

**State Legislative Status Report
2007-2008 Regular Session
April 16, 2008**

Note: Status information reflects information available as of 04/14/2008.

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 January 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 Med-Cal 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 January 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 January 1, 2008, and on January 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: 04/15/2008-Set for hearing in 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: Amended 04/02/2008

Sponsor: California Medical Association

Status: 04/09/2008-Assembly APPROPRIATIONS.

This bill would mandate the Director of the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) Commissioner to establish and require the use of a standard application for individual coverage. Health plans and insurers would also be required to seek and obtain the approval of their regulator before rescinding a plan contract or insurance policy. The DMHC Director and the Insurance Commissioner would be required to contract with one or more independent review organizations to review rescissions by January 1, 2010. Each regulator would be permitted to assess administrative penalties and suspend or revoke the license or certificate of a plan or insurer for violating the rescission prohibition.

**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: Amended 04/07/2008

Sponsor: Author

Status: 04/08/2008-Referred to Assembly Committees on GOVERNMENTAL ORGANIZATION and HEALTH.

This bill would create a new cabinet-level Secretary of Addiction Prevention and Recovery Services who would oversee alcohol abuse and drug abuse issues in the state. It would also create the Addiction Prevention and Recovery Board within the State Department of Alcohol and Drug Programs

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

Version: Amended 04/03/2008

Sponsor: Author

Status: 04/09/2008-Assembly APPROPRIATIONS.

This bill would prohibit health plans and health insurers from rescinding an individual health insurance policy for any reason after six months from the date of its issuance. It would also permit a policyholder or insured who believes that his or her individual health insurance policy was wrongfully rescinded to request a review of the rescission by submitting a complaint to the Insurance Commissioner or the Department of Managed Health Care.

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

Version: Amended 04/09/2008

Sponsor: Santa Ana School District

Status: 04/15/2008-Set for hearing in Assembly HEALTH.

This bill would require health plans or health insurers to report annually to governing boards of public agencies with whom they contract for group coverage the name and address of any agent, broker, or individual paid a commission or fee by the plan or insurer and the amount paid.

AB 2644 (Huff) Medical billing.

Version: Introduced 02/22/2008

Sponsor: Author's constituent

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."

**New status since last board meeting*

***New bill since last board meeting*

***AB 2653** (Garcia) Hospital access pass.
Version: Amended 04/09/2008
Sponsor: Molina Healthcare
Status: 04/10/2008-Assembly HEALTH.

This bill would allow a health plan participating in Healthy Families or Medi-Cal to request from MRMIB or Department of Health Care Services (DHCS) a “hospital access pass,” a waiver of Knox-Keene Act geographic accessibility standards, after the end of 120 consecutive days of “good faith” efforts between a plan and a hospital to negotiate a contract. The bill would require hospitals to allow access to any member of a participating health plan if MRMIB or DHCS approves the waiver, unless the hospital elects to forfeit its status as a Medi-Cal provider. The bill would require that hospital services provided to subscribers be reimbursed at area prevailing rates set by the California Medical Assistance Commission. It would require MRMIB or DHCS to grant the hospital access pass unless the hospital, within 15 days of the request for an access pass, can demonstrate that the plan acted in “bad faith”. It would define “hospital” as the “sole hospital provider offering one or more medically necessary hospital services within a plan’s service time and mileage guidelines,” as stated in Knox-Keene Act regulations. The hospital access pass would last for 1-year and would be renewable if a contract is not reached within this timeframe.

****AB 2847** (Krekorian) Health care coverage.
Version: Amended 03/24/2008
Sponsor: California Medical Association
Status: 04/09/2008-Assembly JUDICIARY.

This bill would place on health plans and insurers the burden of proof when their determination of medical necessity would deny, reduce, limit, or delay health care services to a subscriber. In other words, there is a presumption of medical necessity for services as determined by providers. The bill also would allow providers to apply to the health plan’s or insurer’s regulator directly for independent medical review for denied, limited or delayed health care services.

****AB 2861** (Hayashi) Mental health services.
Version: Amended 04/09/2008
Sponsor: California Hospital Association
Status: 04/15/2008-Set for hearing in Assembly HEALTH.

This bill would require, with exceptions, a health care service plan to reimburse providers for emergency mental health services provided to its enrollees until the enrollee is stabilized. Prior authorization would not be required as long as federal or state law require that emergency services be provided without first questioning the patient’s ability to pay.

**New status since last board meeting*
***New bill since last board meeting*

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

Version: Amended 03/25/2008

Sponsor: Ron Dellums, Mayor of Oakland

Status: 04/09/2008-Assembly APPROPRIATIONS.

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: Service Employees International Union

Status: 04/08/2008-Assembly APPROPRIATIONS.

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: Amended 04/02/2008

Sponsor: Latino Issues Forum

Status: 04/15/2008-Set for hearing in Assembly HEALTH.

This bill would require that the Department of Managed Health Care (DMHC) and the Department of Insurance (CDI) jointly develop a "notice," on or before January 30, 2009, to inform subscribers how to access "interpretive" services to assist them in communicating with their doctor, plan or insurer. The notice would also include DMHC and CDI contact information to assist subscribers "with difficulties in, or complaints about, accessing" their health plans or insurers. The notice would be required to be written in all languages for which Medi-Cal materials are required to be written. 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: Author

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 January 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 Medi-Cal 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 and for a provider dispute resolution process. It also requires the Department of Managed Health Care to develop regulations regarding payment to non-contracted hospital-based physicians serving Healthy Families and the Access to Infants and Mothers (AIM) subscribers.

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

Version: Amended 04/07/2008

Sponsor: California Medical Association

Status: 04/09/2008-Senate APPROPRIATIONS.

Current law does not limit the amount of administrative expenses that health plans may pay with money derived from sources other than subscribers. This bill would require full-service health care service plans to spend at least 85% of the dues, fees, premiums, and other periodic payments received by the insurer on health care benefits beginning January 1, 2009. The bill would define "health care benefits" for the purpose of determining administrative expenses. The bill would require health plans and insurers, as of June 1, 2009, and then annually, to report to their regulator that they meet these requirements. It would also allow their regulator to fine or otherwise penalize them for failure to comply.

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

Version: Amended 03/28/2008

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

Status: 04/16/2008-Set for hearing Senate HEALTH.

This bill would create the California Health Care Program (Cal-Health), administered by the MRMIB and the State Department of Health Care Services (DHCS), which would:

- Assist children not eligible for HFP or Medi-Cal or awaiting eligibility determination with applying for other coverage and provide them with 60- or 90 day temporary coverage, to the extent allowed by federal law;

**New status since last board meeting*

***New bill since last board meeting*

- Require the State to request a Section 1115 federal waiver or exercise other options under federal law, by July 1, 2009, to permit providers to screen and enroll children in 90 day temporary Medi-Cal and HFP coverage pending final eligibility determination;
- Use accelerated procedures similar to those for the Family Planning, Access, Care and Treatment waiver program;
- Provide 90-day temporary coverage contingent on approval of a federal waiver or other source of federal financial participation, and an annual appropriation in the State Budget Act or other statute that is not funded by reducing benefits or services or increasing cost-sharing for any person eligible for Medi-Cal or the HFP under eligibility rules in place as of January 1, 2008;
- Permit “participating providers” to screen and enroll children and initiate the “accelerated enrollment process” into Cal-Health;
- Pay providers for medically necessary health care services during temporary enrollment at the same rate and manner as if they were otherwise enrolled in HFP or Medi-Cal, and;
- Conduct a pilot project to inform businesses with 50 or fewer employees with “learning about health insurance products and costs, administering employer-sponsored coverage, and enrolling eligible children in Cal-Health” by January 1, 2010.

The bill would also:

- Require the Health and Human Services Agency to convene a work group, representing low-income persons and the Medi-Cal and Healthy Families programs, to advise Cal-Health on “simplifying, streamlining and coordinating Medi-Cal and the HFP, and on income and resource methodologies and other eligibility rules and application, enrollment, retention and seamless bridging procedures”;
- Require the MRMIB to submit written recommendations to the Legislature on a design for a privately sold and marketed standard uniform benefits package that is more affordable than current private market products by January 1, 2010;
- Prohibit Medi-Cal asset tests for children under Section 1931(b) to the extent allowed by federal law, and;
- Require the DHCS and the MRMIB to report recommendations to the Legislature “to make the Cal-health income and resources methodologies and other eligibility rules and application, enrollment, retention and seamless bridging procedures for the Medi-Cal and Healthy Families programs the same to the extent permitted by federal law” by March 1, 2009.

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

Version: Amended 04/02/2008

Sponsor: Health Access

Status: 04/09/2008-Senate APPROPRIATIONS.

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. It would require each health plan and insurer offering individual coverage to offer at least one contract

**New status since last board meeting*

***New bill since last board meeting*

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 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. It would require that all individual health plan contracts sold on or after January 1, 2009 to contain a maximum limit on out-of-pocket costs, including, but not limited to, copayments, coinsurance, and deductibles, for covered benefits. The DMHC and CDI would be required to annually report on the contracts and policies offered in each category and enrollment. Every three years, the DMHC and CDI would be required to determine if the categories should be revised to meet consumer needs.

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

Version: Amended 04/10/2008

Sponsor: Author

Status: 04/16/2008-Set for hearing in Senate HEALTH.

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 DMHC also review health plan procedures for making determinations of medical necessity. It would also require plans and insurers to respectively report to DMHC or the California Department of Insurance (CDI), and, upon request, to enrollees and providers the rates of initial delays, denials, or modifications of health care services or payments, and the specific rates due to denied, delayed or modified services being medically unnecessary or uncovered benefits. It would also require the DMHC to report to any applicable licensing board those persons involved in determining medical necessity whom it appears violated a standard of professional conduct under law.

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

Version: Introduced 02/22/2008

Sponsor: Author

Status: 04/16/2008-Set for hearing in 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:

**New status since last board meeting*

***New bill since last board meeting*

- 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;
- 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: Amended 04/09/2008

Sponsor: California Society of Clinical Social Work, California Association of Marriage and Family Therapists

Status: 04/16/2008-Set for hearing in Senate HEALTH.

The bill would delete the ability of a health plan to retrospectively modify, delay, or deny health care services to an enrollee except due to fraud committed by a provider or subscriber. It would require plans to report to the Department of Managed Health Care (DMHC) at least twice a year the number, reasoning, and timeframes for denying services or denying or modifying reimbursement for services. Current law permits, but this bill would require, the DMHC Director to assess penalties against a plan for not complying with requirements related to delaying or denying care. It would expand the scope of the DMHC's independent medical review system to allow health care providers to participate in addition to enrollees. It would require mental health plans and other plans offering mental health services to file continuity of care policies with the DMHC by March 31, 2009, and would define standards for the content of such policies. It would also require the DMHC to conduct onsite medical surveys every two years instead of "periodically". It would delete a cap on civil action penalties for violations of the Knox-Keene Act, currently \$2,500 per violation, giving greater discretion to the DMHC Director.

SB 1593 (Alquist) Health care coverage: children.

Version: Amended 04/10/2008

Sponsor: TBD

Status: 04/16/2008-Set for hearing in Senate HEALTH.

This bill would define the process for transitioning children from coverage in Community Health Initiatives (CHIs) into enrollment in Healthy Families or Medi-Cal and would create a fund for this purpose. It is contingent on enactment of legislation during the 2007-08 Regular or Special Session that would expand eligibility "at or below 300 percent" of FPL in HFP or Medi-Cal. It would also limit children covered through this bill to those currently enrolled in CHIs. It would allow the MRMIB or Department of Health Care Services to adopt emergency regulations to implement the transition of children from CHIs into HFP or Medi-Cal.

**New status since last board meeting*

***New bill since last board meeting*

****SB 1622** (Simitian) California Health Benefits Service Program.

Version: Amended 03/25/2008

Sponsor: American Federation of State County Municipal Employees

Status: 04/16/2008-Set for hearing in Senate HEALTH.

This bill would create the California Health Benefits Service Program (CHBSP) within the Department of Health Care Services (DHCS) to identify barriers and incentives to establishing joint-ventures between local initiatives, local health plans, county organized health systems (COHS) and county health authorities with the County Medical Services Program (CMSP). The CHSBP would include six members appointed by the DHCS Director, representing CSMP, health care providers, employers, and COHS, and would report findings to the Legislature by January 1, 2009 and then annually. The bill would require all joint ventures to be licensed by the Department of Managed Health Care (DMHC). The DMHC would be allowed flexibility in issuing new, modified or combined licenses to local initiatives or COHS in order to contract with the Managed Risk Medical Insurance Board or to provide coverage in individual or group markets.

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

Version: Amended 04/07/2008

Sponsor: California Society of Plastic Surgeons

Status: 04/16/2008-Set for hearing in 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 following the prior authorization and utilization review processes.

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

Version: Introduced 02/22/2008

Sponsor: Author

Status: 04/16/2008-Set for hearing in Senate HEALTH.

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, "waivered 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 04/09/2008.

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

Version: Amended: 03/24/2008

Sponsor: Author

Status: 04/15/2008-Set for hearing in Assembly HEALTH.

This bill was amended to no longer impact MRMIB. In a prior version, the bill would have required hospitals which intend to close or which intend to eliminate the level of services provided to notify the public regarding the closure or changes.

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

Version: Amended 04/03/2008

Sponsor: TBD

Status: 04/15/2008-Set for hearing in Assembly HEALTH.

This bill was amended to no longer impact MRMIB. In a prior version, the bill would have required the State Department of Public Health to award a grant to a qualified nonprofit organization to conduct a diabetes and hypertension prevention and awareness pilot program in south Los Angeles.

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 was amended to no longer impact MRMIB. This bill would have allowed 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, compared the rates to the actual costs incurred by these hospitals, and, on or before the January 1st after the comparison is complete, reported findings to the Legislature.

**New status since last board meeting*

***New bill since last board meeting*