

2015 California Patient Protection Legislation to Limit Out of Pocket Costs & Stop Surprise Bills

While many more Californians are now covered under the Affordable Care Act, many premium-paying patients still struggle with out-of-pocket costs. Some practices by providers and insurers unfairly burden patients with unmanageable cost-sharing, interfering with access to care.

Health Access California, the statewide health care consumer advocacy coalition, is sponsoring a package of bills that protect covered patients from unfair charges. For many patients, going out-of-network is prohibitively expensive. Two bills will prevent people from racking up out-of-network bills unwittingly: one to create better standards for provider directories so folks know which doctors are in-network and which are not; another to prevent out-of-network charges when a patient goes to an in-network hospital, lab or imaging center. Follow-up legislation from last year places limits on cost-sharing tied to specialty drugs, and another prevents large employers from offering substandard or 'junk' coverage that leaves workers exposed to most of the cost of care. A final bill would ensure that individual patients would not have to pay more than their out-of-pocket maximum, even if they are in a family plan. All bills deal directly with the costs consumers directly bear.

Bills Sponsored by Health Access California

[SB137](#) (E. Hernández) Accurate Provider Directories: Standardizes provider directories and has more oversight on accuracy so people know whether their doctor and hospital are in network when they shop for coverage, when they change, or when they try to use their coverage to get care.

Co-sponsored with Consumers Union and CPEHN. See [separate fact sheet](#).

[AB248](#) (R. Hernández) Minimum Value Coverage: Prohibits 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 [separate fact sheet](#).

[AB339](#) (Gordon) Prescription Drug Cost Sharing: Requires 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; places monthly cap on specialty drug cost sharing; and more. See [separate fact sheet](#).

[AB533](#) (Bonta) Surprise Bills: Protects 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 ensure that such a consumer only has to pay the in-network cost sharing. See [separate fact sheet](#).

[AB1305](#) (Bonta) Limitations on Cost Sharing in Family Coverage: Ensures that an individual patient faces the ACA-set individual out-of-pocket maximum (now \$6,600), 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.