



## **CALIFORNIA WORKING FAMILIES POLICY SUMMIT 2009**

### **LEGISLATIVE HISTORY: HEALTH ACCESS**

#### **2002**

##### **AB 2179 (Cohn) – Chapter 797, Statutes of 2002**

Requires the Department of Managed Health Care to establish regulations that would guarantee health plan enrollees receive “timely access to care.” Those regulations have not yet been completed.

#### **2003**

##### **Medicare Modernization Act of 2003**

Created the Medicare Part D plan, which allows seniors on Medicare to enroll in a private prescription drug plan to cover their medication expenses. The private drug plans would negotiate prices with drug companies – not the Medicare program.

##### **AB 1627 (Frommer) – Chapter 582, Statutes of 2003**

Requires hospitals make public their chargemaster, or list of “sticker prices” for medical services.

##### **AB 1628 (Frommer) – Chapter 583, Statutes of 2003**

Prevents hospitals from billing patients – rather than HMOs – for post-stabilization care in the emergency room.

#### **2004**

##### **AB 2185 (Frommer) – Chapter 711, Statutes of 2004**

Mandated coverage of pediatric asthma devices, such as inhaler spacers, nebulizers and peak flow meters.

#### **2005**

##### **AB 356 (Chan) – Chapter 526, Statutes of 2005**

Requires insurance companies to disclose criteria and process for denying individuals health insurance. Also requires health plans to notify policyholders when there is a premium increase and the reason behind the increases.

##### **AB 1359 (Chan) – Chapter 230, Statutes of 2005**

Requires Prescription Drug Plans (authorized by Medicare Part D) to obtain licenses from the state Department of Managed Health Care or the Department of Insurance.



## 2006

### **S. 1932 -- Deficit Reduction Omnibus Reconciliation Act of 2005**

Reduces federal Medicaid spending by \$11.5 billion over five years. Allows states to seek premiums and co-pays from Medicaid beneficiaries of up to 20 percent of medical services. Also imposes strict new documentation requirements on beneficiaries, requiring birth certificates, social security numbers or other proofs of citizenship.

### **SB 437 (Escutia) – Chapter 328, Statutes of 2006**

Improves the administration of children's enrollment in and retention of health coverage. Simplifies the enrollment process by establishing a bridge for families that receive WIC and whose children are eligible for, but have not enrolled in, Medi-Cal or Healthy Families. It also reduces the amount and complexity of paperwork required to renew coverage.

### **SB 1448 (Kuehl) – Chapter 76, Statutes of 2006**

Implements the "Coverage Initiative," which is a three-year, \$180 million-a-year allotment aimed to expand coverage. The money was allocated as part of the Medicaid hospital financing waiver that the federal government granted the state.

### **SB 1702 (Speier) – Chapter 683, Statutes of 2006**

Extends the sunset for the current Managed Risk Medical Insurance Program (MRMIP) until lawmakers can agree on how to change facets of the program, such as increasing the maximum benefit ceiling and allowing more patients who cannot get coverage elsewhere to enroll.

### **SB 1704 (Kuehl) – Chapter 684, Statutes of 2006**

Extends the California Health Benefits Review Board to 2011.

### **AB 774 (Chan) – Chapter 755, Statutes of 2006**

Provides key consumer protections against abusive hospital billing and collections practices, including those that charge uninsured patients multiple times what insurers pay for the same service. Ensures uninsured patients receive a fair price for medical services and requires hospitals to have written discount policies.

### **AB 1948 (Montanez) – Chapter 332, Statutes of 2006**

Requires a feasibility study on simplifying application for Medi-Cal and Healthy Families using CHDP Gateway and electronic applications.

### **AB 2889 (Frommer) – Chapter 826, Statutes of 2006**

Allows those who have lost their individual health coverage to receive the same protections, such as COBRA-HIPAA, available to group coverage. These protections allow individuals, who have been insured in the individual market, to change health insurers without fear of being turned down.



**AB 2911 (Nunez/Perata) – Chapter 619, Statutes of 2006**

Through the new California Discount Prescription Drug Program, allows the state to negotiate drug discounts for nearly 6 million Californians. After three years, the state may use Medi-Cal's purchasing power to encourage deeper discounts.

**AB 2877 (Frommer) – Chapter 720, Statutes of 2006**

Establishes a website listing sources that are safe for purchasing affordable drugs.

**AB 2667 (Baca) – Chapter 758, Statutes of 2006**

Allows the state to monitor Medicare Part D prescription drug plans in the same way it monitors health plans.

**2007**

**AB 12 (Beall) – Chapter 677, Statutes of 2007**

Creates the Adult Health Coverage Expansion Program in Santa Clara County which would be administered by a county or local initiative.

**AB 910 (Karnette) – Chapter 617, Statutes of 2007**

Establishes that privately-purchased health coverage for children with mental or physical disabilities would not end at a certain age.

**SB 350 (Runner) – Chapter 347, Statutes of 2007**

Makes technical changes to California's landmark legislation (Chapter 755, Statutes of 2006) that bans the practice of hospital overcharging

**SB 472 (Corbett) – Chapter 470, Statutes of 2007**

Requires state Board of Pharmacy to establish standardized drug labeling for prescription medications

**SB 474 (Kuehl) – Chapter 518, Statutes of 2007**

Clarifies that hospitals would continue to get paid the same amount under the federal hospital financing waiver and extends the sunset date through the 2007-08 fiscal year. Protects patients who live in Los Angeles and will be impacted by the closure of the Martin Luther King Jr.-Drew Medical Center by creating a special fund to pay for services for patients that would have otherwise been served by King-Drew Medical Center. Los Angeles County would contract with other providers in the area to assure that patients could continue to receive care.

**2008**

**AB 1150 (Lieu) – Chapter 188, Statutes of 2008**

Outlaws the practices of paying bonuses to insurance company employees when they rescind, sets targets for rescinding policies and/or setting financial goals based on savings on health care claims.



**AB 1203 (Salas) – Chapter 603, Statutes of 2008**

Prevents emergency departments – which do not have a contract with a patient’s insurance company -- from directly billing the patient for care administered after the patient is stabilized, requiring the hospital to seek payment directly from insurers.

**AB 2400 (Price) – Chapter 459, Statutes of 2008**

Requires public notice before closing a hospital.

**AB 2569 (DeLeon) – Chapter 604, Statutes of 2008**

Requires health insurance brokers who take applications to attest, under penalty of perjury, that the information is complete and accurate to the best of their knowledge. Also ensures that family members whose coverage depends on that of the rescinded person may be offered another individual policy.

**AB 2842 (Berg) – Chapter 744, Statutes of 2008**

Protects Californians from insurance agents trying to sell them private Medicare plans through cold calls and bait-and-switch tactics.

**SB 1168 (Runner) – Chapter 390, Statutes of 2008**

Allows adult-dependent children, who are still covered under their parents’ health plan, to stay on that coverage even if the adult child takes a medically necessary leave of absence from school.

**SB 1379 (Ducheny) – Chapter 607, Statutes of 2008**

Uses some of the fines levied on insurers for improper rescissions to subsidize MRMIP – spell out and repay loans for physicians working in underserved areas.