

**COVERED CALIFORNIA
STATE LEGISLATIVE REPORT
Bills Tracked by Covered California
Updated Tuesday, January 21, 2014**

Bill Number	SUMMARY	BILL STATUS
<p>AB 18 (Pan)</p> <p><u>Version:</u> As Amended: June 24, 2013</p>	<p><u>Health care coverage: pediatric oral care benefits.</u></p> <p>Would require a specialized health care service plan contract and specialized health insurance policy that provides pediatric oral care benefits, whether or not it is bundled with a qualified health plan or standing alone, to also comply with minimum medical loss ratios and provide an annual rebate, as specified. This bill contains other related provisions and other existing laws.</p>	<p>Location: Assembly Appropriations</p> <p>Status: July 3, 2013: In committee: Set, first hearing. Hearing canceled at the request of author.</p> <p>Hearing Date: None set</p>
<p>AB 209 (Pan)</p> <p><u>Version:</u> As Amended: April 9, 2013</p>	<p><u>Medi-Cal: managed care: quality, accessibility, and utilization.</u></p> <p>Would require the State Department of Health Care Services to develop and implement a plan, as specified, to monitor, evaluate, and improve the quality, accessibility, and utilization of health care and dental services provided through Medi-Cal managed care. The bill would require the department to appoint an advisory committee, with specified responsibilities, for the purpose of making recommendations to the department and to the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services. The bill would be implemented to the extent that funding is provided in the annual budget act or federal, private, or other non-General Fund moneys are available.</p>	<p>Location: Senate 2 year</p> <p>Status: September 13, 2013: Failed Deadline pursuant to Rule 61(a) (14). (Last location was INACTIVE FILE on 9/10/2013)</p> <p>Hearing Date: None set</p>
<p>AB 299 (Holden)</p> <p><u>Version:</u> As Amended: May 14, 2013</p>	<p><u>Prescription drug benefits.</u></p> <p>Would prohibit a health care service plan or health insurer that provides prescription drug benefits from requiring an enrollee or insured to use mail order pharmacy services for covered prescription drugs that are available at an in-network retail pharmacy, and would prohibit the enrollee's or insured's exercise of choice with regard to obtaining those drugs from an in-network mail order pharmacy or an in-network retail pharmacy from requiring any authorization by the plan or insurer or the prescriber. Because a willful violation of these requirements by a health care service plan 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>Location: Assembly 2 year</p> <p>Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/24/2013)</p> <p>Hearing Date: None set</p>
<p>AB 314 (Pan)</p> <p><u>Version:</u> As Amended: July 9, 2013</p>	<p><u>Health care coverage: self-funded student plans.</u></p> <p>Current federal law, the federal Patient Protection and Affordable Care Act</p>	<p>Location: Senate 2 year</p> <p>Status: July 12, 2013: Failed</p>

	(PPACA), 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.	Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was ED. on 7/9/2013) Hearing Date: None set
AB 369 (Pan) Version: As Amended: January 16, 2014	Continuity of care. Would require a health care service plan and a health insurer to arrange for the completion of covered services by a nonparticipating provider for a newly covered enrollee and a newly covered insured under an individual health care service plan contract or an individual health insurance policy whose prior coverage was withdrawn from the market between December 1, 2013, and March 31, 2014, inclusive, as specified. This bill contains other related provisions and other existing laws.	Location: Assembly Appropriations Status: January 17, 2014: Re-referred to Com. on APPR. Hearing Date: 1/23/2014 Upon Adjournment of Session- State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GATTO, Chair,
AB 390 (Logue) Version: As Amended: March 21, 2013	Health care. Would require the Exchange to submit to the Department of Finance and the Legislative Analyst's Office a complete and detailed budget utilizing performance-based budgeting, as defined, that sets forth all proposed expenditures and estimated revenues for the ensuing fiscal year. The bill would require the department to include specified performance-based budgeting information for the Exchange in the Governor's Budget proposal and to post that information on the department's Internet Web site. The bill would also require the Legislative Analyst's Office to review the adequacy of performance metrics and progress toward targeted outcomes in preparing its review of the Governor's Budget proposal as it relates to the Exchange. This bill contains other existing laws.	Location: Assembly 2 year Status: May 3, 2013: Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 4/1/2013) Hearing Date: None set
AB 505 (Nazarian) Version: As Amended: June 19, 2013	Medi-Cal: managed care: language assistance services. Would require the State Department of Health Care Services to require all managed care plans contracting with the department to provide Medi-Cal services, except as specified, to provide language assistance services, which includes oral interpretation and translation services, to limited-English-proficient Medi-Cal beneficiaries, as defined. The bill would require the department to determine when a limited-English-proficient population meets the requirement for translation services, as prescribed.	Location: Senate 2 year Status: September 13, 2013: Failed Deadline pursuant to Rule 61(a) (14). (Last location was INACTIVE FILE on 8/12/2013) Hearing Date: None set
AB 578 (Dickinson) Version: As Amended: May 24, 2013	Health care. 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	Location: Senate 2 year Status: July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was HEALTH on 6/13/2013)

	<p>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>Hearing Date: None set</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>Current law establishes a program for the California Health Facilities Authority to award grants that do not exceed \$1,500,000 to one or more projects designed to demonstrate specified new or enhanced cost-effective methods of delivering quality health care services to improve access to quality health care for vulnerable populations or communities, or both, that are effective at enhancing health outcomes and improving access to quality health care and preventive services. This bill would make technical, nonsubstantive changes to these provisions.</p>	<p>Location: Assembly 2 year</p> <p>Status: May 10, 2013: Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/20/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 617 (Nazarian)</u></p> <p>Version: As Amended: August 13, 2013</p>	<p><u>California Health Benefit Exchange: appeals.</u></p> <p>Would require the Exchange board to contract with the State Department of Social Services to serve as the Exchange appeals entity designated to hear appeals of eligibility determination or redetermination for persons in the individual market. The bill would establish an appeals process for initial eligibility or enrollment determinations and redeterminations for insurance affordability programs, as defined, 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>Location: Senate 2 year</p> <p>Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 8/13/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 676 (Fox)</u></p> <p>Version: As Amended: April 10, 2013</p>	<p><u>Health care coverage: postdischarge 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, 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>Location: Assembly 2 year</p> <p>Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. on 4/17/2013)</p> <p>Hearing Date: None set</p>
<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>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</p>	<p>Location: Assembly 2 year</p> <p>Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/16/2013)</p> <p>Hearing Date: None set</p>

	would make an appropriation.	
<u>AB 725 (Wiik)</u> Version: As Amended: March 19, 2013	<u>Health care management: health court demonstration program.</u> Would require the Secretary of California Health and Human Services to submit an application on behalf of the state to the federal Department of Health and Human Services to receive a grant for state demonstration programs to evaluate alternatives to current medical tort litigation, as authorized by PPACA. The bill would require the secretary to write the application to design a program to create health courts based upon a no-fault process to improve the injury resolution of liability. The bill would specify what items a patient would need to prove under the health court demonstration program.	Location: Assembly 2 year Status: May 3, 2013: Failed Deadline pursuant to Rule 61(a)(2). (Last location was JUD. on 3/20/2013) Hearing Date: None set
<u>AB 771 (Jones)</u> Version: As Amended: March 19, 2013	<u>Public health: wellness programs.</u> Would require the Secretary of California Health and Human Services to apply to the United States Secretary of Health and Human Services to allow California to be a participating pilot state in the wellness program demonstration project in accordance with federal law. The bill would also require the Secretary of California Health and Human Services to petition the United States Secretary of Health and Human Services to change federal regulations to allow an employer in California to offer employees rewards of up to 50% of the cost of health care coverage for participating in a wellness program that meets all of the requirements of PPACA.	Location: Assembly 2 year Status: May 3, 2013: Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/20/2013) Hearing Date: None set
<u>AB 880 (Gomez)</u> Version: As Amended: June 24, 2013	<u>Medi-Cal program costs: large employer responsibility.</u> 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.	Location: Assembly Inactive File Status: July 1, 2013: Reconsideration granted. (Page 2239.) Ordered to inactive file at the request of Assembly Member Gomez. Hearing Date: None set
<u>AB 889 (Frazier)</u> Version: As Amended: May 2, 2013	<u>Health care coverage: prescription drugs.</u> 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. This bill contains other related provisions and other existing laws.	Location: Senate 2 year Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/13/2013) Hearing Date: None set

<p><u>AB 1018 (Conway)</u></p> <p>Version: As Amended: March 21, 2013</p>	<p><u>Income taxes: deduction: medical expenses.</u></p> <p>The Personal Income Tax Law defines gross income as all income from whatever source derived, unless specifically excluded. This bill would exclude from gross income \$_____ for qualified expenses, as defined, for specified medical expenses, as provided. This bill contains other related provisions.</p>	<p>Location: Assembly Revenue and Taxation</p> <p>Status: May 6, 2013: In committee: Set, first hearing. Hearing canceled at the request of author.</p> <p>Hearing Date: None set</p>
<p><u>AB 1082 (Williams)</u></p> <p>Version: As Amended: March 21, 2013</p>	<p><u>Employment records: report.</u></p> <p>Would require an employer who employs 50 or more full-time equivalent employees to annually report to the Employment Development Department specified information relating to the average number of hours each employee worked per week in a calendar year and whether those employees were enrolled in minimum essential coverage, as defined, under an eligible employer-sponsored health care plan.</p>	<p>Location: Assembly 2 year</p> <p>Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 1087 (Torres)</u></p> <p>Version: As Introduced: February 22, 2013</p>	<p><u>Medi-Cal: California's Bridge to Reform Demonstration.</u></p> <p>Current law requires the State Department of Health Care Services to seek a demonstration project or federal waiver of Medicaid law to implement specified objectives, which may include better care coordination for seniors, persons with disabilities, and children with special health care needs. This bill would make a technical, nonsubstantive change to these provisions.</p>	<p>Location: Assembly 2 year</p> <p>Status: May 10, 2013: Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/22/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 1129 (Gaines, Beth)</u></p> <p>Version: As Introduced: February 22, 2013</p>	<p><u>Income tax: health savings accounts.</u></p> <p>Would, for taxable years beginning on and after January 1, 2013, allow a deduction in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided. This bill contains other related provisions.</p>	<p>Location: Assembly Revenue and Taxation</p> <p>Status: May 13, 2013: In committee: Set, first hearing. Referred to REV. & TAX. suspense file. In committee: Set, first hearing. Held under submission.</p> <p>Hearing Date: None set</p>
<p><u>AB 1246 (Nestande)</u></p> <p>Version: As Amended: January 8, 2014</p>	<p><u>Legislature: health benefits coverage.</u></p> <p>Would provide that the only health benefit plans available to a Member of the Legislature who is elected to or serving in office on or after January 1, 2015, with respect to his or her service as a Member of the Legislature, are health benefit plans that are offered through the Exchange. The bill would require the state to reimburse the Member for the cost of coverage in an amount not to exceed the amount of the state employer's contribution for coverage for a Member as of December 31, 2014. This bill contains other existing laws.</p>	<p>Location: Assembly Rules</p> <p>Status: January 17, 2014: In committee: Set, first hearing. Failed passage.</p> <p>Hearing Date: None set</p>
<p><u>AB 1507 (Logue)</u></p>	<p><u>Health care coverage.</u></p>	<p>Location: Assembly Print</p>

<p>Version: As Introduced: January 14, 2014</p>	<p>Would allow an individual or small employer health benefit plan in effect on October 1, 2013, that does not qualify as a grandfathered health plan under PPACA to be renewed until October 1, 2014, and to continue to be in force until December 31, 2014. The bill would exempt an individual or small employer health benefit plan in effect on October 1, 2013, that does not qualify as a grandfathered health plan under PPACA and that is renewed between January 1, 2014, and October 1, 2014, from various provisions of state law that implement the PPACA reforms described above. The bill would require that these provisions be implemented only to the extent permitted by PPACA.</p>	<p>Status: January 15, 2014: From printer. May be heard in committee February 14.</p> <p>Hearing Date: None set</p>
<p><u>ACA 5 (Grove)</u></p> <p>Version: As Amended: January 7, 2014</p>	<p>Abortion: parental notification.</p> <p>This measure, which would be known as the Parental Notification, Child and Teen Safety, Stop Predators Act, would prohibit a physician and surgeon from performing an abortion on an unemancipated minor, as defined, unless the physician and surgeon or his or her agent has delivered written notice to the parent of the unemancipated minor, or until a waiver of that notice has been received from the parent or issued by a court pursuant to a prescribed process.</p>	<p>Location: Assembly Health</p> <p>Status: January 14, 2014: In committee: Set, first hearing. Failed passage.</p> <p>Hearing Date: None set</p>
<p><u>AJR 23 (Logue)</u></p> <p>Version: As Introduced: May 31, 2013</p>	<p>Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.</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 Patient Protection and Affordable Care Act and instead have those duties transferred to a separate board, created by and accountable to Congress.</p>	<p>Location: Assembly Health</p> <p>Status: August 13, 2013: In committee: Set, first hearing. Hearing canceled at the request of author.</p> <p>Hearing Date: None set</p>
<p><u>SB 18 (Hernandez)</u></p> <p>Version: As Amended: April 17, 2013</p>	<p>California Health Benefits Review Program: health insurance.</p> <p>Current law requests the University of California to establish the California Health Benefits Review Program to assess legislation proposing to mandate a benefit or service or to repeal a mandated benefit or service, and to prepare a written analysis with relevant data on specified areas, including public health, medical impacts, and financial impacts. This bill would include essential health benefits and the impact on the California Health Benefit Exchange in the areas to be reported on by the California Health Benefits Review Program.</p>	<p>Location: Assembly 2 year</p> <p>Status: August 16, 2013: Failed Deadline pursuant to Rule 61(a)(10) (ASM). (Last location was HEALTH on 5/20/2013)</p> <p>Hearing Date: None set</p>
<p><u>SB 22 (Beall)</u></p> <p>Version: As Amended: July 2, 2013</p>	<p>Health care coverage: mental health parity.</p> <p>Would, on or after October 1, 2014, require every health care service plan that provides hospital, medical, or surgical coverage, every specialized mental health care service plan that contracts with a health care service plan to provide mental health services, and every health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with specified state laws and the MHPAEA, except as provided. The bill would require the departments to collaborate with each other and consult with experts and stakeholders to create the standards for the form and content</p>	<p>Location: Assembly 2 year</p> <p>Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/14/2013)</p> <p>Hearing Date: None set</p>

	of those reports on or before July 1, 2014. This bill contains other related provisions and other existing laws.	
SB 163 (Hueso) Version: As Amended: April 25, 2013	<u>Developmental services: health insurance payments.</u> Would require a regional center to pay any applicable copayment, coinsurance, or deductible imposed by a health insurance policy or health care service plan for a service or support required by a consumer's IPP or IFSP, as specified. This bill would prohibit a regional center from imposing on the consumer or his or her family a share of cost for, or income requirements relating to, those payments, and from seeking reimbursement for those payments. This bill would require the department to establish appropriate application and documentation forms to implement those provisions.	Location: Senate 2 year Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/23/2013) Hearing Date: None set
SB 189 (Monning) Version: As Amended: May 8, 2013	<u>Health care coverage: wellness programs.</u> 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.	Location: Senate 2 year Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. on 5/20/2013) Hearing Date: None set
SB 280 (Lieu) Version: As Amended: January 6, 2014	<u>Insurance affordability programs: application form.</u> Current law requires the California Health and Human Services Agency, in consultation with specified entities, to establish a single, standardized, accessible application form and related renewal procedures for insurance affordability programs, as defined, in accordance with specified requirements. This bill would authorize the form to also include questions that are voluntary for applicants to answer regarding sexual orientation and gender identity or expression. The bill would, effective January 1, 2016, require the form to include questions that are voluntary for applicants to answer regarding those demographic data categories.	Location: Senate Appropriations Status: January 17, 2014: Set for hearing January 21. Hearing Date: 1/21/2014 11 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,
SB 320 (Beall) Version: As Amended: April 3, 2013	<u>Health care coverage: acquired brain injury.</u> Would prohibit a health care service plan contract or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2014, from denying coverage for medically necessary medical or rehabilitation treatment for an acquired brain injury at a facility within the plan's or insurer's network that is properly licensed and accredited at which appropriate services may be provided, including specified facilities such as a hospital or a long-term acute care hospital, except as provided. Because a willful violation of the bill's provisions by a health care service plan would be a crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	Location: Senate 2 year Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/23/2013) Hearing Date: None set
SB 351 (Hernandez)	<u>Health care coverage: hospital billing.</u>	Location: Senate 2 year

<p><u>Version:</u> As Amended: April 23, 2013</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 as described below. The bill would make a failure to provide that notification a felony or a misdemeanor. By expanding the definition of a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	<p>Status: May 24, 2013: Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/23/2013)</p> <p>Hearing Date: None set</p>
<p><u>SB 508 (Hernandez)</u></p> <p><u>Version:</u> As Amended: January 9, 2014</p>	<p><u>Medi-Cal: eligibility.</u></p> <p>Current law requires, with some exceptions, a Medi-Cal applicant's or beneficiary's income and resources be determined based on modified adjusted gross income (MAGI), as specified. Current law requires the State Department of Health Care Services to establish income eligibility thresholds for those eligibility groups whose eligibility will be determined using MAGI-based financial methods. This bill would codify the income eligibility thresholds established by the department and would make other related and conforming changes. This bill contains other related provisions and other existing laws.</p>	<p>Location: Senate Appropriations</p> <p>Status: January 17, 2014: Set for hearing January 21.</p> <p>Hearing Date: 1/21/2014 11 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,</p>
<p><u>SB 703 (Hernandez)</u></p> <p><u>Version:</u> As Introduced: February 22, 2013</p>	<p><u>Medi-Cal.</u></p> <p>Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. This bill would state the intent of the Legislature to enact legislation that would make necessary improvements to the Medi-Cal program.</p>	<p>Location: Senate 2 year</p> <p>Status: May 10, 2013: Failed Deadline pursuant to Rule 61(a)(3). (Last location was RLS. on 3/11/2013)</p> <p>Hearing Date: None set</p>
<p><u>SB 780 (Jackson)</u></p> <p><u>Version:</u> As Amended: May 8, 2013</p>	<p><u>Health care coverage.</u></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>Location: Senate Appropriations</p> <p>Status: January 17, 2014: Action: Set for hearing. Next hearing on 1/23/2014 in S. APPR..</p> <p>Hearing Date: 1/23/2014 Upon adjournment of session - Room 3191 SENATE APPROPRIATIONS, DE LEÓN, Chair,</p>
<p><u>SB 799 (Calderon)</u></p> <p><u>Version:</u> As Amended: May 8, 2013</p>	<p><u>Health care coverage: colorectal cancer: genetic testing and screening.</u></p> <p>Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2014, to provide coverage for genetic testing for hereditary nonpolyposis colorectal cancer (HNPCC) and annual screenings for colorectal cancer under specified circumstances. Because a willful violation of the bill's</p>	<p>Location: Senate Health</p> <p>Status: June 17, 2013: Set, first hearing. Hearing canceled at the request of author.</p> <p>Hearing Date: None set</p>

	requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	
<u>SB 841 (Cannella)</u> Version: As Introduced: January 7, 2014	<u>University of California: medical education.</u> Would express findings and declarations of the Legislature relating to the role of the University of California with respect to access to health care in the San Joaquin Valley. This bill contains other related provisions.	Location: Senate Print Status: January 8, 2014: From printer. May be acted upon on or after February 7. Hearing Date: None set
<u>SCR 75 (Galgiani)</u> Version: As Introduced: January 6, 2014	<u>Chronic obstructive pulmonary disease awareness.</u> This measure would encourage the State Department of Health Care Services, the State Department of Public Health, and other state entities to partner with chronic obstructive pulmonary disease (COPD) stakeholders to improve education regarding COPD in the course of implementing the statewide strategic plan. This bill contains other related provisions.	Location: Senate Rules Status: January 6, 2014: Introduced. Referred to Com. on RLS. Hearing Date: None set

Total Measures: 37

Total Tracking Forms: 37