MANAGED RISK MEDICAL INSURANCE BOARD
STATE LEGISLATIVE REPORT

February 13, 2013

First Extraordinary Session

Bill	Summary
***ABX1 1 (Pérez, Pan)** Version: I-1/28/2013 Sponsor: Author Status: Assembly Health	**Medi-Cal: Eligibility.** Would implement various provisions of the federal Patient Protection and Affordable Care Act (ACA) concerning Medi-Cal eligibility, including the use of modified adjusted gross income (MAGI). This bill would add benefits, services and coverage included in the essential health benefits package to the schedule of Medi-Cal benefits upon approval by the U.S. Secretary of Health and Human Services. In addition, this bill would change the criteria used to determine the end date for subscriber coverage in the Access for Infants and Mothers (AIM) program. Starting January 1, 2014, AIM subscribers would receive coverage through the end of the month containing the 60th day after the end of pregnancy. Currently, AIM coverage ends 60 days after the end of pregnancy. This bill is identical to SBX1 1. SB 28 contains similar provisions.
***ABX1 2 (Pan)** Version: I-1/29/2013 Sponsor: Author Status: Assembly Health	**Health Care Coverage.** Would implement various provisions of the ACA related to the health insurance market. The bill includes several details regarding open enrollment and special enrollment periods, prohibited conditions for enrollment, prohibitions on targeted solicitations and allowable rating characteristics. The bill would require insurers to consider all enrollees in both its individual market plans and small group market plans to be within a single risk pool per market. This bill would also provide that rates for Health Insurance Portability and Accountability Act (HIPAA) insurance plans be based on the rates of certain plans offered through the California Health Benefit Exchange rather than on MRMIP rates. This bill is identical to SBX1 2
***SBX1 1 (Hernandez)** Version: I-1/28/2013 Sponsor: Author Status: Senate Health	**Medi-Cal: Eligibility** Would implement various provisions of the federal Patient Protection and Affordable Care Act (ACA) concerning Medi-Cal eligibility, including the use of modified adjusted gross income (MAGI). This bill would add benefits, services and coverage included in the essential health benefits package to the schedule of Medi-Cal benefits upon approval by the U.S. Secretary of Health and Human Services. In addition, this bill would change the criteria used to determine the end date for subscriber coverage in the Access for Infants and Mothers (AIM) program. Starting January 1, 2014, AIM subscribers would receive coverage through the end of the month containing the 60th day after the end of pregnancy. Currently, AIM coverage ends 60 days after the end of pregnancy. This bill is identical to ABX1 1. SB 28 contains similar provisions.

* New since last Board meeting.
~ Significant amendments since last Board meeting described with struck out and underlined text.

Bill	Summary
***SBX1 2 (Hernandez)** Version: I-1/28/2013 Sponsor: Author Status: Assembly Health	**Health Care Coverage.** Would implement various provisions of the ACA related to the health insurance market. The bill includes several details regarding open enrollment and special enrollment periods, prohibited conditions for enrollment, prohibitions on targeted solicitations and allowable rating characteristics. The bill would require insurers to consider all enrollees in both its individual market plans and small group market plans to be within a single risk pool per market. This bill would also provide that rates for Health Insurance Portability and Accountability Act (HIPAA) insurance plans be based on the rates of certain plans offered through the California Health Benefit Exchange rather than on MRMIP rates. This bill is identical to ABX1 2
***SBX1 3 (Hernandez)** Version: I-2/5/2013 Sponsor: Author Status: Senate Rules	**Health Care Coverage: Bridge Plan.** Would declare the intent of the Legislature to enact legislation to create a bridge option allowing low-cost health coverage to be provided to individuals within the California Health Benefit Exchange.

Regular Session

Bill	Summary
AB 18 (Pan) Version: I-12/3/2013 Sponsor: Author Status: Introduced	**Individual Health Care Coverage** Would declare the intent of the Legislature to reform the individual health care coverage market consistent with the federal Patient Protection and Affordable Care Act (ACA).
AB 50 (Pan) Version: I-12/21/2013 Sponsor: Author Status: Assembly Health	**Health Care Coverage: Medi-Cal: Eligibility: Enrollment** Would add requirements to the single application process under development, pursuant to the ACA, for Medi-Cal, the Healthy Families Program, the California Health Benefit Exchange (Covered California), and, if established, a basic health program. These requirements would include the coordination of renewal procedures across these programs.
***AB 209 (Pan)** Version: I-1/30/2013 Sponsor: Author Status: Introduced	**Health Care Coverage: Medi-Cal: Eligibility: Enrollment** Would enact the Medi-Cal Managed Care Health Care Quality and Transparency Act of 2013. This bill would require the state Department of Health Care Services (DHCS) to develop and implement a quality improvement and monitoring plan. The plan would include, among other things, minimum and benchmark performance standards, sanctions and corrective actions and a public health care dashboard providing up-to-date information regarding the quality of Medi-Cal services. This bill would require DHCS to appoint an advisory committee composed of providers, plans, researchers, advocates and enrollees. This bill would also require DHCS to invite public comment and to hold quarterly public meetings regarding all Medi-Cal managed care services.

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Bill	Summary
***AB 318 (Louge)** Version: I-2/12/2013 Sponsor: Author Status: Introduced	**Dental care: Telehealth** Would declare the intent of the Legislature to enact legislation that would promote the advancement of telehealth in dental care.
SB 20 (Hernández) Version: I-12/3/2013 Sponsor: Author Status: Senate Rules	**Health Care Coverage: Basic Health Program** Would declare the intent of the Legislature to establish a Basic Health Program pursuant to the federal ACA.
SB 22 (Beall) Version: I-12/3/2013 Sponsor: Author Status: Senate Rules	**Health Care Coverage: Mental Health Parity** Would declare the intent of the Legislature to require compliance with and implementation of federal and state mental health parity laws.
SB 28 (Hernández) Version: I-12/3/2013 Sponsor: Author Status: Senate Health	**Medi-Cal: Eligibility** Would change the criteria used to determine the end date for subscriber enrollment in the Access for Infants and Mothers (AIM) program. Starting January 1, 2014, AIM subscribers would receive coverage through the end of the month containing the 60th day after pregnancy. Currently, AIM coverage ends 60 days after pregnancy. In addition, this bill would implement various provisions of the federal ACA concerning Medi-Cal eligibility including the use of modified adjusted gross income (MAGI). This bill would add benefits, services and coverage included in the essential health benefits package to the schedule of Medi-Cal benefits upon approval by the U.S. Secretary of Health and Human Services. ABX1 1 and SBX1 1 contain similar provisions.
***SB 239 (Hernández)** Version: I-2/12/2013 Sponsor: Author Status: Introduced	**Medi-Cal: Hospital Quality Assurance Fee** Would declare the intent of the Legislature to impose a quality assurance fee on hospitals for the period of January 1, 2014, through December 31, 2015. Specifies the legislature's intent that the fee would only be imposed if, among other things, the funds would be used exclusively for supplemental Medi-Cal payments to hospitals, health care coverage for low-income children, and the direct costs of administering the program
***SB 266 (Leiu)** Version: I-2/13/2013 Sponsor: Author Status: Introduced	**Health Care Coverage: Out-of-Network Coverage** Specifies that a health facility or provider group could only be considered as within a plan or provider network if all of the individual providers providing services at the facility or within the provider group are within the plan network, or if the patient is informed that individual providers may be outside the plan or provider network.

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Bill	Summary

Knox-Keene Bills

The following list includes bills that would change the requirements of health care service plans under the Knox-Keene Health Care Service Plan Act of 1975. Staff will continue to track the progress of these bills and provide additional summary information as needed.

Bill	Mandated Service or Benefit
***AB 219 (Perea)**	**Health care coverage: cancer treatment.** Would prohibit health insurance policies from requiring someone enrolled or insured to pay more than $100 per filled prescription for orally taken cancer treatment medication.
***SB 126 (Steinberg)**	**Health care coverage: pervasive developmental disorder or autism** Would extend the provisions of SB 946 (2011), which provided coverage for behavioral health treatment for pervasive developmental disorder or autism, through July 1, 2019
***SB 189 (Monning)**	**Health care coverage: wellness programs** Would define the parameters under which a wellness program may be offered in connection with a group health care plan. Among other provisions, this bill requires that wellness programs be designed to promote health or prevent disease and prohibits incentives that are linked to premiums or cost sharing or are conditioned on meeting specific health status outcomes.
***SB 264 (Pavley)**	**Accountable Care Organizations** Would require an accountable care organization to have a clinical laboratory testing advisory board that would recommend testing guidelines.

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