



SB 770 • Wiener (San Francisco) – OPPOSE

Californians cannot afford a state-run health care system

CAHIP is opposed to SB 770 which would create a workgroup to petition the federal government to redirect hundreds of billions of dollars in Medicare and Medi-Cal funding to a costly new, untested state-run health care system, thereby eliminating the Medicare and Medi-Cal programs that serve millions of Californians.

SB 770 is the first step toward single payer health care, which would not only eliminate Medicare and Medi-Cal but would prohibit all private health coverage (including employer sponsored coverage) and force every Californian into an untested new health system with no ability to opt out. Single payer is projected to cost over \$500 billion a year, requiring large tax increases on individuals, employers, and small businesses.

California has made incredible progress in expanding access to affordable health coverage since the passage of the Affordable Care Act, lowering our uninsured rate to low single digits. We have made additional strides in improving the affordability of health coverage, efforts that were further strengthened with the subsidies provided under the recent American Recovery Act and the creation of the Governor's new Office of Health Care Affordability. Studies continue to show Californians are satisfied with their health care and want to build on this progress, not destroy their ability to choose private coverage for their families.

This bill does not add one provider or facility in California. In fact, moving to state-run government health care could eliminate consumers' choice of physicians, hospitals, and other providers. We will lose doctors to other states, leading to long wait times for procedures and appointments and reduced access to specialists. We urge the Legislature to build on the progress we've made and pursue constructive, viable solutions to further improve access to affordable health care.

AB 1690 • Kalra (San Jose) – WATCH

CAHIP is Closely Watching a Single Payer "Spot Bill"

CAHIP is closely watching this nearly blank bill pertaining to single payer. A bill lacking substance is referred to as a "spot bill" and it simply states legislative intent to mandate single payer healthcare for all California residents. Spot bills are a common way for legislators to stake a claim on an issue while satisfying a constitutional deadline to introduce legislation. This year the deadline for bills to be introduced was February 17th. This spot or placeholder bill is void of all substantive language to create enforceable policy and it also lacks a funding source for the \$500 billion dollar government monopoly on healthcare.

Agents Have Solutions to Health Care Challenges

To read CAHIP's comments to improve healthcare, scan the QR code



CAHIP shares the Healthy California for All Commission's objective to ensure that all Californians have access to high quality, affordable healthcare and to improve transparency and stability in pricing. While we have strong concerns regarding proposals to achieve these objectives, our comments focus on viable market stabilization strategies that will help California continue to lead the nation in successfully administering the Affordable Care Act and achieving universal coverage.

“Balance Billing” or “Surprise Billing” sometimes occurs when an insured consumer receives emergency care from a health care provider that is out-of-network. After a health plan or insurer reimburses the provider, the provider, *i.e.*, *ambulance providers* seeks the “balance” of what they want to be paid and what insurer will pay, from the consumer. Since consumers often don’t know that a provider working at their network hospital or an emergency response entity is out-of-network, these large bills are often a “surprise” out-of-pocket bill and can be tens of thousands of dollars. Current state law in California explicitly allows balance billing for medical transportation to be applied to enrollees in DMHC- and CDI-regulated plans and policies, though not Medi-Cal beneficiaries.

Some Important History

The 2020 federal No Surprises Act (in effect as of 2022) does not directly apply to emergency ground medical transport (EGMT).

Chaptered in 2019, CAHIP SUPPORTED AB 651 which required a health plan contract or insurance policy to provide that an insured consumer would not owe a non-contracting *air* ambulance provider more than the in-network copayment amount for services beginning January 1, 2020. This has protected injured consumers from very expensive out-of-pocket bills for *air* ambulance services.

Chaptered in 2016, CAHIP SUPPORTED AB 72 which restricted the practice of balance billing. However, AB 72 did not apply to an estimated 7 million Californians covered by federally regulated and self-insured plans or to care received in the emergency room.

As medical necessity and coverage options change, CAHIP members provide ongoing service and support for clients to effectively adjust and utilize their healthcare coverage. Through these efforts, we see firsthand the importance for our clients to have clear coverage options without the confusion and financial instability that balance billing creates.

AB 716 • Boerner (Encinitas) – SUPPORT

Protecting Californians from Surprise Billing for Ground Ambulance Transport

CAHIP SUPPORTS AB 716 which would protect injured Californians from very expensive balance bills and would remove them from the middle of billing and contracting disputes for emergency services that are out of their control.

AB 716 would specify that an enrollee or member who receives covered emergency ground medical transport services from a non-contracting ground ambulance provider would not be required to pay more than the same cost-sharing amount required for services from a contracting ground ambulance provider. The bill would also prohibit non-contracting ground ambulance providers from billing an uninsured or self-pay patient more than established Medicare rates.

This bill would protect injured consumers from expensive out-of-pocket bills and would remove them from the middle of billing and contracting disputes between health plans and ground ambulance service providers. AB 716 is necessary to address the problem of surprise billing, also referred to as “balance billing” that is common practice for emergency ground medical transportation services. This bill would aide injured Californians who are often left in the middle of billing disputes for services.

California Agents & Health Insurance Professionals (CAHIP) is the state’s largest association of health insurance agents, brokers, and other health insurance industry professionals. Our members help millions of individual Californians, families and businesses evaluate, select, purchase, and use their health care coverage plans. Our agents and brokers also serve as consumer advocates for policyholders and their families year-round to help with questions and if coverage disputes arise - all at no additional cost to the consumer.