</p>
<p><b><u>AB 987 (Jones)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Health care service plans</u></b></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p> <p>Bill amended with new subject matter on March 21; no longer being tracked.</p>	<p><b>Location:</b> Assembly – Pending Referral</p>
<p><b><u>AB 1018 (Conway)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Income taxes: deduction: medical expenses</u></b></p> <p>Creates income tax deduction for specified medical expenses including preventative care as term is used in Section 223(c)(2)(C) of the Internal Revenue Code, relating to high deductible health plans. (This IRC section pertains to health savings accounts and provides that plans that do not provide a deductible for preventive care may be treated as high deductible plans.)</p> <p><b>Note: Would take effect immediately as tax levy.</b></p>	<p><b>Location:</b> Assembly Revenue and Tax Committee</p> <p><b>Last action:</b> March 21, 2103: Amend, and re-refer to Com. on REV. &amp; TAX.</p> <p><b>Hearing date:</b> May 6, 2013</p>
<p><b><u>AB 1087 (Torres)</u></b></p> <p><b>Version:</b> As introduced, February 22, 2013</p>	<p><b><u>Medi-Cal: California’s Bridge to Reform Demonstration</u></b></p> <p>Spot bill amending Section Welfare and Institutions Code Section 14180 regarding Medi-Cal demonstration projects.</p>	<p><b>Location:</b> Assembly - Pending Referral</p>

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<p><b><u>AB 1129 (Gaines)</u></b></p> <p><b>Version:</b> As introduced February 22, 2013</p>	<p><b><u>Income tax: health savings accounts</u></b></p> <p>Would conform California law to federal law governing health savings accounts for tax years beginning Jan. 1, 2013.</p>	<p><b>Location:</b> Assembly Revenue and Taxation</p> <p>No hearing date set</p>
<p><b><u>AB 1133 (Mitchell)</u></b></p> <p><b>Version:</b> As amended March 21, 2013</p>	<p><b><u>Office of Health Equity</u></b></p> <p><del>Spot bill amending existing law establishing Office of Health Equity within the Department of Public Health.</del></p> <p>Bill amended with new subject matter on March 21; no longer being tracked.</p>	<p><b>Location:</b> Assembly – Pending Referral</p>
<p><b><u>AB 1180 (Pan)</u></b></p> <p><b>Version:</b> As amended, April 16, 2013</p>	<p><b><u>Health care coverage: HIPAA rates</u></b></p> <p>Repeals existing law requiring managed care and insurance plans provide HIPAA-eligible applicants notice of premium rate within 30 days of completed application and limiting premium amounts for individuals age 60-64 and families and allowing plan changes within 30 days of enrollment.</p> <p>Adds new law limiting premiums for HIPAA eligibles to exchange benchmark plan rate and to prior rating period rate for discontinued plans and relative to effective dates of coverage following premium payment and period to change plan design.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Last action:</b> April 17, 2013: Amend, and re-refer to Com. on HEALTH.</p> <p><b>Hearing date:</b> April 23, 2013.</p>
<p><b><u>AB 1263 (Perez)</u></b></p> <p><b>Version:</b> As amended, April 11, 2013</p>	<p><b><u>Medi-Cal: CommuniCal</u></b></p> <p>Mandates DHCS 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><b>Location:</b> Assembly Appropriations</p> <p><b>Last action:</b> April 10, 2013: Cleared Public Employees, Retirement/Soc Sec Committee (5-2).</p> <p><b>Hearing date:</b> None set</p>

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BILL NUMBER	SUMMARY	BILL STATUS
<p><b><u>AB 1335 (Gomez)</u></b></p> <p><b>Version:</b> As amended, March 21, 2013</p>	<p><b><u>Health care service plans</u></b></p> <p><del>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.</del></p> <p>Bill amended with new subject matter on March 21; no longer being tracked.</p>	<p><b>Location:</b> Assembly – Pending Referral</p>
<p><b><u>SB 18 (Hernandez)</u></b></p> <p><b>Version:</b> As amended, April 16, 2013</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 Health</p> <p><b>Hearing Date:</b> April 23, 2013</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><del>Spot bill stating legislative intent to establish a Basic Health Program as described in federal ACA.</del></p> <p>Bill amended with new subject matter on February 14; no longer being tracked.</p>	
<p><b><u>SB 22 (Beall)</u></b></p> <p><b>Version:</b> As amended April 2, 2013</p>	<p><b><u>Mental Health Parity</u></b></p> <p>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>Would prohibit the inclusion of any information that may individually identify enrollees or insureds in the reports submitted to the respective departments.</p>	<p><b>Location:</b> Senate Appropriations</p> <p><b>Last Action:</b> April 10, 2013: Cleared Health Committee (9-0).</p> <p><b>Hearing date:</b> April 10, 2013</p>

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<p><b><u>SB 28 (Hernandez, Steinberg)</u></b></p> <p><b>Version:</b> As amended, April 16, 2013</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>Location:</b> Senate Health Committee</p> <p><b>Last Action:</b> April 2, 2013: Hearing postponed by committee.</p> <p><b>Hearing date:</b> April 24, 2013</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><b>Last Action:</b> April 2, 2013: Hearing postponed by committee.</p> <p><b>Hearing date:</b> May 1, 2013</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><b>Hearing date:</b> May 1, 2013</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 Health Committee</p> <p><b>Hearing date:</b> May 1, 2013</p>
<p><b><u>SB 249 (Leno)</u></b></p> <p><b>Version:</b> As amended April 16, 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 Health Committee (Double referred to Judiciary Committee)</p> <p><b>Last Action:</b> April 11, 2013: Set, first hearing. Hearing canceled at the request of author.</p> <p><b>Hearing date:</b> April 24, 2013</p>



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<p><b><u>SB 320 (Beall)</u></b></p> <p><b>Version:</b> As amended April 3, 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 health care facilities within a plan's or insurer's network effective January 1, 2014.</p>	<p><b>Location:</b> Senate Health Committee</p> <p><b>Last Action:</b> April 3, 2013: From committee with author's amendments. Re-referred to Health Committee</p> <p><b>Hearing date:</b> May 1, 2013</p>
<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 Rules Committee</p>
<p><b><u>SB 353 (Lieu)</u></b></p> <p><b>Version:</b> As amended April 16, 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 Appropriations</p> <p><b>Last Action:</b> April 10, 2013 Cleared Health Committee (7-2).</p>
<p><b><u>SB 456 (Padilla)</u></b></p> <p><b>Version:</b> As introduced February 21, 2013</p>	<p><b><u>Health care coverage</u></b></p> <p>Spot bill amending Knox-Keene Health Care Service Plan Act of 1975.</p>	<p><b>Location:</b> Senate Rules Committee</p>

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<p><b><u>SB 488 (Hueso)</u></b></p> <p><b>Version:</b> As amended April 8, 2013</p>	<p><b><u>Health care coverage: pervasive developmental disorder or autism</u></b></p> <p><del>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.</del></p> <p>Bill amended with new subject matter on April 18; no longer being track.</p>	<p><b>Location:</b> Senate Health</p>
<p><b><u>SB 494 (Monning)</u></b></p> <p><b>Version:</b> As amended April 3, 2013</p>	<p><b><u>Health care providers</u></b></p> <p>In the case of managed care and insurance plans that assign up to 2,000 enrollees or insureds to each full-time equivalent primary care physician, would authorize the assignment of an additional 1,750 enrollees or insureds, as specified, to a primary care physician if that physician supervises one or more nonphysician medical practitioners.</p> <p>Relative to Medi-Cal, would add pediatrician, physician, nonphysician medical practitioner to the definition of primary care provider and define a nonphysician medical practitioner as a physician assistant performing services under physician supervision, as specified, or as a nurse practitioner performing services in collaboration with a physician.</p>	<p><b>Location:</b> Senate Health</p> <p><b>Last Action:</b> April 3, 2013: From committee with author's amendments.</p> <p><b>Hearing date:</b> April 24, 2013</p>
<p><b><u>SB 508 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced February 21, 2013</p>	<p><b><u>Health disparity report</u></b></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><b>Location:</b> Senate Health Committee</p> <p><b>Hearing date:</b> April 24, 2013</p>

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<p><b><u>SB 509 (DeSaulnier)</u></b></p> <p><b>Version:</b> As amended April 16, 2013</p>	<p><b><u>Fingerprinting</u></b></p> <p>Authorizes the board to fingerprint prospective employees, contractors, subcontractors, volunteers, or vendors for the purposes of obtaining prescribed criminal history information. Requires the fingerprints be submitted to the Department of Justice and for the department to forward to the Federal Bureau of Investigation (FBI) requests for federal summary criminal history information, and would require the department to review the information returned from the FBI and compile and disseminate a response to the board.</p>	<p><b>Location:</b> Senate Health Committee</p> <p><b>Hearing date:</b> May 1, 2013</p>
<p><b><u>SB 615 (Galgiani)</u></b></p> <p><b>Version:</b> As amended April 1, 2013</p>	<p><b><u>Health facility financing</u></b></p> <p><del>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.</del></p> <p>Bill amended with new subject matter on April 1; no longer being tracked.</p>	<p><b>Location:</b> Senate Labor</p>
<p><b><u>SB 639 (Hernandez)</u></b></p> <p><b>Version:</b> As amended April 9, 2013</p>	<p><b><u>Health care coverage</u></b></p> <p>Conforms California law to federal requirements for individual and small group plans effective on or after January 1, 2014 relative to metal actuarial value tiers, out-of-pocket limits and small group deductible limits. Allows small group plans to exceed deductible limits to achieve bronze AV.</p> <p>For non-grandfathered large group plans (except specialized health care service plan contracts), limits out-of-pocket expenses pursuant to ACA Section 1302(c) and implementing federal rules and guidance.</p> <p>Bars sale of catastrophic plans in individual market by plan issuers not participating in exchange marketplace.</p>	<p><b>Location:</b> Senate Appropriations</p> <p><b>Last Action:</b> April 3, 2013: Cleared Health Committee (6-2).</p> <p><b>Hearing date:</b> April 29, 2013</p>

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<p><b><u>SB 703 (Hernandez)</u></b></p> <p><b>Version:</b> As introduced February 22, 2013</p>	<p><b><u>Medi-Cal</u></b></p> <p>Spot bill stating legislative intent to enact legislation that would make necessary improvements to the Medi-Cal program.</p>	<p><b>Location:</b> Senate Rules Committee</p> <p><b>Hearing date:</b> May 1, 2013</p>
<p><b><u>SB 780 (Jackson)</u></b></p> <p><b>Version:</b> As introduced February 22, 2013</p>	<p><b><u>Disability insurance</u></b></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><b>Location:</b> Senate Health Committee</p> <p><b>Last Action:</b> April 3, 2013: Hearing postponed by committee.</p> <p><b>Hearing date:</b> May 1, 2013</p>
<p><b><u>SB 800 (Lara)</u></b></p> <p><b>Version:</b> As introduced February 22, 2013</p>	<p><b><u>California Health Benefit Exchange: membership</u></b></p> <p>Would expand the Board of the Exchange to seven (7) members, including four (4) appointed by Governor. <b>(URGENCY)</b></p>	<p><b>Location:</b> Senate Health Committee</p> <p><b>Hearing date:</b> None set</p>