



2009 Session Health Consumer Bills

Below is a list of health consumer bills introduced in the 2009 session of the California State Legislature that have passed both houses of the Legislature by September 11, 2009, the last day of the regular legislative session. The appendices contain a list of stalled legislation, which could be available for passage when the Legislature reconvenes on January 4, 2010. This list will be updated and maintained at www.health-access.org.

▶ Legislation Signed Into Law

Unemployed Workers

AB 23 Jones	Cal-COBRA: Would require insurers to provide notice to individuals eligible for Cal-COBRA that federal funds are available to assist with Cal-COBRA premiums	Signed by the Governor on 5/12/09 <i>Support</i>
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Children's Coverage

AB 1422 Bass	HEALTHY FAMILIES FUNDING: Restores funding for Healthy Families by re-imposing voluntary assessment on Medi-Cal managed care plans. It would also increase the premiums paid by families for Healthy Families coverage.	Signed by the Governor on 9/22/09 <i>Support</i>
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Insurance Oversight & Market Reforms

AB 119 Jones	GENDER RATING: Would prohibit insurers from charging different premium rates based on gender.	Signed by the Governor on 10/11/09 <i>Support</i>
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Insurance Rescissions

AB 108 Hayashi	TIME LIMIT: Would impose a 24-month time limit in which insurers have to rescind, cancel, or limit individual health care policies or charge higher premiums because of fraud once a consumer's application is approved.	Signed by the Governor on 10/11/09 <i>Support</i>
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Doctor and Hospital Oversight

AB 171 Jones	CONSUMER PROTECTIONS: 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.	Signed by the Governor on 10/11/09 <i>Support</i>
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Hospital Financing

AB 1383 Jones	HOSPITAL COVERAGE DIVIDEND FEE: Would, per federal approval, impose a coverage dividend fee on hospitals to provide \$2 billion in increased Medi-Cal rates for hospitals and \$300million for children's coverage.	Signed by the Governor on 10/11/09 <i>Support</i>
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Medi-Cal Eligibility & Retention

AB 1142 Price	PROOF OF ELIGIBILITY: Would require hospitals, as soon as they have proof of a person's Medi-Cal eligibility, to provide all information regarding that person's Medi-Cal eligibility to all other providers.	Signed by the Governor on 10/11/09 <i>Support</i>
AB 1269 Brownley	DISABLED WORKERS: Would allow, to the extent that federal financial participation is available, workers with disabilities who are otherwise eligible for Medi-Cal but are temporarily unemployed to elect to remain on Medi-Cal for a period up to 26 weeks.	Signed by the Governor on 10/11/09 <i>Support</i>

▶ Legislation Vetoed by the Governor

Insurance Rescissions		
AB 2 De La Torre	INDEPENDENT REVIEW: Would create an independent review process when an insurer wishes to rescind a consumer’s health policy, create new standards and requirements for medical underwriting, and requires state review before plan approval. Also raises the standard in existing law so that coverage can only be rescinded if a consumer willfully misrepresents his health history.	Vetoed by the Governor on 10/11/09 <i>Support</i>
AB 730 De La Torre	POSTCLAIMS UNDERWRITING: Would impose fines on insurers unlawfully engaging in post-claims medical underwriting.	Vetoed by the Governor on 10/11/09 <i>Support</i>
Insurance Benefit Mandates		
AB 98 De La Torre	MATERNITY COVERAGE: Would require most health plans to cover maternity services.	Vetoed by the Governor on 10/11/09 <i>Support</i>
AB 244 Beall	MENTAL HEALTH PARITY: Would require most health plans to provide coverage for all diagnosable mental illnesses	Vetoed by the Governor on 10/11/09 <i>Support</i>
Transparency: Cost and Quality Data		
SB 196 Corbett	HOSPITAL CLOSURES: Requires public notice of hospital closure or reduction/elimination of emergency medical services.	Vetoed by the Governor on 10/11/09 <i>Support</i>

Appendix 1: Stalled Legislation Supported by Health Access CA

Below is a list of bills introduced in the 2009 session of the Legislature that, for various reasons, did not pass the Legislature by the end of the regular legislative session on September 4, 2009. In most cases, bills were held in a fiscal committee, generally because of the costs associated with the bill. Bills on hold could again be available for passage when the Legislature reconvenes on January 4, 2010.

Insurance Oversight & Market Reform		
AB 786 Jones	INSURANCE MARKET STANDARDS: Would sort health insurance policies into a number of categories, based on benefit comprehensiveness and cost-sharing. Organization of plans into these categories and standard terminology would enable consumers to better track premium, benefits and cost-sharing, and assist consumers in making comparisons across plans.	Senate inactive file HAC Sponsor
AB 1521 Jones	BROKER COMPENSATION: Would place limits on how health insurance brokers are compensated by insurers.	Sen. Approps. Committee HAC Sponsor
AB 29 Price	DEPENDENT COVERAGE: Would allow individuals up to age 27 to remain on a private insurance policy as a dependent, but employers are not required to contribute to the cost of coverage for dependents over 23.	Ass. Approps. Committee
AB 722 Lowenthal	PRE-EXISTING CONDITION EXCLUSION: Would prohibit individual insurance plans from denying coverage due to a pre-existing condition.	Sen. Health Committee
AB 812 De La Torre	MEDICAL-LOSS RATIO REPORTING: Would require health plans to submit annual reports on their medical-loss ratio to the state, and requires the state to establish uniform medical-loss ratio reporting standards.	Ass. Approps. Committee
AB 1218 Jones	HEALTH INSURANCE RATE APPROVAL: Requires HMOs and health insurer to get approval for increases in premiums and cost-sharing from DMHC and DOI, respectively.	Ass. Health Committee
SB 316 Alquist	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.	Senate inactive file
Benefit Mandates		
AB 214 Chesbro	DURABLE MEDICAL EQUIPMENT: Would require most health plans to offer coverage for durable medical equipment, (e.g. wheelchairs and shower seats).	Ass. Approps. Committee
Improved Insurance Options		
SB 227 Alquist	HIGH-RISK POOL: Would require insurers to accept members of the high-risk pool at the rate set by MRMIB or pay a fee used to fund MRMIP. Would also increase the tobacco tax funds dedicated to fund MRMIP.	Ass. Approps. Committee



Medi-Cal Eligibility & Retention

AB 963 Ammiano	ELIGIBILITY PROCESSES: Would update and streamline Medi-Cal administrative computer systems and enrollment/renewal processes.	Ass. Approps. Committee
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Doctor and Hospital Oversight

AB 1503 Lieu	EMERGENCY ROOM FAIR PRICING: Would limit the amount that emergency room physicians and surgeons can charge an uninsured or underinsured patient with income below 350% FPL.	Sen. Health Committee HAC Sponsor
AB 542 Feuer	HOSPITAL-ACQUIRED CONDITIONS: Creates regulations around non-payment of hospital-acquired conditions and bans hospitals from billing patients or insurers for such conditions	Sen. Health Committee

Unemployed Workers

SB 727 Cox	Cal-COBRA: Would require a health insurer to offer continuation coverage to a person covered under a group plan if the employer terminates the plan and does not provide a successor group benefit plan to its employees.	Sen. Approps. Committee
SB 796 Alquist	Cal-COBRA: Would delete the requirement that COBRA coverage must be exhausted in order for an individual to qualify for access to individual health coverage under HIPAA.	Sen. Health Committee

Children's Coverage

SB 1 Steinberg	UNIVERSAL CHILDREN'S COVERAGE: Expands Healthy Families to 300% FPL and creates a Healthy Families buy-in for children in higher income families.	Sen. Health Committee
SB 114 Liu	FOSTER YOUTH: Would simplify the Medi-Cal renewal process for youth in foster care.	Sen. Approps. Committee
SB 438 Yee	CHILDREN'S COVERAGE: Would allow for accelerated enrollment of children into Medi-Cal by county agencies.	Sen. Approps. Committee

Universal Coverage

AB 1314 Jones	COMPREHENSIVE COVERAGE: Would require the California Health and Human Services Agency to engage with stakeholders to develop a plan to enact broad-based reforms to the state's health care system and to present the plan to the Legislature no later than April, 1, 2010.	Ass. Approps. Committee
SB 56 Alquist	COMPREHENSIVE COVERAGE: Would create the California Health Benefits Service Program for the purpose of expanding cost-effective public health coverage options to the uninsured and purchasers of health insurance.	Sen. Approps. Committee
SB 810 Leno	SINGLE PAYER SYSTEM: Would establish a single-payer health care system in California that would enable all residents to have health coverage.	Sen. Approps. Committee



Appendix 2: Stalled Legislation Opposed by Health Access CA

Market Reforms & Health Savings Accounts		
AB 326 Garrick	HEALTH SAVINGS ACCOUNTS: Would allow a tax deduction for health savings accounts to be used with high-deductible health plans.	Ass. Rev. & Tax Committee
SB 353 Dutton	HEALTH SAVINGS ACCOUNTS: Would allow a tax deduction for health savings accounts to be used with high-deductible health plans.	Sen. Rev. & Tax Committee
SB 92 Aanestad	OMNIBUS HEALTH REFORM MEASURE: Narrows definition of medical necessity; allows association health plans; Health Savings Accounts for CalPERS, commercial HMOs and insurers, and Medi-Cal; allows sale of health insurance across state lines, voiding state consumer protections and financial solvency requirements; weakens utilization review requirements; eliminates mandates for pap smears, mammograms, childhood immunizations, diabetes supplies and numerous other protections but only for those below 350% FPL; changes Medi-Cal to defined contribution plan, including for persons with disabilities; and numerous other provisions.	Sen. Health Committee
MRMIP High-Risk Pool and Medi-Cal Coverage		
AB 1037 Lowenthal	MANDATORY MANAGED CARE FOR SENIORS AND PERSONS WITH DISABILITIES: But only in Riverside and San Bernardino Counties.	Ass. Approps. Committee
SB 57 Aanestad	HIGH-RISK POOL: Allows insurers to sell policies with "riders" that exclude coverage for a medically uninsurable condition. Creates a "rider" pool for applicants. Increase eligibility barriers for MRMIP, deletes cap on cost-sharing, requires MRMIP to include option compatible with Health Savings Accounts, increase the annual benefit limit in MRMIP plans to \$150,000, and increase the tobacco tax funds dedicated to fund MRMIP.	Sen. Health Committee