

**COVERED CALIFORNIA
STATE LEGISLATIVE REPORT
April 17, 2014**

Bill Number	SUMMARY	BILL STATUS
<p>AB 209 (Pan) <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 314 (Pan) <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 (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</p> <p>Status: July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was ED. on 7/9/2013)</p> <p>Hearing Date: None set</p>
<p>AB 369 (Pan) <u>Version:</u> As Chaptered: March 20, 2014</p>	<p><u>Continuity of care.</u></p> <p>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 Chaptered</p> <p>Status: March 20, 2014: Chaptered by Secretary of State - Chapter 4, Statutes of 2014.</p> <p>Hearing Date: None set</p>
<p>AB 505 (Nazarian)</p>	<p><u>Medi-Cal: managed care: language assistance services.</u></p>	<p>Location: Senate 2 year</p>

<p>Version: As Amended: June 19, 2013</p>	<p>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.</p>	<p>Status: September 13, 2013: Failed Deadline pursuant to Rule 61(a) (14). (Last location was INACTIVE FILE on 8/12/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 578 (Dickinson)</u></p> <p>Version: As Amended: May 24, 2013</p>	<p>Health care.</p> <p>Would require that the Director of the Department of Managed Care or Insurance Commissioner publish a notice, upon receiving an application from a first time health care service plan applicant or health insurer applicant, that would include information regarding the applicant and nature of the application, as specified. The bill would also require the departments to allow comments to be submitted through the departments' Internet Web sites. The bill would require the director or commissioner to solicit , review, and consider public comments, as specified, and hold at least one public hearing if comments are received, prior to approving an application.</p>	<p>Location: Senate 2 year</p> <p>Status: July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was HEALTH on 6/13/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 617 (Nazarian)</u></p> <p>Version: As Amended: August 13, 2013</p>	<p>California Health Benefit Exchange: appeals.</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 889 (Frazier)</u></p> <p>Version: As Amended: May 2, 2013</p>	<p>Health care coverage: prescription drugs.</p> <p>Would authorize health care service plans and health insurers to require step therapy, as defined, when more than one drug is appropriate for the treatment of a medical condition, subject to specified requirements . The bill would require a plan or insurer that requires step therapy to have an expeditious process in place to authorize exceptions to step therapy when medically necessary and to conform effectively and efficiently with continuity of care requirements. The bill would specify that these provisions would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, dental-only, or vision-only contracts or policies. This bill contains other related provisions and other existing laws.</p>	<p>Location: Senate 2 year</p> <p>Status: August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/13/2013)</p> <p>Hearing Date: None set</p>
<p><u>AB 1124 (Muratsuchi)</u></p> <p>Version: As Chaptered: March 28, 2014</p>	<p>Medi-Cal: reimbursement rates.</p> <p>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</p>	<p>Location: Assembly Chaptered</p> <p>Status: March 28, 2014: Chaptered by the Secretary of State, Chapter Number 8, Statutes of 2014</p> <p>Hearing Date: None set</p>

	bill would instead exempt these laboratory providers from compliance with the specified regulation until July 1, 2015, and would require the 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: April 8, 2014: In committee: Hearing postponed by committee. Hearing Date: 4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<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: April 2, 2014: In committee: Hearing postponed by committee. Hearing Date: 5/7/2014 9 a.m. - State Capitol, Room 437 ASSEMBLY INSURANCE, PEREA, Chair,
<u>AB 1560 (Gorell)</u> Version: As Amended: April 2, 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, prior to the disclosure, the individual confirms his or her eligibility for a qualified health plan offered by the Exchange, and receives an estimate for the cost of the qualified health plans he or she may purchase, and the Exchange obtains the individual's written consent to the disclosure, as prescribed.	Location: Assembly Health Status: April 8, 2014: In committee: Set, first hearing. Hearing canceled at the request of author. Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 1644 (Medina)</u> Version: As Amended: April 10, 2014	<u>Medi-Cal: Drug Medi-Cal Program providers.</u> Would designate all DMC Treatment Program providers as "high" categorical risk and would make them subject to background checks, as provided. The bill would authorize the State Department of Health Care Services, on and after January 1, 2018, to designate a DMC Treatment Program provider as "limited" or "moderate" categorical risk and, if it does so, would require the department to execute a declaration, to be posted on the department's Internet Web site, that states the reason that a "high" categorical risk designation is no longer warranted. The bill would require the department to transmit a copy of the declaration to the Legislature .	Location: Assembly Appropriations Status: April 10, 2014: Read second time and amended. Hearing Date: None set
<u>AB 1710 (Dickinson)</u>	<u>Personal information: privacy.</u>	Location: Assembly Judiciary

<p><u>Version:</u> As Amended: March 28, 2014</p>	<p>Would require a person or business conducting business in California that owns or licenses computerized or noncomputerized data that contains personal information to disclose, as specified, a breach of the security of the system or data following discovery or notification of the security breach to any California resident whose personal information was, or is reasonably believed to have been, acquired by an unauthorized person. This bill contains other related provisions and other existing laws.</p>	<p>Status: April 1, 2014: Re-referred to Com. on JUD.</p> <p>Hearing Date: 4/22/2014 8 a.m. - State Capitol, Room 4202 ASSEMBLY JUDICIARY, WIECKOWSKI, Chair,</p>
<p><u>AB 1759 (Pan)</u></p> <p><u>Version:</u> As Amended: March 25, 2014</p>	<p><u>Medi-Cal: reimbursement rates.</u></p> <p>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 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 and would also require that those payments be made to other providers identified in federal law as eligible for the increased reimbursement .</p>	<p>Location: Assembly Health</p> <p>Status: March 26, 2014: Re-referred to Com. on HEALTH.</p> <p>Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 1771 (V. Manuel Pérez)</u></p> <p><u>Version:</u> 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: 4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 1805 (Skinner)</u></p> <p><u>Version:</u> As Amended: April 7, 2014</p>	<p><u>Medi-Cal: reimbursement: provider payments.</u></p> <p>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: April 8, 2014: Re-referred to Com. on HEALTH.</p> <p>Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 1814 (Waldron)</u></p> <p><u>Version:</u> As Amended: March 28, 2014</p>	<p><u>Prescriber Prevails Act.</u></p> <p>Would, to the extent permitted by federal law, provide that drugs in specified therapeutic drug classes that are prescribed by a Medi-Cal beneficiary's treating provider are covered Medi-Cal benefits. The bill would require, except as specified, that a Medi-Cal managed care plan cover the drug upon demonstration by the provider that the drug is medically necessary and consistent with federal rules and regulations for labeling and use, as specified.</p>	<p>Location: Assembly Health</p> <p>Status: April 1, 2014: Re-referred to Com. on HEALTH.</p> <p>Hearing Date: 4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 1829 (Conway)</u></p>	<p><u>California Health Benefit Exchange: employees and contractors.</u></p>	<p>Location: Assembly Health</p>

<p>Version: As Introduced: February 18, 2014</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 enrollees or potential enrollees of the Exchange. This bill contains other related provisions.</p>	<p>Status: February 27, 2014: Referred to Com. on HEALTH.</p> <p>Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<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 Health</p> <p>Status: February 27, 2014: Referred to Coms. on HEALTH and JUD.</p> <p>Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 1831 (Conway)</u></p> <p>Version: As Amended: April 1, 2014</p>	<p><u>California Health Insurance Fairness Act: 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 Revenue and Taxation</p> <p>Status: April 2, 2014: Re-referred to Com. on REV. & TAX.</p> <p>Hearing Date: None set</p>
<p><u>AB 1868 (Gomez)</u></p> <p>Version: As Introduced: February 19, 2014</p>	<p><u>Medi-Cal: optional benefits: podiatric medicine.</u></p> <p>Current law provides that optional podiatric services are excluded from coverage under the Medi-Cal program. This bill would cover medical and surgical services provided by a doctor of podiatric medicine that, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a podiatrist in the state.</p>	<p>Location: Assembly Appropriations Suspense File</p> <p>Status: April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p>Hearing Date: None set</p>
<p><u>AB 1877 (Cooley)</u></p> <p>Version: As Amended: April 2, 2014</p>	<p><u>California Vision Care Access Council.</u></p> <p>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. The 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</p>	<p>Location: Assembly Appropriations</p> <p>Status: April 9, 2014: From committee: Do pass and re-refer to Com. on APPR. (Ayes 19. Noes 0.) (April 8). Re-referred to Com. on APPR.</p> <p>Hearing Date: None set</p>

	in order to connect consumers of the Exchange to the marketplace established by the Council.	
<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: 4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 1962 (Skinner)</u> Version: As Introduced: February 19, 2014	<u>Dental plans: medical loss ratios: rebates.</u> Would require specialized dental health care service plan contracts and 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.	Location: Assembly Appropriations Status: April 8, 2014: Do pass as amended and be re-referred to the Committee on Appropriations. Hearing Date: None set
<u>AB 2015 (Chau)</u> Version: As Introduced: February 20, 2014	<u>Health care coverage: discrimination.</u> Current federal law, beginning January 1, 2014, prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. Beginning January 1, 2015, this bill would prohibit a health care service plan or health insurer from discriminating against any health care provider who is acting within the scope of that provider's license or certification, as specified.	Location: Assembly Appropriations Suspend File Status: April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. Hearing Date: None set
<u>AB 2025 (Dickinson)</u> Version: As Amended: March 18, 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 persons, as described. Current law provides that an individual under these provisions shall satisfy certain financial eligibility requirements. This bill would increase income disregard amounts to \$369 for an individual, or \$498 in the case of a couple, and require that the income disregards be adjusted annually. The bill would provide that the income standard determined may not be less than the SSI/SSP payment level the individual or couple, as applicable, receives or would receive as a disabled or blind individual or couple.	Location: Assembly Appropriations Suspend File Status: April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. Hearing Date: None set
<u>AB 2088 (Hernández, Roger)</u>	<u>Health insurance: minimum value: specified disease and hospital confinement policies.</u>	Location: Assembly Insurance

<p>Version: As Introduced: February 20, 2014</p>	<p>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.</p>	<p>Status: April 14, 2014: Author's amendments.</p> <p>Hearing Date: 4/23/2014 9 a.m. - State Capitol, Room 437 ASSEMBLY INSURANCE, PEREA, Chair,</p>
<p><u>AB 2147 (Melendez)</u></p> <p>Version: As Introduced: February 20, 2014</p>	<p>Privacy: personal information: agency disclosure.</p> <p>Would, with regard to specified disclosures of personal information, require agencies to obtain prior written voluntary consent of the individual before releasing the personal information to an independent contractor or other worker who is not an agency employee or to a natural person or corporation, partnership, limited liability company, firm, association, or other nongovernment entity.</p>	<p>Location: Assembly Judiciary</p> <p>Status: April 8, 2014: In committee: Set, first hearing. Hearing canceled at the request of author.</p> <p>Hearing Date: 4/29/2014 8 a.m. - State Capitol, Room 4202 ASSEMBLY JUDICIARY, WIECKOWSKI, Chair,</p>
<p><u>AB 2301 (Mansoor)</u></p> <p>Version: As Amended: March 28, 2014</p>	<p>California Health Benefit Exchange: reports.</p> <p>Would require the board governing the Exchange to prepare a written report on a quarterly basis that identifies the number of covered lives under qualified health plans purchased through the individual market of the Exchange by specified categories. The bill would also require this report to identify the number of individuals who have been disenrolled from those plans due to nonpayment of the premiums, as specified. The bill would require this report to be submitted to the Legislature and the Governor and to be made available to the public on the Internet Web site of the Exchange.</p>	<p>Location: Assembly Health</p> <p>Status: April 1, 2014: Re-referred to Com. on HEALTH.</p> <p>Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,</p>
<p><u>AB 2367 (Donnelly)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Personal income taxes: credits: health care coverage.</p> <p>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.</p>	<p>Location: Assembly Revenue and Taxation</p> <p>Status: March 10, 2014: Referred to Com. on REV. & TAX.</p> <p>Hearing Date: None set</p>
<p><u>AB 2375 (Dababneh)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>California Health Benefit Exchange: navigators.</p> <p>Current law requires the board governing the Exchange to establish the navigator program, and to select and set performance standards and</p>	<p>Location: Assembly Health</p> <p>Status: March 10, 2014: Referred to Com. on HEALTH.</p>

	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.	Hearing Date: None set
<u>AB 2400 (Ridley-Thomas)</u> Version: As Introduced: February 21, 2014	Health care coverage: physician contracts. 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.	Location: Assembly Health Status: March 10, 2014: Referred to Com. on HEALTH. Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2418 (Bonilla)</u> Version: As Introduced: February 21, 2014	Health care coverage: prescription drug refills. 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.	Location: Assembly Health Status: March 10, 2014: Referred to Com. on HEALTH. Hearing Date: 4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2433 (Mansoor)</u> Version: As Introduced: February 21, 2014	Health care coverage: catastrophic plans. 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.	Location: Assembly Health Status: March 10, 2014: Referred to Com. on HEALTH. Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2456 (Melendez)</u> Version: As Introduced: February 21, 2014	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 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.	Location: Assembly Health Status: March 10, 2014: Referred to Com. on HEALTH. Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2533 (Ammiano)</u> Version: As Amended: March 28, 2014	Health care coverage: noncontracting providers. Would require a health care service plan or health insurer to arrange for the provision of a medically necessary service by a licensed noncontracting provider if the plan or insurer is unable to meet timely access standards established by the Department of Managed Care or the Insurance	Location: Assembly Health Status: April 1, 2014: Re-referred to Com. on HEALTH. Hearing Date: 4/22/2014 1:30

	Commissioner. The bill would require the noncontracting provider to seek reimbursement for the covered service solely from the health care service plan or health insurer, except for allowable copayments, coinsurance, and deductibles. This bill contains other related provisions and other existing laws.	p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,4/29/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2601 (Conway)</u> Version: As Amended: March 28, 2014	<u>California Health Benefit Exchange: charge on qualified health plans.</u> Would prohibit the governing board of the California Health Benefit Exchange from assessing a charge on qualified health plans or supplemental coverage, on or after January 1, 2016, or increasing that charge thereafter, unless the charge is enacted as a statute.	Location: Assembly Health Status: April 1, 2014: Re-referred to Com. on HEALTH. Hearing Date: 4/22/2014 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, PAN, Chair,
<u>AB 2706 (Hernández, Roger)</u> Version: As Amended: March 28, 2014	<u>Schools: health care coverage.</u> Would require a parent or legal guardian of a pupil enrolling in transitional kindergarten, kindergarten, or first grade, to make a written disclosure stating whether the pupil is covered by health care coverage that constitutes minimum essential coverage under PPACA. The bill would require the parent to provide proof of the pupil's health care coverage and would require a school district to make a reasonable effort to direct the parent or legal guardian of a pupil who is not covered by minimum essential coverage under PPACA to the necessary resources to obtain that coverage.	Location: Assembly Education Status: April 9, 2014: In committee: Hearing postponed by committee. Hearing Date: 4/23/2014 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, BUCHANAN, Chair,
<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 20 (Hernandez)</u> Version: As Amended: April 9, 2014	<u>Health care coverage.</u> Current law requires the board of the Exchange to annually prepare a written report on the implementation and performance of the Exchange functions during the preceding fiscal year. This bill would require the annual report to also include an assessment of how the Exchange is performing	Location: Assembly Rules Status: April 9, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on

	<p>compared to its operational and service principles for its Internet Web site and customer service center, a summary of the Exchange's outreach strategy for the enrollment of consumers with limited English language proficiency and insufficient access to the Internet, and the total number of covered lives under qualified health plans purchased through the Exchange.</p>	<p>RLS.</p> <p>Hearing Date: None set</p>
<p>SB 22 (Beall)</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 of those reports on or before July 1, 2014. This bill contains other related provisions and other existing laws.</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>
<p>SB 361 (Padilla)</p> <p>Version: As Amended: August 26, 2013</p>	<p>Elections: voter registration.</p> <p>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.</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 8/30/2013)</p> <p>Hearing Date: None set</p>
<p>SB 508 (Hernandez)</p> <p>Version: As Amended: January 9, 2014</p>	<p>Medi-Cal: eligibility.</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>SB 780 (Jackson)</p> <p>Version: As Amended: May 8, 2013</p>	<p>Health care coverage.</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</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>

	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.	
SB 841 (Cannella) Version: As Amended: March 27, 2014	University of California: medical education. 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 Appropriations Suspense File Status: April 7, 2014: Placed on APPR. suspense file. Hearing Date: None set
SB 917 (Gaines) Version: As Amended: March 6, 2014	Health care coverage: provider information. 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.	Location: Senate Health Status: March 19, 2014: Re-referred to Com. on HEALTH. Hearing Date: None set
SB 932 (Anderson) Version: As Introduced: February 3, 2014	General acute care hospitals: supplemental or special services. 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.	Location: Senate Rules Status: February 20, 2014: Referred to Com. on RLS. Hearing Date: None set
SB 959 (Hernandez) Version: As Amended: March 17, 2014	Health care coverage. Would require that both the enrollees of nongrandfathered individual health benefit plans issued by a health care service plan and the insureds of nongrandfathered individual health benefit plans issued by a health insurer that is a corporate affiliate, subsidiary, or parent of the plan be part of a single risk pool and would make parallel changes with respect to the small group market. The bill would require that the index rate also be adjusted based on Exchange user fees, as specified under PPACA. This bill contains other related provisions and other existing laws.	Location: Senate Appropriations Status: April 11, 2014: Set for hearing April 28. Hearing Date: 4/28/2014 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,
SB 964 (Hernandez) Version: As Amended: April 9, 2014	Health care service plans: timeliness standards: medical surveys. Would eliminate the requirement that the State Department of Health Care Services make recommendations for changes that further protect health care service plan enrollees, would require the department to review information regarding compliance with the timeliness standards, including	Location: Senate Health Status: April 9, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on

	any waivers or alternative standards granted to plans, on an annual basis, and would require the department to annually post its findings from that review on its Internet Web site commencing December 1, 2016.	HEALTH. Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<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: April 10, 2014: April 23 hearing rescheduled for April 24. Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<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 Judiciary Status: April 10, 2014: From committee: Do pass as amended and re-refer to Com. on JUD. (Ayes 8. Noes 0.) (April 9). Hearing Date: None set
<u>SB 986 (Hernandez)</u> Version: As Amended: April 10, 2014	<u>Medi-Cal: managed care: exemption from plan enrollment.</u> Would require that a Medi-Cal beneficiary who has received a medical exemption from enrollment in a Medi-Cal managed care plan and who is to receive or has received specified transplantations, including allogeneic bone marrow transplantation, receive an extension of the medical exemption for up to 12 months if the treating physician who provided or oversaw the transplantation or who is providing the followup care determines that it is medically necessary for the beneficiary to remain under the care of the treating physician. The bill would make related findings and declarations.	Location: Senate Health Status: April 10, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<u>SB 1002 (De León)</u> Version: As Amended: March 28, 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 or gathered the information about the change in circumstance during a CalFresh application or recertification, and the beneficiary is determined eligible to receive CalFresh benefits, to begin the new 12-month Medi-Cal eligibility period on a	Location: Senate Appropriations Status: April 11, 2014: Set for hearing April 28. Hearing Date: 4/28/2014 10 a.m. - John L. Burton Hearing Room

	<p>date that would align the beneficiary's Medi-Cal eligibility period with his or her household CalFresh certification period. The bill would also require a county, in certain circumstances, to begin a new 12-month Medi-Cal eligibility period that would align a beneficiary's Medi-Cal eligibility period with his or her CalFresh household certification period.</p>	<p>(4203) SENATE APPROPRIATIONS, DE LEÓN, 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: March 28, 2014: Set for hearing April 30.</p> <p>Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</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: April 9, 2014: Do pass as amended.</p> <p>Hearing Date: None set</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 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 Appropriations</p> <p>Status: April 10, 2014: From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (April 9).</p> <p>Hearing Date: None set</p>
<p><u>SB 1035 (Huff)</u></p> <p>Version: As Amended: April 10, 2014</p>	<p><u>Personal income taxes: health savings accounts.</u></p> <p>Would, for taxable years beginning on and after January 1, 2015, 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.</p>	<p>Location: Senate Governance and Finance</p> <p>Status: April 10, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on GOV. & F. April 23 hearing rescheduled for April 24.</p> <p>Hearing Date: 4/24/2014 Upon</p>

		adjournment of session - Room 112 SENATE GOVERNANCE AND FINANCE, WOLK, Chair,
<u>SB 1045 (Beall)</u> Version: As Amended: March 28, 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 and a maximum of 14 individuals, at least one of which is a Medi-Cal eligible beneficiary. This bill contains other current laws.	Location: Senate Health Status: April 3, 2014: Set for hearing April 30. Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<u>SB 1052 (Torres)</u> Version: As Amended: March 28, 2014	<u>California Health Benefit Exchange: annual report: qualified health plan formularies.</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: April 10, 2014: April 23 hearing rescheduled for April 24. Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<u>SB 1053 (Mitchell)</u> Version: As Amended: April 9, 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 voluntary sterilization procedures and contraceptive education and counseling. The bill would prohibit a nongrandfathered plan contract or health insurance policy from imposing any cost-sharing requirements or other restrictions or delays with respect to this coverage, except as specified.	Location: Senate Health Status: April 9, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<u>SB 1100 (Hernandez)</u> Version: As Amended: April 3, 2014	<u>Continuity of care.</u> Would also 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 delete the conditions that needed to be fulfilled in order for a health care service plan or health insurer, upon request of a newly covered enrollee or insured, to be required to provide for the completion of covered services for a specified condition by a nonparticipating provider. The bill would make other technical changes to the provisions governing health insurers and continuity of care.	Location: Senate Health Status: April 10, 2014: April 23 hearing rescheduled for April 24. Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,

<p><u>SB 1124 (Hernandez)</u></p> <p>Version: As Amended: March 26, 2014</p>	<p><u>Medi-Cal: estate recovery.</u></p> <p>Current law provides for certain exemptions that restrict the State Department of Health Care Services from filing a claim against a decedent's property, including when there is a surviving spouse during his or her lifetime. Current law requires the department, however, to make a claim upon the death of the surviving spouse, as prescribed. This bill would provide that the department shall make these claims only in specified circumstances and would define health care services for these purposes. The bill would additionally provide that health care services that federal law or guidance authorizes the state to eliminate from recovery shall also be exempted.</p>	<p>Location: Senate Appropriations</p> <p>Status: April 11, 2014: Set for hearing April 28.</p> <p>Hearing Date: 4/28/2014 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,</p>
<p><u>SB 1150 (Hueso)</u></p> <p>Version: As Amended: March 26, 2014</p>	<p><u>Medi-Cal: federally qualified health centers and rural health clinics.</u></p> <p>Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would provide that a maximum of 2 visits, as defined, taking place on the same day at a single location shall be reimbursed when either after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment or the patient has a medical visit, as defined, and another health visit, as defined, or both.</p>	<p>Location: Senate Appropriations</p> <p>Status: April 11, 2014: Set for hearing April 28.</p> <p>Hearing Date: 4/28/2014 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,</p>
<p><u>SB 1176 (Steinberg)</u></p> <p>Version: As Amended: April 7, 2014</p>	<p><u>Health care coverage: cost sharing: tracking.</u></p> <p>Would require a health care service plan or health insurer to be responsible for monitoring specified accrual of out-of-pocket costs. The bill would require a health care service plan or health insurer to track the accumulation of cost sharing for covered essential health benefits attributed to in-network providers, and would prohibit those entities from requiring consumers to track or monitor those costs. The bill would require a plan or insurer to accept claims from the provider or the consumer with respect to cost sharing for out-of-network providers who are providing certain emergency services or otherwise providing covered benefits.</p>	<p>Location: Senate Health</p> <p>Status: April 11, 2014: Set for hearing April 24.</p> <p>Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1182 (Leno)</u></p> <p>Version: As Amended: April 10, 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 a specified 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.</p>	<p>Location: Senate Health</p> <p>Status: April 10, 2014: From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. April 23 hearing rescheduled for April 24.</p> <p>Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1241 (Leno)</u></p>	<p><u>Health care coverage: marketplace transparency.</u></p>	<p>Location: Senate Rules</p>

<p>Version: As Introduced: February 20, 2014</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>Status: March 6, 2014: Referred to Com. on RLS.</p> <p>Hearing Date: None set</p>
<p><u>SB 1320 (Torres)</u></p> <p>Version: As Amended: March 26, 2014</p>	<p>Medi-Cal: eligibility.</p> <p>Would allow a military service member's dependent, who is receiving home- and community-based services, to retain eligibility for those services or have his or her benefits temporarily suspended while he or she is living out of state due to the military service member being posted outside the state on military assignment, as provided.</p>	<p>Location: Senate Health</p> <p>Status: April 10, 2014: Set for hearing April 24.</p> <p>Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1340 (Hernandez)</u></p> <p>Version: As Amended: March 24, 2014</p>	<p>Health care coverage: provider contracts.</p> <p>Would prohibit a contract between a plan or insurer and a provider or supplier, as defined, from containing a provision that restricts the ability of the plan or insurer to furnish information to consumers or purchasers, as defined, concerning the cost range of a procedure or full course of treatment or the quality of services performed by the provider or supplier. The bill would require a plan or insurer to provide a provider or supplier with 30 days to review the methodology and data used and would make related, conforming changes.</p>	<p>Location: Senate Health</p> <p>Status: April 10, 2014: From committee: Do pass. (Ayes 8. Noes 0.) (April 9).</p> <p>Hearing Date: None set</p>
<p><u>SB 1341 (Mitchell)</u></p> <p>Version: As Amended: April 7, 2014</p>	<p>Medi-Cal: Statewide Automated Welfare System.</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, 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.</p>	<p>Location: Senate Health</p> <p>Status: April 10, 2014: April 23 hearing rescheduled for April 24.</p> <p>Hearing Date: 4/24/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1376 (Gaines)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p>Personal income taxes: credit: health care coverage.</p> <p>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.</p>	<p>Location: Senate Governance and Finance</p> <p>Status: March 27, 2014: Set for hearing May 7.</p> <p>Hearing Date: 5/7/2014 9:30 a.m. - Room 112 SENATE GOVERNANCE AND FINANCE, WOLK, Chair,</p>

<p><u>SB 1446 (DeSaulnier)</u></p> <p>Version: As Amended: March 25, 2014</p>	<p><u>Health care coverage.</u></p> <p>Would allow a small employer health care service plan contract or a small employer health benefit plan, as defined, that is in effect as of the effective date of this act, that does not qualify as a grandfathered health plan under PPACA to be renewed until October 1, 2016, and to continue to be in force until September 30, 2017. The bill would exempt those health care service plan contracts and health benefit plans 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. This bill contains other related provisions and other existing laws.</p>	<p>Location: Senate Health</p> <p>Status: April 11, 2014: Set for hearing April 30.</p> <p>Hearing Date: 4/30/2014 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,</p>
<p><u>SB 1452 (Wolk)</u></p> <p>Version: As Introduced: February 21, 2014</p>	<p><u>Medi-Cal: managed care.</u></p> <p>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.</p>	<p>Location: Senate Health</p> <p>Status: March 25, 2014: Set for hearing April 9. Hearing postponed by committee.</p> <p>Hearing Date: None set</p>

Total Measures: 73

Total Tracking Forms: 73