



HEALTH CONSUMER BILLS FOR THE 2015 SESSION

► Sponsored or Co-Sponsored Bills on Consumer Health Costs

| Bill (Author) | Description | Next |
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| SB 137 (E. Hernandez) | ACCURATE PROVIDER DIRECTORIES: would set standards for provider directories and establish more oversight on accuracy so people know whether their doctor and hospital are in network when they shop for coverage, change coverage, or try to use their coverage to get care. <i>Co-sponsored with Consumers Union and CPEHN. See joint fact sheet & support letter. Amended (coming off suspense file) to clarify data standard requirements.</i> | Assembly Health Hearing: 7/14 1:30 PM Rm. 4202 |
| AB 339 (Gordon) | PRESCRIPTION DRUG COST SHARING: would require insurers to cover medically necessary prescription drugs, including those for which there are 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; and more. <i>See our fact sheet and sample support letter. Amended (coming off suspense file) on 5/28 (Suspense hearing): to strike language requiring plans to demonstrate that proposed cost sharing for a medically necessary drug will not discourage medication adherence.</i> | Senate Health Hearing: 7/15 1:30 PM Rm. 4203 |
| AB 533 (Bonta) | SURPRISE BILLS: would protect 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 also ensure that such a consumer only has to pay in-network cost sharing. <i>See our fact sheet and sample support letter.</i> | Senate Health Hearing: 7/15 1:30 PM Rm. 4203 |
| AB 248 (R. Hernández) | MINIMUM VALUE COVERAGE: would prohibit 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. <i>See our fact sheet and sample support letter.</i> | Senate Approps |
| AB 1305 (Bonta) | LIMITATIONS ON COST SHARING IN FAMILY COVERAGE: would conform to federal rules and regulations and ensure that an individual patient faces the ACA-set individual out-of-pocket maximum (now \$6600), 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. <i>See our fact sheet and support letter.</i> | Senate Approps (passed Senate Health 8-0) |

See our fact sheet on 5 bills above: [Patient Protection Legislation to Limit Out-of-Pocket Costs & Stop Surprise Bills](#). All bills released from suspense need fresh support letters.

To track current status and location of bill, click on bill link, then click “Status.” For regular updates & analysis, follow our blog.
Green = moving forward Red = bill is held (stalled)



Updated: July 6, 2015

► Priority Bills on Medi-Cal and Covered California

| Bill (Author) | Description | Next |
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| SB 4 (Lara) | #HEALTH4ALL would allow Californians otherwise excluded because of immigration status to buy coverage through an exchange like Covered California—but using their own money and without subsidies and (extend Medi-Cal to those remaining undocumented under 138% FPL for adults and 261% FPL for kids.) Sponsored by the author and the top priority for Health Access and many others. See our fact sheet and sample support letter . <i>Amended (coming off suspense file) as follows: expands Medi-Cal eligibility, regardless of immigration status to kids (0-19) as an entitlement; creates a cap/waiting list for adults (not an entitlement) as budget allocations allow. By way of a Section 1332 waiver (formal request to federal government), allows folks above Medi-Cal eligibility to purchase coverage through Covered CA using their own money.</i> | Assembly Health Hearing: 7/14 1:30 PM Rm. 4202 |
| SB 33 (Hernandez) | MEDI-CAL ESTATE RECOVERY: would limit estate recovery in Medi-Cal to the federally required minimum of long-term care services. Would also eliminate recovery from the estate of a surviving spouse of a deceased Medi-Cal beneficiary, and require DHCS to provide claims detail information free of charge to Medi-Cal beneficiaries limited to the homes less than average value. Sponsored by WCLP and CANHR. | Assembly Health Hearing: 7/7 1:30 PM Rm. 4202 |
| SB 591 (Pan) | MEDI-CAL: TOBACCO TAX: would raise the state tobacco tax by \$2 per pack. This would increase California’s current rate of \$.87 cents per pack to \$2.87 per pack generating approximately \$1.5 billion in revenue the first year. Proceeds will be directed to the state’s tobacco control program and to improve access to health care, including the treatment of cancer, heart disease, stroke, lung disease and other diseases related to tobacco use, for low-income California families and individuals. Sponsored by Saves Lives Coalition. <i>Amended (coming off suspense file) to specify allocation percentages.</i> | Ordered to inactive file on author’s request |
| AB 1396 (Bonta) | PUBLIC HEALTH FINANCE: would allocate the revenue generated from SB 591 (Pan) to tobacco control efforts but mostly to Medi-Cal, with the intent to support rate increases and access to care (companion bill to SB 591). Sponsored by Saves Lives Coalition. <i>Amended (coming off suspense file) to specify % of allocations.</i> | Ordered to inactive file |

► Support

Transparency

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| SB 26 (Hernandez) | COST/QUALITY DATABASE: would state the intent of the Legislature to establish a quality all payer claims database system to provide valid, timely, and comprehensive health care performance information that is publicly available and can be used to improve the safety, appropriateness, and medical effectiveness of health care, and to provide care that | Held in Approps |
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| | is safe, medically effective, patient-centered, timely, affordable, and equitable. Support if amended. http://blog.health-access.org/?p=3970 | |
| SB 125 (Hernandez) | HEALTH CARE COVERAGE AND CHBRP: would expand the scope of work for the California Health Benefits Review Program to include legislation that impacts health insurance benefit design, cost sharing, premiums, and other health insurance topics. This bill as written is too broad and should be narrowed. Support if amended. | Signed by Governor |
| SB 546 (Leno) | RATE REVIEW: would bring greater transparency to health care premium rate setting for large purchasers and require prior approval of premium increases that exceed specified thresholds. SB 546 would also encourage rate increases in the large employer market to be more aligned with rates for large purchasers and active negotiators such as CalPERS and Covered California, and with the individual and small employer markets where rate review already exists. Sponsored by UNITE HERE & the California Labor Federation. <i>Author amended (coming off suspense file) to set a hearing schedule and apply to increases of > 150% of the average premium.</i> | Assembly Health Hearing: 7/7 1:30 PM Rm. 4202 |
| AB 463 (D. Chiu) | PHARMACEUTICAL COST TRANSPARENCY ACT OF 2015: would require each manufacturer of a prescription drug sold in California with an acquisition cost of >\$10,000 annually or per course of treatment to file a report by May 1 of each year with OSHPD on the costs for each drug. See our blog entry: http://blog.health-access.org/?p=3980 . | Hearing postponed (2-year bill) |

Access

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| SB 147 (Hernandez) | FEDERALLY QUALIFIED HEALTH CENTERS: would require the department to authorize a 3-year APM pilot project for FQHCs that would be implemented in any county and FQHC willing to participate. Under the APM pilot project, participating FQHCs would receive capitated monthly payments for each Medi-Cal managed care enrollee assigned to the FQHC in place of the wrap-around, fee-for-service per-visit payments from the department. | Assembly Health Hearing: 7/14 1:30 PM Rm. 4202 |
| SB 243 (Hernandez) | MEDI-CAL PROVIDER REIMBURSEMENT RATES: would restore Medi-Cal provider reimbursement rates from the previous budget cut in the first year, and bring Medi-Cal rates up to Medicare levels in future years. | Held in Approps |
| SB 388 (Mitchell) | SUMMARY OF BENEFITS AND COVERAGE: SOLICITATION & ENROLLMENT: would add the federally required SBC to the documents that must be translated into threshold languages for commercial coverage offered by health plans and insurers. | Assembly Approps |
| AB 366 (Bonta) | MEDI-CAL PROVIDER REIMBURSEMENT RATES: would restore Medi-Cal provider reimbursement rates from the previous budget cut in the first year, and bring Medi-Cal rates up to Medicare levels in future year. <i>Amended (coming off suspense file) to strike the Medi-Cal provider payment increase and require enhanced monitoring instead.</i> | Senate Health Hearing: 7/15 1:30 PM Rm 4203 |

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| AB 635 (Atkins) | MEDI-CAL INTERPRETATION SERVICES: would require the department to seek federal funding to establish a program to provide and reimburse for certified medical interpretation services, except sign language interpretation services, to Medi-Cal beneficiaries who are limited English proficient. | Senate Approps |
| AB 763 (Bonilla/Burke) | MEDI-CAL AGED & DISABLED: would raise the income level of the Aged and Disabled Medi-Cal program (A&D program) to 138% FPL, creating a “brightline” of income eligibility and parity for elderly and disabled Medi-Cal beneficiaries with other adults. | Held in Approps |
| AB 1231 (Wood) | MEDI-CAL: NON-MEDI-CAL TRANSPORTATION: would add non-medical transportation to the schedule of benefits under the Medi-Cal program. <i>Sponsored by WCLP. Clarifying amendments (coming off suspense file) add intent language to bill.</i> | Senate Approps |
| AB 1299 (Ridley-Thomas) | MEDI-CAL: FOSTER CHILDREN: would declare the intent of the Legislature to ensure that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs and the requirements of EPSDT program standards and requirements. | Senate Health Hearing: 7/14 1:30 PM Rm. 4203 |

Consumer Protection

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| SB 43 (Hernandez) | ESSENTIAL HEALTH BENEFITS: would extend the sunset on Essential Health Benefits (EHB) and revisit the definition of EHB in light of recent federal guidance on habilitative services for developmentally disabled. | Assembly Health Hearing: 7/14 1:30 PM Rm. 4202 |
| SB 145 (Pan) | HEALTH FACILITIES & PATIENT TRANSFERING: would prohibit patient transferring if a patient’s blood alcohol content is 0.8% percent unless the patient is either medically stabilized or appropriately transferred to another health facility pursuant to another provision of law. | Assembly Judiciary Hearing: 7/14 9:00 AM |
| SB 346 (Wieckowski) | COMMUNITY BENEFITS: would standardize community benefit reporting and require that 90% of community benefits be allocated to underserved and vulnerable populations or specific community needs. <i>Sponsored by the California Nurses Association. Support if amended.</i> | Failed 4/29 |
| SB 675 (Liu) | FAMILY CAREGIVERS: would require a hospital and any health facility that provides inpatient medical rehabilitation services to take specified actions relating to family caregivers, including, among others, notifying the family caregiver when the person to whom care is provided will be discharged to another facility or to home and providing an explanation and live instruction of care that the family caregiver will be providing. | Assembly Health Hearing: 7/7 1:30 PM Rm. 4202 |

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| <p>AB 374 (Nazarian)</p> | <p>HEALTH CARE COVERAGE: PRESCRIPTION DRUGS: would prohibit a health care service plan or health insurer that provides medication pursuant to a step therapy or first-fail fail-first requirement from applying that requirement to a patient who has made a step therapy override determination request if, in the professional judgment of the prescribing physician, the step therapy or first-fail 98 fail-first requirement would be medically inappropriate for that patient for specified reasons. This bill is unnecessary. Beyond the fact that there are existing regulations on step therapy in Knox-Keen, consumers can appeal to access health care services and benefits after initial denial utilizing the existing IMR process and also an exceptions process that health plans provide . <i>Support if amended.</i></p> | <p>Senate Health Hearing: 7/8 1:30 PM Rm. 4203</p> |
| <p>AB 389 (Chau)</p> | <p>HOSPITALS & LANGUAGE ASSISTANCE: would require a general acute care hospital to post its policy for providing language assistance services to limited-English proficient (LEP) individuals on their website. This bill would also require hospitals to submit electronically their language assistance plans to the Office of Statewide Health Planning and Development (OSHPD) and would require both OSHPD and the Department of Public Health (DPH) to post the hospital language assistance policies on their website.</p> | <p>Senate Suspense</p> |

Prevention

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| <p>SB 140 (Leno)</p> | <p>E-CIGARETTES: would change the definition of tobacco to include e-cigarettes.</p> | <p>Assembly Govt Org Hearing: 7/8 1:30 PM Rm. 4202</p> |
| <p>SB 203 (Monning)</p> | <p>SODA WARNING LABEL: would require soda warning labels given the mounting evidence that soda is bad for your health.</p> | <p>To reconsider (as 2 year bill)</p> |