



Fulfilling the Promise: Implementing and Improving Health Reform in California

Below is a list of health consumer bills currently in the California State Legislature that are intended to implement and improve the federal health reform law. This was updated April 20, 2010; it is regularly updated and the most recent version is at www.health-access.org.

Creating a Consumer-Friendly & Transparent Individual Insurance Market & Exchange

AB 1602 Perez	IMPLEMENTING FEDERAL HEALTH REFORM: Would create the California Cooperative Health Insurance Purchasing Exchange (Cal-CHIPE) and implement assorted other elements of federal health reforms, such as expanding dependent coverage in private insurance to age 26.	<i>Support</i>
SB 900 Alquist/ Steinberg	CREATING A CALIFORNIA HEALTH INSURANCE EXCHANGE: Would establish the California Health Insurance Exchange within the California Health and Human Services Agency, and create the California Health Insurance Exchange Fund to be governed by a board appointed by the Legislature. The exchange would use its bargaining power to negotiate for better prices and values for consumers in the exchange.	<i>Support</i>

Setting Minimum Standards

SB 890 Alquist/ Steinberg	TRANSITIONING TO A MORE TRANSPARENT & STANDARDIZED MARKET: Standardizes and simplifies the individual insurance market, so that consumers can understand their coverage choices, make apples-to-apples comparisons, and have the security that coverage does not have hidden loopholes, or lifetime and/or annual caps on coverage. Sets standard of basic health care services for products at both the Department of Insurance as well as the Department of Managed Health Care products.	<i>Strong Support</i>
AB 786 Jones	SETTING BASIC INSURANCE MARKET STANDARDS: Would sort health insurance policies into categories, based on benefit comprehensiveness. Would set a minimum standard that requires coverage of doctor and hospital care and an overall limit on out-of-pocket costs, eliminating deceptive "junk" insurance.	<i>Strong Support</i> <i>(HAC Sponsor)</i>
AB 1825 De La Torre	ENSURING MATERNITY CARE: Would require most health plans to cover maternity services.	<i>Support</i>
AB 1600 Beall	REQUIRING MENTAL HEALTH PARITY: Would require most health plans to provide coverage for the diagnoses and treatment of a mental illness.	<i>Support</i>

Continuing and Expanding Coverage

SB 1088 Price	ALLOWING YOUNG ADULTS TO STAY ON THEIR PARENTS' COVERAGE: Would require group health, dental, and vision plans to allow dependent children to continue on their parents' coverage through age 26.	<i>Support</i>
AB 2477 Jones	KEEPING CHILDREN ON MEDI-CAL COVERAGE: Would prevent adoptions of mid-year status reports in Medi-Cal that serve a barriers to continuous eligibility for children 19 years of age and younger.	<i>Support</i>



Providing Access for Those with Pre-Existing Conditions

AB 2244 Feuer	ENSURING ACCESS AND AFFORDABILITY FOR CHILDREN WITH PRE-EXISTING CONDITIONS: Requires guaranteed issue, eliminates all pre-existing condition exclusions, and limits premium increases based on health status, phasing in modified community rating for children under age 19 in the individual market.	<i>Support (HAC Sponsor)</i>
AB 2470 De La Torre	REGULATING RESCISSIONS AND MEDICAL UNDERWRITING: 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>
SB 227 Alquist	SECURING STATE FUNDING FOR MRMIP, CA'S "HIGH-RISK" POOL: Creates fee on insurers to support California's high risk pool for those denied for pre-existing conditions.	<i>Support</i>
AB 1887 Villines	SECURING FEDERAL FUNDING FOR MRMIP, CA'S "HIGH-RISK" POOL: Would authorize MRMIB to apply for federal funding for the purpose of extending the MRMIP program to more Californians who are denied for pre-existing conditions	<i>Support if Amended</i>

Regulating Insurance Company Rates

AB 2578 Jones	REQUIRING APPROVAL FOR RATE HIKES: 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>
SB 1163 Leno	PROVIDING 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 for coverage.	<i>Support (HAC Sponsor)</i>
SB 316 Alquist	ENSURING PREMIUM DOLLARS GO TO PATIENT CARE/MEDICAL LOSS RATIO: Would require health plans to provide written disclosure of the medical loss ratio (the ratio of premium costs to health services paid) when presenting a plan contract or policy for sale to an individual purchaser or to groups of 50 or fewer individuals.	<i>Support</i>
AB 2042 Feuer	PROHIBITING MID-YEAR RATE HIKES: Insurers and HMOs cannot change or increase premiums, cost sharing or benefits more often than once a year.	<i>Support (HAC Sponsor)</i>

Additional Consumer Protections

SB 56 Alquist	FACILITATING A PUBLIC HEALTH INSURANCE OPTION: Would authorize county-organized health plans and other health benefits programs to form joint ventures in order to create integrated networks of public health plans that pool risk and share networks, subject to the requirements of the Knox-Keene Act.	<i>Support</i>
AB 2110 De La Torre	PROVIDING 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.	<i>Support (HAC Sponsor)</i>