

2008 Session Health Consumer Bills

This list of health consumer bills will be updated on the Health Access California website as the session continues.

Insurer Regulations

Insurance Oversight & Market Reforms

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| SB 1522 Steinberg | INSURANCE MARKET STANDARDS: Would sort health insurance policies into five coverage categories, ranging from “comprehensive” to “catastrophic.” Organization of plans into these categories would enable consumers to better track premium, benefits and cost-sharing, and assist consumers in making apples-to-apples comparisons between plans. Would weed out “junk” insurance by developing minimum benefit standards. | Sponsor-Support ○ <i>Did not pass Assembly</i> |
| SB 1440 Kuehl | CAPPING ADMINISTRATION AND PROFIT: Would set a minimum medical loss ratio – requiring every insurer to spend at least 85 percent of premiums on patient care. | Support ○ <i>Vetoed</i> |

Rescissions

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| AB 1150 Lieu | BONUSES: Would outlaw the industry practice of paying bonuses to insurance company employees when they rescind policies, for setting targets for rescinded policies and/or setting financial goals based on savings on health care claims. | Support ○ <i>Signed into Law</i> |
| AB 1945 De La Torre | INDEPENDENT REVIEW: Would establish an independent DMHC/DOI review process if an insurer wants to rescind coverage, and raises the standard in existing law so that coverage can only be rescinded if a consumer willfully misrepresents his health history. | Support ○ <i>Vetoed</i> |
| AB 2549 Hayashi | TIME LIMIT: Would impose an 18-month time limit in which insurers have to rescind individual health care policies once consumers’ applications are approved. | Support ○ <i>Held in Sen Approps Committee</i> |
| AB 2569 De Leon | BROKER ACCOUNTABILITY AND FAMILY COVERAGE AFTER RESCISSION: Requires brokers who take applications to attest, under penalty of perjury, that the information is complete and accurate to the best of their knowledge. Also ensures that family members whose coverage depends on that of the rescinded person may be offered another individual policy. | Support ○ <i>Signed into Law</i> |

Benefit Mandates

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| AB 1887 Beall | MENTAL HEALTH PARITY: Would require health plans to provide coverage for all diagnosable mental illnesses | Support ○ <i>Vetoed</i> |
| AB1962 De La Torre | MATERNITY COVERAGE: Would require all individual insurance policies to cover maternity services. | Support ○ <i>Vetoed</i> |
| SB 1198 Kuehl | DURABLE MEDICAL EQUIPMENT: Would require group health plans and insurers to offer coverage for durable medical equipment, such as wheelchairs and shower seats. | Support ○ <i>Vetoed</i> |

Improved Insurance Options

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| AB 2 Dymally | HIGH-RISK POOL: Would reform the Managed Risk Medical Insurance Program, which provides coverage for “un-insureables” who have “pre-existing conditions.” Efforts would make the high risk pool more affordable and available. | Support ○ <i>Vetoed</i> |
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| SB 1379 Ducheny | USE OF INSURER PENALTIES: Would use the fines levied on insurers for improper rescissions to subsidize MRMIP and repay loans for physicians working in underserved areas | Support ○ <i>Signed into Law</i> |
| SB 973 Simitian | PUBLIC INSURER: Would create a statewide public insurer, connecting existing regional, county-based health care plans, to compete with private health care plans and provide consumers more affordable coverage choices. | Support ○ <i>Vetoed</i> |

Health Care Providers

Transparency: Cost and Quality Data

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| AB 2967 Lieber | TRANSPARENCY AND DISCLOSURE: Would require public reporting of cost and quality by hospitals, HMOs and others in the health care industry. | Oppose unless Amended ○ <i>Did not pass Senate</i> |
| SB 1300 Corbett | CONFIDENTIALITY CLAUSES: Would prohibit confidentiality clauses, which keep secret information on pricing and health care quality from consumers, in contracts between providers and insurers. | Support ○ <i>Did not pass Senate concurrence</i> |

Doctor and Hospital Oversight

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| AB 2146 Feuer | 'NEVER EVENTS': Bans providers from billing patients or insurers when they have made an avoidable mistake, such as operating on the wrong person, prescribing the wrong drugs, or leaving foreign objects inside a surgery patient. | Support ○ <i>Held in Sen Approps Committee</i> |
| AB 2942 Ma | COMMUNITY BENEFITS: Would standardize what non-profit hospitals report as "community benefits" to justify their non-profit status. Also requires for profit hospitals to report community benefits. | Support ○ <i>Held in Sen Approps Committee</i> |
| SB 1633 Kuehl | PREDATORY LENDING: Would prohibit dentists' offices from offering high-interest loans to patients while they are under the influence of anesthesia. Would also prohibit dental offices from charging lines of credit before services have been rendered. | Support ○ <i>Vetoed</i> |

Hospital Transactions

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| AB 2400 Price | HOSPITAL CLOSURES: Would require public notice before closing a hospital. | Support ○ <i>Signed into Law</i> |
| AB 2697 Huffman | BOUTIQUE HOSPITALS: Would require so-called "boutique hospitals" to assess their impact on a community's health system annually, specifically whether they siphon doctors, workers, providers from hospitals caring for less affluent populations. | Support ○ <i>To governor</i> |
| AB 2741 Torrico | HEALTH IMPACT ANALYSIS: Would require for-profit hospital sales to undergo health impact analyses to gauge the transaction's effects on the affected community, health care services, and the community's public interest. | Support ○ <i>Held in Sen Approps Committee</i> |

Balance Billing

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| AB 1203 Salas | EMERGENCY ROOM BILLS: Would prevent emergency departments – which do not have a contract with a patient's insurance company -- from directly billing the patient, requiring the hospital to seek payment directly from insurers. | Support ○ <i>Signed into Law</i> |
| SB 981 Perata | ER DOCTOR BILLS: Would prevent emergency physicians – who do not have a contract with a patient's insurance company -- from directly billing the patient, requiring providers to seek reimbursement directly from insurers. | Support ○ <i>Vetoed</i> |

Underserved Communities

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| AB 2842 Berg | UNFAIR BUSINESS PRACTICES: Would protect Californians from insurance agents trying to sell them private Medicare plans through cold calls and bait-and-switch tactics. | Support ○ <i>Signed into law</i> |
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Coverage Expansions

Working Disabled

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| AB 851 Brownley | MEDI-CAL FOR WORKING DISABLED: Increases eligibility for those working with disabilities to buy Medi-Cal coverage through the Medi-Cal California Working Disabled Program. Also extends the program, which will sunset 9/1/08. | Support ○ <i>Held in Sen Approps Committee</i> |
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Children's Coverage

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| AB 1 Laird/ Dymally SB 32 Steinberg | UNIVERSAL CHILDREN'S COVERAGE: Would expand children's coverage, including the Healthy Families program, to all children in families up to 300% of poverty (\$49,800 for a family of 3). | Support ○ <i>Did not pass</i> |
| SB 1168 Runner | DEPENDENT CARE: Would allow adult dependent children, who are still covered under their parents' health plan, to stay on that coverage even if the child takes a medically necessary leave of absence from school. | Support ○ <i>Signed into Law</i> |

Universal Coverage

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| SB 840 Kuehl | SINGLE PAYER: Would establish a single-payer health care system in California that would enable all residents to have health coverage. | Support ○ <i>Vetoed</i> |
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