



HEALTH CONSUMER BILLS FOR THE 2015 SESSION

► Sponsored or Co-Sponsored Bills on Consumer Health Costs

Bill (Author)	Description	Status
SB 137 (E. Hernández)	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. <i>Co-sponsored with Consumers Union and CPEHN. See our joint fact sheet and sample support letter.</i>	Next: Senate Approps <input checked="" type="checkbox"/> Passed 1 st committee hearing
AB 339 (Gordon)	PRESCRIPTION DRUG COST SHARING: would require insurers to cover medically necessary prescription drugs, including those for which there is no therapeutic equivalent; Prohibits placing most or all of the drugs to treat a condition on the highest cost tiers of a formulary; Requires formularies to be based on clinical guidelines and peer-reviewed scientific evidence; and more. <i>See our fact sheet and sample support letter (past due to author).</i>	1 st Hearing: Assembly Health 4/28/15 1:30 pm Capitol, Room 4202
AB 533 (Bonta)	SURPRISE BILLS: 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. <i>See our fact sheet and sample support letter. Also see our blog entry: http://blog.health-access.org/?p=3970</i>	Next: Assembly Approps <input checked="" type="checkbox"/> Passed 1 st committee hearing
AB248 (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. <i>See our fact sheet and sample support letter.</i>	Next: Senate Approps.
AB1305 (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. <i>See our sample support letter. (past due to author).</i>	1 st Hearing: Assembly Health 4/28/15 1:30 pm Room 4202

See our fact sheet on 5 bills above: [Patient Protection Legislation to Limit Out-of-Pocket Costs & Stop Surprise Bills](#). orange = action coming up
Click on bill link to see current status of bill.

Updated: April 24, 2015

► Priority Bills on Medi-Cal and Covered California

Bill (Author)	Description	Status
SB4 (Lara)	#HEALTH4ALL would allow Californians otherwise excluded because of immigration status to buy coverage through an exchange like Covered California—but using their own money and without subsidies and (extend Medi-Cal to those remaining undocumented under 138%FPL for adults and 261%FPL for kids.) <i>Sponsored by the author and the top priority for Health Access and many others. See our fact sheet and sample support letter (due 4/8/15 to author).</i>	Next: Senate Approps. ☑ Passed 1 st committee hearing
SB 33 (E. Hernández)	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. <i>Sponsored by WCLP and CANHAR.</i>	Next: Senate Approps. ☑ Passed 1 st committee hearing
SB 591 (Pan)	MEDI-CAL: TOBACCO TAX: would raise the state tobacco tax by \$2 per pack. This would increase California’s current rate of \$.87 cents per pack to \$2.87 per pack generating approximately \$1.5 billion in revenue the first year. Proceeds will be directed to the state’s tobacco control program and to improve access to health care, including the treatment of cancer, heart disease, stroke, lung disease and other diseases related to tobacco use, for low-income California families and individuals. <i>Sponsored by Saves Lives Coalition</i>	Next: Committee on Health ☑ Passed 1 st committee hearing
AB 1396 (Bonta)	PUBLIC HEALTH FINANCE: would allocate the revenue generated from SB 591 (Pan) to tobacco control efforts but mostly to Medi-Cal, with the intent to support rate increases and access to care (companion bill to SB 591). <i>Sponsored by Saves Lives Coalition</i>	Next: Assembly Approps ☑ Passed 1 st committee hearing

► Bad Bills

Bill (Author)	Description	Status
SB 24 (Hill)	E-CIGARETTES: would treat e-cigarettes somewhat differently than other tobacco products, despite the evidence that e-cigarettes have much the same negative effect as cigarettes. This bill is intended to limit the effect of any ballot measure taxing tobacco products, not those that deliver nicotine through inhalation.	Next: Senate Approps. ☑ Passed 1 st committee hearing
SB 701 (Berryhill)	STOP-LOSS INSURANCE: would prohibit a stop-loss insurance policy issued, reissued, or renewed on or after January 1, 2016, to a small employer from containing an aggregate attachment point for a policy year that is less than the greater of	1st hearing: Senate Health 04/29/15 1:30 pm

	one of the following: \$5,000 multiplied by the total number of group members, 120% of expected claims, or \$40,000. This bill would instead require that the \$5,000 per group member attachment point be changed to \$2,500 per employee.	Room 4203
AB 73 (Waldron)	PRESCRIBER PREVAILS ACT: would require that any drug in a specified therapeutic drug class prescribed by a Medi-Cal beneficiary's provider is a covered Medi-Cal benefit and would require a Medi-Cal managed care plan to cover any drug upon demonstration by the provider that the drug is medically necessary with federal rules and regulations for labeling and use.	1st hearing: Assembly Health 4/28/15 1:30 pm Capitol, Room 4202
AB 1046 (Dababneh)	COMMUNITY BENEFITS: would revise and recast current California community benefit law to conform to recent changes in federal guidance by, among other things, making changes to the elements that are required to be included in a community benefits plan and deleting the exemption from these requirements for small and rural hospitals. While the federal guidance improved community benefit requirements in many ways, there exist opportunities for California to do better. For instance, AB1046 counts all care provided to Medicare patients, no matter how well reimbursed by a Medicare Advantage plan, as a "community benefit" and AB1046 allows hospitals to define the community they serve, permitting redlining. <i>Sponsored by the California Hospital Association.</i>	1st hearing: Assembly Health 4/28/15 1:30 pm Capitol, Room 4202
AB 1086 (Dababneh)	ASSIGNMENT OF BENEFITS: would provide for specified provisions dealing with "assignment of benefits" which refers to the circumstance in which a consumer with a PPO with an out of network benefit "assigns" the payment of the benefit to the out-of-network physician. This bill lacks several consumer protections including not limiting what a provider can collect from a consumer to the actual or estimated cost and not requiring a provider to inform the consumer that the care is out of network.	1st hearing: Assembly Health 4/28/15 1:30 pm Capitol, Room 4202
AB 1434 (McCartly)	HEALTH INSURANCE: would delete an existing provision of law that exempts health plans regulated by DMHC from regulation by the Insurance Commissioner. This is problematic because there are numerous consumer protections for plans regulated by DMHC that do not exist for health insurance regulated under the Insurance Code. <i>Sponsored by the California Insurance Commissioner.</i>	1st hearing: Assembly Rev & Tax 4/27/15 1:30 pm Capitol, Room 126

Support

Transparency

<p>SB 26 (Hernández)</p>	<p>COST/QUALITY DATABASE: would state the intent of the Legislature to establish a quality all payer claims database system to provide valid, timely, and comprehensive health care performance information that is publicly available and can be used to improve the safety, appropriateness, and medical effectiveness of health care, and to provide care that is safe, medically effective, patient-centered, timely, affordable, and equitable. <i>Support if amended.</i> http://blog.health-access.org/?p=3970</p>	<p>Next: Judiciary</p>
<p>SB 125 (Hernández)</p>	<p>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. <i>Support if amended.</i></p>	<p>Next: House <input checked="" type="checkbox"/> Passed 1st hearings</p>
<p>SB 275 (Hernández)</p>	<p>HEALTH FACILITY DATA: would require the Office of Statewide Health Planning and Development to adopt a regulation adding physician identifiers to the patient level data elements.</p>	<p>Next: Awaiting 3rd reading in Senate</p>
<p>SB 546 (Leno)</p>	<p>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. <i>Sponsored by UNITE HERE & the California Labor Federation.</i></p>	<p>Next: Sen Approps. <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB463 (D. Chiu)</p>	<p>PHARMACEUTICAL COST TRANSPARENCY ACT OF 2015: would require each manufacturer of a prescription drug sold in California with an acquisition cost of >\$10,000 annually or per course of treatment to file a report by May 1 of each year with OSHPD on the costs for each drug. See our blog entry: http://blog.health-access.org/?p=3970</p>	<p>1st hearing: Assembly Health: Put over until next week</p>

Access

<p>SB 147 (Hernández)</p>	<p>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.</p>	<p>Next: Sen. Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
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<p>SB 243 (Hernández)</p>	<p>MEDI-CAL PROVIDER REIMBURSEMENT RATES: would restore Medi-Cal provider reimbursement rates from the previous budget cut in the first year, and bring Medi-Cal rates up to Medicare levels in future years.</p>	<p>Next: Sen Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>SB 388 (Mitchell)</p>	<p>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.</p>	<p>Next: Sen Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB 366 (Bonta)</p>	<p>MEDI-CAL PROVIDER REIMBURSEMENT RATES: would restore Medi-Cal provider reimbursement rates from the previous budget cut in the first year, and bring Medi-Cal rates up to Medicare levels in future year.</p>	<p>Next: Assembly Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB 635 (Atkins)</p>	<p>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.</p>	<p>Next: Assembly Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB 763 (Bonilla/Burke)</p>	<p>MEDI-CAL AGED & DISABLED: would raise the income level of the Aged and Disabled Medi-Cal program (A&D program) to 138% FPL, creating a “brightline” of income eligibility and parity for elderly and disabled Medi-Cal beneficiaries with other adults.</p>	<p>Next: Assembly Approps. <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB 1231 (Wood)</p>	<p>MEDI-CAL: NON-MEDI-CAL TRANSPORTATION: would add non-medical transportation to the schedule of benefits under the Medi-Cal program. <i>Sponsored by WCLP</i></p>	<p>Next: Assembly Approps <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>AB 1299 (Ridley-Thomas)</p>	<p>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.</p>	<p>1st hearing: Assembly Health 04/28/15 1:30 pm Room 4202</p>

Consumer Protection

<p>SB 43 (Hernández)</p>	<p>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 for developmentally disabled.</p>	<p>1st hearing: Senate Health 04/29/15 1:30 pm Room 4203</p>
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<p>SB 145 (Pan)</p>	<p>HEALTH FACILITIES & PATIENT TRANSFERRING: would prohibit patient transferring if a patient’s blood alcohol content is 0.8% percent unless the patient is either medically stabilized or appropriately transferred to another health facility pursuant to another provision of law.</p>	<p>Next: <i>Sen. Judiciary</i></p>
<p>SB 346 (Wieckowski)</p>	<p>COMMUNITY BENEFITS: would standardize community benefit reporting and require that 90% of community benefits be allocated to underserved and vulnerable populations or specific community needs. <i>Sponsored by the California Nurses Association. Support if amended.</i></p>	<p>1st hearing: <i>Senate Health</i> 4/29/15 1:30 pm Room 4203</p>
<p>SB 675 (Liu)</p>	<p>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.</p>	<p>1st hearing: <i>Senate Health</i> 4/29/15 1:30 pm Room 4203</p>
<p>AB 374 (Nazarian)</p>	<p>HEALTH CARE COVERAGE: PRESCRIPTION DRUGS: would prohibit a health care service plan or health insurer that provides medication pursuant to a step therapy or first-fail fail-first requirement from applying that requirement to a patient who has made a step therapy override determination request if, in the professional judgment of the prescribing physician, the step therapy or first-fail 98 fail-first requirement would be medically inappropriate for that patient for specified reasons. This bill is unnecessary. Beyond the fact that there are existing regulations on step therapy in Knox-Keen, consumers can appeal to access health care services and benefits after initial denial utilizing the existing IMR process and also an exceptions process that health plans provide . <i>Support if amended.</i></p>	<p>1st hearing: <i>Assembly Health</i> 4/28/15 1:30 pm Capitol, Room 4202</p>
<p>AB 389 (Chau)</p>	<p>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 also require hospitals to submit electronically their language assistance plans to the Office of Statewide Health Planning and Development (OSHPD) and would require both OSHPD and the Department of Public Health (DPH) to post the hospital language assistance policies on their website.</p>	<p>Next: <i>Assembly Consent Calendar</i> <input checked="" type="checkbox"/> Passed 1st committee hearing</p>

Prevention

<p>SB 140 (Leno)</p>	<p>E-CIGARETTES: would change the definition of tobacco to include e-cigarettes.</p>	<p>Next: <i>Senate Approps.</i> 4/27/15 10am Capitol Room 4203 <input checked="" type="checkbox"/> Passed 1st committee hearing</p>
<p>SB 203 (Monning)</p>	<p>SODA WARNING LABEL: would require soda warning labels given the mounting evidence that soda is bad for your health.</p>	<p>1st hearing: <i>Senate Health</i> 4/29/15 1:30 pm Room 4203</p>

<p>AB 768 (Thurmond)</p>	<p>TOBACCO FREE BASEBALL ACT: would prohibit the use of tobacco products, including smokeless tobacco, in a baseball stadium, which includes the physical area in which a professional, collegiate, high school, or other organized baseball game or practice is occurring.</p>	<p>1st hearing: Assembly G.O 4/27/15 1:30 pm Room 4202</p>
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