

FACT SHEET

August 23, 2017

SB 133 (Hernandez): Continuity of Care

What Happens When You Lose Your Health Insurance Because Your Insurer Stops Selling to Individual Customers?

Patients who are in the midst of treatment for a serious condition should be able to complete their care or have time to transition to new doctors and hospitals. This is especially true when their coverage changes due to no fault of their own.

For almost 20 years, Californians with serious conditions or chronic health needs who have employer coverage have been protected by our state's continuity of care laws. These laws allow patients up to 12 months to complete their care or to transition to different providers when their coverage has changed. Unfortunately, these protections only apply to consumers who get coverage through employers and not to those who purchase their own coverage in the individual market. Before the Affordable Care Act, consumers with individual coverage who had pre-existing conditions could not buy health insurance precisely because of that pre-existing condition. If a consumer was in the midst of treatment and their insurer decided to not sell to them for any reason, they were out of luck because they could not buy coverage at any price.

Patients with the following health conditions can get continuity of care protections:

- **Acute condition** – care will be provided as long as the condition lasts;
- **Serious chronic condition** – care will be provided for not more than 12 months and until a period of treatment is completed and you can transfer care to another doctor;
- **Pregnancy** – care will be provided during pregnancy and three months after delivery (post-partum period);
- **Terminal illness** – care will be provided as long as the person lives;
- **Child under 3 years old** – care will be provided for up to 12 months; and
- **Already Scheduled surgery or procedure** – care will be provided as long as the surgery or procedure was scheduled to happen within 180 days of your doctor or hospital leaving your health plan.

These protections only apply if your doctor is willing to accept the payment a health plan offers to contracting doctors, something not all doctors are willing to do.

On August 1st, 300,000 California consumers who get health coverage from Anthem Blue Cross found out they must switch health plans for 2018 because Anthem is pulling out of 16 of 19 regions in California's individual market. These consumers purchased Anthem coverage both on-exchange through Covered California (153,000 people) and off-exchange (151,000 people). In addition, 5,000 consumers with coverage through Cigna must also switch to a new health plan because Cigna is also exiting the individual market. These consumers face serious disruptions in their care because their doctors may not be in their new health plan's network.

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SB 133 (Hernandez) Will Protect Consumers Continuity of Care

Californians who buy coverage in the individual market off- and on-exchange deserve the same consumer protections as those who have group coverage through their jobs. SB 133 closes this loophole for Anthem and Cigna consumers in the middle of treatment for a serious health condition who must switch plans through no fault of their own. **SB 133 would:**

- Extend current continuity of care protections to the individual market; and
- Notify consumers of their right to continuity of care.

SB 133 will ensure people with acute, serious, or terminal conditions, as well as children under three years old, pregnant women, and people with already scheduled surgeries and procedures, will not face disruptions in care and will have time to transition care if needed. SB 133 would also add clear protections for people awaiting a major transplant. SB 133 will, for the first time, require that consumers are given notice of the availability of these consumer protections.