

**COVERED CALIFORNIA
STATE LEGISLATIVE REPORT
March 5, 2015**

Bill Number	SUMMARY	BILL STATUS
<p><u>AB 72 (Bonta)</u></p> <p>Version: As Introduced: December 18, 2014</p>	<p><u>Medi-Cal: demonstration project.</u></p> <p>Current law provides for a demonstration project under the Medi-Cal program until October 31, 2015, to implement specified objectives, including better care coordination for seniors and persons with disabilities and maximization of opportunities to reduce the number of uninsured individuals. This bill would require the State Department of Health Care Services to submit an application to the federal Centers for Medicare and Medicaid Services for a waiver to implement a demonstration project that, among other things, continues the state's momentum and successes in innovation achieved under the demonstration project described above.</p>	<p>Location: Assembly Health</p> <p>Status: January 22, 2015: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 159 (Calderon)</u></p> <p>Version: As Introduced: January 21, 2015</p>	<p><u>Investigational drugs, biological products, and devices.</u></p> <p>Would permit a manufacturer of an investigational drug, biological product, or device to make the product available to eligible patients with terminal illnesses, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any investigational drug, biological product, or device made available pursuant to these provisions. The bill would prohibit an official, employee, or agent of the state from blocking an eligible patient's access to the investigational drug, biological product, or device pursuant to the bill's provisions. This bill contains other existing laws.</p>	<p>Location: Assembly Health</p> <p>Status: February 2, 2015: Referred to Coms. on HEALTH and B. & P.</p> <p>Hearing Date: None set</p>
<p><u>AB 248 (Hernández, Roger)</u></p> <p>Version: As Introduced: February 9, 2015</p>	<p><u>Health insurance: minimum value: large group market policies.</u></p> <p>The federal Patient Protection and Affordable Care Act 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, except a health care service plan or insurer issuing a specialized health care service plan or policy, that provides less than 60% minimum value in the large group market and would require that the persons to be covered are also covered by a contract or plan that provides at least 60% minimum value.</p>	<p>Location: Assembly Health</p> <p>Status: February 17, 2015: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>

<p><u>AB 339 (Gordon)</u></p> <p>Version: As Introduced: February 13, 2015</p>	<p><u>Health care coverage: outpatient prescription drugs.</u></p> <p>Would require health care service plan contracts and policies of health insurance that are offered, renewed, or amended after January 1, 2016, and that provide coverage for outpatient prescription drugs, to provide coverage for medically necessary prescription drugs that do not have a therapeutic equivalent. This bill would require copayments, coinsurance, and other cost sharing for these drugs to be reasonable. This bill contains other related provisions and other existing laws.</p>	<p>Location: Assembly Health</p> <p>Status: February 23, 2015: Referred to Com. on HEALTH.</p> <p>Hearing Date: None set</p>
<p><u>AB 845 (Cooley)</u></p> <p>Version: As Introduced: February 26, 2015</p>	<p><u>Health care coverage: vision care.</u></p> <p>Would authorize the executive board that governs the California Health Benefit Exchange to construct, manage, and maintain an Internet Web site that is separate and clearly distinct from the Exchange's Internet Web site, to inform consumers about participating individual and employer-based vision plans that are available to qualified individuals and qualified employers. The bill would authorize the board to receive funds from providers of ancillary vision care products and any other nongovernmental source for this purpose.</p>	<p>Location: Assembly Print</p> <p>Status: February 27, 2015: From printer. May be heard in committee March 29.</p> <p>Hearing Date: None set</p>
<p><u>AB 1305 (Bonta)</u></p> <p>Version: As Introduced: February 27, 2015</p>	<p><u>Limitations on cost sharing: family coverage.</u></p> <p>Would require, for family coverage, the specified-described limit on annual out-of-pocket expenses to include a maximum out-of-pocket limit for each individual covered by the plan contract or policy that is less than or equal to the maximum out-of-pocket limit for individual coverage under the plan contract or policy. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	<p>Location: Assembly Print</p> <p>Status: March 2, 2015: Read first time.</p> <p>Hearing Date: None set</p>
<p><u>AB 1425 (Allen, Travis)</u></p> <p>Version: As Introduced: February 27, 2015</p>	<p><u>Small employers: health reimbursement arrangements.</u></p> <p>Would prohibit a health care service plan or health insurer from prohibiting the pairing of a specific health coverage product issued by a plan or insurer to a small employer with a health reimbursement arrangement or other employer-sponsored method for reimbursing employees for all or part of their deductibles, copayments, or other out-of-pocket medical expenses under the plan contract or policy. This bill contains other related provisions and other existing laws.</p>	<p>Location: Assembly Print</p> <p>Status: March 2, 2015: Read first time.</p> <p>Hearing Date: None set</p>
<p><u>AB 1434 (McCarty)</u></p> <p>Version: As Introduced: February 27, 2015</p>	<p><u>Health insurance: prohibition on health insurance sales: health care service plans.</u></p> <p>Current law provides that a nonprofit hospital corporation that substantially indemnified subscribers and enrollees, was operating in 1965 under certain provisions of the Insurance Code, and that is regulated under Knox-Keene shall enjoy the privileges under the act that would have been available to it had it been registered under the Knox-Mills Health Plan Act and had applied for a license under Knox-Keene in 1976. This bill would repeal the provision. The bill would further prohibit an entity licensed under Knox-Keene from offering, marketing, or selling health insurance, whether issued on a group or</p>	<p>Location: Assembly Print</p> <p>Status: March 2, 2015: Read first time.</p> <p>Hearing Date: None set</p>

	individual basis, to an existing or new customer.	
<u>SB 4 (Lara)</u> Version: As Introduced: December 1, 2014	<u>Health care coverage: immigration status.</u> Current law creates the California Health Benefit Exchange for the purpose of facilitating the enrollment of qualified individuals and small employers in qualified health care plans. Current law also provides for the Medi-Cal program, under which qualified low-income individuals receive health care services. This bill would declare the intent of the Legislature all Californians, regardless of immigration status, have access to affordable health coverage and care.	Location: Senate Rules Status: January 15, 2015: Referred to Com. on RLS. Hearing Date: None set
<u>SB 26 (Hernandez)</u> Version: As Introduced: December 1, 2014	<u>California Health Care Cost and Quality Database.</u> Would state the intent of the Legislature to establish a system to provide valid, timely, and comprehensive health care performance information that is publicly available and can be used to improve the safety, appropriateness, and medical effectiveness of health care, and to provide care that is safe, medically effective, patient-centered, timely, affordable, and equitable. The bill would require the Secretary of California Health and Human Services to, no later than January 1, 2017, enter into a contract with one or more independent, nonprofit organizations to administer the California Health Care Cost and Quality Database.	Location: Senate Health Status: January 15, 2015: Referred to Coms. on HEALTH and JUD. Hearing Date: None set
<u>SB 36 (Hernandez)</u> Version: As Introduced: December 1, 2014	<u>Medi-Cal: demonstration project.</u> Current law provides for a demonstration project under the Medi-Cal program until October 31, 2015, to implement specified objectives, including better care coordination for seniors and persons with disabilities and maximization of opportunities to reduce the number of uninsured individuals. This bill would require the State Department of Health Care Services to submit an application to the federal Centers for Medicare and Medicaid Services for a waiver to implement a demonstration project that, among other things, continues the state's momentum and successes in innovation achieved under the demonstration project described above. This bill contains other related provisions.	Location: Senate Health Status: January 15, 2015: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 43 (Hernandez)</u> Version: As Introduced: December 5, 2014	<u>Health care coverage: essential health benefits.</u> Would authorize the Department of Managed Health Care and the Department of Insurance to adopt emergency regulations implementing amendments made to specified-described provisions during the 2015-16 Regular Session until July 1, 2018. This bill contains other existing laws.	Location: Senate Health Status: January 15, 2015: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 125 (Hernandez)</u> Version: As Amended: February 26, 2015	<u>Health care coverage.</u> Current law requires a health care coverage plan or insurer to provide annual enrollment periods for policy years on or after January 1, 2016, from October 15 to December 7, inclusive, of the preceding calendar year. This bill would require that those annual enrollment periods extend from November 1, of the preceding calendar year, to January 31 of the benefit year, inclusive. Because a willful violation of that requirement by a health care service plan	Location: Senate Health Status: February 26, 2015: From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

	would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	Hearing Date: 3/25/2015 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair,
<u>SB 137 (Hernandez)</u> Version: As Introduced: January 26, 2015	<u>Health care coverage: provider directories.</u> Would require health care service plans and insurers subject to regulation by the Insurance Commissioner for services at alternative rates to make a provider directory available on its Internet Web site and to update the directory weekly. The bill would require the Department of Managed Health Care and the Department of Insurance to develop a standard provider directory template. By placing additional requirements on health care service plans, the violation of which is a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	Location: Senate Health Status: February 5, 2015: Referred to Com. on HEALTH. Hearing Date: None set
<u>SB 149 (Stone)</u> Version: As Introduced: January 29, 2015	<u>Investigational drugs, biological products, or devices: right to try.</u> Current law requires the sponsor of a new drug to submit to the FDA an investigational new drug application and to then conduct a series of clinical trials to establish the safety and efficacy of the drug in human populations and submit the results to the FDA in a new drug application. This bill, among other things, would permit a manufacturer of an investigational drug, biological product, or device to make the product available to eligible patients with terminal illnesses, as specified.	Location: Senate Health Status: February 19, 2015: Referred to Coms. on HEALTH and B., P. & E.D. Hearing Date: None set
<u>SB 546 (Leno)</u> Version: As Introduced: February 26, 2015	<u>Health care coverage: rate review.</u> For large group plan contracts and policies, existing law requires a plan or insurer to file rate information with the Department of Insurance at least 60 days prior to implementing an unreasonable rate increase, as defined in PPACA. Current law requires the plan or insurer to also disclose specified aggregate data with that rate filing. This bill would recast the rate information requirement to require large group health care service plans and health insurers to file with the department at least 60 days prior to implementing any rate change all required rate information for any product with a rate change if any of certain conditions apply.	Location: Senate Print Status: February 27, 2015: From printer. May be acted upon on or after March 29. Hearing Date: None set
<u>SB 715 (Anderson)</u> Version: As Introduced: February 27, 2015	<u>Investigational drugs, biological products, or devices: right to try.</u> Would, among other things, permit a manufacturer of an investigational drug, biological product, or device to make the product available to eligible patients with terminal illnesses, as specified. The bill would authorize, but not require, a health benefit plan, as defined, or governmental agency to provide coverage for any investigational drug, biological product, or device made available pursuant to these provisions or the associated costs.	Location: Senate Print Status: March 2, 2015: Read first time. Hearing Date: None set

Total Measures: 17

Total Tracking Forms: 17