

**COVERED CALIFORNIA  
STATE LEGISLATIVE REPORT  
2013-14 SESSION  
Friday, October 18, 2013**

<b>Bill Number</b>	<b>SUMMARY</b>	<b>BILL STATUS</b>
<p><a href="#"><u>AB 18 (Pan)</u></a></p> <p><b>Version:</b> As Amended: June 24, 2013</p>	<p><b><u>Health care coverage: pediatric oral care benefits.</u></b></p> <p>Exempts QHPs offered through the Exchange from the Affordable Care Act requirement they include coverage for pediatric oral care if the Exchange offers a stand-alone dental plan as described in the Affordable Care Act.</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 Appropriations</p> <p><b>Status:</b> July 3, 2013: Hearing canceled at the request of author.</p>
<p><a href="#"><u>AB 50 (Pan)</u></a></p> <p><b>Version:</b> As Vetoed: October 9, 2013</p>	<p><b><u>Health care coverage: Medi-Cal: eligibility.</u></b></p> <ol style="list-style-type: none"> <li>1. This bill would, effective January 1, 2014, under specified federal provisions applicable to qualified pregnant women and children, provide that a woman shall be eligible for full-scope Medi-Cal benefits if her income is less than 100% of the federal poverty level as determined, counted, and valued in accordance with federal law.</li> <li>2. The bill would require the department to adopt regulations implementing that provision by January 1, 2017, and to provide semiannual status reports to the Legislature until that time.</li> </ol>	<p><b>Vetoed by Governor</b></p> <p><b>Status:</b> October 9, 2013: Vetoed by the Governor</p>

<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, accessibility, and utilization.</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> Senate 2-year bill</p>
<p><b><u>AB 219 (Perea)</u></b></p> <p><b>Chaptered:</b> October 9, 2013</p>	<p><b><u>Health care coverage: cancer treatment.</u></b></p> <p>Would prohibit an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay, notwithstanding any deductible, a total amount of copayments and coinsurance that exceeds \$200 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication.</p> <p>The bill would provide that for a health care service plan contract or health insurance policy that meets a specified federal definition of a high deductible health plan, this prohibition shall only apply once the enrollee's or insured's deductible has been satisfied for the year. The bill would authorize a health care service plan or health insurer, on January 1, 2016, and on January 1 of each year thereafter, to increase the \$200 limit by the percentage increase in the Consumer Price Index for that year. The bill would repeal these provisions on January 1, 2019.</p> <p>This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 9, 2013: Chaptered by Secretary of State - Chapter 661, Statutes of 2013.</p>

<p><b><u>AB 314 (Pan)</u></b></p> <p><b>Version:</b> As Amended: July 9, 2013</p>	<p><b><u>Health care coverage: self-funded student plans.</u></b></p> <p>Current federal law, the federal Affordable Care Act, enacts various health care coverage market reforms that take effect January 1, 2014. This bill would prohibit a plan directly operated by a bona fide public or private college or university that directly provides health care services only to its students, faculty, staff, administration, and their respective dependents from establishing an annual limit or a lifetime limit on the dollar value of essential health benefits, as defined, for any participant or beneficiary. Because a willful violation of these requirements with respect to those plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Senate 2-year bill</p>
<p><b><u>AB 361 (Mitchell)</u></b></p> <p><b>Chaptered:</b> October 8, 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 State Department of Health Care Services, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 8, 2013: Chaptered by Secretary of State - Chapter 642, Statutes of 2013.</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.</u></b></p> <p>Amends exchange enabling statute to change due date of report to Legislature on whether to adopt the option under the Affordable Care Act to merge the individual and small employer insurance markets from December 1, 2018 to March 1, 2019.</p>	<p><b>Location:</b> Assembly 2-year bill</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 2-year bill</p>

<p><b><u>AB 411 (Pan)</u></b></p> <p><b>Version:</b> As Vetoes: October 8, 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 geographic region, race, ethnicity, primary language, and as information is identified, by sexual orientation and gender, and to implement strategies to reduce identified disparities between members from these categories.</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>Vetoed by Governor</b></p> <p><b>Status:</b> October 8, 2013: Vetoed by the Governor</p>
<p><b><u>AB 422 (Nazarian)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>School lunch program applications: health care notice.</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>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 440, Statutes of 2013.</p>
<p><b><u>AB 460 (Ammiano)</u></b></p> <p><b>Chaptered:</b> October 8, 2013</p>	<p><b><u>Health care coverage: infertility.</u></b></p> <p>Would require that the coverage for the treatment of infertility be offered and, if purchased, provided 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. Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 8, 2013: Chaptered by Secretary of State - Chapter 644, Statutes of 2013.</p>
<p><b><u>AB 505 (Nazarian)</u></b></p> <p><b>Version:</b> As Amended: June 19, 2013</p>	<p><b><u>Medi-Cal: managed care: language assistance services.</u></b></p> <p>Mandates DHCS require all managed care plans contracting with the Department to provide Medi-Cal services to provide language assistance services to limited-English-proficient (LEP) enrollees, as specified.</p>	<p><b>Location:</b> Senate 2-year bill</p>

<p><b><u>AB 578 (Dickinson)</u></b></p> <p><b>Version:</b> As Amended: May 24, 2013</p>	<p><b><u>Health care.</u></b></p> <p>Would require that the Director of the Department of Managed Care or Insurance Commissioner publish a notice, upon receiving an application from a first time health care service plan applicant or health insurer applicant, that would include information regarding the applicant and nature of the application, as specified. The bill would also require the departments to allow comments to be submitted through the departments' Internet Web sites. The bill would require the director or commissioner to solicit, review, and consider public comments, as specified, and hold at least one public hearing if comments are received, prior to approving an application.</p>	<p><b>Location:</b> Senate 2-year bill</p>
<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 2-year bill</p>
<p><b><u>AB 617 (Nazarian)</u></b></p> <p><b>Version:</b> As Amended: August 13, 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> Senate 2-year bill</p>
<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: postdischarge 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, as applicable, from causing an enrollee, insured, or beneficiary to remain in a general acute care hospital or an acute psychiatric hospital if the attending physician on the medical staff has determined that the individual no longer requires inpatient hospital care. The bill would require the health care service plan, health insurer, or the State Department of Health Care Services or Medi-Cal managed care plan to perform specified duties within 24 hours of receipt of notice of the discharge. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Assembly 2-year bill</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: multiemployer plans.</u></b></p> <p>Current law creates the continuously appropriated California Health Trust Fund, which consists of charges on the qualified health plans offered by carriers to support the development, operations, and prudent cash management of the California Health Benefit Exchange. This bill would, to the extent permitted by federal law, require the board to also facilitate the purchase of qualified health plans through the Exchange by multiemployer plans, as defined, no later than July 1, 2014. By expanding the purpose for which moneys in the California Health Trust Fund may be used, this bill would make an appropriation.</p>	<p><b>Location:</b> Assembly 2-year bill</p>
<p><b><u>AB 720 (Skinner)</u></b></p> <p><b>Chaptered:</b> October 8, 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>Chaptered</b></p> <p><b>Status:</b> October 8, 2013: Chaptered by Secretary of State - Chapter 646, Statutes of 2013.</p>
<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 Affordable Care Act 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 Affordable Care Act requirements.</li> </ul>	<p><b>Location:</b> Assembly 2-year bill</p>
<p><b><u>AB 880 (Gomez)</u></b></p> <p><b>Version:</b> As Amended: June 24, 2013</p>	<p><b><u>Medi-Cal program costs: large employer responsibility.</u></b></p> <p>Would, commencing January 1, 2015, require a large employer, as defined, to pay the Employment Development Department an employer responsibility penalty for each covered employee, as defined, enrolled in Medi-Cal based on the average cost of employee-only coverage provided by large employers to their employees, including both the employer's and employee's share of the premiums, as specified. The bill would assess interest of 10% per annum on employer responsibility penalties not paid on or before the date payment is due, as specified, and would require a large employer subject to an employer responsibility penalty to pay a penalty, as specified, for any employer responsibility penalty payment that is more than 60 days overdue. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Assembly Inactive File</p> <p><b>Status:</b> July 1, 2013: Ordered to inactive file.</p>

<p><b><u>AB 889 (Frazier)</u></b></p> <p><b>Version:</b> As Amended: May 2, 2013</p>	<p><b><u>Health care coverage: prescription drugs.</u></b></p> <p>Would authorize health care service plans and health insurers to require step therapy, as defined, when more than one drug is appropriate for the treatment of a medical condition, subject to specified requirements . The bill would require a plan or insurer that requires step therapy to have an expeditious process in place to authorize exceptions to step therapy when medically necessary and to conform effectively and efficiently with continuity of care requirements. The bill would specify that these provisions would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, dental-only, or vision-only contracts or policies.</p> <p>This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Senate 2-year bill</p>
<p><b><u>AB 912 (Quirk-Silva)</u></b></p> <p><b>Version:</b> As Vetoed: October 5, 2013</p>	<p><b><u>Health care coverage: fertility preservation.</u></b></p> <p>Would require a health care service plan and a health insurer to provide, on a large group basis, 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>This bill contains other related provisions and other existing laws.</p>	<p><b>Vetoed by Governor</b></p> <p><b>Status:</b> October 5, 2013: Vetoed by the Governor</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 Taxation</p> <p><b>Status:</b> May 6, 2013: Hearing canceled at the request of author.</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 2-year bill</p>

<p><b><u>AB 1129 (Gaines, Beth)</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><b>Status:</b> May 13, 2013: Suspense file. Held under submission.</p>
<p><b><u>AB 1180 (Pan)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.</u></b></p> <p>Existing laws that provide for the licensure and regulation of health care service plans by the Department of Managed Health Care and make a willful violation of the act a crime; that provide for the regulation of health insurers by the Insurance Commissioner; that require a health care service plan or a health insurer offering individual plan contracts or individual insurance policies to fairly and affirmatively offer, market, and sell certain individual contracts and policies to all federally eligible defined individuals, as defined, in each service area in which the plan or insurer provides or arranges for the provision of health care services; and that prohibit the premium for those policies and contracts from exceeding the premium paid by a subscriber of the California Major Risk Medical Insurance Program who is of the same age and resides in the same geographic region as the federally eligible defined individual, as specified would be applicable only to individual grandfathered health plans, as defined, previously issued to federally eligible defined individuals, unless and until specified provisions of the Affordable Care Act are amended or repealed, as specified.</p> <p>Would require a plan or insurer to notify persons enrolled in an individual health benefit plan or insurance policy that is not grandfathered with 60 day's notice prior to the renewal date.</p> <p><b>(URGENCY)</b></p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 441, Statutes of 2013.</p>
<p><b><u>AB 1233 (Chesbro)</u></b></p> <p><b>Chaptered:</b> September 9, 2013</p>	<p><b><u>Medi-Cal: Administrative Claiming process.</u></b></p> <p>Would authorize a Native American Indian tribe, a tribal organization, or a subgroup of a Native American Indian tribe or tribal organization to claim, as a Medi-Cal Administrative Activity, facilitating Medi-Cal applications, which includes, but is not limited to, using the California Healthcare Eligibility, Enrollment, and Retention System. This bill contains other related provisions.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> September 9, 2013: Chaptered by Secretary of State - Chapter 306, Statutes of 2013.</p>



<p><b><u>AB 1263 (John A. Pérez)</u></b></p> <p><b>Version:</b> As Vetoes: October 13, 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>Vetoed by Governor</b></p> <p><b>Status:</b> October 13, 2013: Vetoed by the Governor</p>
<p><b><u>AB 1428 (Conway)</u></b></p> <p><b>Chaptered:</b> October 4, 2013</p>	<p><b><u>California Health Benefit Exchange: employees and contractors.</u></b></p> <p>Would require 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>Would prohibit 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 for the purpose of facilitating enrollment of persons in a qualified health plan in the Exchange or for any position where, in the course and scope of his or her employment, he or she will have access to the financial or medical information of enrollees or potential enrollees of the Exchange.</p> <p>Would also require an applicant to notify the Exchange of any prescribed misdemeanor or felony convictions, filing of charges, or administrative actions.</p> <p><b>(URGENCY)</b></p> <p><b>Fingerprinting bill: companion to SB 509 (DeSaulnier)</b></p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 4, 2013: Chaptered by Secretary of State - Chapter No. 561, Statutes of 2013</p>

<p><b><u>ABX1 1 (John A. Pérez)</u></b></p> <p>Chaptered: June 27, 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>Chaptered</b></p> <p><b>Status:</b> June 27, 2013: Chaptered by Secretary of State. Chapter 3, Statutes of 2013-14 First Extraordinary Session.</p>
<p><b><u>ABX1 2 (Pan)</u></b></p> <p>Chaptered: May 9, 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 joined to SBX1-2 (Hernandez).</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> May 9, 2013: Chaptered by Secretary of State. Chapter 1, Statutes of 2013-14 First Extraordinary Session.</p>

<p><b><u>ABX1 3 (Conway)</u></b></p> <p><b>Version:</b> As Introduced: April 15, 2013</p>	<p><b><u>California Health Benefit Exchange: employees and contractors.</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>(URGENCY)</b></p> <p><b>Other fingerprinting measurers: AB 1428 (Conway), SB 509 (SDeSaulnier) and SBX1 4 (Emmerson)</b></p>	<p><b>Location:</b> Assembly Dead</p>
<p><b><u>ABX1 4 (Wilk)</u></b></p> <p><b>Version:</b> As Introduced: May 16, 2013</p>	<p><b><u>Health care.</u></b></p> <p>Would require that individuals receiving coverage through the California Health Benefit Exchange and who are receiving a tax credit pursuant to the federal Affordable Care Act would be subject to the required grace period and provisions of coverage during the grace period, if any, as provided by Affordable Care Act. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Assembly Dead</p>
<p><b><u>AJR 23 (Logue)</u></b></p> <p><b>Version:</b> As Introduced: May 31, 2013</p>	<p><b><u>Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.</u></b></p> <p>This measure would urge the President to remove any financial oversight responsibilities of the Internal Revenue Service with regard to the administration of the federal Affordable Care Act and instead have those duties transferred to a separate board, created by and accountable to Congress.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Status:</b> August 13, 2013: Hearing canceled at the request of author.</p>
<p><b><u>SB 18 (Hernandez)</u></b></p> <p><b>Version:</b> As Amended: April 17, 2013</p>	<p><b><u>California Health Benefits Review Program: health insurance.</u></b></p> <p>Would include essential health benefits (EHB) and the impact on the California Health Benefit Exchange in the areas to be reported on by the California Health Benefits Review Program established by the University of California.</p>	<p><b>Location:</b> Assembly 2-year bill</p>

<p><b><u>SB 22 (Beall)</u></b></p> <p><b>Version:</b> As Amended: July 2, 2013</p>	<p><b><u>Health care coverage: mental health parity.</u></b></p> <p>Requires every health care plan, contractor, and health insurer to submit annual report to the DMHC or Department of Insurance 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 require reports to be a public record available upon request and to be published on the Department's Internet Web site.</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> Assembly 2-year bill</p>
<p><b><u>SB 28 (Hernandez)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>California Health Benefit Exchange.</u></b></p> <p>Would require MRMIB to provide the Exchange, or its designee, with specified information of subscribers and applicants of MRMIP in order to assist the Exchange in conducting outreach to those subscribers and applicants.</p> <p>This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 442, Statutes of 2013.</p>
<p><b><u>SB 126 (Steinberg)</u></b></p> <p><b>Chaptered:</b> October 9, 2013</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>Chaptered</b></p> <p><b>Status:</b> October 9, 2013: Chaptered by Secretary of State - Chapter 680, Statutes of 2013.</p>
<p><b><u>SB 138 (Hernandez)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>Confidentiality of medical information.</u></b></p> <p>Would declare the intent of the Legislature to incorporate HIPAA standards into state law and to clarify standards for protecting the confidentiality of medical information in insurance transactions. The bill would define additional terms in connection with maintaining the confidentiality of this information, including a "confidential communications request" which an insured, or a subscriber or enrollee under a health care service plan, may submit for the purpose of specifying the method for transmitting medical information communications. This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 444, Statutes of 2013.</p>

<p><b><u>SB 161 (Hernandez)</u></b></p> <p>Chaptered: October 1, 2013</p>	<p><b><u>Stop-loss insurance coverage.</u></b></p> <p>Would prohibit a stop-loss insurer from excluding any employee or dependent on the basis of actual or expected health status-related factors, as specified.</p> <p>Would require a stop-loss insurer to renew, at the option of the small employer, all stop-loss insurance policies.</p> <p>Bars stop-loss insurance issued on or after January 1, 2014, to a small employer from 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 \$65,000</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>○ \$13,000 times the total number of covered employees and dependents</li> <li>○ 120% of expected claims</li> <li>○ \$65,000</li> <li>○ A provision for direct coverage of an employee or dependent of an employee</li> </ul> </li> </ul>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 443, Statutes of 2013.</p>
<p><b><u>SB 189 (Monning)</u></b></p> <p><b>Version:</b> As Amended: May 8, 2013</p>	<p><b><u>Health care coverage: wellness programs.</u></b></p> <p>Would, until January 1, 2020, prohibit a health care service plan or health insurer from offering a wellness program in connection with a group health care service plan contract or group health insurance policy, or offering an incentive or reward under a group health care service plan contract or group health insurance policy, based on adherence to a wellness program, unless specified requirements are satisfied. The bill would specify that it does not apply to wellness programs established prior to its enactment provided that those programs comply with all other applicable laws, as specified. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Senate 2-year bill</p>

<p><b><u>SB 249 (Leno)</u></b></p> <p>Chaptered: October 1, 2013</p>	<p><b><u>Public health: health records: confidentiality.</u></b></p> <p>Would require laboratories, upon request by the department, to report cases of HIV infection by name directly to the department in addition to reports to the local health officer.</p> <p>Would authorize local public health agency staff to further disclose acquired or developed information to the HIV-positive person who is the subject of the record or the health care provider who provides his or her HIV care, for that purpose.</p> <p>Would authorize the State Department of Public Health, subject to specified provisions, to share with qualified entities, as defined, health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act-funded programs who may be eligible for services under the Affordable Care Act, as specified.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 445, Statutes of 2013.</p>
<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 2-year bill</p>
<p><b><u>SB 332 (Emmerson)</u></b></p> <p>Chaptered: October 1, 2013</p>	<p><b><u>California Health Benefit Exchange: records.</u></b></p> <p>Would make open to public inspection the impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy of the board governing the Exchange or its staff, or records that provide instructions, advice, or training to employees. The bill would provide that the one year exemption from disclosure for contracts with participating carriers apply to those contracts entered into on or after the effective date of the bill. This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 446, Statutes of 2013.</p>

<p><b><u>SB 351 (Hernandez)</u></b></p> <p><b>Version:</b> As Amended: April 23, 2013</p>	<p><b><u>Health care coverage: hospital billing.</u></b></p> <p>Would, until January 1, 2019, require a diagnosis and billing outlier hospital, as defined, and a hospital that is part of a diagnosis and billing outlier health system, as defined, to notify the patient and all payers of that status and that the hospital's total billed charges may be subject to adjustment.</p> <p>Would require the Office of Statewide Health Planning and Development, until January 1, 2019, to assign each hospital, as defined, a separate diagnosis and billing indicator rate for 4 specified disorders and to calculate a hospital's diagnosis and billing indicator rate for each of those disorders.</p> <p>Would require the office to post specified information on its Internet Web site by January 15, 2014.</p>	<p><b>Location:</b> Senate 2-year bill</p>
<p><b><u>SB 353 (Lieu)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>Health care coverage: language assistance.</u></b></p> <p>Would require health plans and health insurers that advertise or market in language other than English that do not meet enrollment thresholds specified in current law to provide specified communications and documents in that language, using trained and qualified translators.</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>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 447, Statutes of 2013.</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 2-year bill</p>
<p><b><u>SB 494 (Monning)</u></b></p> <p><b>Chaptered:</b> October 9, 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>Chaptered</b></p> <p><b>Status:</b> October 9, 2013: Chaptered by Secretary of State - Chapter 684, Statutes of 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 2-year bill</p>
<p><b><u>SB 509 (DeSaulnier)</u></b></p> <p><b>Chaptered:</b> June 18, 2013</p>	<p><b><u>California Health Benefit Exchange: background checks.</u></b></p> <p>This bill would require the board to submit to the Department of Justice, fingerprint images and related information of employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to specified information for the purposes of obtaining prescribed criminal history information. The bill would require the board to require any services contract, interagency agreement, or public entity agreement, that includes or would include access to those types of information to include a provision requiring the contractor to agree to criminal background checks on its employees, contractors, agents, and subcontractors who will have access to that information as part of their services contract, interagency agreement, or public entity agreement. The bill would require 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. The bill would require the department to charge a fee sufficient to cover the costs of processing requests pursuant to the bill.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> June 18, 2013: Chaptered by Secretary of State. Chapter 10, Statutes of 2013.</p>



<p><b><u>SB 639 (Hernandez)</u></b></p> <p>Chaptered: September 20, 2013</p>	<p><b><u>Health care coverage.</u></b></p> <p>The Affordable Care Act establishes annual limits on deductibles for employer-sponsored plans and defines bronze, silver, gold, and platinum levels of coverage for the nongrandfathered individual and small group markets. This bill would prohibit the deductible under a small employer health care service plan contract or health insurance policy offered, sold, or renewed on or after January 1, 2014, from exceeding \$2,000 in the case of a plan contract or policy covering a single individual, or \$4,000 in all other cases. That provision would not apply to multiple employer welfare arrangements, as specified.</p> <p>Requires a carrier at least each calendar year, and no more frequently than each calendar quarter to establish an index rate for the small employer market based on the total combined claims costs for providing essential health benefits (EHB) within the single risk pool required under the Affordable Care Act.</p> <p>This bill contains other related provisions and other existing laws.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> September 20, 2013: Chaptered by Secretary of State - Chapter 316, Statutes of 2013.</p>
<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 2-year bill</p>
<p><b><u>SB 746 (Leno)</u></b></p> <p><b>Version:</b> As Vetoed: October 13, 2013</p>	<p><b><u>Health care coverage: premium rates.</u></b></p> <p>Would require the health care service plans and insurers to disclose specified aggregate data for products and for rate filings, as specified, in the large group market on an annual basis. The bill would also require a health plan or health insurer that exclusively contracts with no more than 2 medical groups in the state to provide claims or other data to large group purchasers that request the data and demonstrate the ability to comply with privacy laws, as specified, and would require the health care service plan or health insurer to use only deidentified data in those disclosures, as specified, to protect the privacy rights of individuals. This bill contains other related provisions and other existing laws.</p>	<p><b>Vetoed by Governor</b></p> <p><b>Status:</b> October 13, 2013: Vetoed by the Governor</p>

<p><b><u>SB 780 (Jackson)</u></b></p> <p><b>Version:</b> As Amended: May 8, 2013</p>	<p><b><u>Health care coverage.</u></b></p> <p>Would delete the requirements with regard to preferred provider organizations. The bill would change the timing of the 75-day filing to 45 days prior to the termination date for a contract between a health care service plan that is not a health maintenance organization and a provider group or general acute care hospital, and would not prohibit the plan from sending the notice to the enrollees prior to the filing being reviewed and approved by the Department of Managed Health Care. The bill would distinguish between enrollees of an assigned group provider and enrollees of an unassigned group provider for purposes of whether the filing is required to be submitted to the department. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Senate 2-year bill</p>
<p><b><u>SB 800 (Lara)</u></b></p> <p><b>Chaptered:</b> October 1, 2013</p>	<p><b><u>Health care coverage programs: transition.</u></b></p> <p>Would require the State Department of Health Care Services to provide the Exchange with specified contact information of individuals who are not enrolled in Medi-Cal but who are the parents or caretakers of children enrolled in the Healthy Families Program or the Medi-Cal program due to a transition from the Healthy Families Program, as specified, to assist the Exchange to conduct outreach to individuals potentially eligible for a state health subsidy program, as defined.</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> October 1, 2013: Chaptered by Secretary of State - Chapter 448, Statutes of 2013.</p>
<p><b><u>SBX1 1 (Hernandez)</u></b></p> <p><b>Chaptered:</b> June 27, 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 Affordable Care Act 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>Chaptered</b></p> <p><b>Status:</b> June 27, 2013: Chaptered by Secretary of State. Chapter 4, Statutes of 2013-14 First Extraordinary Session.</p>

<p><b><u>SBX1 2 (Hernandez)</u></b></p> <p>Chaptered: May 9, 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 joined to ABX1-2 (Pan).</p>	<p><b>Chaptered</b></p> <p><b>Status:</b> May 9, 2013: Chaptered by Secretary of State. Chapter 2, Statutes of 2013-14 First Extraordinary Session.</p>
<p><b><u>SBX1 3 (Hernandez)</u></b></p> <p>Chaptered: July 11, 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>Chaptered</b></p> <p><b>Status:</b> July 11, 2013: Chaptered by Secretary of State. Chapter 5, Statutes of 2013-14 First Extraordinary Session.</p>
<p><b><u>SBX1 4 (Emmerson)</u></b></p> <p><b>Version:</b> As Introduced: April 15, 2013</p>	<p><b><u>California Health Benefit Exchange: employees and contractors.</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>Fingerprinting bill: companion to AB 1428 (Conway) and ABX1 3 (Conway)</b></p>	<p><b>Location:</b> Senate Dead</p>