

**COVERED CALIFORNIA
STATE LEGISLATIVE REPORT**

Bill Number	SUMMARY	BILL STATUS
<p><u>AB 209 (Pan)</u> Version: As Amended: April 9, 2013</p>	<p><u>Medi-Cal: managed care: quality, accessibility, and utilization.</u> 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 Status: September 13, 2013: Failed Deadline pursuant to Rule 61(a) (14). (Last location was INACTIVE FILE on 9/10/2013) Hearing Date: None set</p>
<p><u>AB 314 (Pan)</u> Version: As Amended: July 9, 2013</p>	<p><u>Health care coverage: self-funded student plans.</u> Current federal law, the federal Patient Protection and Affordable Care Act (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.</p>	<p>Location: Senate 2 year Status: July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was ED. on 7/9/2013) Hearing Date: None set</p>
<p><u>AB 369 (Pan)</u> Version: As Amended: February 18, 2014</p>	<p><u>Continuity of care.</u> 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.</p>	<p>Location: Senate Appropriations Status: February 18, 2014: Read second time and amended. Re-referred to Com. on APPR. Hearing Date: None set</p>
<p><u>AB 505 (Nazarian)</u> Version: As Amended: June 19, 2013</p>	<p><u>Medi-Cal: managed care: language assistance services.</u> Would require the State Department of Health Care Services to require all managed care plans contracting with the department to provide Medi-Cal</p>	<p>Location: Senate 2 year Status: September 13, 2013: Failed Deadline pursuant to Rule 61(a)</p>

	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.	(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 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.	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) Hearing Date: None set
AB 617 (Nazarian) Version: As Amended: August 13, 2013	California Health Benefit Exchange: appeals. 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.	Location: Senate 2 year Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. on 8/13/2013) Hearing Date: None set
AB 889 (Frazier) Version: As Amended: May 2, 2013	Health care coverage: prescription drugs. 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
AB 1124 (Muratsuchi) Version: As Amended: February 14, 2014	Medi-Cal: reimbursement rates. Current law exempts from compliance with a specified regulation laboratory providers reimbursed pursuant to any payment reductions implemented pursuant to these provisions for 21 months following the date of implementation of this reduction, and requires the State Department of Health Care Services to adopt emergency regulations by July 1, 2014. This bill would instead exempt these laboratory providers from compliance with the specified regulation until July 1, 2015, and would require the	Location: Senate Appropriations Status: February 14, 2014: Read second time and amended. Re-referred to Com. on APPR. Hearing Date: None set

	department to adopt emergency regulations by June 30, 2016. This bill contains other related provisions.	
<u>AB 1507 (Logue)</u> Version: As Introduced: January 14, 2014	<u>Health care coverage.</u> 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.	Location: Assembly Health Status: January 23, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>AB 1553 (Yamada)</u> Version: As Introduced: January 27, 2014	<u>Long-term care insurance: premium basis.</u> Would prohibit a long-term care insurance policy issued, amended, or renewed on or after January 1, 2015, from charging a different premium, price, or charge based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy. The term "sex" would be defined for these purposes to mean a person's gender, gender identity, and gender expression, as defined.	Location: Assembly Insurance Status: February 6, 2014: Referred to Com. on INS. Hearing Date: None set
<u>AB 1560 (Gorell)</u> Version: As Introduced: January 29, 2014	<u>California Health Benefit Exchange: confidentiality of personal information.</u> Would prohibit the Exchange from disclosing an individual's personal information, as defined, to 3rd parties for the purpose of determining eligibility for, or enrolling the individual in, health care coverage unless the Exchange obtains prior written consent, as prescribed. The bill would also require the Exchange to immediately notify the public of any breach of the security of personal information created, collected, or maintained by the Exchange, regardless of the severity of the breach. This bill contains other related provisions and other existing laws.	Location: Assembly Health Status: February 6, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>AB 1644 (Medina)</u> Version: As Introduced: February 11, 2014	<u>Medi-Cal: Drug Medi-Cal Program providers.</u> Would require a county or the State Department of Health Care Services, before contracting with a certified DMC provider, to obtain criminal background information to determine if the owner has been convicted of a felony or a crime involving fraud and to request subsequent arrest notification for those crimes. The bill would also limit the term of contracts with DMC providers to a maximum of 2 years.	Location: Assembly Print Status: February 12, 2014: From printer. May be heard in committee March 14. Hearing Date: None set
<u>AB 1759 (Pan)</u> Version: As Introduced: February 14, 2014	<u>Medi-Cal: reimbursement rates.</u> Current federal law requires the state to provide payment for primary care services furnished in the 2013 and 2014 calendar years by Medi-Cal providers with specified primary specialty designations at a rate not less than 100% of the payment rate that applies to those services and	Location: Assembly Print Status: February 18, 2014: From printer. May be heard in committee March 20.

	physicians under the Medicare Program. This bill would require that those payments continue indefinitely to the extent permitted by federal law but only to the extent that federal financial participation is available. The bill would authorize the State Department of Health Care Services to implement those provisions through provider bulletins without taking regulatory action until regulations are adopted and would require the department to adopt those regulations by July 1, 2017.	Hearing Date: None set
<u>AB 1771 (V. Manuel Pérez)</u> Version: As Introduced: February 14, 2014	<u>Telephonic and electronic patient management services.</u> Would require a health care service plan or a health insurer, with respect to contracts and policies issued, amended, or renewed on or after January 1, 2015, to cover physician telephonic and electronic patient management services and to reimburse those services at the same level and amount as face-to-face patient encounters with similar complexity and time expenditure. Because a willful violation of the bill's requirements by a health care service plan or health insurer would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	Location: Assembly Print Status: February 18, 2014: From printer. May be heard in committee March 20. Hearing Date: None set
<u>AB 1805 (Skinner)</u> Version: As Introduced: February 18, 2014	<u>Medi-Cal: reimbursement: provider payments.</u> Current law requires, except as otherwise provided, Medi-Cal provider payments to be reduced by 1% or 5%, and provider payments for specified non-Medi-Cal programs to be reduced by 1%, for dates of service on and after March 1, 2009, and until June 1, 2011. Current law requires, except as otherwise provided, Medi-Cal provider payments and payments for specified non-Medi-Cal programs to be reduced by 10% for dates of service on and after June 1, 2011. This bill would, instead, prohibit the application of those reductions for payments to providers for dates of service on or after June 1, 2011.	Location: Assembly Print Status: February 18, 2014: Read first time. To print. Hearing Date: None set
<u>AB 1814 (Waldron)</u> Version: As Introduced: February 18, 2014	<u>Medi-Cal.</u> The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Current law provides that it is the intent of the Legislature to provide, to the extent practicable, for health care for those aged and other persons who lack sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of care would jeopardize the person's or family's future minimum self-maintenance and security. This bill would make technical, nonsubstantive changes to these provisions.	Location: Assembly Print Status: February 18, 2014: Read first time. To print. Hearing Date: None set
<u>AB 1829 (Conway)</u> Version: As Introduced: February 18, 2014	<u>California Health Benefit Exchange: employees and contractors.</u> Would prohibit the board governing the California Health Benefit Exchange from hiring or contracting with a person, including an employee or prospective employee, who has been convicted of specified crimes if the person's duties would involve facilitating enrollment in qualified health plans or would give the person access to the financial or medical information of enrollees or potential enrollees of the Exchange. This bill contains other related provisions.	Location: Assembly Print Status: February 18, 2014: Read first time. To print. Hearing Date: None set

<p><u>AB 1830 (Conway)</u></p> <p>Version: As Introduced: February 18, 2014</p>	<p><u>California Health Benefit Exchange: confidentiality of personally identifiable information.</u></p> <p>Would, where the American Health Benefit Exchange creates or collects personally identifiable information for the purpose of determining eligibility for specified plans and programs, authorize the Exchange to use or disclose that information only to the extent necessary to carry out specified functions authorized under PPACA. The bill would prohibit a contractor, subcontractor, volunteer, or vendor of the Exchange who gains access to personally identifiable information in the course of fulfilling his, her, or its duties as a contractor, subcontractor, volunteer, or vendor from using or disclosing that information other than to the extent necessary to carry out those duties.</p>	<p>Location: Assembly Print</p> <p>Status: February 18, 2014: Read first time. To print.</p> <p>Hearing Date: None set</p>
<p><u>AB 1831 (Conway)</u></p> <p>Version: As Introduced: February 18, 2014</p>	<p><u>Personal income tax: deduction: medical insurance.</u></p> <p>Would, for taxable years beginning on or after January 1, 2014, allow a deduction from gross income under the Personal Income Tax Law for the amounts paid or incurred by a taxpayer during the taxable year for medical insurance for medical care, as defined, and for transportation for and essential to that medical care, as provided. The bill would not allow as an itemized deduction, and amount allowed as a deduction from gross income as provided in the bill. This bill contains other related provisions.</p>	<p>Location: Assembly Print</p> <p>Status: February 18, 2014: Read first time. To print.</p> <p>Hearing Date: None set</p>
<p><u>AJR 23 (Logue)</u></p> <p>Version: As Introduced: May 31, 2013</p>	<p><u>Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.</u></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: Hearing cancelled 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><u>California Health Benefits Review Program: health insurance.</u></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><u>Health care coverage: mental health parity.</u></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</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>

	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 of those reports on or before July 1, 2014. This bill contains other related provisions and other existing laws.	
<u>SB 361 (Padilla)</u> Version: As Amended: August 26, 2013	<u>Elections: voter registration.</u> Would require the Department of Motor Vehicles to ensure that any electronic system, as specified, under which a person may electronically submit on the Internet Web site of the Department of Motor Vehicles an application for the issuance or renewal of a driver's license or state identification card, or a change of address form, shall offer the person the opportunity to submit an electronic affidavit of voter registration, or to electronically update his or her voter registration information, on the Internet Web site of the Secretary of State. This bill contains other related provisions and other existing laws.	Location: Assembly 2 year Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/30/2013) Hearing Date: None set
<u>SB 508 (Hernandez)</u> Version: As Amended: January 9, 2014	<u>Medi-Cal: eligibility.</u> 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.	Location: Assembly Desk Status: January 27, 2014: In Assembly. Read first time. Held at Desk. Hearing Date: None set
<u>SB 780 (Jackson)</u> Version: As Amended: May 8, 2013	<u>Health care coverage.</u> 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.	Location: Assembly Desk Status: January 28, 2014: In Assembly. Read first time. Held at Desk. Hearing Date: None set
<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 Education Status: January 23, 2014: Referred to Com. on ED. Hearing Date: None set
<u>SB 932 (Anderson)</u>	<u>General acute care hospitals: supplemental or special services.</u>	Location: Senate Print

<p>Version: As Introduced: February 3, 2014</p>	<p>Current law provides for the licensure and regulation of health facilities, including general acute care hospitals, by the State Department of Public Health. Current law prohibits a general acute care hospital, as defined, from holding itself out as providing a service that requires a supplemental or special service unless the hospital has first obtained approval from the department to operate that service. This bill would make technical, nonsubstantive changes to those provisions.</p>	<p>Status: February 4, 2014: From printer. May be acted upon on or after March 6.</p> <p>Hearing Date: None set</p>
<p><u>SB 959 (Hernandez)</u></p> <p>Version: As Introduced: February 6, 2014</p>	<p>Health care coverage: small group and individual markets: single risk pool: index rate.</p> <p>PPACA requires that the index rate be adjusted based on Exchange user fees and expected payments and charges under certain risk adjustment and reinsurance programs. This bill would require that the index rate also be adjusted based on Exchange user fees, as specified under PPACA. Because a willful violation of this requirement 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: Senate Print</p> <p>Status: February 7, 2014: From printer. May be acted upon on or after March 9.</p> <p>Hearing Date: None set</p>
<p><u>SB 964 (Hernandez)</u></p> <p>Version: As Introduced: February 10, 2014</p>	<p>Health care service plans: medical surveys.</p> <p>Would specify that a plan that provides services solely to Medi-Cal beneficiaries is not exempt from the medical survey with respect to quality management, utilization review, timely access, network adequacy, and any other requirements related to access and availability, except as specified. The bill would require a plan that provides services to Medi-Cal beneficiaries, except for a plan that serves Medi-Cal beneficiaries exclusively, and a plan that provides services to enrollees in the California Health Benefit Exchange to be surveyed separately with respect to those products.</p>	<p>Location: Senate Print</p> <p>Status: February 11, 2014: From printer. May be acted upon on or after March 13.</p> <p>Hearing Date: None set</p>
<p><u>SB 972 (Torres)</u></p> <p>Version: As Introduced: February 10, 2014</p>	<p>California Health Benefit Exchange: board: membership.</p> <p>Current law created the California Health Benefit Exchange (Exchange) as an independent public entity in the state government, not affiliated with an agency or department. The Exchange is governed by an executive board consisting of 5 members who are residents of California. This bill would increase the number of board members from 5 to 7, with the 2 additional board members being appointed by the Governor. The bill would also add marketing of health insurance products, information technology system management, management information systems, and consumer service delivery research and best practices to the list of areas of expertise.</p>	<p>Location: Senate Print</p> <p>Status: February 11, 2014: From printer. May be acted upon on or after March 13.</p> <p>Hearing Date: None set</p>
<p><u>SB 974 (Anderson)</u></p> <p>Version: As Introduced: February 11, 2014</p>	<p>California Health Benefit Exchange: confidentiality of personal information.</p> <p>Would prohibit the Exchange, or any of its employees, agents, subcontractors, representatives, or partners from disclosing an individual's personal information, as defined, to any other person or entity without explicit permission from the individual. The bill would also require the Exchange to report a disclosure of personal information in violation of these provisions to the individuals affected and to the appropriate policy</p>	<p>Location: Senate Print</p> <p>Status: February 12, 2014: From printer. May be acted upon on or after March 14.</p> <p>Hearing Date: None set</p>

	committees of the Legislature within 5 business days of the date the disclosure is discovered. This bill contains other related provisions and other existing laws.	
<u>SB 986 (Hernandez)</u> Version: As Introduced: February 11, 2014	<u>Medi-Cal: managed care: seniors and persons with disabilities.</u> Would require the State Department of Health Care Services to ensure that the managed care health plans participating in the demonstration project provide timely access to out-of-network providers for new individual members and fully comply with the continuity of care requirements.	Location: Senate Print Status: February 12, 2014: From printer. May be acted upon on or after March 14. Hearing Date: None set
<u>SB 1002 (De León)</u> Version: As Introduced: February 13, 2014	<u>Medi-Cal: redetermination.</u> Would require a county, when a redetermination is performed due to a change in circumstances, and the county received the information about the change in circumstance in a CalFresh application, or gathered the information about the change in circumstances during a CalFresh redetermination, and the beneficiary is determined eligible to receive CalFresh benefits, to begin the new 12-month eligibility period on a date that would align the beneficiary's Medi-Cal eligibility period with his or her household CalFresh certification period. The bill would also require the county, in certain circumstances, to begin a new 12-month Medi-Cal eligibility period that would align a beneficiary's eligibility period with his or her CalFresh household certification period.	Location: Senate Print Status: February 14, 2014: From printer. May be acted upon on or after March 16. Hearing Date: None set
<u>SB 1005 (Lara)</u> Version: As Introduced: February 13, 2014	<u>Health care coverage: immigration status.</u> Would create the California Health Exchange Program For All Californians within state government and would require that the program be governed by the executive board that governs the California Health Benefit Exchange. The bill would specify the duties of the board relative to the program and would require the board to, by January 1, 2016, facilitate the enrollment into qualified health plans of individuals who are not eligible for full-scope Medi-Cal coverage and would have been eligible to purchase coverage through the Exchange but for their immigration status. .	Location: Senate Print Status: February 14, 2014: From printer. May be acted upon on or after March 16. Hearing Date: None set
<u>SB 1011 (Monning)</u> Version: As Introduced: February 13, 2014	<u>Nonprofit corporations: self-insurance.</u> The Nonprofit Corporation Law authorizes certain nonprofit corporations that are organized chiefly to provide health or human services, other than hospitals, to establish an insurance pool to self-insure against various risks, including, among others, tort liability and any loss arising from physical damage to motor vehicles owned or operated by the nonprofit corporation. This bill would extend these provisions to authorize the establishment of an insurance pool to self-insure against the loss or damage to property of every kind, including, but not limited to, losses and expenses related to the loss of property.	Location: Senate Print Status: February 14, 2014: From printer. May be acted upon on or after March 16. Hearing Date: None set
<u>SB 1034 (Monning)</u> Version: As Introduced: February	<u>Health care coverage: waiting periods.</u> The federal Patient Protection and Affordable Care Act prohibits a group	Location: Senate Print Status: February 18, 2014: From

14, 2014	health plan and a health insurance issuer offering group health insurance coverage from applying a waiting period that exceeds 90 days. This bill would prohibit those group contracts and policies from imposing any waiting or affiliation period, as defined, and would make related conforming changes. Because a willful violation of the bill's 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.	printer. May be acted upon on or after March 20. Hearing Date: None set
SB 1045 (Beall) Version: As Introduced: February 18, 2014	<u>Medi-Cal Drug Treatment Program: group outpatient drug free services.</u> Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. This bill would require a group to consist of a minimum of 2 individuals, at least one of which is a Medi-Cal eligible beneficiary. This bill contains other current laws.	Location: Senate Print Status: February 18, 2014: Introduced. Read first time. To Com. on RLS. for assignment. To print. Hearing Date: None set
SB 1052 (Torres) Version: As Introduced: February 18, 2014	<u>California Health Benefit Exchange: annual report.</u> Current law requires the board of the California Health Benefit Exchange to annually prepare a written report on the implementation and performance of the Exchange functions during the preceding fiscal year, as specified, and requires that this report be submitted to the Legislature and the Governor and be made available to the public on the Internet Web site of the Exchange. This bill, in addition, would require the report to include the total number of uninsured Californians as a percentage of the state population and an independent evaluation of the marketing and outreach and enrollment activities undertaken by the Exchange.	Location: Senate Print Status: February 18, 2014: Introduced. Read first time. To Com. on RLS. for assignment. To print. Hearing Date: None set
SB 1053 (Mitchell) Version: As Introduced: February 18, 2014	<u>Health care coverage: contraceptives.</u> Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, to provide coverage for all FDA approved contraceptive drugs, devices, and products in each contraceptive category outlined by the FDA, as well as sterilization procedures and contraceptive education and counseling, and would prohibit a plan or insurer from engaging in unreasonable medical management, as defined, in providing that coverage. This bill contains other related provisions and other existing laws.	Location: Senate Print Status: February 18, 2014: Introduced. Read first time. To Com. on RLS. for assignment. To print. Hearing Date: None set

Total Measures: 39
Total Tracking Forms: 39