

**State Legislative Status Report  
2007-2008 Regular Session  
March 19, 2008**

Note: Status information reflects information available as of 03/17/2008.

**ASSEMBLY BILLS**

**AB 1** (Laird) Health care coverage.

Version: Amended 09/07/2007

Sponsor: 100% Campaign; People Improving Communities through Organizing (PICO)

Status: 09/12/2007-Held at ASSEMBLY DESK.

Note: AB 1 is identical to SB 32 (Steinberg).

The bill would:

- Expand eligibility for Medi-Cal and the Healthy Families Program (HFP) to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB; the bill would make unsubsidized HFP coverage available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete specified citizenship and immigration status requirements for Medi-Cal and HFP and would require the MRMIB to implement a process permitting applicants to self-certify income and income deductions by 1/1/2008.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal and the HFP and develop a process to transition the enrollment of children from local children's health initiatives into Medi-Cal and HFP.
- Establish the HFP to Medi-Cal Presumptive Eligibility Program, the Medi-Cal to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a California Children's Services (CCS) eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program to be financially eligible for CCS program benefits.

**AB 2** (Dymally) Health care coverage.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/11/2007-Senate Floor INACTIVE FILE.

Note: MRMIB support.

This bill would:

- Require insurers in all markets to either sell individual coverage on a guaranteed issuance basis with community rating (no rating for age, health status or geography) or elect to pay a fee to help finance the Major Risk Medical Insurance Program (MRMIP).

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

- Require health plans and insurers to either pay a per life fee, adjusted by MRMIB and capped at \$1.50 per life, to fully fund the MRMIP, eliminating any wait lists for the program, or agree to provide coverage to persons eligible for the MRMIP, based on their market-share of covered lives in the state.
- As of 1/1/2008, eliminate annual benefit caps for the MRMIP and require at least \$1 million lifetime benefit cap; cap out-of-pocket costs at \$2,500 or lower per person and \$4,000 per family, and; reduce consumer costs for primary and preventative care and medications for chronic conditions.
- Require MRMIB to appoint an 8-member advisory committee (volunteers) to advise the board on topics related to operation of the program and improving quality and cost-effectiveness of program operations.
- Provide coverage on or after January 1, 2009 for persons newly eligible for HIPPA through MRMIP.
- Allow, after January 1, 2009, persons enrolled in Guarantee Issue Program (GIP) coverage to enroll in MRMIP;
- Reduce subscriber premiums in MRMIP over time, based on a percent of the cost in the private market for comparable coverage: from 137% currently to 125% on 1/1/2008 and on 1/1/2009 at 120% for persons above 300% FPL and 110% for persons below 300% FPL.
- Require MRMIB to report to the Legislature by July 1, 2011 regarding implementation of the provisions of the bill, and specific information regarding program operations.

**\*AB 16** (Hernandez) Pupil immunizations.

Version: Amended 07/05/2007

Sponsor: Author

Status: 01/31/2008-Senate HEALTH.

Existing law prohibits the governing authority of a school or other institution from unconditionally admitting a pupil unless the pupil has been fully immunized against various diseases. This bill would revise the list of institutions that are subject to the prohibition, and would require the State Public Health Officer to create a list of diseases for which immunization would be required prior to entry into those institutions and to annually publish the list on the Department of Public Health website.

**\*AB 368** (Carter) Hearing aids.

Version: Introduced 02/14/2007

Sponsor: Author

Status: 02/07/2008-Senate HEALTH.

This bill would require health care service plans and health insurers to offer or provide coverage up to \$1,000 for hearing aids to all enrollees, subscribers, and the insured less than 18 years of age. The bill would provide that the requirement would not apply to certain types of insurance.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**\*\*AB 1150** (Lieu) Health care coverage: underwriting practices.

Version: Amended 01/16/2008

Sponsor: Author

Status: 02/07/2008-Senate HEALTH.

This bill would prohibit a health plan from compensating a person or entity based on performance goals or quotas regarding the number of contracts, policies, or certificates they helped rescind, cancel, or limit, or on the resulting cost savings to the plan or insurer.

**AB 1554** (Jones) Health care coverage: rate approval.

Version: Amended 07/05/2007

Sponsor: Author

Status: 07/11/2007-Senate HEALTH.

This bill would require approval by the Department of Managed Health Care or the California Department of Insurance of an increase in the amount of the premium, co-payment, coinsurance obligation, deductible, and other charges under individual and group policies issued by health plan or health insurers. This would not include a Medicare supplement contract or policy or health plan contracts issued through a state program including Medi-Cal and the Healthy Families Program.

**\*\*AB 1774** (Lieber) Health care coverage: uterine and ovarian cancer screening tests.

Version: Amended 03/05/2008

Sponsor: Cancer Schmancer

Status: 03/06/2008-Assembly HEALTH.

This bill requires health insurance policies issued, amended, or renewed, on or after January 1, 2009, to provide coverage for any medically necessary test, as determined by health care providers, to screen for and diagnose gynecological cancers. Current law authorizes health plans, not providers, to make this determination.

**\*\*AB 1945** (De La Torre) Health care coverage.

Version: Introduced 02/13/2008

Sponsor: California Medical Association

Status: 02/28/2008-Assembly HEALTH. Set for hearing 04/01/2008.

This bill would require a health care service plan or health insurer to seek and obtain approval of its regulator – Department of Managed Health Care or California Department of Insurance – prior to rescinding, canceling, or limiting a plan contract or policy. The bill would also authorize each respective regulator to assess penalties on or suspend or revoke the license of an insurer or certificate of a plan violating this law.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**\*\*AB 2088** (Beall) Public health: tobacco fees: Secretary of Addiction Prevention and Recovery Services.

Version: Introduced 02/19/2008

Sponsor: Author

Status: 02/28/2008-Referred to Assembly Committees on GOVERNMENTAL ORGANIZATION and HEALTH.

This bill would increase licensing fees for the distribution and sale of tobacco to be used by a new cabinet-level Secretary of Addiction Prevention and Recovery Services who would oversee alcohol and drug issues in the state.

**\*\*AB 2400** (Price) Hospitals: closure.

Version: Introduced 02/21/2008

Sponsor: To Be Determined (TBD)

Status: 02/22/2008-Bill read first time and printed. Bill not yet assigned to a committee.

This bill declares legislative intent to enact standards and requirements for hospitals that plan to close and for the Legislature to financially support hospital districts and private hospitals in specified circumstances.

**\*\*AB 2463** (Davis) Hypertension and diabetes.

Version: Introduced 02/21/2008

Sponsor: TBD

Status: 02/22/2008-Bill read first time and printed. Bill not yet assigned to a committee.

This bill declares legislative intent to address hypertension and diabetes among low-income persons and persons of color in California.

**\*\*AB 2527** (Berg) Medi-Cal: payments to hospitals.

Version: Introduced 02/21/2008

Sponsor: TBD

Status: 02/23/2008-Bill read first time and printed. Bill not yet assigned to a committee.

This bill would allow the Legislature to consult with the California Hospital Association to review Medi-Cal reimbursement rates for outpatient services rendered at critical access hospitals designated as such under the federal Medicare rural hospital flexibility program, compare the rates to the actual costs incurred by these hospitals, and, on or before the January 1st after the comparison is complete, report findings to the Legislature.

**\*\*AB 2549** (Hayashi) Health care coverage: notification.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/06/2008-Assembly HEALTH. Set for hearing 04/08/2008.

This bill would require health plans or health insurers to review every subscriber application for individual (non-group) coverage within six months, confirm its accuracy, and notify the

*\*New status since last board meeting*

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subscriber whether the contract will be rescinded because of an inaccurate application. Six months after issuing an individual (non-group) policy, a health plan or insurer would be prohibited from canceling or rescinding coverage due to an inaccurate application. When coverage is cancelled for inaccuracy of an application, a subscriber would be allowed to appeal to the DMHC Director or the Insurance Commissioner for reinstatement. When the Director or Commissioner determines that a proper complaint exists, the health plan or insurer would be required to reinstate the subscriber within 15 days of being notified, pending a hearing, as specified.

**\*\*AB 2589** (Solorio) Health care coverage: public agencies.

Version: Introduced 02/22/2008

Sponsor: Santa Ana School District

Status: 03/10/2008-Assembly HEALTH. Set for hearing 04/01/2008.

This bill would require health plans or health insurers to report annually to the governing boards of public agencies that contract to provide group coverage, any commissions or fees paid to an agent, broker or individual, the names, addresses of these agents, fees and individuals, the total premiums paid for all enrollees, an approximation of the number of persons under the contract at the end of the contract year, and a description of covered benefits.

**\*\*AB 2644** (Huff) Medical billing.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Assembly HEALTH.

This bill would require any health care provider directly billing a patient for professional health care services, including hospital services, to provide a description in “plain English” of the medical procedure or services for which a patient is billed. The bill also would define “plain English” as including “at least one, but not more than five, lay terms.”

**\*\*AB 2653** (Garcia) Hospital access pass.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Assembly HEALTH. Set for hearing 04/08/2008.

This bill would allow, under certain conditions, a health plan participating in the Healthy Families program or Medi-Cal to request a “hospital access pass,” a waiver of geographic accessibility standards for its providers, respectively from MRMIB or Department of Health Care Services. The bill would also require hospitals to allow access to any member of a participating health plan if MRMIB or DHCS approves the waiver and would require hospital services provided to participating plan members to be reimbursed at area prevailing rates set by the California Medical Assistance Commission.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**\*\*AB 2902** (Swanson) Public health outreach: community health care workers.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Assembly HEALTH.

This bill would require the Office of Multicultural Health, State Department of Public Health, to encourage the use of community-based health care workers to target underserved communities, including encouraging the Healthy Families program to use and reimburse these workers, when cost effective. The bill also conforms existing law to permit public health programs to utilize these community-based health care workers.

**\*\*AB 2967** (Lieber) Health care cost and quality transparency.

Version: Amended 03/13/2008

Sponsor: TBD

Status: 03/13/2008-Assembly HEALTH.

This bill would create the California Health Care Cost and Quality Transparency Committee in the Health and Human Services Agency (CHHSA) to develop a plan to improve medical data collection and reporting practices. The bill would also require the CHHSA Secretary and the Committee to implement strategies to improve health care quality and meet related requirements. The Committee would establish a fee schedule and identify other financial resources to implement the bill. The bill would require an appropriation in the annual Budget Act in order to be implemented.

**\*\*AB 3027** (De Leon) Health care coverage: disclosures: foreign languages.

Version: Introduced 03/13/2008

Sponsor: Latino Issues Forum

Status: 03/13/2008-Assembly HEALTH.

This bill would require that the Department of Managed Health Care (DMHC) and the Department of Insurance (CDI) jointly develop a document, on or before January 30, 2009, to inform subscribers how to access “interpretive” services in Medi-Cal “threshold” languages (defined in existing regulations) to assist them in communicating with their doctor, plan or insurer. The document would also include DMHC and CDI contact information to assist subscribers “with difficulties in, or complaints about, accessing” their health plans or insurers. The bill would require, on and after March 2, 2009, that health plans and health insurers distribute the document to subscribers with “annual enrollment or disenrollment correspondence, all notices and forms, and any appointment-related information,” and in at least one separate mailing on June 1 of each year.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**\*\*ACA 14** (Strickland) State-funded benefits.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 02/25/2008-Bill read first time and printed. Bill not yet assigned to a committee.

This bill would place an initiative on the ballot which, if passed by voters, would amend the State Constitution to require that specific proof of U.S. citizenship or one's right to lawfully reside in the United States be provided as a condition of eligibility by persons 18 years of age or older applying for a non-emergency state-funded public benefit, with some exceptions. Allowable proof would be defined as a California driver's license or State-issued identification card that meets applicable document and issuance requirements of federal law, a U.S. passport, or a permanent resident alien card issued by the U.S. government.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

## SENATE BILLS

**SB 32** (Steinberg) Health care coverage: children.

Version: Amended 09/07/2007

Sponsor: 100% Campaign; People Improving Communities through Organizing (PICO)

Status: 09/11/2007-Assembly FLOOR INACTIVE FILE.

Note: SB 32 is identical to AB 1 (Laird).

The bill would:

- Expand eligibility for Medi-Cal and the Healthy Families Program (HFP) to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB; the bill would make unsubsidized HFP coverage available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete specified citizenship and immigration status requirements for Medi-Cal and HFP and would require the MRMIB to implement a process permitting applicants to self-certify income and income deductions by 1/1/2008.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal and the HFP and develop a process to transition the enrollment of children from local children's health initiatives into Medi-Cal and HFP.
- Establish the HFP to Medi-Cal Presumptive Eligibility Program, the Medi-Cal to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a California Children's Services (CCS) eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program to be financially eligible for CCS program benefits.

**SB 697** (Yee) Health care coverage: provider charges.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/07/2007-Assembly HEALTH.

This bill would explicitly prohibit any health care provider who is given documentation that a person is enrolled in the Healthy Families program from "balance billing" the subscriber for health care services.

**SB 840** (Kuehl) Single-payer health care coverage.

Version: Amended 07/10/2007

Sponsor: Author

Status: 07/10/2007-Assembly APPROPRIATIONS.

This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency, under the control of a Healthcare Commissioner. The bill would make all California residents eligible for specified health care benefits under the

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would provide that a resident of the state with a household income at or below 200% of the federal poverty level would be eligible for the type of benefits provided under the Medi-Cal program. The bill would create several new offices to establish policy on medical issues and various other matters relating to the health care system.

**SB 981** (Perata) Health care coverage: non-contracting hospital-based physician claims.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/10/2007-Re-referred to Assembly Committee on HEALTH and Assembly Committee on APPROPRIATIONS.

This bill would require health plans to pay a non-contracting hospital-based physician the lesser of the physician's full charge or the newly created "interim payment standard" as defined. The bill creates various payment rates and standards for non-contracted hospital-based physicians to be developed in regulations by the Department of Managed Health Care. These include developing regulations regarding payment to non-contracted hospital-based physicians as part of the Healthy Families Program and the Access to Infants and Mothers (AIM) program.

**\*\*SB 1440** (Kuehl) Health care coverage.

Version: Introduced 02/21/2008

Sponsor: TBD

Status: 03/13/2008-Senate HEALTH. Set for hearing 04/09/2008.

This bill would limit health plans licensed for five years or less to spending no more than 25 percent of the money they receive from subscribers on administrative expenses, and limit other (older) licensed health plans to 15 percent. Current law does not limit the amount of administrative expenses that health plans may pay with money derived from sources other than subscribers.

**\*\*SB 1459** (Yee) Healthy Families Program.

Version: Introduced 02/21/2008

Sponsor: TBD

Status: 03/06/2008-Senate RULES.

This bill states legislative intent to ensure maximum enrollment in the Healthy Families Program.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**\*\*SB 1522** (Steinberg) Health care coverage: coverage choice categories.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Senate HEALTH. Set for hearing 04/09/2008.

This bill would require the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) by April 1, 2009 to jointly adopt regulations to develop systems to categorize all health plan contracts and health insurance policies offered and sold to individuals (non-group coverage) into five coverage benchmark categories. Each health plan and health insurer offering individual coverage must offer at least one contract or policy in each coverage category and meet various standards for price, benefits, type of product (HMO, PPO, EPO, POS, tradition indemnity model, etc.). The bill would require that health plans and health insurers be given flexibility in establishing provider networks for the new products as long as they meet access to care standards and other specified requirements. The bill also includes other related requirements for health plans and insurers regarding the pricing of products and their regulation.

**\*\*SB 1525** (Kuehl) Health care service plans: onsite medical survey.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Senate HEALTH. Set for hearing 04/09/2008.

Existing law requires the Department of Managed Health Care to survey health plans' procedures for obtaining health services, regulating utilization, and assuring quality of care. This bill would add a requirement that the department also review health plan procedures for making determinations of medical necessity.

**\*\*SB 1540** (Correa) Health care coverage: children.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/06/2008-Senate HEALTH.

This bill would establish a pilot program in Orange County that would, until January 1, 2014, expand the health care coverage available to specified children who are residents of Orange County up to 300% of Federal Poverty Level (FPL) in Medi-Cal and the Healthy Families programs regardless of citizenship and immigration status requirements. It would require the MRMIB by January 2009 to:

- Implement a process for applicants to self-certify income and income deductions to establish eligibility for the Healthy Families Program (HFP);
- Create the Healthy Families Buy-In Program, administered by the MRMIB, that would make coverage provided under the HFP available to children who are residents of Orange County whose household income exceeds 300% of FPL and who meet other specified criteria;
  - Specify that coverage under the buy-in program would include services provided under the California Children's Services Program (CCSP) for children eligible for CCSP and deem the child's family financially eligible for benefits under CCSP, and;

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

- Specify the family contribution required for children enrolled in the buy-in program and would require an additional payment, as determined by the MRMIB, from the family of a child determined eligible for CCSP.

**\*\*SB 1553** (Lowenthal) Health care service plans.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/06/2008-Senate HEALTH. Set for hearing 04/02/2008.

The bill would delete the ability of a plan to retrospectively modify, delay, or deny health care services to an enrollee. The bill would expand the grievance system, the Department of Managed Health Care's (DMHC) review of grievances, and independent medical review systems to allow health care providers to participate in addition to enrollees. The bill would create new requirements, including access to care requirement, for health plans and mental health plans, and would create new oversight requirements for the DMHC.

**\*\*SB 1593** (Alquist) Health care coverage: children.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/06/2008-Senate RULES.

This bill states legislative intent to improve and expand health care coverage for children.

**\*\*SB 1634** (Steinberg) Health care coverage: cleft palates.

Version: Introduced 02/22/2008

Sponsor: California Society of Plastic Surgeons

Status: 03/06/2008-Senate HEALTH.

This bill would require health plans and health insurers, on or before January 1, 2009, to cover orthodontic services for cleft palate procedures identified by the Cleft Palate Foundation if the services are deemed necessary for medical reasons by a cleft palate or craniofacial team.

**\*\*SB 1669** (McClintock) Health care coverage: waived conditions.

Version: Introduced 02/22/2008

Sponsor: TBD

Status: 03/13/2008-Senate HEALTH. Set for hearing 04/09/2008.

Under current law, individual health care service plans and health insurers that cover one or two individuals and do not have blanket pre-existing condition exclusions may, for 12 months following the start of coverage, exclude coverage for specific, individually listed, "waived medical conditions" for which medical attention was sought up to 12 months prior to coverage. This bill would permit these plan contracts to exclude for any length of time a waived condition for which medical attention was recommended or received during the 10 years prior to coverage.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**Managed Risk Medical Insurance Board  
Bills No Longer Being Tracked**

Note: Reflects information available as of 02/26/2008.

**AB 56 (Ma)** Secretary for Poverty.

Version: Amended 01/10/2008

Sponsor: Author

Status: 01/14/2008-Referred to Senate Committee on APPROPRIATIONS. Non-active bill.

This bill would create the cabinet-level position of Secretary of Poverty, to be appointed by the Governor. The secretary would be responsible for reviewing the work of state agencies, departments, and offices that implement and administer antipoverty programs in the state and for determining if those agencies, departments, and offices were operating in the most efficient and effective manner possible.

**AB 272 (Garcia)** HIV tests.

Version: Introduced 02/09/2007

Sponsor: Author

Status: 05/14/2007-Assembly Health. Non-active bill.

This bill would require that any woman seeking an annual gynecological exam or family planning appointment be provided with information on HIV and AIDS, and would require that the woman be offered the option of being tested onsite, if available, or provided referral information to other testing locations.

**AB 330 (Hayashi)** Health disparity report.

Version: Amended 04/24/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE. Non-active bill.

This bill would require the Office of Statewide Health Planning and Development (OSHPD), with support from the Health and Human Services Agency (CHHS), to develop a health disparity report based upon the inpatient hospital discharge data set. The bill would also require the OSHPD and CHHS, by January 1, 2010, to complete and deliver the report to the Legislature.

**AB 396 (Hernandez)** Public works and prevailing wages: health and welfare benefits.

Version: Amended 06/01/2007

Sponsor: California Building and construction Trade Council

Status: 06/21/2007-Senate LABOR AND INDUSTRIAL RELATIONS. Author stated bill to be amended to no longer be of interest to MRMIB.

This bill would require employers that do not spend the health and welfare portion of an applicable prevailing wage determination to provide health and welfare benefits for their employees. It would also make other related changes in law.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**AB 420 (Wolk)** California Special Supplemental Nutrition Program for Women, Infants, and Children: gateway system.

Version: Amended 04/10/2007

Sponsor: WIC Association, 100% Campaign, People Improving Communities through Organizing (PICO)

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE. Non-active bill.

Existing law requires the DHCS and MRMIB, in collaboration with California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program and the HFP for children applying to the WIC program. This bill would require all WIC local agencies that serve large numbers of participants, and a high proportion of uninsured participants, to use the WIC gateway system only to the extent funding is available and would permit all other local WIC agencies to use the WIC gateway system at their option.

**AB 555 (Nakanishi)** Healing arts: medical records.

Version: Introduced 02/21/2007

Sponsor: California Medical Board

Status: 02/04/2008 Died at DESK. Non-active bill.

This bill would express the Legislature's intent to require the Medical Board of California to work with interested parties to develop an electronic system that would allow any physician and surgeon in this state to access the medical records of the patient that he or she requires in order to treat that patient.

**AB 606 (Galgiani)** Medi-Cal: reimbursement rates.

Version: Introduced 02/21/2007

Sponsor: Author

Status: 05/02/2007-Assembly Health. Non-active bill.

This bill would provide that commencing January 1, 2008, the reimbursement levels for physician and dental services under Medi-Cal be increased by 5%.

**AB 703 (Ruskin)** Social security numbers.

Version: Introduced 02/22/2007

Sponsor: Author

Status: 05/14/2007-Assembly Judiciary. Non-active bill.

This bill would prohibit a person or entity from using a social security number as an identifier, except as required by federal or state law.

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

**AB 770 (Hernandez)** Health care coverage: agricultural employees.

Version: Amended 05/08/2007

Sponsor: California Medical Association (CMA)

Status: 06/01/2007- Assembly APPROPRIATIONS SUSPENSE FILE. Non-active bill.

The bill would declare the intent of the Legislature that agricultural employees in California be provided health care coverage and that agricultural employers offering that coverage be allowed to lower their total health care costs. This bill would also require the Senate Office of Research to conduct a comprehensive study of the availability of health care coverage to agricultural employees, to convene a working group of affected California stakeholders, and to report to the Legislature by January 1, 2009.

**AB 799 (Smyth)** Health care coverage: small employers.

Version: Amended 04/09/2007

Sponsor: Author

Status: 05/14/2007-Assembly Health. Non-active bill.

Existing law imposes various requirements on health care service plans and health insurers with respect to small employer coverage and specifies that those requirements do not apply to certain forms of coverage, as specified. This bill would additionally provide that those requirements do not apply to a policy, a rider, or a contract, as specified, offered to a small employer in conjunction with a health benefit plan or health care services, as specified, in order to promote wellness and healthy lifestyles program of services and incentives offered to a small employer, separate and apart from a contract or policy for health care services or benefits, as specified, designed to promote wellness and healthy lifestyles.

**AB 855 (Hayashi)** Medi-Cal: managed care.

Version: Introduced 02/22/2007

Sponsor: Author

Status: 05/02/2007-Assembly Health. Non-active bill.

This bill would require that on and after July 1, 2008, every Medi-Cal managed care contract entered into by the Department of Health Care Services (DHCS) shall include alcohol and drug treatment services at least equivalent to the alcohol and drug treatment services available to enrollees in the HFP. The bill would also require that on or before October 1, 2008, the DHCS enter into contracts with a managed care organization for each county to ensure that Medi-Cal fee-for-services enrollees have as covered services, the alcohol and drug treatment services available to enrollees in the HFP.

**AB 1040 (Duvall)** Income taxes: deduction: medical care.

Version: Amended 03/28/2007

Sponsor: Author

Status: 06/01/2007-Assembly REVENUE & TAXATION. Non-active bill.

This bill would allow a deduction in computing adjusted gross income for the costs of health insurance, not compensated by insurance or otherwise, paid or incurred during the taxable

*\*New status since last board meeting*

*\*\*New bill since last board meeting*

year by the taxpayer for medical care for the taxpayer, his or her spouse, or dependents.

**AB 1214 (Emmerson)** Waiver of benefits.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 12/12/2007-Assembly Health on 1/15/2008. Non-active bill.

This bill would on and after July 1, 2008, allow a health care service plan that covers hospital, medical, or surgical expenses on an individual or group basis, to issue a plan contract that does not include certain specified benefits, or to amend or renew a plan contract to delete certain benefits, if the applicant or the contract holder waives the benefits. The bill would require the applicant, contract holder or policy holder to sign a disclosure form that he/she is waiving the benefit.

**AB 1555 (Lieber)** Health care services: Chronic Care Model Task Force.

Version: Amended 04/26/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE. Non-active bill.

This bill would create in the Department of Health Care Services (DHCS) a Chronic Care Model Task Force for the purpose of developing a strategy to implement a Chronic Care Model Plan. The bill would prescribe the membership and duties of the task force and would require the task force to establish specified workgroups to address issues relating to the provision and management of care for chronic disease.

**AB 1619 (Benoit)** Insurer licensing.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Assembly INSURANCE. Non-active bill.

Existing law provides for insurers to be admitted to transact business in specified types of insurance, including workers' compensation insurance. This bill would allow any insurer admitted to transact health insurance or workers' compensation insurance, or a health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, to make a written application to the Insurance Commissioner for a license to offer a single policy that provides health care services and workers' compensation benefits.

**AB 1644 (Niello)** Out-of-state carriers.

Version: Introduced 02/23/2007

Sponsor: TBD

Status: 05/02/2007-Assembly Health. Non-active bill.

This bill would allow a carrier domiciled in another state to offer, sell, or renew in California, an essential health benefit plan meeting certain unspecified requirements, without holding a license issued by the Department of Managed Health Care or a certificate of authority issued by the Insurance Commissioner, and would exempt the essential health benefit plan from

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requirements otherwise applicable to plans and insurance policies providing health care coverage in California.

**AB 1692 (Villines)** Healthy Families Advisory Panel.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Assembly Health. Non-active bill.

Existing law requires the MRMIB to appoint a 15-member advisory panel to, among other things, advise the board on all policies, regulations, operations, and implementation of the HFP. Existing law requires that the membership of the panel include one physician and surgeon who is board certified in pediatrics. This bill would require that member to be a practicing physician and surgeon who is board certified in pediatrics.

**SB 26 (Simitian)** State agencies: collection of data: ancestry or ethnic origin.

Version: Amended 05/08/2007

Sponsor: Author

Status: 08/30/2007-Assembly APPROPRIATIONS SUSPENSE FILE. Author stated he will not move the bill.

This bill would require state agencies, boards, and commissions that collect demographic data on ancestry, ethnic origin, ethnicity, or race to offer respondents the option of selecting one or more ethnic or racial designations according to specified federal standards.

**SB 236 (Runner)** Health care.

Version: Amended 04/19/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES. Non-active bill.

This bill would express the Legislature's intent to enact the Cal CARE program to improve access to health care services for the residents of California. The bill would declare that the Legislature shall enact specified legislation and would declare the Legislature's intent to accomplish specified acts in order to improve access and affordability to health care.

**SB 365 (McClintock)** Out-of-state carriers.

Version: Introduced 02/20/2007

Sponsor: Author

Status: Returned to Senate DESK 01/10/2008. Non-active bill.

This bill would allow a carrier domiciled in another state to offer, sell, or renew a health care service plan or a health insurance policy in this state without holding a license issued by the department or a certificate of authority issued by the commissioner. The bill would exempt the carrier's plan or policy from requirements otherwise applicable to plans and insurers providing health care coverage in this state if the plan or policy complies with the domiciliary state's requirements, and the carrier is lawfully authorized to issue the plan or policy in that

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state and to transact business there.

**SB 438 (Aanestad)** Medi-Cal: reimbursement rates.

Version: Introduced 02/21/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES. Non-active bill.

This bill would state the intent of Legislature to enact legislation that would increase Medi-Cal reimbursement rates for providers over the next eight years and make it a budget priority to increase the lowest rate first.

**SB 820 (Ashburn)** Taxation: cafeteria plans: credits.

Version: Amended 05/15/2007

Sponsor: Author

Status: 06/01/2007-Senate REVENUE & TAXATION. Non-active bill.

The Personal Income Tax Law and the Corporation Tax Law authorize various credits against the taxes imposed by those laws. This bill would authorize a credit against those taxes for each taxable year beginning on or after January 1, 2007, in an amount equal to 15% of the amount of administrative costs paid or incurred by a qualified taxpayer during the taxable year in connection with establishing a qualified cafeteria plan that provides health benefits, as defined. This bill would take effect immediately as a tax levy.

**SB 867 (Cedillo)** Child care: provider organization: representation.

Version: Amended 01/29/2008

Status: 02/19/2008-In Senate. To unfinished business. Amended to no longer impact MRMIB.

In an earlier version, this bill would have authorized a recipient who receives personal care and in-home services through the Access for Infants and Mothers (AIM), HFP, MRMIP, or any publicly funded program enacted prior to, or on or after, January 1, 2008, to select his or her own service provider, subject to program requirements. This bill has been amended to pertain to family child care providers and will be archived.

**SB 885 (Calderon)** Health care coverage: employer mandates.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES. Non-active bill.

This bill would express the Legislature's intent to require employers to provide health care coverage for their employees to the extent allowed by federal law.

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**SB 893 (Cox)** California Children and Families Program: funding.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/02/2007-Senate Health. Non-active bill.

This bill would eliminate percentages for allocations from the California Children and Families Trust Fund to various accounts. The bill would instead provide that those funds be allocated and appropriated to the commission to provide health care services to children consistent with the purposes of the act.

**SB 1026 (Calderon)** Personal income and corporation taxes: credit: qualified health care provider.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 01/07/2008 - Senate Health hearing cancelled. Non-active bill.

This bill would authorize a credit against those taxes for a qualified health care provider, in an amount equal to the amount paid or incurred during the taxable year to provide health care to residents of California whose health care was not covered by a health care service plan or health insurance.

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