



## RECENT & SELECTIVE LEGISLATIVE HISTORY:\* ACCESS TO HEALTH CARE

Prepared by *Health Access*  
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for the  
**California Working Families Policy Project**  
January 12, 2011

### 1999

#### **HMO Patients' Bill of Rights (Multiple Bills)**

Creates the Department of Managed Health Care to establish regulations and key consumer protections to ensure access to care for those with coverage.

### 2002

#### **AB 2179 (Cohn)**

Requires the Department of Managed Health Care to establish regulations that would guarantee health plan enrollees receive “timely access to care.”

#### **AB 853 (Escutia)**

Requires the Department of Managed Health Care to establish regulations that would guarantee health plan enrollees access to interpreters and other culturally and linguistically appropriate services.

### 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)**

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

#### **AB 1628 (Frommer)**

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

### 2004

#### **AB 2185 (Frommer)**

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

\* This is a summary of bills that became law.

## 2005

### **AB 356 (Chan)**

Requires insurance companies to disclose criteria and process for denying individuals health insurance. Also requires health plans to provide a 30-day notice to policyholders when there is a premium increase and the reason behind the increases.

### **AB 1359 (Chan)**

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

### ***Federal***

#### **S. 1932 -- Deficit Reduction Omnibus Reconciliation Act (DRA) 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.

### ***California***

#### **SB 437 (Escutia)**

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)**

Implements the first county-based "Coverage Initiatives," 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.

#### **AB 774 (Chan)**

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 2889 (Frommer)**

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)**

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. (This program has never been implemented as a result of the budget crisis.)

**AB 2877 (Frommer)**

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

**AB 2667 (Baca)**

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

**2007**

**SB 472 (Corbett)**

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

**2008**

**AB 1150 (Lieu)**

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

**AB 1203 (Salas)**

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)**

Requires public notice before closing a hospital.

**AB 2569 (DeLeon)**

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, and also ensures that family members whose coverage depends on that of a rescinded person be offered another individual policy.

**AB 2842 (Berg)**

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

**SB 1168 (Runner)**

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

## 2009

### **AB 1422 (Bass)**

Restores funding for Healthy Families by extending an assessment on Medi-Cal managed care plans. Increases the premiums paid by families for Healthy Families coverage.

### **AB 119 (Jones)**

Prohibits insurers from charging different premium rates based on gender.

### **AB 108 (Hayashi)**

Imposes a 24-month time limit in which insurers have to rescind, cancel, or limit individual health care policies or charge higher premiums once a consumer's application is approved.

### **AB 171 (Jones)**

Prohibits 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.

### **AB 1383 (Jones)**

Imposes a coverage dividend fee on hospitals to provide \$2 billion in increased Medi-Cal rates for hospitals and \$300 million for children's coverage.

### **AB 1142 (Price)**

Requires hospitals, as soon as they have proof of a person's Medi-Cal eligibility, to provide all information regarding that person's Medi-Cal eligibility to the patient's other providers.

### **AB 1269 (Brownley)**

Allows, to the extent that federal financial participation is available, workers with disabilities who are otherwise eligible for Medi-Cal but are temporarily unemployed to elect to remain on Medi-Cal for a period up to 26 weeks.

## 2010

### **AB 1602 (Perez)**

### **SB 900 (Alquist/Steinberg)**

Establishes the operations of the California Health Benefit Exchange, an independent state agency tasked to negotiate for the best prices and values for consumers and to provide information on health benefit products. The Exchange will be governed by a 5-member board appointed by the Governor and Legislature, with strong protections against conflicts of interest. The board will serve the individuals and small businesses seeking health care coverage through the Exchange.

**SB 1163 (Leno)**

Requires 60 days public notice of rate hikes and requires health plans to provide to the public information about their rate methodology. Requires review of all rate hikes in individual and small group markets, rather than just “unreasonable” increases. Also requires the collection of additional information on underlying cost increases.

**AB 2244 (Feuer)**

Prevents insurers from denying children for coverage based on pre-existing conditions, and eliminates all pre-existing condition exclusions for children. Limits premium differences for children with pre-existing conditions to no more than twice what any other child is charged, as long as the child is signed up in an open enrollment period.

**AB 2470 (De La Torre)**

Sets standards for rescission, the insurance industry’s practice of terminating coverage as if the coverage had never been issued. Requires additional notice of rescission.

**SB 1088 (Price)**

Requires group health, dental, and vision plans to allow dependent children to continue on their parents’ coverage through age 26. Requires additional notice and disclosures.

**AB 2345 (De La Torre)**

Requires insurers to eliminate cost-sharing for some preventive services such as pap smears, mammograms, other cancer screenings, and immunizations.

**AB 342 (Perez)****SB 208 (Steinberg)**

Draws down up to \$2 billion in federal funding through the state’s 1115 Medicaid Waiver to assist our safety net providers to expand coverage to new medically indigent populations. Transitions 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 health care reform.