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**Health Care Legislation Affecting Low-Income Consumers as of August 12, 2015**

The deadline for bills to pass out of their second house policy committee and the start of summer recess was July 17. The Legislature will reconvene on August 17, and the next month will be a flurry of activity as the Legislature will have two weeks, or until August 28, to pass any bill with a cost out of second house fiscal committee. From then, the Legislature will focus on hearing bills on the floor before recessing again on September 11. Following is a summary of bills that affect the health of low-income Californians.

Medi-Cal					
Measure	Author	Topic	Location	Summary	WCLP Position
AB 72	Bonta D	Medi-Cal: demonstration project.	Senate Appropriations	Spot bill for California's 1115 Medicaid waiver.	
AB 139	Gatto D	Nonprobate transfers: revocable transfer upon death deeds.	Senate Appropriations	This bill would create the revocable transfer on death deed, allowing for the transfer of real property on the death of its owner without a probate proceeding.	
AB 187	Bonta D	Medi-Cal: managed care: California Children's Services program.	Senate Appropriations	This bill would extend the termination of the CCS carve out from Medi-Cal managed care until the department has completed evaluations of specified pilot programs created as part of California's current 1115 waiver.	
AB 366	Bonta D	Medi-Cal: annual access monitoring report.	Senate Appropriations	This bill would establish a monitoring system to determine if Californians are having trouble getting care in the Medi-Cal system. DHCS would be required to post on its website the Medi-Cal access monitoring report and host a public meeting to present and discuss the report.	Support
AB 858	Wood D	Medi-Cal: federally qualified health centers and rural health clinics.	Senate Appropriations	This bill would provide that 2 visits taking place on the same day at a federally qualified health center (FQHC) or rural health clinic (RHC) shall be reimbursed under some circumstances.	
AB 1162	Holden D	Medi-Cal: tobacco cessation.	Senate Appropriations	This bill would require tobacco cessation medications, counseling, and assessments to be covered Medi-Cal benefits.	Support
AB 1231	Wood D	Medi-Cal: nonmedical transportation.	Senate Appropriations	This bill would clarify nonmedical transportation as a covered Medi-Cal benefit, including roundtrip transportation for beneficiaries who must travel more than 60 minutes or 30 miles from his/her residence to access specialty care.	Sponsor
AB 1261	Burke D	Community-based adult services: adult day health care centers.	Senate Appropriations	This bill would codify the Community-Based Adult Services benefit according to provisions stipulated in a settlement agreement reached in 2012.	
AB 1299	Ridley-Thomas D	Medi-Cal: specialty mental health services: foster children.	Senate Appropriations	This bill would require DHCS to issue policy guidance that establishes the presumptive transfer of responsibility for providing or arranging for mental health services to foster youth from the county of original jurisdiction to the foster child's county of residence.	
AB 1319	Dababneh D	Medi-Cal benefits: share of cost requirements.	Senate Appropriations	This bill would raise the SSI recipient retention amount from \$20 to \$50 for purposes of determining share of cost.	

<b>SB 10</b>	<b>Lara D</b>	Health care coverage: immigration status.	Assembly 2 year bill	This bill would extend eligibility for full-scope Medi-Cal to adults who would qualify but for their immigration status if sufficient funding is available.	Support
<b>SB 33</b>	<b>Hernandez D</b>	Medi-Cal: estate recovery.	Assembly Appropriations	This bill would limit Medi-Cal estate recovery to long term care costs, delete the requirement that the department make a claim upon the death of the surviving spouse, and require DHCS to provide a current or former beneficiary upon request, for a charge of \$5, the total recoverable amount under these provisions.	<b>Sponsor</b>
<b>SB 36</b>	<b>Hernandez D</b>	Medi-Cal: demonstration project.	Assembly Appropriations	Spot bill for California's 1115 Medicaid waiver renewal.	
<b>SB 260</b>	<b>Monning D</b>	Medi-Cal: county organized health systems: pilot programs.	Assembly Appropriations	This bill would require County Organized Health System Medi-Cal plans to be licensed with the Department of Managed Health Care under the Knox-Keene Act.	<b>Sponsor</b>

**Health Care Reform**

<b>Measure</b>	<b>Author</b>	<b>Topic</b>	<b>Location</b>	<b>Summary</b>	<b>WCLP Position</b>
<b>AB 248</b>	<b>Hernández, Roger D</b>	Health insurance: minimum value: large group market policies.	Senate Floor	People are not eligible for tax subsidies in Covered CA if they have affordable employer-sponsored coverage. This bill would require group health plans and insurers to provide coverage with at least 60% minimum value.	Support
<b>AB 1102</b>	<b>Santiago D</b>	Health care coverage: Medi-Cal Access Program: disclosures.	Senate Appropriations	This bill would require that women who apply for the Medi-Cal Access Program (MCAP - formerly AIM) who are denied coverage be told about the Major Risk Medical Insurance Program and Covered California.	Support
<b>SB 4</b>	<b>Lara D</b>	Health care coverage: immigration status.	Assembly Appropriations	This bill would set out the transition process for all income-eligible children to be eligible for Medi-Cal regardless of immigration status and allow undocumented immigrants to purchase unsubsidized health coverage through Covered California.	Support
<b>SB 43</b>	<b>Hernandez D</b>	Health care coverage: essential health benefits.	Assembly Appropriations	This bill would update California's law regarding Essential Health Benefits per final federal regulations including selecting a new benchmark plan and changing the definition of habilitative services.	Support
<b>SB 137</b>	<b>Hernandez D</b>	Health care coverage: provider directories.	Assembly Appropriations	This bill would require health plans and insurers to make their provider directory available on their Internet Web site and to update the directory weekly. The bill would require the Department of Managed Health Care and the Department of Insurance to develop a standard provider directory template with required elements.	Support

**Insurance Market Reforms**

<b>Measure</b>	<b>Author</b>	<b>Topic</b>	<b>Location</b>	<b>Summary</b>	<b>WCLP Position</b>
<b>AB 1305</b>	<b>Bonta D</b>	Limitations on cost sharing: family coverage.	Senate Appropriations	This bill would require, for family coverage, in addition to existing annual out-of-pocket limits and deductibles which apply to the family, a maximum out-of-pocket limit and deductible for each individual covered by the plan contract that is less than or equal to the maximum out-of-pocket limit for individual coverage under the plan.	Support

SB 503	Hernandez D	Cal-COBRA: disclosures.	Assembly Appropriations	Current law requires a group plan that is subject to Cal-COBRA to send a notice to covered employees. This bill would delete the requirement that the notice advise about medical underwriting and required language about Medi-Cal and Covered California.	Support
Language Access					
Measure	Author	Topic	Location	Summary	WCLP Position
AB 389	Chau D	Hospitals: language assistance services.	Senate Appropriations	This bill would require hospitals and DHCS to post hospitals' language assistance policies on their respective Internet Web sites.	Support
AB 635	Atkins D	Medical interpretation services.	Senate Appropriations	This bill would require DHCS to seek federal funding for a program for certified language interpretation services to Medi-Cal beneficiaries who are limited English proficient in both fee-for-service and managed care.	Support
AB 1073	Ting D	Pharmacy: prescription drug labels.	Senate Appropriations	The Pharmacy Law requires a standardized, patient-centered, prescription drug label on all prescription medicine in California. This bill would require a dispenser to use a standardized direction for use on the label of the prescription container from a list in existing regulations. The bill would require the board to make available translations, in a minimum of 5 languages other than English, of those standardized directions for use and post the translated standardized directions for use on its Internet Web site.	
AB 1114	Bonilla D	Health care: eligibility and enrollment.	Senate Appropriations	This bill would clarify that Medi-Cal and Covered California renewal forms and notices must be translated into the thirteen Medi-Cal threshold languages	Sponsor
SB 388	Mitchell D	Health care coverage: solicitation and enrollment.	Assembly Appropriations	This bill would require a health plan's summary of benefits and coverage (SBC) to be translated into non-English languages consistent with California's existing language access requirements for other vital documents and would require the Department of Managed Health Care and the Department of Insurance to make available translated templates of the SBC on their websites.	Support
Medical Debt					
Measure	Author	Topic	Location	Summary	WCLP Position
AB 533	Bonta D	Health care coverage: out-of-network coverage.	Senate Appropriations	This bill would require a health contract or insurer to provide that if an enrollee obtains care from a participating facility at which the enrollee receives covered services provided by a nonparticipating provider, the enrollee be required to pay the nonparticipating provider only the same cost sharing required if the services had been provided by a participating provider.	Support
Mental Health					
Measure	Author	Topic	Location	Summary	WCLP Position
AB 741	Williams D	Mental health: community care facilities.	Senate 2 year bill	This bill would expand the definition of Social Rehabilitation Facility to include children, thereby creating a category of licensing in state statute for children's crisis residential services.	

<b>AB 861</b>	<b>Maienschein R</b>	Mental health: community-based services.	Senate Appropriations	This bill would require DHCS to apply for mental health services planning grant, including plans for counties to redirect a portion of funds currently used to match federal funds to provide increased housing opportunities for individuals with severe mental illnesses, and to work with counties and other stakeholders in developing its proposal.	Support
<b>AB 1018</b>	<b>Cooper D</b>	Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).	Senate Appropriations	This bill would require DHCS and the Department of Education to convene a joint task force to examine the delivery of mental health services to children eligible for EPSDT services and for services pursuant to the federal Individuals with Disabilities Education Act.	
<b>SB 291</b>	<b>Lara D</b>	Public health: vulnerable communities.	Assembly Appropriations	This bill would include individuals who have experienced trauma related to genocide in the definition of vulnerable communities and would require representatives from vulnerable communities to be represented in the public stakeholder process for developing the Office of Health Equity's plan to eliminate health and mental health disparities.	
<b>SB 296</b>	<b>Cannella R</b>	Medi-Cal: specialty mental health services: documentation requirements.	Assembly Appropriations	This bill would require DHCS to develop a single set of service billing documentation requirements for the provision of specialty mental health services, require DHCS to update the requirements, and prohibit counties from requiring additional documentation requirements.	
<b>SB 614</b>	<b>Leno D</b>	Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification.	Assembly Appropriations	This bill would establish a Peer and Family Support Specialist Certification Program to be administered by DHCS.	Support
<b>Prescription Drugs</b>					
<b>Measure</b>	<b>Author</b>	<b>Topic</b>	<b>Location</b>	<b>Summary</b>	<b>WCLP Position</b>
<b>AB 339</b>	<b>Gordon D</b>	Health care coverage: outpatient prescription drugs.	Senate Appropriations	This bill would require health plans and insurers that provide coverage for outpatient prescription drugs to provide coverage for medically necessary prescription drugs that do not have a therapeutic equivalent. This bill would require copayments, coinsurance, and other cost sharing for these drugs to be reasonable, would require coverage of single-tablet drug regimens and extended release drugs at same cost-sharing as multitablet and nonextended release products. The bill would standardize the definition of specialty prescription drugs.	Support
<b>AB 374</b>	<b>Nazarian D</b>	Health care coverage: prescription drugs.	Senate Appropriations	This bill would require DMHC and the CDI to develop a step therapy override determination request form and would require a prescribing provider to use the form to make a step therapy override determination request. Health plans would have 72 hours to respond to a step therapy override determination for non-urgent requests or within 24 hours if exigent circumstances exist.	Support

Other					
AB 294	Lackey T	Health and Human services: state plans, federal waivers, public notice.	Senate Floor	Would require a department within the California Health and Human Services Agency that has received approval of an operational state plan by a federal agency, or that has applied and has been approved for a waiver from a federal law or federal regulation, to make any and all approved plans and waivers available to the public by publishing a hyperlink to that information on the homepage of the department's Internet Web site.	Support
SB 492	Liu C	Coordinated care initiative: consumer educational and informational guide.	Assembly Floor	Would make legislative findings and declarations relating to the CCI and the availability of consumer protections for beneficiaries. The bill would require, no later than July 1, 2016, the State Department of Health Care Services to develop and post on the department's Internet Web site, an educational and informational guide to assist consumers and patients in understanding the rights afforded to them under the CCI and how to effectively exercise those rights, as specified.	Support

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