



Health Consumer Bills in the 2010 Legislative Session

Below is a list of health consumer bills introduced at the beginning of the 2010 legislative session of the California State Legislature. This list includes the position of Health Access California and will be updated at www.health-access.org.

▶ Health Legislation Introduced in 2010

Comprehensive Health Reform

SB 810 Leno	CALIFORNIA HEALTHCARE SYSTEM: Would establish the California Healthcare System, a single-payer health care system in the state that would enable all residents to obtain health coverage.	<i>Support</i>
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Implementing Federal Health Reform

AB 1602 Bass	CALIFORNIA PATIENT PROTECTION & AFFORDABLE HEALTH CHOICES: Would create the California Cooperative Health Insurance Purchasing Exchange (Cal-CHIPE) and expand dependent coverage in private insurance to age 26.	<i>Support</i>
SB 900 Alquist	CALIFORNIA HEALTH INSURANCE EXCHANGE: Would establish the California Health Insurance Exchange within the California Health and Human Services Agency to make health coverage available and create the California Health Insurance Exchange Fund to be governed by a board appointed by the Legislature.	<i>Support</i>
SB 890 Alquist	IMPLEMENTING FEDERAL HEALTH REFORM: Creates rules in the individual market similar to those for Medi-Gap so that insurers cannot cherry-pick individuals based on health risk status. Sets standard of basic health care services for DOI products as well as DMHC products.	<i>Support</i>
AB 2287 Monning	PREVENTION & WELLNESS: Would implement those elements of federal health reform that provide community transformation grants to promote wellness and prevention. These grants will fund evidence-based, community prevention activities to reduce chronic disease rates and address health disparities.	HAC Sponsor
AB 2345 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; continues to permit co-pays and deductibles for managing chronic disease such as asthma, diabetes, health disease, etc.	<i>Support</i>

Expanding Coverage Options

SB 56 Alquist	PUBLIC OPTION: Would authorize county-organized health plans and other health benefits programs to form joint ventures to create integrated networks of public health plans that pool risk and share networks, subject to Knox-Keene requirements.	<i>Support</i>
SB 1088 Price	YOUNG ADULT COVERAGE: Would require group health plans to allow young adults to continue on coverage as a dependent up to age 26, however employers are not required to contribute to the cost of coverage for those dependents 23 or older.	<i>Support</i>



Medi-Cal and Federal Medicaid Waiver

AB 342 Perez SB 208 Steinberg	MEDI-CAL WAIVER: The state's 1115 Medicaid Waiver would draw down up to \$2 billion in federal funding to expand coverage to new medically indigent populations. The waiver would also move seniors and people with disabilities to Medi-Cal managed Care. The waiver is intended as a bridge between the existing Medi-Cal program and the full access expansion that will happen in 2014 as a result of federal reform.	<i>Amend</i>
AB 2352 Perez	ORGAN TRANSPLANTATION ANTI-REJECTION MEDICATION: Would a Medi-Cal beneficiary to remain eligible for coverage of anti-rejection medication for up to two years following an organ transplant, unless during that period the beneficiary becomes eligible for Medicare or private health insurance that would cover the medication.	<i>Support</i>
AB 2477 Jones	CONTINUOUS ELIGIBILITY FOR CHILDREN: Removes the requirements for Mid-Year Status Reports for children to allow continuous eligibility for children in the Medi-Cal program.	<i>Support</i>

Individual Insurance Market Reforms

AB 786 Jones	INSURANCE MARKET STANDARDS: Sorts health insurance policies into a number of categories, based on benefit comprehensiveness and cost-sharing. Standardized plan categories and terminology enables consumers to better comparisons plans.	HAC Sponsor
SB 1163 Leno	SUNSHINE ON PRICE GOUGING: Would require health plans to provide, in writing, specific reasons for denial of coverage or for charging higher than the standard rates.	HAC Sponsor
AB 2578 Jones	RATE APPROVAL: Would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of premium, co-payment, coinsurance, deductible or other charges under a health plan.	<i>Support</i>
AB 2110 De La Torre	PREMIUM GRACE PERIODS: Would extend the grace period for premium payments from 10 or 31 days up to 50 days for most plans regulated by the Department of Insurance.	HAC Sponsor
AB2042 Feuer	ANNUAL RATE HIKES, ANNUAL CHANGES IN PRODUCT: Prohibits Insurers and HMOs from increasing premiums, cost sharing or benefits more than once a year.	HAC Sponsor
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.	HAC Sponsor
AB 2470 De La Torre	MEDICAL UNDERWRITING: Would require 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.	<i>Support</i>
AB 591 De La Torre	RATE MORATORIUM: Protects consumers by (1) imposing a 90 day moratorium on rate increases above average increases in the medical care consumer price index; (2) allow such increases if plans apply to DMHC or CDI to justify such increases; and (3) prohibiting insurers from raising rates more than once per 12-month period.	<i>Support</i>

Insurance Benefit Mandates

AB 1825 De La Torre	MATERNITY CARE: Would require most health plans to cover maternity services.	<i>Support</i>
AB 1600 Beall	MENTAL HEALTH PARITY: Would require most health plans to provide coverage for the diagnoses and treatment of a mental illness.	<i>Support</i>
SB 1104 Cedillo	DIABETES DISEASE MANAGEMENT: Would require health plans to provide coverage for the diagnosis and treatment of diabetes-related complications.	<i>Support</i>



Insurance Market Oversight & Consumer Protections

AB 1521 Jones	BROKER COMPENSATION: Would place limits on how health insurance brokers are compensated by insurers.	HAC Sponsor
AB 1759 Blumenfield	PREMIUM RATE CHANGES: Would prohibit health insurers from using a change in demographics or enrollment as the basis for a premium rate change during the length of a contract for group coverage.	<i>Support</i>
AB 1826 Huffman	PAIN TREATMENT PRESCRIPTION DRUGS: Would prohibit an insurer from requiring a patient to use a pain treatment drug other than the one prescribed to them prior to authorizing the treatment prescribed by the health care provider.	<i>Watch</i>

Provider Oversight & Consumer Protections

AB 1503 Lieu	EMERGENCY ROOM PHYSICIAN FAIR PRICING: Would limit the amount that emergency room physicians and surgeons can charge an uninsured or underinsured patient with income below 350% of the federal poverty level.	HAC Sponsor
AB 2787 Monning	FEDERAL GRANTS FOR STATE OMBUDSMAN PROGRAMS: This bill would establish the Office of the California Health Ombudsman and require the ombudsman to, among other things, educate consumers on their rights and responsibilities with respect to health care coverage, assist consumers with enrollment in health care coverage, and resolve problems with obtaining specified premium tax credits.	<i>Support</i>
AB 2275 Hayashi	DENTAL COVERAGE: An effort by dentists to prevent dental plans from offering discounts on services that are not covered by the dental plan. The bill lacks consumer input.	<i>Oppose Unless Amended</i>
AB 1653 Jones	HOSPITAL QUALITY ASSURANCE FEE: Would impose a "quality assurance fee" on all non-exempt general care hospitals as a condition of participation in state health programs, with the funds used to increase Medi-Cal reimbursements to hospitals and for children's coverage.	<i>Support</i>

Public Health, Prevention, & Quality

AB 1640 Evans	BREAST AND CERVICAL CANCER SCREENING: Would express the intent of the Legislature that the demand for the breast and cervical cancer screening program for low-income women be met and that at least 90 day notification be made to the Legislature before any change in eligibility requirements is made.	<i>Watch</i>
SB 1200 Leno	TIMELY SCHOOL-BASED CARE FOR CHILDREN: Would add timeliness of care for school-age children who must receive medically necessary services during school hours as one of the indicators of timeliness in the timely access to care standards adopted by the Department of Managed Health Care.	<i>Support/ Amend</i>
AB 542 Feuer	NO PAY FOR NEVER EVENTS: Creates a process for ending Medi-Cal payments for never events (events that should never happen, such as surgery on the wrong body part), and requires insurers to stop paying for never events.	<i>Support</i>



This bill list 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.