

MANAGED RISK MEDICAL INSURANCE BOARD
STATE LEGISLATIVE REPORT

April 12, 2013

First Extraordinary Session

Bill	Summary
ABX1 1 (Pérez, Pan)	Medi-Cal: Eligibility
Version: I-1/28/2013 Sponsor: Author Status: Senate Health	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 60 th 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)	Health Care Coverage
Version: A- 4/1/2013 Sponsor: Author Status: Senate Appropriations	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. This bill provides for 19 geographic rating areas which are identical to those enacted by last session's AB 1083. Holds that if certain portions of the ACA were to be repealed, related provisions of this bill would become inoperative 12 months after the date of the ACA repeal. This bill has been amended such that it only makes changes to the California Insurance Code. SBX1 2 contains similar provisions changing the California Health and Safety Code. This bill would become operative only if SBX1 2 is enacted and takes effect.
SBX1 1 (Hernandez)	Medi-Cal: Eligibility
Version: I-1/28/2013 Sponsor: Author Status: Senate Health	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.

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Bill	Summary
~SBX1 2 (Hernandez)	Health Care Coverage
Version: 4/1/2013	<p>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 This bill provides for 19 geographic rating areas which are identical to those enacted by last session's AB 1083. Holds that if certain portions of the ACA were to be repealed, related provisions of this bill would become inoperative 12 months after the date of the ACA repeal. This bill has been amended such that it only makes changes to the California Health and Safety Code. ABX1 2 contains similar provisions changing the California Insurance Code. This bill would become operative only if ABX1 2 is enacted and takes effect.</p>
Sponsor: Author	
Status: Assembly Appropriations	
~SBX1 3 (Hernandez)	Health Care Coverage: Bridge Plan
Version: A-3/6/2013	<p>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 (Covered California). Individuals eligible for Covered California with household income not more than 200 percent of the federal poverty level would be eligible to enroll in a Bridge Plan. The bill provides that individuals able to demonstrate that their Medi-Cal or Healthy Families coverage was terminated in a manner to be defined by regulations also would be eligible to enroll in a Bridge Plan. Bridge Plans are designed to ease the transition for families who move in and out of eligibility for Medi-Cal based on income.</p>
Sponsor: Author	
Status: Senate Health	
Regular Session	
Bill	Summary
~AB 18 (Pan)	Individual Health Care Coverage
Version: A-3/19/2013	<p>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).— Provides that if a stand alone dental plan offering pediatric dental benefits (one of the 10 essential health benefits required by the ACA) is available through Covered California, then a health plan without pediatric dental benefits but providing all other essential benefits may be offered through Covered California. The bill requires stand-alone dental plans offered through Covered California to offer the same health benefits for pediatric oral care covered under the dental plan available to subscribers of the Healthy Families Program in 2011–12.</p>
Sponsor: Author	
Status: Assembly Health	
AB 50 (Pan)	Health Care Coverage: Medi-Cal: Eligibility: Enrollment
Version: I-12/21/2013	<p>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.</p>
Sponsor: Author	
Status: Assembly Health	

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Bill	Summary
AB 209 (Pan)	Health Care Coverage: Medi-Cal: Eligibility: Enrollment
Version: A-4/9/2013	<p>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.</p>
Sponsor: Author	
Status: Assembly Appropriations	
~AB 318 (Louge)	Dental Care: Telehealth
Version: A-3/19/2013	<p>Would declare the intent of the Legislature to enact legislation that would promote the advancement of telehealth in dental care that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for "teledentistry" and that such services are subject to Medi-Cal billing and reimbursement policies. <u>The bill would define terms related to teledentistry.</u></p>
Sponsor: Author	
Status: Assembly Health	
*AB 357 (Pan)	California Healthy Child Advisory Task Force
Version: I-2/14/2013	<p>Would require the California Health and Human Services Agency to establish the California Healthy Child Advisory Task Force. The statewide task force would be charged with developing a vision for children's health in the state.</p>
Sponsor: Author	
Status: Assembly Health	
*AB 411 (Pan)	Medi-Cal: Performance Measures
Version: A-4/9/2013	<p>Would require all Medi-Cal managed care plans to analyze their Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, by geographic region, race, ethnicity and primary language, and to implement strategies to reduce identified disparities. The analyses would be reported to DHCS annually and posted to the department's internet web site. The bill would also require all Medi-Cal managed care plans to link individual-level data to personal identifiers and to submit that data to the department annually. The data would be available for research purposes.</p>
Sponsor: California Pan-Ethnic Health Network	
Status: Assembly Appropriations	
*AB 505 (Nazarian)	Medi-Cal: Managed Care: language Assistance Services
Version: I-2/20/2013	<p>Would require all Medi-Cal managed care plans contracting with DHCS to provide language assistance services, including interpretation and translation, to limited-English-proficient (LEP) enrollees when an LEP population meets defined threshold levels.</p>
Sponsor: Author	
Status: Assembly Health	

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Bill	Summary
*AB 860 (Perea)	Medical School Scholarships
Version: A- 4/8/2013	Specifies that beginning January 1, 2014, \$600,000 shall be transferred each year to the Steven M. Thompson Medical School Scholarship Account within the Health Professions Education Fund from the Managed Care Administrative Fines and Penalties Fund. This represents the second allocation from the Managed Care Administrative Fines and Penalties Fund. The first \$1,000,000 in the fund is transferred each year to the Medically Underserved Account for Physicians in the Health Professions Education Fund. Any amount in the Administrative Fines and Penalties Fund in excess of \$1.6 million would continue to be directed to the Managed Risk Medical Insurance Program (MRMIP). SB20 would make conflicting changes to the same sections of law.
Sponsor: Author	
Status: Assembly Appropriations	
*AB 1263 (Pérez)	Medi-Cal: CommuniCal
Version: A-4/11/2013	Would require DHCS to establish the Medi-Cal Patient-Centered Communication program (CommuniCal), to be administered by a third party administrator. CommuniCal would provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient (LEP). The bill would establish a certification process and registry of CommuniCal certified medical interpreters (CCMI) at the Department of Human Resources and grants CCMI collective bargaining rights with the state.
Sponsor: Author	
Status: Assembly Appropriations	
~SB 20 (Hernández)	Health Care Coverage: Basic Health Program: <u>Workforce Training</u>
Version: A-2/14/2013	Would declare the intent of the Legislature to establish a Basic Health Program pursuant to the federal ACA. <u>Would provide that, once MRMIP is inoperative, all managed care administrative fine and penalty funds would be directed toward the Steven M. Thompson Physician Corps Loan Repayment Program. Currently any amount over \$1 million is directed to MRMIP. AB 860 would make conflicting changes to the same sections of law.</u>
Sponsor: Author	
Status: Senate Health	
~SB 22 (Beall)	Health Care Coverage: Mental Health Parity
Version: A-4/2/2013	Would declare the intent of the Legislature to require compliance with and implementation of federal and state mental health parity laws. <u>Would require health care service plans, their contractors and health insurers to submit an annual report to the Department of Managed Health Care or the Department of Insurance certifying compliance with state laws and the federal Mental Health Parity and Addiction Equity Act of 2008. The bill would require the reports to be published on the applicable department's internet web site. The reports would include an analysis of the entity's compliance with the law and surveys of enrollees, individuals insured and providers.</u>
Sponsor: Author	
Status: Senate Judiciary	
SB 28 (Hernández)	Medi-Cal: Eligibility
Version: I-12/3/2013	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 60 th 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
Sponsor: Author	
Status: Senate Health	

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Bill	Summary
SB 239 (Hernández)	<p>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.</p>
Version: I-2/12/2013	<p>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.</p>
Sponsor: Author	<p>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</p>
Status: Senate Rules	
~SB 266 (Leiu)	Health Care Coverage: Out-of-Network Coverage
Version: A-4/3/2013	<p>Specifies that a health facility clinic or provider group could only be considered as shall not state it is within a plan or provider network if unless all of the individual providers providing services at the facility clinic 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. The bill would require a provider group, clinic or hospital to recommend the patient contact his or her insurance carrier for information about providers who are within the patient's network prior to providing non-emergency services.</p>
Sponsor: Author	
Status: Senate Health	
*SB 639 (Hernandez)	Health Care Coverage
Version: A-4/9/2013	<p>This bill would define the bronze, silver, gold and platinum levels of coverage for health care plans offered in individual and small group markets in a manner consistent with the ACA. The bill limits the deductible under a small employer health care plan to a maximum of \$2,000 for plans covering a single individual, or \$4,000 in all other cases. This limit would apply to plans offered, sold or renewed on or after January 1, 2014.</p>
Sponsor: Author	
Status: Senate Health	
*SB 703 (Hernandez)	Medi-Cal
Version: I-2/22/2013	<p>This bill would state the intent of the Legislature to enact legislation that would make necessary improvements to the Medi-Cal program.</p>
Sponsor: Author	
Status: Senate Rules	

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Bill	Summary
SB 189 (Monning)	<p>Health Care Coverage: Wellness Programs</p> <p>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.</p>
SB 264 (Pavley)	<p>Accountable Care Organizations</p> <p>Would require an accountable care organization to have a clinical laboratory testing advisory board that would recommend testing guidelines.</p>
*SB 320 (Beall)	<p>Health Care Coverage: Acquired Brain Injury</p> <p>After January 1, 2014, would prohibit any health care service plan contract from denying coverage for treatment of an acquired brain injury at a properly licensed and accredited facility within the insurer's network even if the facility is not near the enrollee's home.</p>
*SB 353 (Lieu)	<p>Health Care Coverage: Language Assistance</p> <p>Would require a health care service plan that markets in a language other than English to translate into that language specified documents such as welcome letters, summaries of benefits and various defined notices, even if that language does not meet the minimum enrollee thresholds established by law.</p>
*SB 746 (Leno)	<p>Health Care Coverage: Premium Rates</p> <p>Would require health care service plans to file with the Department of Managed Health Care all specified rate information for rate increases that exceed the Consumer Price Index. The bill would also require a health plan that exclusively contracts with no more than two medical groups in the state to disclose specified information regarding the plan's overall annual claims cost trend.</p>

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