



# 2009 Session Health Consumer Bills

Below is a list of health consumer bills introduced in the 2009 session of the California State Legislature. This list includes Health Access' position on each bill and will be updated regularly on the Health Access California website at [www.health-access.org](http://www.health-access.org).

## ▶ Strengthening Coverage

### Comprehensive Reform & Coverage Expansions

<b>AB 1314</b> Jones	<b>UNIVERSAL COVERAGE:</b> Requires Department of Health Care Services in consultation with Legislature to develop and submit a Medicaid waiver to expand coverage.	Watch
<b>SB 1</b> Steinberg	<b>UNIVERSAL CHILDREN'S COVERAGE:</b> Expands Healthy Families to 300% FPL and creates a Healthy Families buy-in for children in higher income families.	Support
<b>SB 56</b> Alquist	<b>UNIVERSAL COVERAGE:</b> Declares the intent of the Legislature to enact and implement comprehensive reforms in the state's health care delivery system.	Watch
<b>SB 810</b> Leno	<b>SINGLE PAYER SYSTEM:</b> Would establish a single-payer health care system in California that would enable all residents to have health coverage.	Support

### Market Reforms & Health Savings Accounts

<b>AB 326</b> Garrick	<b>HEALTH SAVINGS ACCOUNTS:</b> Would allow a tax deduction for health savings accounts to be used with high-deductible health plans.	Oppose
<b>SB 353</b> Dutton	<b>HEALTH SAVINGS ACCOUNTS:</b> Would allow a tax deduction for health savings accounts to be used with high-deductible health plans.	Oppose
<b>SB 92</b> Aanestad	<b>OMNIBUS HEALTH REFORM MEASURE:</b> 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.	Oppose



Medi-Cal Eligibility & Retention		
<b>AB23</b> Jones	<b>CONTINUOUS ELIGIBILITY:</b> Would expand Medi-Cal continuous eligibility, which would no longer be limited to six months. Repeals semi-annual status reports.	Support
<b>SB 438</b> Yee	<b>CHILDREN'S COVERAGE:</b> Would create the Cal-Health program, allow providers to screen and temporarily enroll children in coverage. Makes changes in eligibility processes and procedures that may be steps back.	Watch
<b>SB 337</b> Alquist	<b>CONTINUOUS ELIGIBILITY:</b> Would expand Medi-Cal continuous eligibility, which would no longer be limited to six months. Repeals semi-annual status reports.	Support
<b>AB 963</b> Ammiano	<b>ELIGIBILITY PROCESSES:</b> Would update and streamline Medi-Cal computer systems and develop an electronic enrollment and renewal process.	Support
<b>AB 1037</b> Lowenthal	<b>MANDATORY MANAGED CARE FOR SENIORS AND PERSONS WITH DISABILITIES:</b> But only in Riverside and San Bernardino Counties.	Oppose Unless Amended
<b>SB 114</b> Liu	<b>FOSTER YOUTH:</b> Would simplify the Medi-Cal renewal process for youth in foster care.	Support

MRMIP High-Risk Pool		
<b>SB 227</b> Alquist	<b>HIGH-RISK POOL:</b> 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.	Support
<b>SB 57</b> Aanestad	<b>HIGH-RISK POOL:</b> 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.	Oppose

## ► Insurance Regulations

Insurance Oversight & Market Reforms		
<b>AB 786</b> Jones	<b>INSURANCE MARKET STANDARDS:</b> Would sort health insurance policies into five categories, ranging from “comprehensive” to “catastrophic.” Organization of plan into these categories would enable consumers to better track premium, benefits and cost-sharing, and assist consumers in making apples-to-apples comparisons between plans. Would weed out “junk” insurance by developing minimum benefit standards.	Sponsor
<b>AB 1521</b> Jones	<b>BROKER FIDUCIARY DUTY:</b> Would require health insurance brokers to have a fiduciary duty to the client and fully disclose the amount of compensation received by the broker.	Sponsor
<b>AB 1218</b> Jones	<b>HEALTH INSURANCE RATE APPROVAL:</b> Requires HMOs and health insurer to get approval for increases in premiums and cost-sharing from DMHC and DOI, respectively.	Support if Amended
<b>AB 119</b> Jones	<b>GENDER RATING:</b> Would prohibit insurers from charging different premium rates based on gender. Similar to SB54 (Leno).	Support
<b>SB 54</b> Leno	<b>GENDER RATING:</b> Would prohibit insurers from charging different premium rates based on gender. Similar to AB119 (Jones).	Support
<b>AB 29</b> Price	<b>DEPENDENT COVERAGE:</b> Would allow individuals up to age 27 to remain on a private insurance policy as a dependent.	Support
<b>SB 316</b> Alquist	<b>CAPPING ADMINISTRATION AND PROFIT:</b> Would set a minimum medical loss ratio -- requiring every insurer to spend at least 85 percent of premiums on patient care.	Support
<b>AB 722</b> Lowenthal	<b>PREEXISTING CONDITION EXCLUSION:</b> Would prohibit insurers from denying coverage because of a pre-existing condition due to a history of mental health treatment or medication.	Watch

Rescissions		
<b>AB 2</b> De La Torre	<b>INDEPENDENT REVIEW:</b> Would create an independent, third-party review process when an insurer wishes to rescind a consumer’s health policy and also require approval from the Department of Insurance and Department of Managed Health Care before approval. Also raises the standard in existing law so that coverage can only be rescinded if a consumer willfully misrepresents his health history.	Support
<b>AB 108</b> Hayashi	<b>TIME LIMIT:</b> Would impose an 18-month time limit in which insurers have to rescind individual health care policies for fraud once consumers’ applications are approved.	Support if amended

Benefit Mandates		
<b>AB 98</b> De La Torre	<b>MATERNITY COVERAGE:</b> Would require all individual insurance policies to cover maternity services.	Support
<b>AB 214</b> Chesbro	<b>DURABLE MEDICAL EQUIPMENT:</b> Would require group health plans and insurers to offer coverage for durable medical equipment, such as wheelchairs and shower seats.	Support
<b>AB 244</b> Beall	<b>MENTAL HEALTH PARITY:</b> Would require health plans to provide coverage for all diagnosable mental illnesses	Support

## ▶ Health Care Providers

Doctor and Hospital Oversight		
<b>AB 1503</b> Lieu	<b>EMERGENCY ROOM FAIR PRICING:</b> Would limit the amount that emergency room physicians and surgeons can charge an uninsured patient with income below 350% FPL.	Sponsor
<b>AB 542</b> Feuer	<b>'NEVER EVENTS':</b> Bans providers from billing patients or insurers when they have made an avoidable mistake, such as operating on the wrong person, prescribing the wrong drugs, or leaving foreign objects inside a surgery patient.	Support
<b>AB 171</b> Jones	<b>CONSUMER PROTECTIONS:</b> 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.	Support
<b>SB 196</b> Corbett	<b>PRICE TRANSPARENCY:</b> Would prohibit confidentiality clauses, which keep secret information on pricing and health care quality from consumers, in contract between providers and insurers.	Support

## ▶ California Hospital Waiver

Hospital Waiver		
<b>AB 342</b> Bass	The Medi-Cal hospital waiver expires Sept. 2010. AB342 repeals the existing waiver authorization. It is a placeholder for the waiver discussions.	Watch
<b>SB 208</b> Steinberg	The Medi-Cal hospital waiver expires Sept. 2010. SB208 requires DHCS to apply for a new waiver. It is a placeholder for the waiver discussions.	Watch