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PATIENT PROTECTION BILLS FACE CRUCIAL VOTES IN FINAL MONTH OF LEGISLATIVE SESSION

- Today, Bipartisan Legislation to Prevent Surprise Medical Bills, AB72, to be Heard in Senate Appropriations Committee.
- On Wednesday, Assembly Appropriations Committee to Hear One of the Most Lobbied Bill this Legislative Session, SB 1010, to Give Notice and Disclosure of Prescription Drug Costs.
- Bills to Provide Notice of Unreasonable Consumer Premium Rates (SB 908) and Inform Patients of Their Right to Timely Appointments and Medical Interpretation (SB 1135) Now on Assembly Floor. SB 923 to Prevent Mid-Year Cost-Sharing Increases, Faces Final Senate Concurrence Vote This Week Before Heading to the Governor.

SACRAMENTO, CA—Today and this week, California legislators will be casting key votes on bills to protect patients and health care consumers. These bills, sponsored by Health Access, the statewide consumer advocacy coalition, would help prevent unfair and unreasonable health care bills, premiums, and cost-sharing, inform consumers of their rights and options, stop surprise medical bills, and increase transparency to address the increasing cost of health care.

“The rising cost of care is a concern for all Californians, and legislators have an opportunity in this final month of session to stand up for health care consumers and insist on these common sense patient protections,” said Anthony Wright, executive director, Health Access California, the sponsor of several pending patients’ rights bills. “With their votes on these bills, legislators can help to improve our health system by increasing transparency across the state and protecting consumers from unfair and unexpected costs.”
Up today in Senate Appropriations Committee is AB 72 (Bonta, Bonilla, Dahle, Gonzalez, Maienschein, Santiago, and Wood), a bipartisan proposal to protect patients from surprise medical bills when they go to in-network hospitals and facilities. The bill seeks to remove the gridlock from last year’s fight on AB533, which stalled by just three votes. Until a solution is passed, California consumers will continue to receive surprise medical bills of hundreds or thousands of dollars from out-of-network providers, even after following the rules of their plan and using in-network medical facilities. After months of negotiations among lawmakers, advocates, and insurers, the revised legislation will include even stronger consumer protections to stop these surprise bills while paying doctors at least 125% of Medicare rather than 100% of Medicare as proposed in AB533.

“This bipartisan legislation will make sure that no Californian who follows the rules of their health plan and goes to an in-network hospital face surprise out-of-network bills of hundreds or thousands of dollars,” said Wright. “No California family should be faced with one of these unfair surprise bills, and especially not the many newly-insured low-income families for whom one of these bills would be financially destabilizing. For the health and financial stability of California families, legislators need to pass a solution to surprise medical bills this month.”

Up on Wednesday in Assembly Appropriations Committee is the heavily lobbied SB 1010 (Hernandez) to shed light on the soaring prescription drug prices for both public and private purchasers, as well as provide greater disclosure of prescription drug cost trends. In particular, the bill would require notice for prescription drug price hikes.

“Big Pharma’s over-the-top attacks on this simple transparency bill begs the question: what is Pharma hiding?” continued Wright. “California law requires similar notice and disclosure for almost every other part of the health system. This modest bill would simply ask the same for the prescription drug companies.”

Last week, the Assembly Appropriations Committee affirmed two consumer protection bills: SB 908 (Hernandez) which would inform Californians if the health plan they are in is charging a premium hike that is determined to be “unreasonable” or “unjustified,” and give consumers time to shop for another plan, and SB 1135 (Monning), which would inform consumers of their right to a timely appointment and care in the language they speak. These bills now head to the Assembly floor. SB 923 (Hernandez) which prohibits a health plan or insurer from changing any cost sharing requirements (such as co-pays and deductibles) during a plan year, passed the Assembly and now heads to a final Senate vote before heading to the Governor.

All legislation must be passed off the legislative floor and sent to the Governor by midnight on August 31st.

Reference materials:

2016 Patients’ Rights Legislation fact sheet
Fact sheets and materials on all Health Access California sponsored legislation
Surprise medical bills consumer stories
About Health Access California

Health Access California is the statewide health care consumer advocacy coalition, advocating for the goal of quality, affordable health care for all Californians. We represent consumers in the legislature, at administrative and regulatory agencies, in the media, and at public forums. For more information, please visit www.health-access.org.