

**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 Enrolled: March 12, 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: Assembly Enrollment Status: March 10, 2014: Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 74. Noes 0.). 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: Assembly Appropriations Status: March 11, 2014: Re-referred to Com. on APPR. by unanimous consent. Hearing Date: 3/17/2014 Upon call of the Chair - State Capitol, Room 3162

	department to adopt emergency regulations by June 30, 2016. This bill contains other related provisions.	ASSEMBLY APPROPRIATIONS, GATTO, Chair,
<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 Amended: March 5, 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 and regardless of whether personal information was acquired by an unauthorized person during the breach. This bill contains other related provisions and other existing laws.	Location: Assembly Health Status: March 6, 2014: Re-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 Health Status: February 20, 2014: Referred to Com. on HEALTH. Hearing Date: 3/25/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<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	Location: Assembly Health Status: February 27, 2014: Referred to Com. on HEALTH.

	<p>providers with specified primary specialty designations at a rate not less than 100% of the payment rate that applies to those services and 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.</p>	<p>Hearing Date: None set</p>
<p><u>AB 1771 (V. Manuel Pérez)</u></p> <p>Version: As Amended: March 11, 2014</p>	<p><u>Telephonic and electronic patient management services.</u></p> <p>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.</p>	<p>Location: Assembly Health</p> <p>Status: March 12, 2014: Re-referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 1805 (Skinner)</u></p> <p>Version: As Introduced: February 18, 2014</p>	<p><u>Medi-Cal: reimbursement: provider payments.</u></p> <p>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.</p>	<p>Location: Assembly Health</p> <p>Status: February 27, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 1814 (Waldron)</u></p> <p>Version: As Introduced: February 18, 2014</p>	<p><u>Medi-Cal.</u></p> <p>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.</p>	<p>Location: Assembly Print</p> <p>Status: February 19, 2014: From printer. May be heard in committee March 21.</p> <p>Hearing Date: None set</p>
<p><u>AB 1829 (Conway)</u></p> <p>Version: As Introduced: February 18, 2014</p>	<p><u>California Health Benefit Exchange: employees and contractors.</u></p> <p>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</p>	<p>Location: Assembly Health</p> <p>Status: February 27, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>

	enrollees or potential enrollees of the Exchange. This bill contains other related provisions.	
<u>AB 1830 (Conway)</u> Version: As Introduced: February 18, 2014	<u>California Health Benefit Exchange: confidentiality of personally identifiable information.</u> 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.	Location: Assembly Health Status: February 27, 2014: Referred to Com. on HEALTH and JUD. Hearing Date: None set
<u>AB 1831 (Conway)</u> Version: As Introduced: February 18, 2014	<u>Personal income tax: deduction: medical insurance.</u> 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.	Location: Assembly Revenue and Taxation Status: February 27, 2014: Referred to Com. on REV. & TAX. Hearing Date: None set
<u>AB 1877 (Cooley)</u> Version: As Introduced: February 19, 2014	<u>California Vision Care Access Council.</u> Would establish the California Vision Care Access Council within state government and would require that the Council be governed by a board composed of 5 members appointed by the Governor and the Legislature, as specified. This bill would require the Council to construct, manage, and maintain a marketplace for the purchase of vision plans through participating carriers by qualified individuals and qualified employers and would require the Council to work with the Exchange to establish a direct link between the Internet Web site of the Exchange and the Internet Web site of the Council in order to connect consumers of the Exchange to the marketplace established by the Council.	Location: Assembly Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>AB 1917 (Gordon)</u> Version: As Introduced: February 19, 2014	<u>Outpatient prescription drugs: cost sharing.</u> PPACA requires each state to establish an American Health Benefits Exchange for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans and provides reduced cost sharing for certain low-income individuals who enroll in a qualified health plan in the silver level of coverage through the Exchange. This bill would provide that no reimbursement is required by this act for a specified reason. This bill contains other existing laws.	Location: Assembly Health Status: March 3, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>AB 1962 (Skinner)</u> Version: As Introduced: February	<u>Dental plans: medical loss ratios: rebates.</u> Would require specialized dental health care service plan contracts and	Location: Assembly Health Status: March 3, 2014: Referred to

19, 2014	specialized dental health insurance policies to comply with parallel requirements. The bill would authorize the departments to adopt regulations implementing these provisions and would require that those regulations parallel the regulations adopted with respect to full-service plan contracts and policies. 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.	Com. on HEALTH. Hearing Date: None set
<u>AB 2025 (Dickinson)</u> Version: As Introduced: February 20, 2014	<u>Medi-Cal: program for aged and disabled persons.</u> Current law requires the State Department of Health Care Services to exercise its option under federal law to implement a program for aged and disabled person, as described. Current law provides that an individual under these provisions shall satisfy certain financial eligibility requirements, including, among other things, that his or her countable income does not exceed an income standard equal to 100% of the applicable federal poverty level, plus \$230 for an individual, or \$310 in the case of a couple, as prescribed. This bill would instead provide that the individual's countable income shall not exceed an income standard equal to 138% of the applicable federal poverty level.	Location: Assembly Health Status: March 3, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>AB 2088 (Hernández, Roger)</u> Version: As Introduced: February 20, 2014	<u>Health insurance: minimum value: specified disease and hospital confinement policies.</u> PPACA specifies that this premium assistance is not available if the individual is eligible for affordable employer-sponsored coverage that provides minimum value, as specified. This bill would extend that requirement to an insurer issuing a policy of specified disease or hospital confinement indemnity or a policy that does not provide 60% minimum value in the large group market. The bill would require an insurer issuing those policies in the large group market to file a certification with the commissioner stating that the policies are being offered or marketed as supplemental health insurance and not as a substitute for minimum essential coverage.	Location: Assembly Print Status: February 21, 2014: From printer. May be heard in committee March 23. Hearing Date: None set
<u>AB 2367 (Donnelly)</u> Version: As Introduced: February 21, 2014	<u>Personal income taxes: credits: health care coverage.</u> Would, for taxable years beginning on or after January 1, 2014, and before January 1, _____, would allow a credit equal to the difference between the annual premium amount paid or incurred during the taxable year for an individual health care service plan contract or individual policy of health insurance and the annual premium amount paid or incurred prior to March 31, 2014, for such an individual plan contract or policy by a qualified taxpayer, which is defined as an individual whose individual plan contract or policy was canceled between during a specified time period, and who purchased a new individual plan contract or policy and paid or incurred an annual premium amount that exceeded the annual premium amount paid or incurred prior to the cancellation of his or her individual plan contract or policy.	Location: Assembly Revenue and Taxation Status: March 10, 2014: Referred to Com. on REV. & TAX. Hearing Date: None set
<u>AB 2375 (Dababneh)</u>	<u>California Health Benefit Exchange: navigators.</u>	Location: Assembly Health

<p>Version: As Introduced: February 21, 2014</p>	<p>Current law requires the board governing the Exchange to establish the navigator program, and to select and set performance standards and compensation for navigators. This bill would require the board to ensure that the performance standards selected for navigators are not so burdensome as to prevent a qualified entity from applying.</p>	<p>Status: March 10, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 2400 (Ridley-Thomas)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Health care coverage: physician contracts.</p> <p>Would prohibit a contract between a physician or physician group with a health care service plan or health insurer, that is issued, amended, delivered, or renewed in this state on or after January 1, 2015, from including any provision that requires a physician, as a condition of entering into the contract, to participate in any product that provides different rates, methods of payment, or lines of business unless that participation is negotiated and agreed to between the health care service plan or health insurer and the physician.</p>	<p>Location: Assembly Health</p> <p>Status: March 10, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 2418 (Bonilla)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Health care coverage: prescription drug refills.</p> <p>Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides prescription drug benefits and imposes a mandatory mail order restriction for all or some covered prescription drugs to establish a process allowing enrollees and insureds to opt out of the restriction, as specified. This bill contains other related provisions and other existing laws.</p>	<p>Location: Assembly Health</p> <p>Status: March 10, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 2433 (Mansoor)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Health care coverage: catastrophic plans.</p> <p>PPACA exempts from specified requirements a catastrophic plan that meets specified requirements and is sold only to an individual under 30 years of age or an individual who is exempt from the PPACA requirement to obtain minimum coverage because he or she cannot afford coverage or has suffered a hardship, as specified. The bill would, to the extent permitted by PPACA, require that an individual be deemed to face hardship for purposes of this provision if his or her coverage was withdrawn from the market between December 1, 2013, and March 31, 2014, as specified.</p>	<p>Location: Assembly Health</p> <p>Status: March 10, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 2456 (Melendez)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Health care.</p> <p>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 Exchange to, if necessary, develop a process for consulting with contractors or other responsible entities and stakeholders to develop information related to performance standards and program performance.</p>	<p>Location: Assembly Health</p> <p>Status: March 10, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 2601 (Morrell)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>California Health Benefit Exchange: appeals.</p> <p>The Exchange is governed by an executive board consisting of 5 members. Current law requires the board to establish an appeal process for</p>	<p>Location: Assembly Print</p> <p>Status: February 24, 2014: Read first time.</p>

	prospective and current enrollees of the Exchange that complies with all requirements of the federal Patient Protection and Affordable Care Act concerning the role of a state Exchange in facilitating federal appeals of Exchange-related determinations. This bill would make technical, nonsubstantive changes to these provisions.	Hearing Date: None set
<u>AJR 23 (Logue)</u> Version: As Introduced: May 31, 2013	<u>Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.</u> 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.	Location: Assembly Health Status: August 13, 2013: In committee: Hearing cancelled at the request of author. Hearing Date: None set
<u>SB 18 (Hernandez)</u> Version: As Amended: April 17, 2013	<u>California Health Benefits Review Program: health insurance.</u> 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.	Location: Assembly 2 year Status: August 16, 2013: Failed Deadline pursuant to Rule 61(a)(10) (ASM). (Last location was HEALTH on 5/20/2013) Hearing Date: None set
<u>SB 22 (Beall)</u> Version: As Amended: July 2, 2013	<u>Health care coverage: mental health parity.</u> 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 of those reports on or before July 1, 2014. 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 8/14/2013) Hearing Date: None set
<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

<p><u>SB 508 (Hernandez)</u></p> <p>Version: 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: Assembly Desk</p> <p>Status: January 27, 2014: In Assembly. Read first time. Held at Desk.</p> <p>Hearing Date: None set</p>
<p><u>SB 780 (Jackson)</u></p> <p>Version: 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: Assembly Desk</p> <p>Status: January 28, 2014: In Assembly. Read first time. Held at Desk.</p> <p>Hearing Date: None set</p>
<p><u>SB 841 (Cannella)</u></p> <p>Version: As Introduced: January 7, 2014</p>	<p><u>University of California: medical education.</u></p> <p>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.</p>	<p>Location: Senate Education</p> <p>Status: March 7, 2014: Set for hearing March 19.</p> <p>Hearing Date: 3/19/2014 9 a.m. - John L. Burton Hearing Room (4203) SENATE EDUCATION, LIU, Chair,</p>
<p><u>SB 917 (Gaines)</u></p> <p>Version: As Amended: March 6, 2014</p>	<p><u>Health care coverage: provider information.</u></p> <p>Current law, with some exceptions, requires a health care service plan or disability insurer, as defined, to, on or before July 1, 2001, include a specified statement at the beginning of each provider directory. This bill would additionally require health care service plans and disability insurers to include a statement that states, among other things, that the information in the directory is subject to change. The bill would also make other conforming and technical changes. This bill contains other related provisions and other existing laws.</p>	<p>Location: Senate Rules</p> <p>Status: March 10, 2014: Withdrawn from committee. Re-referred to Com. on RLS.</p> <p>Hearing Date: None set</p>
<p><u>SB 932 (Anderson)</u></p> <p>Version: As Introduced: February 3, 2014</p>	<p><u>General acute care hospitals: supplemental or special services.</u></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</p>	<p>Location: Senate Rules</p> <p>Status: February 20, 2014: Referred to Com. on RLS.</p>

	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.	Hearing Date: None set
<u>SB 959 (Hernandez)</u> Version: As Introduced: February 6, 2014	<u>Health care coverage: small group and individual markets: single risk pool: index rate.</u> 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.	Location: Senate Health Status: February 20, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 964 (Hernandez)</u> Version: As Introduced: February 10, 2014	<u>Health care service plans: medical surveys.</u> 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.	Location: Senate Health Status: February 20, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 972 (Torres)</u> Version: As Introduced: February 10, 2014	<u>California Health Benefit Exchange: board: membership.</u> 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.	Location: Senate Health Status: February 20, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 974 (Anderson)</u> Version: As Introduced: February 11, 2014	<u>California Health Benefit Exchange: confidentiality of personal information.</u> 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 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.	Location: Senate Health Status: February 20, 2014: Referred to Coms. on HEALTH and JUD. Hearing Date: None set

<p><u>SB 986 (Hernandez)</u></p> <p>Version: As Introduced: February 11, 2014</p>	<p><u>Medi-Cal: managed care: seniors and persons with disabilities.</u></p> <p>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.</p>	<p>Location: Senate Health</p> <p>Status: February 20, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>SB 1002 (De León)</u></p> <p>Version: As Introduced: February 13, 2014</p>	<p><u>Medi-Cal: redetermination.</u></p> <p>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.</p>	<p>Location: Senate Health</p> <p>Status: March 11, 2014: Set for hearing March 26.</p> <p>Hearing Date: 3/26/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1005 (Lara)</u></p> <p>Version: As Introduced: February 13, 2014</p>	<p><u>Health care coverage: immigration status.</u></p> <p>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. .</p>	<p>Location: Senate Health</p> <p>Status: February 27, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>SB 1011 (Monning)</u></p> <p>Version: As Introduced: February 13, 2014</p>	<p><u>Nonprofit corporations: self-insurance.</u></p> <p>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.</p>	<p>Location: Senate Insurance</p> <p>Status: March 12, 2014: Set for hearing April 9.</p> <p>Hearing Date: 4/9/2014 1:30 p.m. - Room 112 SENATE INSURANCE, MONNING, Chair,</p>
<p><u>SB 1034 (Monning)</u></p> <p>Version: As Introduced: February 14, 2014</p>	<p><u>Health care coverage: waiting periods.</u></p> <p>The federal Patient Protection and Affordable Care Act prohibits a group 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</p>	<p>Location: Senate Health</p> <p>Status: February 27, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>

	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.	
<u>SB 1045 (Beall)</u> 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 Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 1052 (Torres)</u> 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 Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 1053 (Mitchell)</u> 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 Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 1100 (Hernandez)</u> Version: As Introduced: February 19, 2014	<u>Continuity of care.</u> Would require a health care service plan to include notice of the process to obtain continuity of care in every evidence of coverage issued after January 1, 2015. The bill would also require a plan to provide a written copy of this information to its contracting providers and provider groups, as well as a copy to its enrollees upon request. The bill would make other technical changes to the provisions governing health insurers and continuity of care. This bill contains other related provisions and other existing laws.	Location: Senate Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 1124 (Hernandez)</u> Version: As Introduced: February 19, 2014	<u>Health care service plans.</u> Current law requires that every group health care service plan contract, issued, amended, or renewed, include a provision requiring the health care service plan to notify the group contractholders in writing of the cancellation of the plan contract and shall include in their contract with group	Location: Senate Health Status: February 27, 2014: Referred to Com. on HEALTH. Hearing Date: None set

	<p>contractholders a provision requiring the group contractholder to mail promptly to each subscriber a legible, true copy of any notice of cancellation of the plan contract that may be received from the plan and to provide promptly to the plan proof of that mailing and the date of that mailing. This bill would authorize those contract provisions to allow those mailings to be made by email.</p>	
<p><u>SB 1176 (Steinberg)</u></p> <p>Version: As Introduced: February 20, 2014</p>	<p><u>Health care coverage: consumer notice.</u></p> <p>Would declare the intent of the Legislature to enact legislation that would require private health care service plans and health insurance companies to notify a consumer when that individual has achieved the maximum limits related to his or her copay, coinsurance, and deductible as stipulated in the consumer's contract.</p>	<p>Location: Senate Rules</p> <p>Status: March 6, 2014: Referred to Com. on RLS.</p> <p>Hearing Date: None set</p>
<p><u>SB 1182 (Leno)</u></p> <p>Version: As Introduced: February 20, 2014</p>	<p><u>Health care coverage: rate review.</u></p> <p>Current law allows a health care service plan that exclusively contracts with no more than 2 medical groups to provide or arrange for professional medical services for enrollees of the plan to meet this requirement by disclosing its actual trend experience for the prior year using benefit categories that are the same or similar to those used by other plans. This bill would specify the benefit categories to be used for that purpose and would make other related changes. This bill contains other related provisions and other existing laws.</p>	<p>Location: Senate Health</p> <p>Status: March 6, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>SB 1215 (Hernandez)</u></p> <p>Version: As Introduced: February 20, 2014</p>	<p><u>Health care coverage.</u></p> <p>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. Among other things, PPACA 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 correct erroneous references in those provisions. This bill contains other current laws.</p>	<p>Location: Senate Health</p> <p>Status: March 6, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>SB 1241 (Leno)</u></p> <p>Version: As Introduced: February 20, 2014</p>	<p><u>Health care coverage: marketplace transparency.</u></p> <p>Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a plan or insurer to provide certain disclosures of the benefits, services, and terms of a contract or policy. This bill would declare the intent of the Legislature to enact legislation to increase transparency in the health care service plan contract and health insurance policy marketplace.</p>	<p>Location: Senate Rules</p> <p>Status: March 6, 2014: Referred to Com. on RLS.</p> <p>Hearing Date: None set</p>
<p><u>SB 1341 (Mitchell)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p><u>Medi-Cal: Statewide Automated Welfare System.</u></p> <p>Would require the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would, notwithstanding this provision,</p>	<p>Location: Senate Print</p> <p>Status: February 24, 2014: Read first time.</p>

	authorize the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to house the business rules necessary for an eligibility determination to be made, as specified, pursuant to the federal Patient Protection and Affordable Care Act. This bill contains other related provisions.	Hearing Date: None set
<u>SB 1376 (Gaines)</u> Version: As Introduced: February 21, 2014	<u>Personal income taxes: credit: health care coverage.</u> Would, for taxable years beginning on or after January 1, 2014, and before January 1, 2016, allow a credit equal to 50% of the annual premium amount paid or incurred for an individual health care service plan contract or individual policy of health insurance during the taxable year by a qualified taxpayer, which is defined as an individual whose individual health care service plan contract or individual policy of health insurance was canceled between December 31, 2013, and December 31, 2014, inclusive, and, with respect to the purchase of a new individual plan contract or policy, the individual was not eligible for a federal subsidy or a federal health care tax credit, as specified.	Location: Senate Print Status: February 24, 2014: Read first time. Hearing Date: None set
<u>SB 1452 (Wolk)</u> Version: As Introduced: February 21, 2014	<u>Medi-Cal: managed care.</u> Would, to the extent permitted by federal law, provide that a Medi-Cal beneficiary for whom a conservator has been appointed under the Lanterman-Petris-Short Act shall be exempt from mandatory enrollment in a managed care plan under the Medi-Cal program.	Location: Senate Print Status: February 24, 2014: Read first time. Hearing Date: None set

Total Measures: 61

Total Tracking Forms: 61