



Fulfilling the Promise: Implementing and Improving Federal Health Reform in California

Below is a list of patient protection bills passed in the California State Legislature intended to implement and improve the federal health reform law. This was updated September 1, 2010; it is regularly updated and the most recent version is at www.health-access.org, and our daily blog, blog.health-access.org.

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

AB 1602 Perez	CREATING A NEW EXCHANGE: Would specify the operations of the California Health Benefit Exchange which would be an independent state agency tasked negotiating for the best prices and values for consumers and providing information regarding health benefit products.	<i>Governor's Desk</i>
SB 900 Alquist/ Steinberg	RUNNING A NEW EXCHANGE: Would establish governance of the Exchange by a 5 member board appointed by the Governor and Legislature. The board will serve the public interest of the individuals and small businesses seeking health care coverage through the Exchange.	<i>Governor's Desk</i>

Setting Minimum Benefit 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 compare based on actuarial value, and have the security that coverage does not have lifetime and/or annual caps.	<i>Governor's Desk</i>
AB 1825 De La Torre	ENSURING MATERNITY CARE: Would phase-in a requirement that all health plans to cover maternity services.	<i>Governor's Desk</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>Governor's Desk</i>

Regulating Underwriting and Providing Access for Those with Pre-Existing Conditions

AB 2244 Feuer	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>Governor's Desk</i>
AB 2470 De La Torre	REGULATING RESCISSIONS AND MEDICAL UNDERWRITING: Set standards for rescission, the insurance industry's practice of terminating coverage as if the coverage had never been issued.	<i>Governor's Desk</i>
AB 2540 De La Torre	POSTCLAIMS UNDERWRITING: Enacts a fine for rescinding, canceling, or limiting of a policy or certificate due to the insurer's failure to complete medical underwriting before issuing the policy or certificate or after a claim has been filed.	<i>Governor's Desk</i>



Reviewing 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>Stalled in Senate</i>
SB 1163 Leno	PROVIDING TRANSPARENCY ON RATES: Would require 60 days public notice of rate hikes and requires health plans to provide to the public information about their rate methodology.	<i>Governor's Desk</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>Governor's Desk</i>

Other Consumer Protections and Health Reform Implementation

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>Governor's Desk</i>
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.	<i>Governor's Desk</i>
SB 56 Alquist	FACILITATING PUBLIC HEALTH INSURANCE OPTIONS: 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>Governor's Desk</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>Governor's Desk</i>

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 assist our safety net providers 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>Inactive; Waiting for Budget and Federal Negotiations</i>
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