



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 July 12, 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	CALIFORNIA PATIENT PROTECTION & AFFORDABLE HEALTH CHOICES: Would create the California Health Benefit Exchange that would be an independent state agency with a governing board that would be an active purchaser, purchasing based on cost and quality	<i>Support</i>
SB 900 Alquist/ Steinberg	CALIFORNIA BENEFITS EXCHANGE: Would establish the California Health Benefits Exchange within the California Health and Human Services Agency, and create the California Health Benefits 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 (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 diagnosis and treatment of a mental illness.	<i>Support</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 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>
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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>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 requires insurers to complete medical underwriting and review for accuracy before issuing an individual a health plan contract or policy.	<i>Support</i>
AB 2540 De La Torre	POSTCLAIMS UNDERWRITING: Outlaws and 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>Support</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>
AB 591 De La Torre	RATE MORATORIUM: Would (1) impose 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) prohibit insurers from raising rates more than once per 12-month period.	<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>
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>

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 as barriers to continuous eligibility for children 19 years of age and younger.	<i>Support</i>
AB 2287 Monning	PREVENTION & WELLNESS: Would implement those elements of federal health reform that provide community transformation grants, a major element of wellness and prevention. These are grants for evidence-based, community prevention activities to reduce chronic disease rates and address health disparities.	<i>Support (HAC Sponsor)</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; continues to permit co-pays and deductibles for managing asthma, diabetes, heart disease, and other chronic conditions.	<i>Support</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 2287 Monning	PREVENTION: COMMUNITY TRANSFORMATION GRANTS: Would require the state to apply for community transformation grants to support prevention.	<i>Support</i>
AB 2787 Monning	FEDERAL GRANTS FOR STATE OMBUDSPERSON PROGRAMS: Establishes the Office of the California Health Ombudsman to educate consumers on their rights and responsibilities with respect to health care coverage, assist with enrollment in health care coverage, resolve problems in obtaining specified premium tax credits, etc.	<i>HAC Sponsor</i>