



Health Consumer Bills in the 2010 Legislative Session

Below is a list of health consumer bills introduced at the beginning of the 2010 legislative session of the California State Legislature. This list includes the position of Health Access California and will be updated at www.health-access.org.

▶ Health Legislation Signed into Law

Implementing Federal Health Reform

AB 1602 Perez	CREATING A NEW EXCHANGE: Would specify the operations of the California Health Benefit Exchange which would be an independent state agency tasked negotiating for the best prices and values for consumers and providing information regarding health benefit products.	<i>Support</i> Signed by the Governor
SB 900 Alquist/ Steinberg	RUNNING A NEW EXCHANGE: Would establish governance of the Exchange by a 5 member board appointed by the Governor and Legislature. The board will serve the public interest of the individuals and small businesses seeking health care coverage through the Exchange.	<i>Support</i> Signed by the Governor
AB 2345 De La Torre	COVERING PREVENTIVE SERVICES: Requires insurers to eliminate cost-sharing for some preventive services such as pap smears, mammograms, other cancer screenings, and immunizations.	<i>Support</i> Signed by the Governor

Expanding Coverage Options

SB 1088 Price	ALLOWING YOUNG ADULTS TO STAY ON THEIR PARENTS' COVERAGE: Would require group health, dental, and vision plans to allow dependent children to continue on their parents' coverage through age 26.	<i>Support</i> Signed by the Governor
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Medi-Cal and Federal Medicaid Waiver

AB 2352 Perez	ORGAN TRANSPLANTATION ANTI-REJECTION MEDICATION: Would a Medi-Cal beneficiary to remain eligible for coverage of anti-rejection medication for up to two years following an organ transplant, unless during that period the beneficiary becomes eligible for Medicare or private health insurance that would cover the medication.	<i>Support</i> Signed by the Governor
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Individual Insurance Market Reforms

SB 1163 Leno	PROVIDING SUNSHINE ON RATES: Would require health plans to provide to the public, information about their rate methodology and show actuarial soundness.	<i>HAC Sponsor</i> Signed by the Governor
AB2244 Feuer	KIDS COVERAGE: Requires guaranteed issue, eliminates all pre-existing condition exclusions and phases in modified community rating for children under age 19 in the individual market.	<i>HAC Sponsor</i> Signed by the Governor
AB 2470 De La Torre	REGULATING RESCISSIONS AND MEDICAL UNDERWRITING: Set standards for rescission: that is termination of coverage as if the coverage had never been issued.	<i>Support</i> Signed by the Governor



Provider Oversight & Consumer Protections

AB 1503 Lieu	EMERGENCY ROOM PHYSICIAN FAIR PRICING: Would limit the amount that emergency room physicians and surgeons can charge an uninsured or underinsured patient with income below 350% of the federal poverty level.	HAC Sponsor Signed by the Governor
AB 1653 Jones	HOSPITAL QUALITY ASSURANCE FEE: Would impose a "quality assurance fee" on all non-exempt general care hospitals as a condition of participation in state health programs, funds to be used to increase Medi-Cal reimbursements to hospitals and for children's coverage.	<i>Support</i> Signed by the Governor

Federal High Risk Pool

AB 1887 Villines	FEDERAL FUNDING FOR MRMIP: Would authorize MRMIB to apply for federal funding for the purpose of extending the MRMIP program to more applicants.	<i>Support</i> Signed by the Governor
SB 227 Alquist	FUNDING FOR MRMIP: Creates fee on insurers to support California's high risk pool.	<i>Support</i> Signed by the Governor

▶ Health Legislation Vetoed by the Governor

Implementing Federal Health Reform

SB 890 Alquist/ Steinberg	TRANSITIONING TO A MORE TRANSPARENT & STANDARDIZED MARKET: Standardizes and simplifies the individual insurance market, so that consumers can understand their coverage choices, make compare based on actuarial value, and have the security that coverage does not have lifetime and/or annual caps.	<i>Strong Support</i> Vetoed by the Governor
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Expanding Coverage Options

SB 56 Alquist	PUBLIC OPTION: Would authorize county-organized health plans and other health benefits programs to form joint ventures to create integrated networks of public health plans that pool risk and share networks, subject to Knox-Keene requirements.	<i>Support</i> Vetoed by the Governor
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Public Health, Prevention, & Quality

AB 1640 Evans	BREAST AND CERVICAL CANCER SCREENING: Would express the intent of the Legislature that the demand for the breast and cervical cancer screening program for low-income women be met and that at least 90 day notification be made to the Legislature before any change in eligibility requirements is made.	<i>Watch</i> Vetoed by the Governor
AB 542 Feuer	NO PAY FOR NEVER EVENTS: Creates a process for ending Medi-Cal payments for never events (events that should never happen, such as surgery on the wrong body part), and requires insurers to stop paying for never events.	<i>Support</i> Vetoed by the Governor



Insurance Benefit Mandates

AB 1825 De La Torre	MATERNITY CARE: Would require most health plans to cover maternity services.	<i>Support</i> Vetoed by the Governor
AB 1600 Beall	MENTAL HEALTH PARITY: Would require most health plans to provide coverage for the diagnoses and treatment of a mental illness.	<i>Support</i> Vetoed by the Governor

Individual Insurance Market Reforms

AB2042 Feuer	ANNUAL RATE HIKES, ANNUAL CHANGES IN PRODUCT: Prohibits Insurers and HMOs from increasing premiums, cost sharing or benefits more than once a year.	<i>HAC Sponsor</i> Vetoed by the Governor
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▶ Health Access Bills Stalled in the Legislature

Comprehensive Health Reform

SB 810 Leno	CALIFORNIA HEALTHCARE SYSTEM: Would establish the California Healthcare System, a single-payer health care system in the state that would enable all residents to obtain health coverage.	<i>Support</i>
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Insurance Reforms

AB 591 De La Torre	RATE MORATORIUM: Protects consumers by (1) imposing a 90 day moratorium on rate increases above average increases in the medical care consumer price index; (2) allow such increases if plans apply to DMHC or CDI to justify such increases; and (3) prohibiting insurers from raising rates more than once per 12-month period.	<i>Support</i>
AB 786 Jones	INSURANCE MARKET STANDARDS: Sorts health insurance policies into a number of categories, based on benefit comprehensiveness and cost-sharing. Standardized plan categories and terminology enables consumers to better comparisons plans.	HAC Sponsor
AB 1521 Jones	BROKER COMPENSATION: Would place limits on how health insurance brokers are compensated by insurers.	HAC Sponsor
AB 1759 Blumenfield	PREMIUM RATE CHANGES: Would prohibit health insurers from using a change in demographics or enrollment as the basis for a premium rate change during the length of a contract for group coverage.	<i>Support</i>
AB 2578 Jones	REQUIRING APPROVAL FOR RATE HIKES: Would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of premium, co-payment, coinsurance, deductible or other charges under a health plan.	<i>Support</i>



Public Health, Prevention, Quality

SB 1104 Cedillo	DIABETES DISEASE MANAGEMENT: Would require health plans to provide coverage for the diagnosis and treatment of diabetes-related complications.	<i>Support</i>
SB 1200 Leno	TIMELY SCHOOL-BASED CARE FOR CHILDREN: Would add timeliness of care for school-age children who must receive medically necessary services during school hours as one of the indicators of timeliness in the timely access to care standards adopted by the Department of Managed Health Care.	<i>Support/ Amend</i>
AB 2287 Monning	PREVENTION & WELLNESS: Would implement those elements of federal health reform that provide community transformation grants to promote wellness and prevention. These grants will fund evidence-based, community prevention activities to reduce chronic disease rates and address health disparities.	HAC Sponsor

Other Consumer Protections

AB 1521 Jones	BROKER COMPENSATION: Would place limits on how health insurance brokers are compensated by insurers.	HAC Sponsor
AB 2477 Jones	CONTINUOUS ELIGIBILITY FOR CHILDREN: Removes the requirements for Mid-Year Status Reports for children to allow continuous eligibility for children in the Medi-Cal program.	<i>Support</i>
AB 2787 Monning	FEDERAL GRANTS FOR STATE OMBUDSPERSON PROGRAMS: Establishes the Office of the CA Health Ombudsman to educate consumers on their rights and responsibilities with respect to health care coverage, assist enrollment in health care coverage, and resolve problems obtaining specified premium tax credits, etc.	<i>HAC Sponsor</i>

This bill list was prepared by Health Access, a statewide coalition of consumer, labor, ethnic, senior, faith, and other organizations that has been dedicated to achieving quality, affordable health care for all Californians for over 20 years.

Please visit our website and read our daily blog at www.health-access.org.