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## Health Care Legislation Affecting Low-Income Consumers as of June 12, 2014

Following is a summary of bills in the Legislature that affect the health of low-income Californians. Bills had to pass out of Appropriations by May 23rd and off the house of origin by by May 30. We do not include bills that missed one of these deadlines. Bills must be heard in their second house policy committee by June 27.

| Medi-Cal |             |                           |   |   |               |
|----------|-------------|---------------------------|---|---|---------------|
| Measure  | Author      | Topic                     | Location  | Summary   | WCLP Position |
| AB 809   | Logue R     | Healing arts: telehealth. | Senate Health   | This bill would allow for verbal informed consent for the use of telehealth to apply in the present and for subsequent use of telehealth and would keep that as a part of the patient's medical record.   | Neutral       |
| AB 1174  | Bocanegra D | Dental professionals.     | Senate Business, Professions and Economic Development | This bill would authorize Medi-Cal payments for teledentistry services for Medi-Cal beneficiaries. Expands duties of registered dental assistants (RDAs), RDAs in extended functions (RDAEF), registered dental hygienists (RDH), and registered dental hygienists in alternative practice (RDHAP).         |               |
| AB 1310  | Bonta D     | Medi-Cal: telehealth.     | Senate Appropriations                                 | This bill would prohibit DHCS from requiring a health care provider licensed in California to be located in California as a condition of Medi-Cal provider enrollment or reimbursement for telehealth services provided to Medicare or Medicaid beneficiaries located in California at the time of service. |               |

|                |                    |   |                           |  |         |
|----------------|--------------------|---|---------------------------|--|---------|
| <b>AB 1792</b> | <b>Gomez D</b>     | Public benefits: reports on employers.                            | Senate Health             | This bill would requires the Employment Development Department to compile a list of employers with employees who are enrolled in Medi-Cal, CalWORKs, CalFresh and WIC.   | Support |
| <b>AB 1868</b> | <b>Gomez D</b>     | Medi-Cal: optional benefits: podiatric medicine.                  | Senate Health             | This bill would cover medical and surgical services provided by a doctor of podiatric medicine in Medi-Cal.  | Support |
| <b>AB 2051</b> | <b>Gonzalez D</b>  | Medi-Cal: providers: affiliate primary care clinics.              | Senate Health             | This bill would require DHCS to process applications within 30 calendar days of receiving an application from an affiliate primary care clinic applying to be a Medi-Cal provider. If an application is not approved, this bill would require DHCS to collaborate with DPH to provide the applicant with written notification and give applicant 30 days to cure any written deficiencies.   |         |
| <b>SB 508</b>  | <b>Hernandez D</b> | Medi-Cal: eligibility.  | Assembly Health           | This bill would codify the MAGI Medi-Cal income eligibility thresholds for parents and caretaker relatives, children, and pregnant women, eliminate the deprivation requirement for the Medically Needy Medi-Cal program, and make some technical changes to the Medi-program for former foster youth up to age 26.  | Support |
| <b>SB 964</b>  | <b>Hernandez D</b> | Health care service plans: timeliness standards: medical surveys. | Assembly Health           | This bill would specify that a plan that provides services solely to Medi-Cal beneficiaries is not exempt from the DMHC medical survey with respect to quality management, utilization review, timely access, network adequacy, and any other requirements related to access and availability, except as specified. The bill would require a plan that provides services to Medi-Cal beneficiaries and a plan that provides services to enrollees in the Exchange be surveyed separately for those products. | Support |
| <b>SB 986</b>  | <b>Hernandez D</b> | Medi-Cal: managed care: exemption from plan enrollment.           | Assembly Health           | This bill would require that a Medi-Cal beneficiary who has received a medical exemption request (MER) from enrollment in a Medi-Cal managed care plan and who is to receive or has received specified transplantations receive an extension of the MER for up to 12 months if the treating physician that it is medically necessary.  | Neutral |
| <b>SB 1002</b> | <b>De León D</b>   | Medi-Cal: redetermination.  | Assembly Consent Calendar | This bill would align Medi-Cal redetermination with the CalFresh certification period when a CalFresh application or recertification application is submitted.   | Sponsor |

| <b>SB 1124</b>         | <b>Hernandez D</b>     | Medi-Cal: estate recovery.                                 | Assembly Health      | This bill would limit recovery from the estate of a deceased Medi-Cal beneficiary, to only those costs that the state is required to recover under federal law.   | Sponsor              |
|------------------------|------------------------|--|----------------------|---|----------------------|
| <b>SB 1315</b>         | <b>Monning D</b>       | Medi-Cal: providers.                                       | Assembly Health      | This bill would provide DHCS a better way to enforce a corrective action plan to deactivate a provider's number against a Medi-Cal FFS provider who fails to remediate deficiencies and is subject to existing temporary suspension and deactivation authority.   |                      |
| <b>SB 1341</b>         | <b>Mitchell D</b>      | Medi-Cal: Statewide Automated Welfare System.              | Assembly Health      | This bill would require the county Statewide Automated Welfare System (SAWS) to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would also house the functionality for notices of action for Medi-Cal in SAWS.   | Support w<br>Amends  |
| <b>SB 1457</b>         | <b>Evans D</b>         | Medical care: electronic treatment authorization requests. | Assembly Health      | This bill would require that Treatment Authorization Requests and Service Authorization Requests be submitted electronically to DHCS by July 1, 2016, or a subsequent date determined by DHCS, and would also apply to California Children's Services and the Genetically Handicapped Persons Program. This bill would exempt dental TARs from adhering to this submission requirement. |                      |
| <b>Language Access</b> |                        |  |                      |   |                      |
| <b>Measure</b>         | <b>Author</b>          | <b>Topic</b>   | <b>Location</b>      | <b>Summary</b>  | <b>WCLP Position</b> |
| <b>AB 505</b>          | <b>Nazarian D</b>      | Medi-Cal: managed care: language assistance services.      | Senate Third Reading | This bill would codify the Medi-Cal managed care thresholds for translated documents.   | Support              |
| <b>AB 2325</b>         | <b>John A. Pérez D</b> | Medi-Cal: CommuniCal.                                      | Senate Rules         | This bill would require DHCS to establish the Medi-Cal Patient-Centered Communication program (CommuniCal), to be administered by a 3rd-party administrator, to provide and reimburse for certified medical interpretation services to Medi-Cal beneficiaries who are limited English proficient (LEP).   | Support              |

| <b>SB 204</b>             | <b>Corbett D</b>          | Prescription drugs: labeling.                                 | Assembly Health | This bill would require the Board of Pharmacy to conduct a survey of the use of standardized medication instructions and seeks to provide data about the use of standardized instructions and the barriers that may impede their use.  | Support              |
|---------------------------|---------------------------|---|-----------------|--|----------------------|
| <b>Health Care Reform</b> |                           |   |                 |  |                      |
| <b>Measure</b>            | <b>Author</b>             | <b>Topic</b>  | <b>Location</b> | <b>Summary</b>   | <b>WCLP Position</b> |
| <b>AB 2088</b>            | <b>Hernández, Roger D</b> | Health insurance: minimum value: large group market policies. | Senate Rules    | This bill would require that health insurance with less than 60% minimum value or policies for specific diseases or hospital indemnity coverage only be sold to large employers as supplemental coverage and not as a substitute for coverage providing minimum essential coverage.  |                      |
| <b>AB 2706</b>            | <b>Hernández, Roger D</b> | Schools: health care coverage: enrollment assistance.         | Senate Rules    | This bill would require public schools to ensure their enrollment forms include how to be referred for information regarding health coverage options and enrollment assistance.  |                      |
| <b>SB 18</b>              | <b>Hernandez D</b>        | California Health Benefits Review Program: health insurance.  | Assembly Health | This bill would include essential health benefits and the impact on the California Health Benefit Exchange in the areas to be reported on by the California Health Benefits Review Program.  |                      |
| <b>SB 1053</b>            | <b>Mitchell D</b>         | Health care coverage: contraceptives.                         | Assembly Health | This bill would require health plans and insurers to provide coverage for all FDA approved contraceptive drugs, devices, and products in each contraceptive category outlined by the FDA, as well as sterilization procedures and contraceptive education and counseling, and would prohibit a plan or insurer from engaging in unreasonable medical management, as defined, in providing that coverage. |                      |
| <b>Exchange</b>           |                           |   |                 |  |                      |
| <b>Measure</b>            | <b>Author</b>             | <b>Topic</b>  | <b>Location</b> | <b>Summary</b>   | <b>WCLP Position</b> |
| <b>AB 1877</b>            | <b>Cooley D</b>           | California Vision Care Access Council.                        | Senate Health   | This bill would establish the California Vision Care Access Council - an Exchange marketplace for vision coverage plans governed by a 5-member Board.  |                      |

| <b>SB 972</b>       | <b>Torres D</b>           | California Health Benefit Exchange: board: membership.          | Assembly Health | This bill would add to the areas of required demonstrated and acknowledged expertise of Exchange board members: marketing of health insurance products, information technology system management, management information systems, and enrollment counseling assistance, with priority to cultural and linguistic competency.   | Support              |
|---------------------|---------------------------|---|-----------------|--|----------------------|
| <b>SB 974</b>       | <b>Anderson R</b>         | California Health Benefit Exchange.                             | Assembly Health | This bill would require Covered California to allow an applicant to indicate in his/her application whether he/she would like assistance in completing the application from a certified insurance agent or certified counselor. This bill also prohibits Covered California from disclosing personal information if the applicant indicates that he/she does not want assistance.                              | Support              |
| <b>SB 1052</b>      | <b>Torres D</b>           | Health care coverage.   | Assembly Health | This bill would require a health plan or insurer that provides prescription drug benefits to post those formularies on its Internet Web site, update that posting within 24 hours after making any formulary changes, use a standard template to display formularies, including the prior authorization or step edit requirements for, and the range of cost sharing for, each drug included on the formulary. | Support              |
| <b>Medical Debt</b> |                           |   |                 |  |                      |
| <b>Measure</b>      | <b>Author</b>             | <b>Topic</b>  | <b>Location</b> | <b>Summary</b>   | <b>WCLP Position</b> |
| <b>AB 503</b>       | <b>Wieckowski D</b>       | Health facilities: community benefits.                          | Senate Health   | This bill would declare the necessity of establishing uniform standards for reporting the amount of charity care and community benefits a facility provides to ensure that private nonprofit hospitals and nonprofit multi-specialty clinics meet the social obligations for which they receive favorable tax treatment.   | Support w Amends     |
| <b>AB 1558</b>      | <b>Hernández, Roger D</b> | California Health Data Organization: all-payer claims database. | Senate Health   | This bill would create an All Payer Claims Database, requiring health plans and insurers to provide claims data to UC to compile the data and design and a Web site that allows consumers to compare the prices paid by carriers for procedures.   |                      |
| <b>AB 1917</b>      | <b>Gordon D</b>           | Outpatient prescription drugs: cost sharing.                    | Senate Health   | For health plans and insurers in the individual or small group markets, this bill would require that the cost sharing for a covered outpatient prescription drug for a supply of up to 30 days not exceed 1/12 of the annual out-of-pocket limit.  | Support              |

| <b>SB 1176</b>                  | <b>Steinberg D</b>       | Health care coverage: cost sharing: tracking.        | Assembly Health | This bill would require health plans and insurers to notify a consumer when they have reached their maximum out-of-pocket limit.   | Support              |
|---------------------------------|--------------------------|--|-----------------|--|----------------------|
| <b>SB 1276</b>                  | <b>Hernandez D</b>       | Health care: fair billing policies.                  | Assembly Health | This bill would require hospitals to collect no more than 10% of a billed patients monthly income if that patient is below 350% FPL. This bill would allow consumers with high out-of-pocket costs to qualify for discount billing if their health plan or insurer negotiates a high bill on their behalf.   | Sponsor              |
| <b>Insurance Market Reforms</b> |                          |  |                 |  |                      |
| <b>Measure</b>                  | <b>Author</b>            | <b>Topic</b>   | <b>Location</b> | <b>Summary</b>   | <b>WCLP Position</b> |
| <b>AB 1771</b>                  | <b>V. Manuel Pérez D</b> | Telephone visits.                                    | Senate Health   | This bill would require health plans and insurers to cover telephone visits provided by a physician, effective January 1, 2016.  |                      |
| <b>AB 2400</b>                  | <b>Ridley-Thomas D</b>   | Health care coverage: provider contracts.            | Senate Rules    | This bill would require a health plan to provide at least 90 business days' notice to a contracting provider if a change is made by amending a manual, policy, or procedure document referenced in the contract and would require that the provider under a preferred provider arrangement have the right to negotiate and agree to the change.        | Neutral              |
| <b>AB 2418</b>                  | <b>Bonilla D</b>         | Health care coverage: prescription drugs: refills.   | Senate Rules    | This bill would require health plans and insurers to allow enrollees to opt out of any mandatory mail order prescription program, allows for the synchronization of prescription refills, and permits early refill of topical ophthalmic medications, effective January 1, 2016.   |                      |
| <b>SB 20</b>                    | <b>Hernandez D</b>       | Individual health care coverage: enrollment periods. | Enrolled        | This bill would change the 2015 open enrollment period for individual market health plans and insurance policies, in the Exchange and out, to November 15, 2014, through February 15, 2015..   | Support              |
| <b>SB 780</b>                   | <b>Jackson D</b>         | Health care coverage.                                | Assembly Health | This bill would require disclosure to consumers and CDI when contracts between health insurers and medical provider groups or acute care hospitals are set to terminate and that would result in a material change to the insurer's provider network. The bill would also change the requirements when a DMHC-licensed plan has a contract termination |                      |

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|----------------|---------------------|---|-------------------------|--|----------------------|
| <b>SB 959</b>  | <b>Hernandez D</b>  | Health care coverage.   | Assembly Health         | This bill would require a health plan or insurer to use a single risk pool that includes all enrollees, rather than segmenting a risk pool between policies regulated by the CDI and DMHC.   |                      |
| <b>SB 1100</b> | <b>Hernandez D</b>  | Continuity of care.   | Assembly Health         | The bill would allow new enrollees in an individual market health plan or health insurance policy to continue to receive treatment for certain conditions from their existing provider if the existing provider is not in the new health plan or insurance policy network.     | Support              |
| <b>SB 1182</b> | <b>Leno D</b>       | Health care coverage: rate review.  | Assembly Health         | This bill would require health plans and insurers to submit to regulators for rate review any large group plan contract or policy rate increases that exceed 5% of the prior years rate and establishes new data reporting requirements.                                       |                      |
| <b>SB 1340</b> | <b>Hernandez D</b>  | Health care coverage: provider contracts.                                   | Assembly Health         | This bill would prohibit contracts between health plans or insurers and hospitals that restrict health plans/insurers from furnishing information about the cost range of procedures or the quality of services performed.   |                      |
| <b>SB 1446</b> | <b>DeSaulnier D</b> | Health care coverage: small employer market.                                | Assembly Appropriations | This bill would authorize a small employer health plan or insurer that does not comply with specified reforms under the ACA to be renewed and continue to be in force through 2015.  |                      |
| <b>Other</b>   |                     |   |                         |  |                      |
| <b>Measure</b> | <b>Author</b>       | <b>Topic</b>  | <b>Location</b>         | <b>Summary</b>   | <b>WCLP Position</b> |
| <b>SB 1322</b> | <b>Hernandez D</b>  | California Health Care Quality Improvement and Cost Containment Commission. | Assembly Health         | This bill would require the Governor to convene the California Health Care Quality Improvement and Cost Containment Commission and would specify the composition of the commission. The bill would require the commission to examine and address specified health care issues. |                      |

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