BILLS SIGNED BY THE GOVERNOR

➢ Insurance Consumer Protections

OVERSIGHT OF HEALTH PLAN NETWORK ADEQUACY: SB964 (Ed Hernandez) requires the Department of Managed Health Care (DMHC) to do annual reviews of all health plans for timely access and network adequacy and that reviews be done separately for Medi-Cal managed care and the individual market so that consumers in Medi-Cal managed care and Covered California get timely access to necessary care. 

Sponsored by Health Access California.

SB959 (Ed Hernandez) is the clean-up bill for the individual and small group market reform legislation to implement the ACA enacted in 2012 and 2013.

SB1052 (Torres) will standardize plan formularies so that consumers know which plans cover which drugs at what costs. This measure applies to the individual and employer coverage markets.

SB1053 (Mitchell) eliminates cost sharing for FDA approved female contraceptives that are generic or preferred brands and allows substitution of non-preferred contraceptives, unless a therapeutic equivalent contraceptive is provided by the plan with no cost sharing.

➢ Medi-Cal

FOUNDATION & FEDERAL FUNDS FOR MEDI-CAL RENEWAL: SB18 (Leno) provides $6 million to the State from the California Endowment to fund Medi-Cal renewal assistance Sponsored by Health Access California and Western Center of Law and Poverty.

SB1089 (Mitchell) is a clean-up measure to AB 396 (Chapter 394, Statutes of 2011) which established a voluntary program to allow the State, on behalf of counties and the California Department of Corrections and Rehabilitation, to draw down Federal Medicaid funding for hospital inpatient and inpatient psychiatric services for Medicaid eligible detained juveniles at no cost to the State.

SB1341 (Mitchell) will require that the Statewide Automated Welfare System (SAWS) has the ability to make use of the Medi-Cal rules housed in the IT system, CalHEERS, jointly operated by the California Health Benefits Exchange and the Medi-Cal program.
➢ **Cost/Quality Transparency**

SB1182 (Leno) requires health plans and insurers to share claims data or other detailed data with very large purchasers that have 1,000 or more enrollees or that are multiemployer trusts.

SB1340 (Hernandez) will eliminate gag clauses in contracts between types of health care providers and health plans or insurers.

AB1792 (Gomez) will require the Department of Finance to report on the cost of public assistance received by employees of California employers.

AB1962 (Skinner) will make transparent what dental-only plans spend, as a percentage of premium, on patient care. It requires specialized dental-only plans to disclose a “medical loss ratios” as for medical coverage. The bill is sponsored by the California Dental Association.

➢ **Hospital Oversight and Consumer Protections.**

SB1276 (Ed Hernandez) updates the Hospital Fair Pricing law which Health Access California sponsored in 2006 and which says that low-income uninsured and underinsured cannot be charged more than the higher of Medicare or Medi-Cal. SB1276 defines a reasonable payment plan as monthly payments that are no more than 10% of income after essential living expenses and allows underinsured individuals with high health costs (over 10% of income) to receive the hospital fair pricing discount even if they receive a discounted rate on their cost sharing from their health plan or insurer. Sponsored by Western Center on Law and Poverty.

➢ **Prevention**

SB912 (Mitchell) will eliminate the sunset on the current requirement that vending machines in state buildings include 35% healthy food and drinks. Sponsored by California Pan-Ethnic Health Network.

➢ **Other Bills**

SB20 (Hernandez) will revise the open enrollment dates for the individual market to conform to current federal guidance, which is November 15-February 15.

SB1004 (Hernandez) will change the definition of hospices to eliminate the requirement that patients forego curative treatment.

SB1034 (Monning) will eliminate waiting periods due to pre-existing conditions, conforming California law to federal law with respect to waiting periods for health insurance.
AB2731 (Perea) will allow Fresno County to spend $5.5 million for indigent healthcare by deferring the county’s maintenance of effort requirement necessary to receive state funding for local streets and roads.

BILLs vetoed by the Governor

➤ Insurance Consumer Protections

Junk insurance for large employers: AB2088 (Roger Hernandez) while not banning limited benefit plans, would have made them supplemental to comprehensive coverage. California’s Insurance Code allows the sale of “insurance” that provides very limited benefits with a minimum actuarial value of less than 60%. This bill would have extended these consumer protections to large employer coverage, closing a loophole for employers to possibly avoid compliance with the full intent of the ACA. Sponsored by Health Access California.

➤ Medi-Cal

Limit on Medi-Cal estate recovery: SB1124 (Hernandez) would have limited Medi-Cal estate recovery to long-term care. California is one of only ten states that impose estate recovery on more than long term care services, where the state, for those over 55, recovers the cost of all medical care from the estate of an individual after death. This has discouraged some from signing up for Medi-Cal coverage. Co-sponsored by Western Center on Law and Poverty (WCLP) and California Advocates for Nursing Home Reform.

SB1002 (De Leon) would have better aligned Medi-Cal and CalFresh reporting periods in order to streamline benefit delivery and improve low-income Californians’ access to federally funded health and nutrition benefits.

AB2325 (Speaker Perez) would have created a Medi-Cal medical interpreter program.

➤ Hospital Oversight and Consumer Protections.

SB1094 (Lara) would have enhanced Attorney General oversight of nonprofit hospital mergers and acquisitions. It extends the review period from 60 days to 90 days. It also gives the Attorney General authority to enforce conditions of hospital transactions. This bill is sponsored by the Attorney General.

SB204 (Corbett) would have required the Board of Pharmacy to survey pharmacists and electronic health record vendors to determine utilization of standardized prescription directions for use adopted pursuant to Board regulations.