

**2009-2010 Session
State Legislative Report as of 03/15/2010**

Overview of Priority Board Regular Session Bills

AB 1653 (Jones) Extension of Quality Assurance Fee (A-HEALTH)

This bill would extend for an additional six months—through June 30, 2011—the quality assurance fee that AB 1383 (2009) imposed on specified hospitals.

***AB 1887** (Villines) California Major Risk Medical Insurance Program (A-HEALTH)

This bill gives the Board the express authority to apply for federal funds.

***AB 2470** (Del La Torre) Individual Care Coverage (A-HEALTH)

Set for hearing March 23, this bill would establish standardized procedures and forms for applicants in the individual health care market. It also sets forth specific conditions in which penalties may be assessed against the industry related to policy cancellations, with penalties collected deposited into the Major Risk Medical Insurance Fund to support the Managed Risk Medical Insurance Plan.

SB 227 (Alquist) MRMIP Expansion (A-APPROPRIATIONS)

This bill would expand coverage for medically uninsurable persons via a pay or play mechanism.

SB 890 (Alquist) Health Care Reform Implementation (S-RULES)

States the Legislature's intent to implement health care reform legislation, including modifying the provisions relating to the Major Risk Medical Insurance Program in order to make the state eligible for federal funding.

***SB 1063** (Cox) Health Families Program (S-HEALTH)

Set for hearing April 14, this measure would prohibit the total amount of annual co-payment from exceeding \$350 per family and would delete the provision prohibiting co-payments from exceeding the co-payment level established for state employees through CalPERS.

***SB 1095** (Aanestad) California Major Risk Medical Insurance Program (S-HEALTH)

This bill would require the Board to offer a major risk medical plan that has varying annual deductibles and out-of-pocket maximums of sufficient range that allows subscribers to participate in Health Savings Accounts.

***SB 1109** (Cox) California Children and Families Program: Funding (S-HEALTH)

Set for hearing April 14, this measure would, with voter approval, abolish the California Children and Families Commission (First 5 California) and divert funds collected in the California Children and Families Trust Fund to the General Fund for appropriation by the Legislature to the Healthy Families and Medi-Cal programs.

***SB 1163** (Leno) Health Care Coverage: Denials: Premium Rates (S-HEALTH)

* New bills since the previous Board meeting

Set for hearing April 14, this bill would establish additional reporting for both the individual and group health insurance industry when coverage is denied or offered at a rate higher than the standard. This information is required to be reported annually to the Managed Risk Medical Insurance Board.

***SB 1431** (Simitian) County Health Initiative Matching Fund (S-HEALTH)

Set for hearing April 14, this bill would allow one of the three C-CHIP counties to apply to the Managed Risk Medical Insurance Board through which to receive matching federal funds to provide health care coverage to eligible children whose family income is at or below 400 percent of the federal poverty level or eligible adults whose family income does not exceed 200% of the federal poverty level.

Assembly Bills

AB 1445 (Chesbro) Visits to Federally Qualified Health Centers and Rural Health Clinics

Version: Amended 06/01/2009

Sponsor: California Primary Care Association

Status: **07/09/2009-Senate APPROPRIATIONS**

The bill would allow federally qualified health centers (FQHCs) and rural health clinics (RHCs) to be reimbursed by Medi-Cal for more than one patient visit per day if the individual sees more than one health care professional at the time. An example of this situation would be if the patient had an appointment with a health care professional and a mental health professional on the same day at the same location. Another example would be a situation where a patient had an appointment for an illness and then on the same day became injured and needed to return that day to the same location. Federal law currently allows two visits per day, but Medi-Cal does not provide reimbursement.

This change was vetoed by the Governor in 2007 as SB 36 (Steinberg) due to his cost to the General Fund.

AB 1595 (Jones) Federal Health Care Reform Implementation

Version: Introduced 01/04/2010

Sponsor: Author

Status: **01/04/2010-In Assembly pending referral**

This bill states the intent of the Legislature to enact legislation that would implement federal health care reform in California.

AB 1600 (Beall) Mental Health Parity

Version: Introduced 01/04/2010

Sponsor: Author

Status: **01/14/2010-Assembly HEALTH**

The bill would require health plan contracts and insurer policies issued, amended or renewed on or after January 1, 2011, to cover the diagnosis and treatment of any mental illness, for any person of any age, and under the same terms and conditions of other medical conditions. The bill would exempt Medi-Cal plans. The coverage required by this bill must be provided in the plan or insurers' entire service area and in emergencies. The bill would permit CalPERS to purchase a health plan or policy that includes mental health coverage and would exempt CalPERS plans, contracts or policies from the bill's other requirements unless CalPERS exercises this authority.

* New bills since the previous Board meeting

† Priority Board bills

AB 1602 (Bass) California Cooperative Health Insurance Purchasing Exchange

Version: Introduced 01/5/2010

Sponsor: Author

Status: 01/14/2010-Assembly HEALTH

This bill would create the Cooperative Health Insurance Purchasing Exchange (Cal-CHIPE) tasked with implementing federal health reform, including providing health care coverage. The bill would create the California Health Trust Fund for these purposes. The bill would prohibit plans and insurers that limit the eligibility age of dependent children from setting that age at less than 26 years of age, with exceptions.

†**AB 1653** (Jones) Extension of Quality Assurance Fee

Version: Introduced 01/14/2010

Sponsor: Author

Status: 01/27/2010-Assembly HEALTH

This bill would extend for an additional six months—through June 30, 2011—the quality assurance fee that AB 1383 (2009) imposed on specified hospitals. AB1383 required DHCS to use the combined state and federal funds for supplemental reimbursements to hospitals and managed health care plans and to provide \$80 million per quarter of the year for health care coverage for children.

†***AB 1887** (Villines) California Major Risk Medical Insurance Program

Version: Introduced 2/16/10

Sponsor: Author

Status: 02/25/10 – Assembly HEALTH

This bill gives the Board the express authority to apply for federal funds.

AB 2025 (De La Torre) Medi-Cal: Demonstration Project

Version: Introduced 2/17/10

Sponsor: Author

Status: 03/4/10 - Assembly HEALTH

Existing law establishes the Medi-Cal Hospital/Uninsured Care Demonstration Project Act that revises hospital reimbursement methodologies to maximize use of federal funds consistent with federal Medicaid law and stabilizes the distribution of funding for hospitals. DHCS is required to submit an application to the federal Centers for Medicare and Medicaid Services (CMS) for a waiver or demonstration project that would implement specified objectives. This bill requires the department to submit its application for a waiver for amendments to the state's Medi-Cal plan to CMS by September 1, 2010. It also provides that each designated public hospital shall implement a comprehensive process to offer individuals who receive services the opportunity to apply for the Health Families Program or any other public program for which they are eligible.

* New bills since the previous Board meeting

† Priority Board bills

AB 2354 (V.M. Perez) Community Health Workers: Promotores

Version: Introduced 02/19/10

Sponsor: Author

Status: 02/19/10 – In Assembly pending referral

This bill expresses the intent of the Legislature to enact legislation that would prepare California to receive and use federal health care funding for health prevention, outreach, education and to prepare, train, promote and expand the work of promotores in community health clinics and county public health departments throughout California. Promotores are community members trained to provide leadership, peer education, support and resources in their communities to improve health status.

†***AB 2470** (De La Torre) Individual Health Care Coverage

Version: Introduced 02/19/10

Sponsor: California Medical Association

Status: 3/11/10 – Assembly HEALTH

This bill requires the Director of the Department of Managed Health Care Services and the Insurance Commissioner to jointly issue regulations establishing a standard information and health history questionnaire to be used in the individual market industry. The bill would also require underwriting be completed prior to the issuance of a contract or policy and that it meet certain requirements with regard to medical underwriting, requiring the plan or insurer to review each application for accuracy and completeness. The bill also sets forth specific conditions under which a policy could be canceled or rescinded due to information contained in the application. Penalties assessed for violation of this law would be deposited into the Major Risk Medical Insurance Fund to support the Managed Risk Medical Insurance Plan subject to appropriation by the Legislature.

AB 2533 (Fuentes) Health Care Coverage: Quality Rating

Version: Introduced 2/19/10

Sponsor: California Medical Association

Status: 02/19/10 – In Assembly pending referral

This bill would expand provisions of law that require every health care service plan and certain health insurers to file with the respective departments a description of policies and procedures related to economic profiling used by the plan or insurer and its medical groups and individual practice associations. Economic profiling means any evaluation of a particular physician, provider, medical group or individual practice association based in whole or part on the economic costs or utilization of services associated with the medical care provided or authorized by a specific physician. The bill would expand these provisions to apply to quality ratings used by the plan or insurer with respect to individual or group performance of physicians.

* New bills since the previous Board meeting

† Priority Board bills

AB 2578 (Jones) Health Care Coverage: Rate Approval

Version: 2/19/10

Sponsor: Author

Status: **02/19/10 - In Assembly pending referral**

This bill would require approval from the Department of Managed Health Care or the Department of Insurance to increase a premium, co-payment, coinsurance obligation, deductible, and other charges under a health care service plan or health insurance policy.

* New bills since the previous Board meeting

† Priority Board bills

Senate Bills

SB 56 (Alquist) County Joint Health Plan Ventures

Version: Amended 01/11/2010

Sponsor: Author

Status: 02/11/10 - Assembly HEALTH

The bill would allow health plans governed by various county bodies (boards of supervisors, special commissions, health system, health authority or medical services plan) to form joint ventures to create integrated networks of public health plans that pool risks, share networks or jointly offer health plans to individuals and groups. The intent of the legislation is to facilitate establishment of affordable health coverage options in the individual and group markets.

†**SB 227** (Alquist) MRMIP Expansion

Version: Amended 07/13/2009

Sponsor: Author

Status: 07/13/2009-Assembly APPROPRIATIONS; 2-year bill (needs concurrence in Senate)

The bill would ensure long-term stable funding for the Major Risk Medical Insurance Program (MRMIP), thereby expanding the program to cover more individuals. To accomplish this, the bill would:

- Require health care plans and insurers providing individual or group coverage to either provide guaranteed-issue coverage to individuals eligible for MRMIP or to pay a fee;
- Eliminate the annual \$75,000 benefit limit and increase the lifetime limit to \$1 million;
- Require MRMIB, conditioned on the absence of a MRMIP waitlist, to establish a process for individuals in the Guaranteed Issue Pilot program to voluntarily re-enroll into MRMIP;
- Require MRMIB to establish premiums at no more than 125 percent of the standard average individual rate for comparable coverage, which is consistent with existing maximum subscriber contribution rates.
- Require MRMIB, in the absence of a MRMIP waiting list, to use federal funds to lower contributions for subscribers who are at or below 300 percent of the federal poverty level to no less than 6 percent of their income;
- Allow MRMIB, with any remaining federal funds, to lower contributions to no less than 6 percent of their income for subscribers with income over 300 percent but less than 400 percent of the federal poverty level.
- Establishes an 11-member panel of specified membership to advise the Board on MRMIP

The Board originally took a position of “support if amended” on this bill. Because the author amended the bill to cap the maximum subscriber contribution at 125 percent of the standard premium for comparable coverage, the Board is now “in support” of the bill. SB 227 is similar to AB 2 (Dymally, 2007) and AB 1971 (Chan, 2005).

* New bills since the previous Board meeting

† Priority Board bills

SB 316 (Alquist) Minimum Loss Ratio

Version: Amended 12/17/2009

Sponsor: Author

Status: **02/11/10 - Assembly HEALTH.**

Current law requires health plans and insurers, when presenting a plan contract or policy for examination or sale to a group of 25 or fewer individuals, to disclose the minimum loss ratio (ratio of premiums paid to health services or claims paid v. administrative costs) for the preceding year. This bill would broaden this mandate and apply it to groups of 50 or fewer individuals.

SB 543 (Leno) Minors: Consent for Mental Health Treatment

Version: Amended 09/03/2009

Sponsor: National Association of Social Workers, California Chapter; Mental Health America of Northern California; GSA Network; and Equality California

Status: **09/11/2009 - Assembly INACTIVE FILE**

This bill would:

- Allow a minor who is at least 12 years old to consent to outpatient mental health treatment or counseling services if the attending “professional person,” as defined, determines the minor is mature enough to participate intelligently in the mental health treatment or counseling services;
- Require involvement of the minor’s parents in the treatment or services unless the “professional person” determines, after consulting with the minor, that the parental involvement would be inappropriate;
- Expand the definition of a “professional person” to include a licensed clinical social worker, as specified, and a board-certified or board-eligible psychiatrist;
- And in terms of the cost issue, in a case where the minor’s parents were not involved in the treatment, would not hold the parents financially liable for the treatment cost.

SB 810 (Leno) Universal Health Care

Version: Amended 01/13/2010

Sponsor: One Care Now, Health Care For All

Status: **01/28/2010 – In Assembly pending referral**

This bill states the intent of the Legislature to establish a single system of universal health care coverage and a single public payer for all health care services in California. To that end, this bill would:

- Create the California Healthcare Agency, an independent agency under the control of a Healthcare Commissioner appointed by the Governor on or before July 1 of the fiscal year following the bill’s effective date and confirmed by the Senate;
- Require the system to become operational no later than two years from the date the Secretary of the California Health and Human Services agency determines that the Healthcare Fund, created for this bill’s purposes, would have sufficient revenues to fund

* New bills since the previous Board meeting

† Priority Board bills

the costs of implementing the bill. The California Healthcare Agency would supervise the California Healthcare System Plan. All people physically present in California with the intent to reside in the state would be eligible for the California Healthcare System Plan.

- Prohibit any health care service plan contract or health insurance policy, except for the California Healthcare System Plan, from being sold in California for services provided by the system. This provision would have the effect of reducing the health plan and insurance industry in California to either third-party administrators or entities that provide coverage for benefits not covered by the California Healthcare System Plan.
- Require the Managed Risk Medical Insurance Board (MRMIB) to serve, with other departments and agencies, on an advisory panel that would make recommendations to the Commissioner on how to establish the system throughout local regions.

SB 836 (Oropeza) Breast And Cervical Cancer Early Detection Program Expansion

Version: Introduced 01/04/2010

Sponsor: Author

Status: 01/21/2010 - Senate HEALTH

Set for hearing March 24, this bill would require the Department of Public Health (DPH) to provide breast cancer screening services to individuals of any age who are exhibiting symptoms, with a physician's recommendation, and individuals 40 years of age or older whose family income does not exceed 200 percent of the federal poverty level. This bill would appropriate an unspecified amount to fund the DPH breast and cervical cancer early detection program.

†**SB 890** (Alquist) Health Care Reform Implementation

Version: Introduced 01/21/2010

Sponsor: Author

Status: 02/04/10- Senate RULES

This bill would state the Legislature's intent to implement health care reform legislation. To this end, the bill states that the Legislature would, among other things, increase the dependent coverage age limit, and address rescission, preexisting condition exclusions, rating rules, medical loss ratios, waiting periods, annual and lifetime limits, and guaranteed issue. The Legislature would also expand Medi-Cal medically indigent adult coverage. The bill would also state the Legislature' intent to modify the provisions relating to the Major Risk Medical Insurance Program in order to make the state eligible for federal funding.

SB 900 (Alquist) California Health Insurance Exchange

Version: Introduced 01/26/10

Sponsor: Author

Status: 02/11/2010-Senate HEALTH

This bill would establish the California Health Insurance Exchange within the California Health and Human Services Agency and would require the exchange to, among other things, provide, or make available, health care coverage through participating health plans, determine eligibility,

* New bills since the previous Board meeting

† Priority Board bills

enrollment, and disenrollment criteria and processes. The measure would authorize expenditures from the California Health Insurance Exchange Fund, which the bill would create in the State Treasury, and be governed by an unspecified board whose members would be appointed by the Legislature.

†***SB 1063** (Cox) Healthy Families Program

Version: Introduced 2/16/10

Sponsor: Author

Status: 02/25/10 – Senate HEALTH

This measure would prohibit the total amount of annual co-payment from exceeding \$350 per family and would delete the provision prohibiting co-payments from exceeding the co-payment level established for state employees through CalPERS. The bill also calls for restructuring of co-payments for prescription drugs to encourage use of generic drugs by raising co-payments for a brand name drug to 150 percent of the co-payment for its generic equivalent except where no generic is available or where the use of the brand name drug is medically necessary. It makes similar provisions for use of emergency room services when the patient is not hospitalized.

†***SB 1095** (Aanestad) California Major Risk Medical Insurance Program

Version: Introduced 2/17/10

Sponsor: Author

Status: 02/25/10 – Senate HEALTH

This bill would require the Board to offer a major risk medical plan within MRMIP that has varying annual deductibles and out-of-pocket maximums of sufficient range that allows subscribers to participate in Health Savings Accounts. The bill specifies the Board shall offer at least four different major risk medical coverage options with annual deductibles ranging from \$500 to \$2,500 for an individual to \$1,000 to \$4,000 for a family and out of pocket annual maximums of \$2,500 to \$5,000 for an individual and \$4,000 to \$7,5000 for a family.

†***SB 1109** (Cox) California Children and Families Program: Funding

Version: Introduced 2/17/10

Sponsor: Author

Status: 02/25/10 – Senate HEALTH

This bill would abolish the California Children and Families Commission and the county children and families commissions, effective 90 days after it is approved by the voters. If enacted, it would provide, with some exceptions, that these funds be transferred to the state General Fund for appropriation by the Legislature to the Healthy Families Program and to Medi-Cal. The bill would also abolish the California Children and Families Commission, also known as First 5 California.

* New bills since the previous Board meeting

† Priority Board bills

†***SB 1163** (Leno) Health Care Coverage: Denials: Premium Rates

Version: Introduced 2/18/10

Sponsor: Health Access

Status: 03/4/10 – Senate HEALTH

This bill would require both a health insurer that offers health care coverage in the individual market AND a health care service plan or health insurer that offers health care coverage in the large group market to provide an individual or group, respectively, to whom it denies coverage or enrollment or offers coverage at a rate higher than the standard rate with the specific reason or reasons for that decision in writing in clear, easily understandable language. This bill would require a plan or insurer to annually disclose to the Department of Managed Health Care or the Department of Insurance the standards, processes, and criteria used by the plan or insurer to deny issuance of a large group contract or policy. (This provision is already in place for the individual market). The bill would also require reporting of other data showing the proportion of denials issued annually and the reason why. This information would be required to be reported annually to the Managed Risk Medical Insurance Board, and the relevant policy and budget committees of the Legislature, as specified. No funding is provided for these additional activities.

†***SB 1431** (Simitian) County Health Initiative Matching Fund

Version: Introduced 2/19/10

Sponsor: San Mateo County

Status: 03/11/10 – Senate HEALTH

This bill would allow one of the three C-CHIP counties to apply to the Managed Risk Medical Insurance Board through which to receive matching federal funds to provide health care coverage to eligible children whose family income is at or below 400 percent of the federal poverty level or eligible adults whose family income does not exceed 200% of the federal poverty level. This bill also would allow persons who are unable enroll in the Healthy Families Program due to enrollment policies established by the board, to receive this coverage and would also allow for the intergovernmental transfer by applying to the Board for funding.

***SCA 29** (Strickland) Health Care Coverage

Version: Introduced 2/19/10

Sponsor: Author

Status: 03/11/10 – Senate HEALTH

This bill would prevent delivery or enforcement of health care services in California that were required for individuals to purchase, that required health care service plans or health insurers to guarantee issue of to all applicants, would require employers to provide or pay a fee or tax in lieu of, would allow the government to create, operate or subsidize an entity that would compete with health care service plans or health insurers in the private sector, or would create a single-payer health care system, unless approved by a vote of the electorate.

* New bills since the previous Board meeting

† Priority Board bills