HEALTH CONSUMER BILLS FOR THE 2015 SESSION

Sponsored or Co-Sponsored Bills on Consumer Health Costs

Bill (Author)	Description	Status (9/28/15)
SB 137 (E. Hernandez)	ACCURATE PROVIDER DIRECTORIES: would set standards for provider directories and establish more oversight on accuracy so people know whether their doctor and hospital are in network when they shop for coverage, change coverage, or try to use their coverage to get care. ***Co-sponsored with Consumers Union and CPEHN.*** *See joint fact sheet and sample support letter (due ASAP to Governor).*	To Governor
AB 339 (Gordon)	PRESCRIPTION DRUG COST SHARING: would require insurers to cap cost sharing for prescription drugs at $250 or $500 per prescription; cover medically necessary prescription drugs; Prohibits placement of most or all drugs to treat a specific condition on the highest cost tiers of a formulary; Requires formularies to be based on clinical guidelines and peer-reviewed scientific evidence as well as cost; and more. *See our fact sheet and sample support letter (due ASAP to Governor)*	To Governor
AB 533 (Bonta)	SURPRISE BILLS (OUT-OF-NETWORK COVERAGE): would protect patients from "surprise" bills from out-of-network doctors when they did the right thing by going to an in-network hospital or imaging center or other facility. The bill would also ensure that such a consumer only has to pay in-network cost sharing. *See our fact sheet.*	Failed 38-10 (41 votes needed)
AB 248 (R. Hernández)	MINIMUM VALUE COVERAGE: would prohibit sale of subminimum coverage by insurers to large employers. Such plans put workers in a double bind: with unmanageable costs for uncovered care; and because they took up that coverage, they are automatically ineligible for premium subsidies through Covered California. *See our fact sheet and sample support letter (due ASAP to Governor).*	To Governor
AB 1305 (Bonta)	LIMITATIONS ON COST SHARING IN FAMILY COVERAGE: would conform to federal rules and regulations and ensure that an individual patient faces the ACA-set individual out-of-pocket maximum (now $6600), even if they are in a family plan (which has an overall family out-of-pocket max of $13,200). If it's just one person in the family that got sick, they shouldn't be penalized for being in a family plan rather than an individual one. *See our fact sheet and sample support letter (due ASAP to Governor)*	To Governor

The Governor has until October 11 to sign or veto bills on his desk. To contact Gov. Brown, visit: https://govnews.ca.gov/gov39mail/mail.php (enter first name, last, & email address; select "Legislation Issues/Concerns" and follow steps to convey your support for each bill you wish to support). The Legislature has adjourned until January 4, 2016.

To track current status and location of bill, click on bill link, then click "Status." For regular updates & analysis, follow our blog. Blog

Updated: September 28, 2015

Priority Bills on Medi-Cal and Covered California

Bill (Author)	Description	Status, Post 8/27
SB 4 (Lara)	**HEALTH CARE COVERAGE: IMMIGRATION STATUS.** As amended, SB 4 would seek a Section 1332 waiver (a formal request to the federal government), to allow all Californians, regardless of immigration status, to purchase coverage through Covered California with their own money. A waiver is needed so that Covered California can offer California qualified health plans that are look-alike plans, identical in every respect to the products offered on Covered California, with the same insurance market rules that currently apply to Covered California products. This bill no longer expands Medi-Cal eligibility for all adults regardless of immigration status—that provision has been moved into SB 10. Download sample support letter (due ASAP to Governor).	To Governor
SB 10 (Lara)	**HEALTH CARE COVERAGE: IMMIGRATION STATUS (formerly "Governor's Office of New Americans"):** would expand Medi-Cal to all low-income adults in Medi-Cal regardless of immigration status, building on California's well-established tradition of covering some immigrant populations in Medi-Cal who are excluded from federal programs. This bill is "parked" until January 2016 as a 2-year bill.	Assembly Rules
SB 33 (Hernandez)	**MEDI-CAL ESTATE RECOVERY**: would limit estate recovery in Medi-Cal to the federally required minimum of long-term care services. Would also eliminate recovery from the estate of a surviving spouse of a deceased Medi-Cal beneficiary, and require DHCS to provide claims detail information free of charge to Medi-Cal beneficiaries limited to the homes less than average value. *Sponsored by WCLP and CANHR.*	Inactive File
SB 260 (Monning)	**MEDI-CAL COUNTY ORGANIZED HEALTH SYSTEM PLANS:** would provide the 1.9 million consumers in County Organized Health System (COHS) plans with the same level of consumer protections as consumers in other Medi-Cal managed care plans and other health plans regulated by the Knox-Keene Act. *Sponsored by WCLP.*	Inactive File
AB 1102 (Santiago)	**HEALTH CARE COVERAGE :MEDI-CAL ACCESS PROGRAM-DISCLOSURES:** would require the Department of Health Care Services to provide notice of the availability of coverage through the Major Risk Medical Insurance Program and Covered California for those rejected for coverage by the Medi-Cal program, including what used to be called Access for Infants and Mothers.	Inactive File
AB 1114 (Bonilla)	**HEALTHCARE ELIGIBILITY AND ENROLLMENT:** would clarify that Medi-Cal and Covered California renewal forms and notices must be translated into the thirteen Medi-Cal threshold languages. *Sponsored by WCLP.*	Inactive File

AB 1117 (Garcia)	**MEDI-CAL VACCINATION RATES:** would bring additional resources to the health care system to help improve California's relatively low vaccination rates for 2-year-olds.	Senate Appropriations HELD

Support

Transparency

SB 125 (Hernandez)	**HEALTH CARE COVERAGE AND CHBRP:** would expand the scope of work for the California Health Benefits Review Program to include legislation that impacts health insurance benefit design, cost sharing, premiums, and other health insurance topics. This bill as written is too broad and should be narrowed. *Support if amended.*	Signed by Governor
SB 546 (Leno)	**RATE REVIEW:** would bring greater transparency to health care premium rate setting for large purchasers and require prior approval of premium increases that exceed specified thresholds. SB 546 would also encourage rate increases in the large employer market to be more aligned with rates for large purchasers and active negotiators such as CalPERS and Covered California, and with the individual and small employer markets where rate review already exists. *Sponsored by Teamsters, UNITE HERE & the California Labor Federation.*	To Governor
AB 1073 (Ting)	**PHARMACY PRESCRIPTION DRUG LABELS:** would require translation of labels for prescription medications. *Co-sponsored by California Board of Pharmacy and CPEHN. Download sample support letter from CPEHN.*	To Governor

Access

SB 147 (Hernandez)	**FEDERALLY QUALIFIED HEALTH CENTERS:** would require the department to authorize a 3-year APM pilot project for FQHCs that would be implemented in any county and FQHC willing to participate. Under the APM pilot project, participating FQHCs would receive capitated monthly payments for each Medi-Cal managed care enrollee assigned to the FQHC in place of the wrap-around, fee-for-service per-visit payments from the department.	To Governor
SB 388 (Mitchell)	**SUMMARY OF BENEFITS AND COVERAGE: SOLICITATION & ENROLLMENT:** would add the federally required SBC to the documents that must be translated into threshold languages for commercial coverage offered by health plans and insurers. Sponsored by CPEHN—download sample support letter from CPEHN.	To Governor
AB 366 (Bonta)	**MEDI-CAL PROVIDER REIMBURSEMENT RATES:** would require enhanced monitoring of Medi-Cal provider reimbursement rates.	Senate Appropriations HELD

AB 635 (Atkins)	**MEDI-CAL INTERPRETATION SERVICES:** would require the department to seek federal funding to establish a program to provide and reimburse for certified medical interpretation services, except sign language interpretation services, to Medi-Cal beneficiaries who are limited English proficient.	Inactive File
AB 1231 (Wood)	**MEDI-CAL: NON-MEDI-CAL TRANSPORTATION:** would add non-medical transportation to the schedule of benefits under the Medi-Cal program. ***Sponsored by WCLP.*** *Amended per author.*	To Governor
AB 1299 (Ridley-Thomas)	**MEDI-CAL: FOSTER CHILDREN:** would declare the intent of the Legislature to ensure that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs and the requirements of EPSDT program standards and requirements.	Senate Appropriations **HELD**

Consumer Protections

SB 43 (Hernandez)	**ESSENTIAL HEALTH BENEFITS:** would extend the sunset on Essential Health Benefits (EHB) and revisit the definition of EHB in light of recent federal guidance on *habilitative services* (health care services that help a person keep, learn, or improve skills and functioning for daily living) for people with developmental disabilities.	To Governor
SB 675 (Liu)	**FAMILY CAREGIVERS:** would require a hospital and any health facility that provides inpatient medical rehabilitation services to take specified actions relating to family caregivers, including, among others, notifying the family caregiver when the person to whom care is provided will be discharged to another facility or to home and providing an explanation and live instruction of care that the family caregiver will be providing.	To Governor
AB 389 (Chau)	**HOSPITALS & LANGUAGE ASSISTANCE:** would require a general acute care hospital to post its policy for providing language assistance services to limited-English proficient (LEP) individuals on their website. This bill would require both the Office of Statewide Health Planning and Development (OSHPD) and the Department of Public Health (DPH) to post the hospital language assistance policies on their website. *Amended 8/27 to omit OSHPD requirement. Sponsored by CPEHN. Download sample support letter from CPEHN.*	To Governor

Tobacco-Related (Special Session on Medi-Cal Financing) Bills-ASSEMBLY

ABX2-6 (Cooper)	**E-Cigarettes:** would add E-cigarettes to existing tobacco products definition.	Assembly 3rd

ABX2-7 (Stone)	**SMOKING IN THE WORKPLACE:** would close loopholes in smoke-free workplace laws, including hotel lobbies, small businesses, employee break rooms, and tobacco retailers.	Assembly 3rd
ABX2-8 (Wood)	**INCREASING SMOKING AGE:** would increase the age of sale for tobacco products to age 21.	Assembly 3rd
ABX2-9 (Thurmond)	**TOBACCO USE PROGRAMS:** would require all schools to be tobacco free.	Assembly 3rd
ABX2-10 (Bloom)	**LOCAL TOBACCO TAXES:** would allow local jurisdictions to tax tobacco.	Assembly 3rd
ABX2-11 (Nazarian)	**CIGARETTE AND TOBACCO LICENSING:** would establish an annual Board of Equalization (BOE) tobacco licensing fee program.	Assembly 3rd

Tobacco-Related (Special Session on Medi-Cal Financing) Bills-SENATE

SB 13 (Pan)	**PUBLIC HEALTH: CIGARETTE & TOBACCO PRODUCTS: E-CIGARETTES; TAXES; CA HEALTH CARE, RESEARCH & PREVENTION:** Raises the state tobacco tax by $2, adds electronic cigarettes to the list of taxable tobacco products and dedicates revenues to prevention and public health.	Senate
SBX2-5 (Leno)	**E-CIGARETTES:** would add E-cigarettes to existing tobacco products definition.	Assembly

SBX2-6 (Monning)	SMOKING IN THE WORKPLACE: would close loopholes in smoke-free workplace laws, including hotel lobbies, small business, break rooms, and tobacco retailers, was not heard by the Senate Appropriations Committee today because it was referred directly to the Senate Floor from policy committee last week.	Assembly
SBX2-7 (Hernandez)	INCREASING THE SMOKING AGE: Would increase the age for tobacco products to age 21.	Assembly
SBX2-8 (Lieu)	TOBACCO USE PROGRAMS: requires all schools to be tobacco free.	Assembly
SBX2-9 (McGuire)	LOCAL TOBACCO TAXES: would allow local jurisdictions to tax tobacco. No costs associated with this bill.	Assembly
SBX2-10 (Beall)	CIGARETTE AND TOBACCO LICENSING: would establish an annual Board of Equalization (BOE) tobacco licensing fee program.	Assembly