



What Happens to California Health Reform Laws If ACA is Repealed?

The Supreme Court should and will uphold the Affordable Care Act in its entirety. Even if the Courts strike down a provision, the rest of the Act would go forward. But in the extreme and unlikely scenario that the Act is struck down entirely, a few of the state-sponsored implementation laws would remain. But many of the main consumer protections and benefits--even those passed in California--would be at risk.

NEW ACCESS FOR CALIFORNIANS WITH PRE-EXISTING CONDITIONS

AB1877 Villines SB227 Alquist	PRE-EXISTING CONDITIONS INSURANCE PLAN (PCIP): Authorizes MRMIP to get federal funding for a "high-risk pool" to provide coverage to people denied for pre-existing conditions, and to operate that program, PCIP.	AT RISK: Entirely Federally Funded
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	STANDS: In State Law
AB151 Monning	GUARANTEED ISSUE FOR SENIORS: Assures that those who previously covered by Medicare Advantage plans have guaranteed issue for Medi-Gap coverage.	STANDS: In State Law

MEDI-CAL EXPANSIONS AND REFORMS

AB342 Perez	MEDI-CAL WAIVER EARLY EXPANSION FOR LOW-INCOME ADULTS: Expands county-based "coverage initiatives" using deferral matching funds to create a bridge to health reform by covering hundreds and thousands of Californians prior to 2014	AT RISK: Federal Matching Funds Authorized by ACA
SB208 Steinberg	MEDI-CAL WAIVER SYSTEM CHANGE: Implements a new Medicaid waiver with the federal government in order to draw down new federal funds, encourage better coordinated care, including shifting seniors and people with disabilities to managed care.	AT RISK: Federal Matching Funds Authorized by ACA

SECURITY TO STAY ON COVERAGE

SB1088 Price	YOUNG ADULT COVERAGE: Requires group health plans to allow young adults to continue on coverage as a dependent up to age 27, however employers are not required to contribute to the cost of coverage for those dependents 23 or older.	STANDS: In State Law
AB36 Perea	TAXES ON DEPENDENT COVERAGE: Modifies the tax code to exclude employer contributions toward dependent coverage (dependents up to age 26) from parents' taxable income.	AT RISK: Tax Treatment Impacted
AB2470 De La Torre	RESCISSIONS AND MEDICAL UNDERWRITING: Requires regulations to be created that establish standard information and health history questions used by health insurers on application forms, and required insurers to complete medical underwriting and review for accuracy before issuing an individual a health plan contract or policy.	STANDS: In State Law



NEW OVERSIGHT ON INSURER PREMIUMS

SB1163 Leno	RATE REVIEW: Would require health plans to provide, in writing, specific reasons for denial of coverage or for charging higher than the standard rates for coverage.	STANDS: In State Law
SB51 Alquist	MEDICAL LOSS RATIO: Ensures that premium dollars go to patient care rather than administration and profit. Codifies in state law the federal requirement that requires a health insurers spend a specified percentage of premium dollars on providing health care, and to provide refunds to patients if those percentages are not met.	AT RISK: Tied to ACA; Would Need To Pass Stand-Alone State Law

BETTER BENEFITS

AB2345 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.	AT RISK: Tied to ACA; Would Need To Pass Stand-Alone State Law
SB222 Evans/ Alquist AB210 Hernandez	MATERNITY COVERAGE: Phases in a maternity care benefit mandate by requiring new health insurance policies submitted after January 1, 2012, to provide coverage for maternity services beginning July 1, 2012.	STANDS: In State Law

CONSUMER ASSISTANCE

AB1602 Perez	CREATING A NEW EXCHANGE: Establishes the operations of the California Health Benefit Exchange as an independent state agency tasked in negotiating for the best prices and values for consumers and providing information regarding health benefit products.	STANDS, But Federal Subsidies Dependent on ACA
SB900 Alquist/ Steinberg	RUNNING A NEW EXCHANGE: Establishes the governance of the Exchange by a 5-member board appointed by the Governor and Legislature. The board will serve the individuals and small businesses seeking health care coverage through the Exchange.	STANDS, But Federal Subsidies Dependent on ACA
AB922 Monning	PROVIDING CONSUMER ASSISTANCE: Creates an Office of Health Consumer Assistance (replacing the Office of Patient Advocate), responsible for providing outreach and education about health coverage to consumers. Authorizes contracting with community organizations to provide consumer assistance.	STANDS; In State Law
AB1296 Bonilla	STREAMLINING ELIGIBILITY AND ENROLLMENT: Requires the California Health and Human Services Agency to establish a standardized single application form and related renewal procedures for Medi-Cal, the Healthy Families Program, the Exchange, and county programs.	STANDS, But Changes Require ACA's Medicaid Expansion and Streamlining



This factsheet 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