

**COVERED CALIFORNIA  
STATE LEGISLATIVE REPORT**

Bill Number	SUMMARY	BILL STATUS
<p><a href="#"><u>AB 209 (Pan)</u></a> <b>Version:</b> As Amended: April 9, 2013</p>	<p><b><u>Medi-Cal: managed care: quality, accessibility, and utilization.</u></b> 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><b>Location:</b> Senate 2 year <b>Status:</b> September 13, 2013: Failed Deadline pursuant to Rule 61(a) (14). (Last location was INACTIVE FILE on 9/10/2013) <b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 314 (Pan)</u></a> <b>Version:</b> As Amended: July 9, 2013</p>	<p><b><u>Health care coverage: self-funded student plans.</u></b> 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><b>Location:</b> Senate 2 year <b>Status:</b> July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was ED. on 7/9/2013) <b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 369 (Pan)</u></a> <b>Version:</b> As Chaptered: March 20, 2014</p>	<p><b><u>Continuity of care.</u></b> 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><b>Location:</b> Assembly Chaptered <b>Status:</b> March 20, 2014: Chaptered by Secretary of State - Chapter 4, Statutes of 2014. <b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 505 (Nazarian)</u></a> <b>Version:</b> As Amended: June 19, 2013</p>	<p><b><u>Medi-Cal: managed care: language assistance services.</u></b> 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><b>Location:</b> Senate 2 year <b>Status:</b> 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) <b>Hearing Date:</b> None set
<a href="#">AB 578 (Dickinson)</a> <b>Version:</b> As Amended: May 24, 2013	<b>Health care.</b> 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.	<b>Location:</b> Senate 2 year <b>Status:</b> July 12, 2013: Failed Deadline pursuant to Rule 61(a)(10) (SEN). (Last location was HEALTH on 6/13/2013) <b>Hearing Date:</b> None set
<a href="#">AB 617 (Nazarian)</a> <b>Version:</b> As Amended: August 13, 2013	<b>California Health Benefit Exchange: appeals.</b> 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.	<b>Location:</b> Senate 2 year <b>Status:</b> August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. on 8/13/2013) <b>Hearing Date:</b> None set
<a href="#">AB 889 (Frazier)</a> <b>Version:</b> As Amended: May 2, 2013	<b>Health care coverage: prescription drugs.</b> 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.	<b>Location:</b> Senate 2 year <b>Status:</b> August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/13/2013) <b>Hearing Date:</b> None set
<a href="#">AB 1124 (Muratsuchi)</a> <b>Version:</b> As Chaptered: March 28, 2014	<b>Medi-Cal: reimbursement rates.</b> 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	<b>Location:</b> Assembly Chaptered <b>Status:</b> March 28, 2014: Chaptered by the Secretary of State, Chapter Number 8, Statutes of 2014 <b>Hearing Date:</b> None set

	department to adopt emergency regulations by June 30, 2016. This bill contains other related provisions.	
<a href="#"><u>AB 1507 (Logue)</u></a> <b>Version:</b> As Amended: April 21, 2014	<b><u>Health care coverage.</u></b> 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.	<b>Location:</b> Assembly Health <b>Status:</b> April 30, 2014: From committee without further action pursuant to Joint Rule 62(a). <b>Hearing Date:</b> None set
<a href="#"><u>AB 1553 (Yamada)</u></a> <b>Version:</b> As Amended: April 23, 2014	<b><u>Long-term care insurance: premium basis.</u></b> 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 bill would prohibit insurers issuing, amending, or renewing long-term care insurance policies on or after January 1, 2015, from reducing or eliminating benefits or coverage based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy as a result of implementing these provisions.	<b>Location:</b> Assembly Dead <b>Status:</b> May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was INS. on 4/24/2014) <b>Hearing Date:</b> None set
<a href="#"><u>AB 1560 (Gorell)</u></a> <b>Version:</b> As Amended: April 2, 2014	<b><u>California Health Benefit Exchange: confidentiality of personal information.</u></b> 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.	<b>Location:</b> Assembly Health <b>Status:</b> April 22, 2014: In committee: Set, second hearing. Hearing canceled at the request of author. <b>Hearing Date:</b> None set
<a href="#"><u>AB 1644 (Medina)</u></a> <b>Version:</b> As Amended: April 10, 2014	<b><u>Medi-Cal: Drug Medi-Cal Program providers.</u></b> 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 .	<b>Location:</b> Assembly Appropriations Suspense File <b>Status:</b> April 30, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. <b>Hearing Date:</b> None set
<a href="#"><u>AB 1710 (Dickinson)</u></a> <b>Version:</b> As Amended: May 8, 2014	<b><u>Personal information: privacy.</u></b> Would require a person or business conducting business in California that	<b>Location:</b> Assembly Third Reading <b>Status:</b> May 12, 2014: Read second

	owns or licenses computerized 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 unless the data was encrypted, as specified.	time. Ordered to third reading. <b>Hearing Date:</b> 5/19/2014 #91 ASSEMBLY ASSEMBLY THIRD READING FILE,
<a href="#">AB 1759 (Pan)</a> <b>Version:</b> As Amended: April 21, 2014	<b><u>Medi-Cal: reimbursement rates.</u></b> 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 .	<b>Location:</b> Assembly Appropriations Suspense File <b>Status:</b> May 7, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. <b>Hearing Date:</b> None set
<a href="#">AB 1771 (V. Manuel Pérez)</a> <b>Version:</b> As Amended: May 6, 2014	<b><u>Telephonic and electronic patient management services.</u></b> 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 , as defined, and to reimburse those services based on their similar complexity and time expenditure. 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.	<b>Location:</b> Assembly Appropriations Suspense File <b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. <b>Hearing Date:</b> None set
<a href="#">AB 1805 (Skinner)</a> <b>Version:</b> As Amended: April 7, 2014	<b><u>Medi-Cal: reimbursement: provider payments.</u></b> 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.	<b>Location:</b> Assembly Appropriations <b>Status:</b> May 7, 2014: In committee: Set, first hearing. Hearing canceled at the request of author. <b>Hearing Date:</b> None set
<a href="#">AB 1814 (Waldron)</a> <b>Version:</b> As Amended: May 12, 2014	<b><u>Prescriber Prevails Act.</u></b> 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.	<b>Location:</b> Assembly Appropriations Suspense File <b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file. <b>Hearing Date:</b> None set
<a href="#">AB 1829 (Conway)</a> <b>Version:</b> As Amended: April 21, 2014	<b><u>California Health Benefit Exchange: employees and contractors.</u></b> Would prohibit the board governing the California Health Benefit Exchange from hiring or contracting with a person, including an employee or	<b>Location:</b> Assembly Health <b>Status:</b> April 22, 2014: Re-referred to Com. on HEALTH. In committee:

	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.	Set, first hearing. Failed passage. <b>Hearing Date:</b> None set
<a href="#"><u>AB 1830 (Conway)</u></a> <b>Version:</b> As Amended: April 21, 2014	<b><u>California Health Benefit Exchange: confidentiality of personally identifiable information.</u></b>  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 or to carry out other nonspecified functions that satisfy certain federal criteria. The bill would require the Exchange to establish and implement privacy and security standards that are consistent with specified principles and to execute a contract with a non-Exchange entity that contains various provisions.	<b>Location:</b> Assembly Dead  <b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/22/2014)  <b>Hearing Date:</b> None set
<a href="#"><u>AB 1831 (Conway)</u></a> <b>Version:</b> As Amended: April 21, 2014	<b><u>California Health Insurance Fairness Act: personal income tax: deduction: medical insurance.</u></b>  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, an amount allowed as a deduction from gross income as provided in the bill. This bill contains other related provisions.	<b>Location:</b> Assembly Revenue and Taxation Suspense File  <b>Status:</b> May 13, 2014: Action From REV. & TAX: To REV. & TAX SUSPENSE FILE.  <b>Hearing Date:</b> None set
<a href="#"><u>AB 1868 (Gomez)</u></a> <b>Version:</b> As Introduced: February 19, 2014	<b><u>Medi-Cal: optional benefits: podiatric medicine.</u></b>  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.	<b>Location:</b> Assembly Appropriations Suspense File  <b>Status:</b> April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.  <b>Hearing Date:</b> None set
<a href="#"><u>AB 1877 (Cooley)</u></a> <b>Version:</b> As Amended: April 2, 2014	<b><u>California Vision Care Access Council.</u></b>  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 in order to connect consumers of the Exchange to the marketplace established by the Council.	<b>Location:</b> Assembly Appropriations Suspense File  <b>Status:</b> April 30, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.  <b>Hearing Date:</b> None set

<p><a href="#"><u>AB 1917 (Gordon)</u></a></p> <p><b>Version:</b> As Amended: May 7, 2014</p>	<p><b><u>Outpatient prescription drugs: cost sharing.</u></b></p> <p>Would, with respect to a health care service plan contract or health insurance policy that is subject to those annual out-of-pocket limits, and is issued, amended, or renewed on or after January 1, 2016, for an individual contract or policy, or July 1, 2015, for a group contract or policy, require that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription for a supply of up to 30 days not exceed 1/24 of the annual out-of-pocket limit for a drug that does not have a time-limited course of treatment or that has a time-limited course of treatment of more than 3 months. For a drug that has a time-limited course of treatment of 3 months or less, the bill would require that the copayment, coinsurance, or other form of cost sharing not exceed 1/2 of the annual out-of-pocket limit.</p>	<p><b>Location:</b> Assembly Appropriations</p> <p><b>Status:</b> May 8, 2014: Re-referred to Com. on APPR.</p> <p><b>Hearing Date:</b> 5/21/2014 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GATTO, Chair,</p>
<p><a href="#"><u>AB 1962 (Skinner)</u></a></p> <p><b>Version:</b> As Amended: April 22, 2014</p>	<p><b><u>Dental plans: medical loss ratios: rebates.</u></b></p> <p>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.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> April 30, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2015 (Chau)</u></a></p> <p><b>Version:</b> As Introduced: February 20, 2014</p>	<p><b><u>Health care coverage: discrimination.</u></b></p> <p>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.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2025 (Dickinson)</u></a></p> <p><b>Version:</b> As Amended: March 18, 2014</p>	<p><b><u>Medi-Cal: program for aged and disabled persons.</u></b></p> <p>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.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> April 9, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>



<p><a href="#"><u>AB 2088 (Hernández, Roger)</u></a></p> <p><b>Version:</b> As Amended: April 21, 2014</p>	<p><b><u>Health insurance: minimum value: large group market policies.</u></b></p> <p>PPACA requires each state to establish an American Health Benefits Exchange and allows qualified individuals to obtain premium assistance for coverage purchased through the Exchange. 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 a health care service plan that offers, amends, or renews a group health plan contract and an insurer issuing a policy that does not provide 60% minimum value in the large group market.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2147 (Melendez)</u></a></p> <p><b>Version:</b> As Amended: May 1, 2014</p>	<p><b><u>State government Internet Web sites: information practices.</u></b></p> <p>Would require a state agency, as defined, that uses an Internet Web site to obtain information by means of an electronic form and shares that information with another state agency or private party to include a specified disclosure notice clearly displayed in direct proximity above the button used to submit the form. The disclosure would acknowledge that the information is being collected and may be shared. The bill would also prohibit a state agency using an electronic form, as described above, to utilize or share any information provided on the form until the person entering information into the form specifically acts to submit the form.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2301 (Mansoor)</u></a></p> <p><b>Version:</b> As Amended: April 30, 2014</p>	<p><b><u>California Health Benefit Exchange: individual market reports.</u></b></p> <p>Would require the board governing the Exchange to prepare a written report on a quarterly basis that identifies the number of individuals enrolled in qualified health plans purchased through the individual market of the Exchange by demographics, level of coverage, and geographic region, and the number of applications filed through the individual market of the Exchange for each quarter, as specified . The bill would also require this report to identify the number of individuals who have been disenrolled from those plans by total number, demographics, level of coverage, geographic region, and reason for disenrollment.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 7, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2367 (Donnelly)</u></a></p> <p><b>Version:</b> As Introduced: February 21, 2014</p>	<p><b><u>Personal income taxes: credits: health care coverage.</u></b></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><b>Location:</b> Assembly Revenue and Taxation Suspense File</p> <p><b>Status:</b> May 13, 2014: Action From REV. &amp; TAX: To REV. &amp; TAX SUSPENSE FILE.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2375 (Dababneh)</u></a></p>	<p><b><u>California Health Benefit Exchange: navigators.</u></b></p>	<p><b>Location:</b> Assembly Dead</p>

<p><b>Version:</b> 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><b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/10/2014)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2400 (Ridley-Thomas)</u></a></p> <p><b>Version:</b> As Amended: May 6, 2014</p>	<p><b>Health care coverage: provider contracts.</b></p> <p>Would require a health care service plan to provide at least 90 business days' notice to a contracting provider if a change is made by amending a manual, policy, or procedure document referenced in the contract and would require that the provider under a preferred provider arrangement have the right to negotiate and agree to the change. The bill would authorize a contract between a provider and a health insurer for alternative rates of payment to contain provisions permitting a material change to the contract by the insurer if the insurer provides at least 90 business days' notice to the provider.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2418 (Bonilla)</u></a></p> <p><b>Version:</b> As Amended: May 7, 2014</p>	<p><b>Health care coverage: prescription drugs: refills.</b></p> <p>Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2016, that provides coverage for 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><b>Location:</b> Assembly Appropriations</p> <p><b>Status:</b> May 8, 2014: Re-referred to Com. on APPR.</p> <p><b>Hearing Date:</b> 5/21/2014 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GATTO, Chair,</p>
<p><a href="#"><u>AB 2433 (Mansoor)</u></a></p> <p><b>Version:</b> As Introduced: February 21, 2014</p>	<p><b>Health care coverage: catastrophic plans.</b></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><b>Location:</b> Assembly Health</p> <p><b>Status:</b> April 22, 2014: In committee: Set, first hearing. Failed passage.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2456 (Melendez)</u></a></p> <p><b>Version:</b> As Amended: April 24, 2014</p>	<p><b>Health care.</b></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><b>Location:</b> Assembly Dead</p> <p><b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/28/2014)</p> <p><b>Hearing Date:</b> None set</p>



<p><a href="#"><u>AB 2533 (Ammiano)</u></a></p> <p><b>Version:</b> As Amended: May 6, 2014</p>	<p><b><u>Health care coverage: noncontracting providers.</u></b></p> <p>Would require a health care service plan or health insurer that contracts for alternative rates of payment to arrange for, or assist in arranging for, an enrollee or insured who is unable to obtain a medically necessary covered service to receive the care or service from a noncontracting provider in an accessible and timely manner. The bill would prohibit the health care service plan or health insurer from imposing copayments, coinsurance, or deductibles on an enrollee or insured that exceed what the enrollee or insured would pay for services from a contracting provider.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2601 (Conway)</u></a></p> <p><b>Version:</b> As Amended: April 21, 2014</p>	<p><b><u>California Health Benefit Exchange: charge on qualified health plans.</u></b></p> <p>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.</p>	<p><b>Location:</b> Assembly Dead</p> <p><b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/22/2014)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AB 2706 (Hernández, Roger)</u></a></p> <p><b>Version:</b> As Amended: May 1, 2014</p>	<p><b><u>Schools: health care coverage: enrollment assistance.</u></b></p> <p>Would require a public school, for purposes of the 2015-16, 2016-17, and 2017-18 school years, to add a form to its enrollment forms, or amend an existing enrollment form to include a section, that offers a parent or legal guardian of a pupil the option of being connected to specified individuals or entities for the purpose of providing the parent or legal guardian information about health care coverage options and enrollment assistance. The bill would require a public school to share the contact information of the parent or legal guardian with specified individuals or entities, if consent is provided.</p>	<p><b>Location:</b> Assembly Appropriations Suspense File</p> <p><b>Status:</b> May 14, 2014: In committee: Set, first hearing. Referred to APPR. suspense file.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>AJR 23 (Logue)</u></a></p> <p><b>Version:</b> As Introduced: May 31, 2013</p>	<p><b><u>Federal Patient Protection and Affordable Care Act: requirement to purchase health insurance.</u></b></p> <p>This measure would urge the President to remove any financial oversight responsibilities of the Internal Revenue Service with regard to the administration of the federal Patient Protection and Affordable Care Act and instead have those duties transferred to a separate board, created by and accountable to Congress.</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Status:</b> August 13, 2013: In committee: Hearing cancelled at the request of author.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>SB 18 (Hernandez)</u></a></p> <p><b>Version:</b> As Amended: April 17, 2013</p>	<p><b><u>California Health Benefits Review Program: health insurance.</u></b></p> <p>Current law requests the University of California to establish the California Health Benefits Review Program to assess legislation proposing to mandate a benefit or service or to repeal a mandated benefit or service, and to prepare a written analysis with relevant data on specified areas, including public health, medical impacts, and financial impacts. This bill would include essential health benefits and the impact on the California Health Benefit Exchange in the areas to be reported on by the California Health Benefits Review Program.</p>	<p><b>Location:</b> Assembly 2 year</p> <p><b>Status:</b> August 16, 2013: Failed Deadline pursuant to Rule 61(a)(10) (ASM). (Last location was HEALTH on 5/20/2013)</p> <p><b>Hearing Date:</b> None set</p>

<p><a href="#"><u>SB 20 (Hernandez)</u></a></p> <p><b>Version:</b> As Amended: May 8, 2014</p>	<p><b><u>Individual health care coverage: enrollment periods.</u></b></p> <p>PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for that coverage and to renew that coverage at the option of the plan sponsor or the individual. This bill would require a plan or insurer to provide an annual enrollment period for the policy year beginning on January 1, 2015, from November 15, 2014, to February 15, 2015, inclusive. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Assembly Third Reading</p> <p><b>Status:</b> May 15, 2014: Read second time. Ordered to third reading.</p> <p><b>Hearing Date:</b> 5/19/2014 #174 ASSEMBLY SENATE THIRD READING FILE,</p>
<p><a href="#"><u>SB 22 (Beall)</u></a></p> <p><b>Version:</b> As Amended: July 2, 2013</p>	<p><b><u>Health care coverage: mental health parity.</u></b></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><b>Location:</b> Assembly 2 year</p> <p><b>Status:</b> August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/14/2013)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>SB 361 (Padilla)</u></a></p> <p><b>Version:</b> As Amended: August 26, 2013</p>	<p><b><u>Elections: voter registration.</u></b></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><b>Location:</b> Assembly 2 year</p> <p><b>Status:</b> August 30, 2013: Failed Deadline pursuant to Rule 61(a) (11). (Last location was APPR. SUSPENSE FILE on 8/30/2013)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>SB 508 (Hernandez)</u></a></p> <p><b>Version:</b> As Amended: January 9, 2014</p>	<p><b><u>Medi-Cal: eligibility.</u></b></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><b>Location:</b> Assembly Health</p> <p><b>Status:</b> April 24, 2014: Referred to Com. on HEALTH.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>SB 780 (Jackson)</u></a></p> <p><b>Version:</b> As Amended: May 8, 2013</p>	<p><b><u>Health care coverage.</u></b></p> <p>Would delete the requirements with regard to preferred provider</p>	<p><b>Location:</b> Assembly Health</p> <p><b>Status:</b> May 12, 2014: Referred to</p>

	<p>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>Com. on HEALTH.</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#">SB 841 (Cannella)</a></p> <p><b>Version:</b> As Amended: March 27, 2014</p>	<p><b>University of California: medical education.</b></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><b>Location:</b> Senate Appropriations Suspense File</p> <p><b>Status:</b> April 7, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,</p>
<p><a href="#">SB 917 (Gaines)</a></p> <p><b>Version:</b> As Amended: March 6, 2014</p>	<p><b>Health care coverage: provider information.</b></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><b>Location:</b> Senate Dead</p> <p><b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/19/2014)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#">SB 932 (Anderson)</a></p> <p><b>Version:</b> As Introduced: February 3, 2014</p>	<p><b>General acute care hospitals: supplemental or special services.</b></p> <p>Current law provides for the licensure and regulation of health facilities, including general acute care hospitals, by the State Department of Public Health. Current law prohibits a general acute care hospital, as defined, from holding itself out as providing a service that requires a supplemental or special service unless the hospital has first obtained approval from the department to operate that service. This bill would make technical, nonsubstantive changes to those provisions.</p>	<p><b>Location:</b> Senate Dead</p> <p><b>Status:</b> May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was RLS. on 2/20/2014)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#">SB 959 (Hernandez)</a></p> <p><b>Version:</b> As Amended: March 17, 2014</p>	<p><b>Health care coverage.</b></p> <p>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</p>	<p><b>Location:</b> Senate Appropriations Suspense File</p> <p><b>Status:</b> April 28, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L.</p>

	based on Exchange user fees, as specified under PPACA. This bill contains other related provisions and other existing laws.	Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,
<a href="#">SB 964 (Hernandez)</a>  <b>Version:</b> As Amended: April 9, 2014	<b><u>Health care service plans: timeliness standards: medical surveys.</u></b>  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 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.	<b>Location:</b> Senate Appropriations  <b>Status:</b> May 9, 2014: Set for hearing May 19.  <b>Hearing Date:</b> 5/19/2014 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,
<a href="#">SB 972 (Torres)</a>  <b>Version:</b> As Amended: May 6, 2014	<b><u>California Health Benefit Exchange: board: membership.</u></b>  The Exchange is governed by an executive board consisting of 5 members who are residents of California. Each person is required to have demonstrated and acknowledged expertise in at least 2 listed areas, including, but not limited to, individual health care coverage, health care finance, and purchasing health plan coverage. This bill would add marketing of health insurance products, information technology system management, management information systems, and enrollment counseling assistance, with priority to cultural and linguistic competency, to the list of areas of expertise.	<b>Location:</b> Assembly Desk  <b>Status:</b> May 15, 2014: In Assembly. Read first time. Held at Desk.  <b>Hearing Date:</b> None set
<a href="#">SB 974 (Anderson)</a>  <b>Version:</b> As Amended: May 6, 2014	<b><u>California Health Benefit Exchange.</u></b>  Would require the board governing the Exchange to allow an applicant to indicate in his or her application for a qualified health plan whether or not he or she would like assistance with completing the application from an Exchange certified insurance agent or certified enrollment counselor. The bill would also prohibit the Exchange from disclosing information to a certified insurance agent or certified enrollment counselor if the applicant indicates that he or she does not want assistance from an Exchange certified insurance agent or certified enrollment counselor.	<b>Location:</b> Senate Appropriations  <b>Status:</b> May 9, 2014: Set for hearing May 19.  <b>Hearing Date:</b> 5/19/2014 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,
<a href="#">SB 986 (Hernandez)</a>  <b>Version:</b> As Amended: April 10, 2014	<b><u>Medi-Cal: managed care: exemption from plan enrollment.</u></b>  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.	<b>Location:</b> Senate Appropriations Suspense File  <b>Status:</b> May 12, 2014: Placed on APPR. suspense file.  <b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,
<a href="#">SB 1002 (De León)</a>	<b><u>Medi-Cal: redetermination.</u></b>	<b>Location:</b> Senate Appropriations Suspense File

<p><b>Version:</b> As Amended: March 28, 2014</p>	<p>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 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><b>Status:</b> April 28, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,</p>
<p><b>SB 1005 (Lara)</b></p> <p><b>Version:</b> As Amended: April 22, 2014</p>	<p><b>Health care coverage: immigration status.</b></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><b>Location:</b> Senate Appropriations</p> <p><b>Status:</b> May 9, 2014: Set for hearing May 19.</p> <p><b>Hearing Date:</b> 5/19/2014 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,</p>
<p><b>SB 1011 (Monning)</b></p> <p><b>Version:</b> As Amended: April 22, 2014</p>	<p><b>Nonprofit corporations: self-insurance.</b></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><b>Location:</b> Assembly Insurance</p> <p><b>Status:</b> May 12, 2014: Referred to Com. on INS.</p> <p><b>Hearing Date:</b> None set</p>
<p><b>SB 1034 (Monning)</b></p> <p><b>Version:</b> As Amended: April 21, 2014</p>	<p><b>Health care coverage: waiting periods.</b></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><b>Location:</b> Assembly Health</p> <p><b>Status:</b> May 12, 2014: Referred to Com. on HEALTH.</p> <p><b>Hearing Date:</b> None set</p>
<p><b>SB 1035 (Huff)</b></p> <p><b>Version:</b> As Amended: April 10, 2014</p>	<p><b>Personal income taxes: health savings accounts.</b></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,</p>	<p><b>Location:</b> Senate Governance and Finance</p> <p><b>Status:</b> April 24, 2014: Set, first hearing. Failed passage in committee. (Ayes 2. Noes 5. Page</p>

	an eligible individual, as defined, to a health savings account of that individual, as provided.	3256.) Reconsideration granted. <b>Hearing Date:</b> None set
<a href="#"><u>SB 1045 (Beall)</u></a> <b>Version:</b> As Amended: May 13, 2014	<b><u>Medi-Cal Drug Treatment Program: group outpatient drug free services.</u></b> For purposes of Drug Medi-Cal, current law requires that the maximum allowable rate for group outpatient drug free services be set on a per person basis and requires that a group consist of a minimum of 4, and a maximum of 10, individuals, at least one of which must be a Medi-Cal eligible beneficiary. 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.	<b>Location:</b> Assembly Desk <b>Status:</b> May 15, 2014: In Assembly. Read first time. Held at Desk. <b>Hearing Date:</b> None set
<a href="#"><u>SB 1052 (Torres)</u></a> <b>Version:</b> As Amended: April 29, 2014	<b><u>Health care coverage.</u></b> Would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to post those formularies on its Internet Web site, update that posting within 24 hours after making any formulary changes, use a standard template to display formularies, and include in any published formulary, among other information, the prior authorization or step edit requirements for, and the range of cost sharing for, each drug included on the formulary.	<b>Location:</b> Senate Appropriations Suspense File <b>Status:</b> May 12, 2014: Placed on APPR. suspense file. <b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,
<a href="#"><u>SB 1053 (Mitchell)</u></a> <b>Version:</b> As Amended: April 22, 2014	<b><u>Health care coverage: contraceptives.</u></b> 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, as well as voluntary sterilization procedures, contraceptive education and counseling, and related followup services. 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.	<b>Location:</b> Senate Appropriations Suspense File <b>Status:</b> May 12, 2014: Placed on APPR. suspense file. <b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,
<a href="#"><u>SB 1100 (Hernandez)</u></a> <b>Version:</b> As Amended: April 3, 2014	<b><u>Continuity of care.</u></b> 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.	<b>Location:</b> Senate Appropriations Suspense File <b>Status:</b> May 5, 2014: Placed on APPR. suspense file. <b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,
<a href="#"><u>SB 1124 (Hernandez)</u></a>	<b><u>Medi-Cal: estate recovery.</u></b>	<b>Location:</b> Senate Appropriations



<p><b>Version:</b> As Amended: March 26, 2014</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>Suspense File</p> <p><b>Status:</b> April 28, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,</p>
<p><a href="#"><u>SB 1150 (Hueso)</u></a></p> <p><b>Version:</b> As Amended: March 26, 2014</p>	<p><b>Medi-Cal: federally qualified health centers and rural health clinics.</b></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><b>Location:</b> Senate Appropriations Suspense File</p> <p><b>Status:</b> May 5, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,</p>
<p><a href="#"><u>SB 1176 (Steinberg)</u></a></p> <p><b>Version:</b> As Amended: April 30, 2014</p>	<p><b>Health care coverage: cost sharing: tracking.</b></p> <p>Would require a health care service plan or health insurer to be responsible for monitoring the 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. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Senate Appropriations Suspense File</p> <p><b>Status:</b> May 12, 2014: Placed on APPR. suspense file.</p> <p><b>Hearing Date:</b> 5/23/2014 Upon adjournment of session John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS SUSPENSE, DE LEÓN, Chair,</p>
<p><a href="#"><u>SB 1241 (Leno)</u></a></p> <p><b>Version:</b> As Introduced: February 20, 2014</p>	<p><b>Health care coverage: marketplace transparency.</b></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><b>Location:</b> Senate Dead</p> <p><b>Status:</b> May 9, 2014: Failed Deadline pursuant to Rule 61(b)(6). (Last location was RLS. on 3/6/2014)</p> <p><b>Hearing Date:</b> None set</p>
<p><a href="#"><u>SB 1320 (Torres)</u></a></p> <p><b>Version:</b> As Amended: March 26, 2014</p>	<p><b>Medi-Cal: eligibility.</b></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</p>	<p><b>Location:</b> Senate Dead</p> <p><b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on</p>

	state due to the military service member being posted outside the state on military assignment, as provided.	4/3/2014) <b>Hearing Date:</b> None set
<a href="#"><u>SB 1340 (Hernandez)</u></a> <b>Version:</b> As Amended: March 24, 2014	<b><u>Health care coverage: provider contracts.</u></b> 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.	<b>Location:</b> Assembly Health <b>Status:</b> May 15, 2014: Referred to Com. on HEALTH. <b>Hearing Date:</b> None set
<a href="#"><u>SB 1341 (Mitchell)</u></a> <b>Version:</b> As Amended: May 6, 2014	<b><u>Medi-Cal: Statewide Automated Welfare System.</u></b> 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.	<b>Location:</b> Senate Appropriations <b>Status:</b> May 9, 2014: Set for hearing May 19. <b>Hearing Date:</b> 5/19/2014 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, DE LEÓN, Chair,
<a href="#"><u>SB 1376 (Gaines)</u></a> <b>Version:</b> As Introduced: February 21, 2014	<b><u>Personal income taxes: credit: health care coverage.</u></b> 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.	<b>Location:</b> Senate Governance and Finance <b>Status:</b> May 7, 2014: Set, first hearing. Failed passage in committee. (Ayes 2. Noes 4. Page 3402.) Reconsideration granted. <b>Hearing Date:</b> None set
<a href="#"><u>SB 1446 (DeSaulnier)</u></a> <b>Version:</b> As Amended: May 12, 2014	<b><u>Health care coverage: small employer market.</u></b> Would allow a small employer health care service plan contract or a small employer health insurance policy that was in effect on October 1, 2013, that is still in effect as of the effective date of this act, and that does not qualify as a grandfathered health plan under PPACA, to be renewed until January 1, 2015, and to continue to be in force until December 31, 2015. This bill contains other related provisions and other existing laws.	<b>Location:</b> Senate Appropriations <b>Status:</b> May 13, 2014: Set for hearing May 19. <b>Hearing Date:</b> 5/19/2014 Anticipated Hearing SENATE APPR., Not in daily file.,
<a href="#"><u>SB 1452 (Wolk)</u></a> <b>Version:</b> As Introduced: February 21, 2014	<b><u>Medi-Cal: managed care.</u></b> Would, to the extent permitted by federal law, provide that a Medi-Cal beneficiary for whom a conservator has been appointed under the	<b>Location:</b> Senate Dead <b>Status:</b> May 2, 2014: Failed Deadline pursuant to Rule 61(b)(5).

	Lanterman-Petris-Short Act shall be exempt from mandatory enrollment in a managed care plan under the Medi-Cal program.	(Last location was HEALTH on 3/17/2014) <b>Hearing Date:</b> None set
<p><a href="#">SB 1465</a> (<b>Committee on Health</b>)</p> <p><b>Version:</b> As Introduced: March 20, 2014</p>	<p><b>Health.</b></p> <p>Current law requires each county establishing an emergency medical services fund to, on January 1, 1989, and each April 15 thereafter, report to the Legislature on the implementation and status of the Emergency Medical Services Fund, as specified. This bill would instead require each county to submit its reports to the Emergency Medical Services Authority. The bill would require the authority to compile and forward a summary of each county's report to the appropriate policy and fiscal committees of the Legislature. This bill contains other related provisions and other existing laws.</p>	<p><b>Location:</b> Assembly Desk</p> <p><b>Status:</b> May 8, 2014: In Assembly. Read first time. Held at Desk.</p> <p><b>Hearing Date:</b> None set</p>

**Total Measures: 73**

**Total Tracking Forms: 73**