



CAHU Top Priority Bill Status Report as of 10/15/2019



AB 4

(Arambula D) Medi-Cal: eligibility.

Current Text: Amended: 5/17/2019 [html](#) [pdf](#)

Introduced: 12/3/2018

Last Amend: 5/17/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/6/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Current law requires that individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, which includes outreach strategies. Current law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination, and requires the department to seek any necessary federal approvals to obtain federal financial participation for purposes of implementing the requirements. Current law requires that benefits for services under these provisions be provided with state-only funds only if federal financial participation is not available for those services. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status, and would delete provisions delaying eligibility and enrollment until the director makes the determination as specified.

Organization	Position	Subject	Group
CAHU	Support	Medi-Cal	CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS AB4 which brings California close to universal healthcare by providing access to basic coverage to all residents. This bill may also lower the costs of unreimbursed medical treatment which is subsidized by our client's insurance premiums.

This became a 2 year bill when the Governor and legislature agreed to pass the Governor's 2019-20 Budget (SB 104) which expanded eligibility for full-scope Medi-Cal to individuals under the age of 26, regardless of immigration status.

AB 5

(Gonzalez D) Worker status: employees and independent contractors.

Current Text: Chaptered: 9/18/2019 [html](#) [pdf](#)

Chapter Number: 296

Introduced: 12/3/2018

Last Amend: 9/6/2019

Status: 9/18/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 296, Statutes of 2019.

Location: 9/18/2019-A. CHAPTERED

Summary: Would state the intent of the Legislature to codify the decision in the Dynamex case and clarify its application. The bill would provide that for purposes of the provisions of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. The bill, notwithstanding this provision, would provide that any statutory exception from employment status or any extension of employer status or liability remains in effect, and that if a court rules that the 3-part test cannot be applied, then the determination of employee or independent contractor status shall be governed by the test adopted in *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341 (Borello). The bill would exempt specified occupations from the application of Dynamex, and would instead provide that these occupations are governed by Borello.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU is in SUPPORT of AB5 which clarifies that a recent California Supreme Court ruling, Dynamex Operations West Inc. v. Superior Court (Dynamex) does not alter an insurance agent or broker's ability to be an independent contractor. Without this clarification, many agents could be forced to become W-2 employees. This would have negatively impacted agents and brokers by restricting commissions and the ability to work independently while impacting existing tax reporting and deductions.

[AB 207](#)

(Daly D) Insurance licensing.

Current Text: Introduced: 1/14/2019 [html](#) [pdf](#)

Introduced: 1/14/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was INS. on 5/16/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Current law generally regulates the business of insurance in the state, including the licensing of persons who transact insurance. Current law prohibits a person from soliciting, negotiating, or effecting a contract of insurance without a valid license from the Insurance Commissioner, and makes transacting insurance without a valid license punishable as a misdemeanor by imprisonment in a county jail for not more than one year, a fine of not more than \$50,000, or both that fine and imprisonment. This bill would increase the maximum fine for transacting insurance without a valid license to \$70,000.

Organization	Position	Subject	Group
CAHU	Support	Medi-care	CAHU TOP PRIORITY BILL, Priority 2

Notes 1: Along with IIABCal, and NAIFA, CAHU is in SUPPORT of AB 207 which would increase the fine for transacting insurance without a valid license. Our associations have a long history of supporting legislation attempting to address the issue of bad actors in the insurance marketplace. AB 207 would enhance the Department of Insurance's ability to fine unscrupulous individuals who are avoiding the very stringent licensing laws and taking advantage of consumers.

[AB 233](#)

(Cooley D) Insurance: licensees.

Current Text: Amended: 4/11/2019 [html](#) [pdf](#)

Introduced: 1/17/2019

Last Amend: 4/11/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was INS. on 5/22/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Current law requires the license of a residential property broker-agent, casualty broker-agent, personal lines broker-agent, or limited lines automobile insurance agent to be prominently displayed in the holder's office. Current law requires the Insurance Commissioner to impose a \$200 fine for the first violation of that requirement if it is not corrected within 45 days, and authorizes the commissioner to impose a \$400 fine if another violation is committed within 3 years of the first violation. This bill would require a broker-agent, agent, or licensed organization that maintains multiple offices to prominently display a copy of its license in each office.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is closely WATCHING AB 233 sponsored by the Independent Insurance Agents and Brokers of California. This bill would exempt licensed insurance agents and brokers from the Dynamex test and instead establish an industry-tailored set of criteria under which parties could enter independent contractor relationships. Similar language was recently amended into AB 5 which is the identified sole legislative vehicle with legislative leaderships' backing for all efforts pertaining to Dynamex.

5-2-19 Watch per call with JM
Review 4-11-19 amends

AB 290 (Wood D) Health care service plans and health insurance: third-party payments.

Current Text: Chaptered: 10/13/2019 [html](#) [pdf](#)

Chapter Number: 862

Introduced: 1/28/2019

Last Amend: 9/5/2019

Status: 10/13/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 862, Statutes of 2019.

Location: 10/13/2019-A. CHAPTERED

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law also provides for the regulation of health insurers by the Department of Insurance. These provisions govern, among other things, procedures by health care service plans and insurers with respect to premium payments. This bill would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state, or federal government program.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is WATCHING AB 290 which would put reasonable requirements on financially interested third-parties who wish to pay dialysis patients' premiums in a scheme to keep them off of public programs. It also allows commercial health plans to reimburse services at the Medicare rate for a patient who is billed by a financially-interested provider. This bill protects patient choice and care while preventing providers from running a scam (through the AKF) that drives up health care costs for all Californians.

AB 414 (Bonta D) Health care coverage: minimum essential coverage.

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 801

Introduced: 2/7/2019

Last Amend: 7/11/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 801, Statutes of 2019.

Location: 10/12/2019-A. CHAPTERED

Summary: Current state law creates the Minimum Essential Coverage Individual Mandate to ensure an individual and the individual's spouse and dependents maintain minimum essential coverage, and imposes the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage. This bill, on or before March 1, 2022, and annually on or before March 1 thereafter, would require the Franchise Tax Board to report to the Legislature on specified information regarding the Minimum Essential Coverage Individual Mandate, the Individual Shared Responsibility Penalty, and state financial subsidies paid for health care coverage.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is currently WATCHING AB 414 which now directs the Franchise Tax Board to report to the Legislature regarding specific information resulting from California's minimum essential health coverage requirement and individual shared responsibility penalty that was created by SB 78 (Committee on Budget and Fiscal Review) which enacted several changes to maintain the positive effect of the ACA on health insurance rates in California, including to:

Require California residents, using the definition for resident used in the Personal Income Tax Law, to ensure that they and any of their dependents has MEC for each month beginning on January 1, 2020, also known as the "Minimum Essential Coverage Individual Mandate."

Impose a penalty on individuals who fail to maintain MEC, known as the "Individual Shared Responsibility Penalty," almost identical to the penalty in federal law. The \$695 penalty must be included as part of the individual's tax return, and applies for any month in which an individual or

their dependent fails to maintain MEC.

Because SB 78 implements an individual mandate to maintain MEC and imposes a penalty for failing to do so, the author wants the Franchise Tax Board to collect and report specific data to the Legislature regarding the effect of its penalty.

AB 528 **(Low D) Controlled substances: CURES database.**

Current Text: Chaptered: 10/9/2019 [html](#) [pdf](#)

Chapter Number: 677

Introduced: 2/13/2019

Last Amend: 9/6/2019

Status: 10/9/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 677, Statutes of 2019.

Location: 10/9/2019-A. CHAPTERED

Summary: Would, on and after January 1, 2021, require a dispensing pharmacy, clinic, or other dispenser to instead report the information required by the CURES database no more than one working day after a controlled substance is released to a patient or a patient's representative, except as specified. The bill would similarly require the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database. The bill would make conforming changes to related provisions.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU is in SUPPORT of AB 528 and the Legislature's coordinated efforts to curb opioid addiction and abuse and decrease the associated high costs of prescription drugs on premiums.

AB 598 **(Bloom D) Hearing aids: minors.**

Current Text: Amended: 9/6/2019 [html](#) [pdf](#)

Introduced: 2/14/2019

Last Amend: 9/6/2019

Status: 9/15/2019-9/15/2019-Failed Deadline pursuant to Rule 61(a)(15). (Last location was DESK on 9/11/2019)(May be acted upon Jan 2020)

Location: 9/15/2019-A. 2 YEAR

Summary: This bill, known as the Let California Kids Hear Act, would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after July 1, 2020, to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL

Notes 1: CAHU is SUPPORTING AB 598 which would establish a new health insurance coverage mandate to include coverage for hearing aids for children under age 18, as amended May 16, 2019, to include cost controls and limits on replacements.

AB 651 **(Grayson D) Air ambulance services.**

Current Text: Chaptered: 10/7/2019 [html](#) [pdf](#)

Chapter Number: 537

Introduced: 2/15/2019

Last Amend: 9/9/2019

Status: 10/7/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 537, Statutes of 2019.

Location: 10/7/2019-A. CHAPTERED

Summary: Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee, insured, or subscriber (individual) receives covered services from a noncontracting air ambulance provider, the individual shall pay no more than the same cost sharing that the individual would pay for the same covered services received from a contracting air ambulance provider, referred to as the in-network cost-sharing amount.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU SUPPORTS AB 651 CAHU because our members provide ongoing service and support for clients to effectively adjust and utilize their healthcare coverage as medical necessity and coverage options change. 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, especially when it comes to exorbitant out of pocket costs for life saving treatment.

[AB 731](#) **(Kalra D) Health care coverage: rate review.**

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 807

Introduced: 2/19/2019

Last Amend: 8/30/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 807, Statutes of 2019.

Location: 10/12/2019-A. CHAPTERED

Summary: Current law requires a health care service plan or health insurer offering a contract or policy in the individual or small group market to file specified information, including total earned premiums and total incurred claims for each contract or policy form, with the appropriate department at least 120 days before implementing a rate change. Current law requires a health plan that exclusively contracts with no more than 2 medical groups in the state to disclose actual trend experience information in lieu of disclosing specified annual medical trend factor assumptions and projected trends, as specified. Current law requires the Department of Managed Health Care to conduct an annual public meeting regarding large group rates. This bill, commencing July 1, 2020, would expand those requirements to apply to large group health care service plan contracts and health insurance policies, and would impose additional rate filing requirements on large group contracts and policies.

Organization	Position	Subject	Group
CAHU	Oppose		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU is OPPOSED to AB 731 which require health plans and insurers to provide regulators with detailed information about a large groups health care plan. CAHU believes AB 731 will impose a new and costly administrative burden on plans, insurers, and regulators without adding direct value. However, CAHU also acknowledges the objective of rate transparency and information to control skyrocketing premium, co-pay, and deductible increases.

[AB 767](#) **(Wicks D) Health care coverage: in vitro fertilization.**

Current Text: Amended: 6/6/2019 [html](#) [pdf](#)

Introduced: 2/19/2019

Last Amend: 6/6/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/12/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Current state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill would require the Exchange to develop options for the inclusion of in vitro fertilization coverage as part of, or as supplementary to, coverage currently offered through Covered California, in consultation with stakeholders and by considering specified options. The bill would further require the Exchange, on or before July 1, 2020, to report the options to the Legislature and make the report publicly available on its internet website.

Organization	Position	Subject	Group
CAHU	Oppose		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU is OPPOSED to AB 767 because the associated costs could devastate the small group health insurance market, where employers are not required to provide coverage and are sensitive to price increases, and may elect to drop coverage for employees. The average cost of fertility treatment is \$22K per treatment and it takes an average of three treatments to be effective. There is also concern that this bill could also lead to medical tourism in CA.

FLB will report the analysis of CHBRP analysis being done on this bill.
<http://analyses.chbrp.com/document/view.php?id=1410>

"Expenditures. AB 767 would increase total net annual expenditures by \$850,696,000 or 0.49% due to a \$537,777,000 increase in total health insurance premiums, adjusted by decrease in enrollee expenses for covered and/or noncovered benefits.

- a. Enrollees with uncovered expenses at baseline would receive on the whole a \$133,897,000 reduction in their out-of-pocket spending for covered and noncovered expenses.
- b. Per member per month premiums would increase between \$2.76 for enrollees in CalPERS HMOs (an increase of 0.47%) and \$3.72 in the DMHC-regulated small group market (an increase of 0.68%)."

AB 824 (Wood D) Business: preserving access to affordable drugs.

Current Text: Chaptered: 10/7/2019 [html](#) [pdf](#)

Chapter Number: 531

Introduced: 2/20/2019

Last Amend: 9/4/2019

Status: 10/7/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 531, Statutes of 2019.

Location: 10/7/2019-A. CHAPTERED

Summary: Would provide that an agreement resolving or settling, on a final or interim basis, a patent infringement claim, in connection with the sale of a pharmaceutical product, is to be presumed to have anticompetitive effects if a nonreference drug filer receives anything of value, as defined, from another company asserting patent infringement and if the nonreference drug filer agrees to limit or forego research, development, manufacturing, marketing, or sales of the nonreference drug filer's product for any period of time, as specified. The bill would provide various exceptions to this prohibition, including, among others, if the agreement has directly generated procompetitive benefits and the procompetitive benefits of the agreement outweigh the anticompetitive effects of the agreement. The bill would make a violation of these provisions punishable by a civil penalty that is recoverable only in a civil action brought by the Attorney General, as specified. The bill would provide that a violator is liable for any other remedies available under the Cartwright Act, the Unfair Practices Act, or the unfair competition law. The bill would require a cause of action to enforce those provisions be commenced within 4 years after the course of action accrued. The bill would define various terms for these purposes.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL

Notes 1: CAHU SUPPORTS AB 824, which discourages "pay-for-delay" agreements by drug manufacturers that prevent cost-effective generic drugs from entering the market. Federal authorities believe "pay-for-delay" tactics are inflating the cost of health care by billions of dollars. This bill would bring competition from generic manufacturers into the market as intended by current patent laws and open up timely access to more affordable medications for consumers.

AB 929 (Rivas, Luz D) California Health Benefit Exchange: data collection.

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 812

Introduced: 2/20/2019

Last Amend: 8/30/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 812, Statutes of 2019.

Location: 10/12/2019-A. CHAPTERED

Summary: Current state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law prescribes the duties of the board of the Exchange, including requiring a health plan seeking certification as a qualified health plan to submit specified data to the board. This bill would require the board, if it requires or

has previously required a qualified health plan to report on cost reduction efforts, quality improvements, or disparity reductions, to make public plan-specific data on cost reduction efforts, quality improvements, and disparity reductions.

Organization	Position	Subject	Group
CAHU	Oppose		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU is OPPOSED to AB 929 which unnecessarily increases administrative costs which adds to premiums and raises several significant policy and privacy concerns. This bill places new data submission requirements on the Qualified Health Plans at Covered California. Among other things, the bill requires the submission of personal health information and proprietary financial data. While a number of helpful amendments have been added to the bill, areas of significant concern still remain.

AB 981 (Daly D) Insurance Information and Privacy Protection Act.

Current Text: Amended: 4/30/2019 [html](#) [pdf](#)

Introduced: 2/21/2019

Last Amend: 4/30/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was INS. on 5/29/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Would eliminate a consumer's right to request a business to delete or not sell the consumer's personal information under the California Consumer Privacy Act of 2018 if it is necessary to retain or share the consumer's personal information to complete an insurance transaction requested by the consumer.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS AB 981 (Daly) when amends the Insurance Information and Privacy Protection Act (IIPPA) to make it clear that entities governed by the IIPPA are not subject to the California Consumer Privacy Act of 2018 (CCPA).

This will ensure continued consumer protection while avoiding different and conflicting standards which may work counter to the best privacy and security protection for consumers. If there are additional consumer protections needed beyond those provided in the IIPPA, a much better solution would be to clarify such issues in the IIPA.

Trying to reconcile the CCPA with a long standing and well-vetted insurance-specific law will result in foreseeable legal conflicts, and jeopardize the critical balance achieved in current privacy and security laws applicable to and strongly supported by insurers.

AB 1174 (Wood D) Health care: anesthesia services.

Current Text: Amended: 3/25/2019 [html](#) [pdf](#)

Introduced: 2/21/2019

Last Amend: 3/25/2019

Status: 5/17/2019-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/24/2019)(May be acted upon Jan 2020)

Location: 5/17/2019-A. 2 YEAR

Summary: Would require a health care service plan, its delegated entity, or a health insurer to notify the Department of Managed Health Care or the Insurance Commissioner before the expiration or plan-, entity-, or insurer-initiated termination of a contract pursuant to which anesthesia services are provided. The bill would require the Department of Managed Health Care or the Insurance Commissioner to issue a finding that, at the expiration or termination of an anesthesia services contract initiated by a health care service plan, its delegated entity, or a health insurer, contracts are required to be in place with individual health professionals who are licensed by the state to deliver or furnish anesthesia services so that specified requirements are met.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP

PRIORITY
BILL, Priority
2

Notes 1: CAHU is WATCHING AB 1174. This bill puts the responsibility on plans to have contracts with anesthesiologist but attempts to address a critical issue of provider shortages and exorbitant balance billing practices which unfairly puts the consumer in the middle of contract disputes and reimbursement rates.

AB 1309 (Bauer-Kahan D) Health care coverage: enrollment periods.

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 828

Introduced: 2/22/2019

Last Amend: 8/22/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 828, Statutes of 2019.

Location: 10/12/2019-A. CHAPTERED

Summary: Would require a health care service plan and a health insurer, for policy years beginning on or after January 1, 2020, to provide a special enrollment period to allow individuals to enroll in individual health benefit plans through the Exchange from December 16 of the preceding calendar year, to January 31 of the benefit year, inclusive. The bill would also additionally require, with respect to individual health benefit plans offered outside of the Exchange, that the annual open enrollment period for policy years beginning on or after January 1, 2020, extend from November 1 of the preceding calendar year, to January 31 of the benefit year, inclusive. This bill would specify February 1 as the effective date of coverage for enrollment in an individual health benefit plan that occurs from December 16 to January 31, inclusive.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU SUPPORTS AB 1309 which helps agents by extending enrollment periods for 2020 under which people may purchase health insurance through Covered California and the individual insurance market.

AB 1611 (Chiu D) Emergency hospital services: costs.

Current Text: Amended: 6/27/2019 [html](#) [pdf](#)

Introduced: 2/22/2019

Last Amend: 6/27/2019

Status: 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/12/2019)(May be acted upon Jan 2020)

Location: 7/10/2019-S. 2 YEAR

Summary: Would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment.

Organization	Position	Subject	Group
CAHU	Re-Check		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: Please review 5-16-19 amends
CAHU is in SUPPORT of AB 1611 which bans hospitals from sending surprise bills to patients for emergency room care beyond their regular co-payment or deductible.

AB 1630 (Irwin D) Medical billing task force.

Current Text: Introduced: 2/22/2019 [html](#) [pdf](#)

Introduced: 2/22/2019

Status: 4/26/2019-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/18/2019)(May be acted upon Jan 2020)

Location: 4/26/2019-A. 2 YEAR

Summary: Would require OSHPD, in consultation with the Insurance Commissioner, to establish a medical billing task force on or before April 1, 2020. The bill would require the task force to, among other things, engage interested parties in the development of a system to improve the readability of medical bills and create a standard medical billing form. The bill would require OSHPD, on or before December 1, 2020, to submit a report to the Legislature on the task force's efforts.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS AB 1630 which would lead to more transparency and consumer protection by improving the readability of medical bills and creating a standard medical billing form.

3-27-19 Staff reported this is a 2-year bill that will not be moving this year.

AB 1676 (Maienschein D) Health care: mental health.

Current Text: Amended: 4/22/2019 [html](#) [pdf](#)

Introduced: 2/22/2019

Last Amend: 4/22/2019

Status: 5/17/2019-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020)

Location: 5/17/2019-A. 2 YEAR

Summary: Would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU supports AB 1676 because it creates more access to mental health services for patients of obstetricians and pediatricians to assist in addressing maternal mental health issues quicker than if the patient were required to travel to the nearest psychiatrist.

AB 1803 (Committee on Health) Pharmacy: health care coverage: claims for prescription drugs sold for retail price.

Current Text: Chaptered: 7/12/2019 [html](#) [pdf](#)

Chapter Number: 114

Introduced: 2/28/2019

Status: 7/12/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 114, Statutes of 2019.

Location: 7/12/2019-A. CHAPTERED

Summary: The Pharmacy Law requires a pharmacy to inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the prescription drug, except as specified, and, if the customer pays the retail price, requires the pharmacy to submit the claim to the customer's health care service plan or health insurer. This bill would instead make the provision requiring the pharmacy to submit the claim to the health care service plan or health insurer operative on January 1, 2020. The bill would also repeal a provision that is similar to the provision being amended by the bill.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS AB 1803 which extends the operative date from January 1, 2019 to January 1, 2020 for provisions of AB 2863 (Chaptered in 2018) which limited the amount a health

carrier may require a beneficiary to pay at the point of sale for a covered prescription to the lowest available cost, whether it is the applicable cost-sharing amount or the retail price. It also required the amount paid for a prescription to be applied to the beneficiary's deductible and out-of-pocket maximum if the beneficiary opts to pay the cash price. This would give pharmacies an additional year to update their administrative systems to comply with the pharmacy law that was signed by Gov. Brown in August, 2018.

SB 65**(Pan D) Health care coverage: financial assistance.**

Current Text: Amended: 7/3/2019 [html](#) [pdf](#)

Introduced: 1/8/2019

Last Amend: 7/3/2019

Status: 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/9/2019)(May be acted upon Jan 2020)

Location: 8/30/2019-A. 2 YEAR

Summary: Would, until January 1, 2023, require the board of the Exchange to develop and prepare one or more reports to be issued at least quarterly and to be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program. The bill would require the reports to contain specified information, including, among other things, the number of applications received for the program, the disposition of those applications, and the total number of grievances and appeals filed by applicants and enrollees.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU was closely WATCHING SB 65 which was the previous vehicle for premium assistance. Now the bill requires Covered California to develop and prepare one or more reports to be issued at least quarterly and be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program, as specified.

The previous contents of the bill were enacted in the Budget (SB 78) which included \$428.6 million General Fund in 2019-20, \$479.8 million in 2020-21, and \$547.2 million in 2021-22 to provide subsidies to qualified individuals between 200 and 600 percent of the federal poverty level and individuals at or below 138 percent of the federal poverty level.

The Budget also includes statutory changes to allow Covered California to implement the program, which sunsets January 1, 2023.

The Budget will provide premium assistance of approximately \$10 per month to 663,000 individuals with incomes above 200 percent and at or below 400 percent of the federal poverty level. These individuals are also eligible for significant federal assistance through Covered California.

Additionally, California will become the first state in the nation to extend premium assistance to qualified individuals with incomes between 400 and 600 percent of the federal poverty level. The Budget will provide assistance of approximately \$119 per month to 235,000 individuals within this range.

SB 129**(Pan D) Health care coverage reporting.**

Current Text: Chaptered: 9/5/2019 [html](#) [pdf](#)

Chapter Number: 241

Introduced: 1/10/2019

Last Amend: 6/12/2019

Status: 9/5/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 241, Statutes of 2019.

Location: 9/5/2019-S. CHAPTERED

Summary: Current law requires a health care service plan or health insurer that covers individuals, small groups, large groups, or administrative services only business lines to report the number of covered lives by product type to the Department of Managed Health Care or the Department of Insurance. Current law requires the Department of Managed Health Care and the Department of

Insurance to publicly report that data, including posting that data on each department's internet website. This bill would expand those health care service plan and health insurer reporting requirements to include any other business lines.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is closely WATCHING SB 129 which requires existing annual health plan and insurer enrollment reporting to include enrollment data for products sold inside and outside of Covered California, any other business lines, and multiple employer welfare arrangements. The bill also requires the California Department of Insurance and the Department of Managed Health Care to publicly report annual enrollment data no later than April 15th of each year.

SB 175 (Pan D) Health care coverage: minimum essential coverage.

Current Text: Amended: 4/3/2019 [html](#) [pdf](#)

Introduced: 1/28/2019

Last Amend: 4/3/2019

Status: 6/4/2019-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/29/2019)

Location: 6/4/2019-S. 2 YEAR

Summary: Would create the Minimum Essential Coverage Individual Mandate to require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential health coverage, as defined, for each month beginning on January 1, 2020, except as specified. The bill would require the Exchange to grant exemptions from the mandate for reason of hardship or religious conscience, and would require the Exchange to establish a process for determining eligibility for an exemption.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU is in SUPPORT (L3) of SB 175 which would create a state level individual mandate for individuals and their dependents not possessing minimum essential coverage. This is the Senate version of AB 414 which CAHU is WATCHING

The individual shared responsibility penalty was created by SB 78 (Committee on Budget and Fiscal Review) which enacted several changes to maintain the positive effect of the ACA on health insurance rates in California, including to:

Require California residents, using the definition for resident used in the Personal Income Tax Law, to ensure that they and any of their dependents has MEC for each month beginning on January 1, 2020, also known as the "Minimum Essential Coverage Individual Mandate."

Impose a penalty on individuals who fail to maintain MEC, known as the "Individual Shared Responsibility Penalty," almost identical to the penalty in federal law. The \$695 penalty must be included as part of the individual's tax return, and applies for any month in which an individual or their dependent fails to maintain MEC.

SB 260 (Hurtado D) Automatic health care coverage enrollment.

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 845

Introduced: 2/12/2019

Last Amend: 8/12/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 845, Statutes of 2019.

Location: 10/12/2019-S. CHAPTERED

Summary: Would require the Exchange, beginning no later than July 1, 2021, to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from an insurance affordability program. The bill would require enrollment to occur before coverage through the insurance affordability program is terminated, and would prohibit the premium due date from being sooner than the last day of the first month of enrollment. The bill would require the Exchange to provide an individual who is automatically enrolled in the lowest cost

silver plan with a notice that includes specified information, including the individual's right to select another available plan or to not enroll in the plan.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is WATCHING SB 260 which requires Covered California to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from another insurance affordability program, as specified.

CAHU is working with Cov CA and the author/sponsor to maintain any existing agent of record.

SB 407 (Monning D) Medicare supplement benefit coverage.

Current Text: Chaptered: 10/7/2019 [html](#) [pdf](#)

Chapter Number: 549

Introduced: 2/20/2019

Last Amend: 9/5/2019

Status: 10/7/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 549, Statutes of 2019.

Location: 10/7/2019-S. CHAPTERED

Summary: Under current law, a health plan or health insurer that issues a Medicare supplement contract or policy, as defined, is required to comply with requirements, in addition to those generally imposed on health care service plan contracts and health insurance policies. Current law authorizes a health plan or health insurer with the prior approval of the Department of Managed Health Care or the Insurance Commissioner, respectively, to offer a Medicare supplement contract or policy with new or innovative benefits, in addition to the standardized benefits provided in a contract or policy that otherwise complies with the applicable standards. Current law imposes an annual open enrollment period of a minimum of 30 days to purchase a Medicare supplement contract or policy, and requires a health plan or health insurer to notify an enrollee or policyholder of specified rights prior to the open enrollment period. This bill would exclude outpatient prescription drug benefits as a new or innovative benefit.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: 6-28-19 CAHU approved a WATCH position at the Board meeting. The Medicare Committee will be providing additional feedback in the near future.

SB 441 (Galjani D) Electronic health records: vendors.

Current Text: Amended: 3/25/2019 [html](#) [pdf](#)

Introduced: 2/21/2019

Last Amend: 3/25/2019

Status: 4/26/2019-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/7/2019)(May be acted upon Jan 2020)

Location: 4/26/2019-S. 2 YEAR

Summary: Would enact the California Interoperability Enforcement Act to regulate electronic health record vendors operating in California. The bill would require the Office of Health Information Integrity to review federal law and policy for opportunities to regulate electronic health record vendors and to establish an interoperability enforcement structure. The bill would require the office to promulgate regulations for this purpose. The bill would establish a Complaint and Technical Assistance Division within the office and the Interoperability Enforcement Fund, which would be available, upon appropriation, to fund the administration of these provisions.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS SB 441 which would help insure the ability of health care providers to quickly and appropriately access health related information across different health care settings.

We believe this would limit excessive charging and opportunistic pricing that hinders a health care providers ability to clearly and efficiently exchanging information pertaining to our clients health.

SB 522 (Hertzberg D) Taxation.

Current Text: Introduced: 2/21/2019 [html](#) [pdf](#)

Introduced: 2/21/2019

Status: 3/7/2019-Referred to Com. on RLS.

Location: 2/21/2019-S. RLS.

Summary: Current law imposes various taxes, including sales and use taxes and income taxes. This bill would make legislative findings regarding the need for further efforts to modernize and restructure the state's tax system and would state the intent of the Legislature to enact legislation that would accomplish specified purposes, including realigning the state's outdated tax code with the realities of California's 21st century economy.

Organization	Position	Subject	Group
CAHU	Oppose		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: CAHU OPPOSES SB 522, which proposes to establish a first-time sales tax on services, including services provided by independent health insurance agents.

SB 639 (Mitchell D) Medical services: credit or loan.

Current Text: Chaptered: 10/12/2019 [html](#) [pdf](#)

Chapter Number: 856

Introduced: 2/22/2019

Last Amend: 9/6/2019

Status: 10/12/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 856, Statutes of 2019.

Location: 10/12/2019-S. CHAPTERED

Summary: Current law prohibits a healing arts licensee, as defined, or an employee or agent of that licensee from charging treatment or costs to an open-end credit or loan extended by a third party that is arranged for or established in the licensee's office before the date on which the treatment is rendered or costs are incurred without first providing a specified written treatment plan, a specified written or electronic notice, and a specified list of which treatment and services are being charged. Current law prohibits a licensee, or the licensee's employee or agent, from arranging for or establishing credit or a loan that is extended by a third party for a patient who has been administered or is under the influence of general anesthesia, conscious sedation, or nitrous oxide. This bill would instead prohibit a licensee or employee or agent of that licensee from charging treatment or costs to an open-end credit or loan that is extended by a third party and that is arranged for, or established in, that licensee's office more than 30 days before the date on which the treatment is rendered or costs are incurred, except for specified incremental fees charged by a licensed dentist for orthodontic treatment.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS (L3) SB 639 which would enact a number of protections for patients whose health care providers arrange credit in order to pay for medical services. These protections include preventing health care providers from processing deferred interest credit applications for patients; requiring treatment plans to show medically-appropriate alternatives that are covered by Medi-Cal; requiring patients, rather than health care providers, to fill out applications for medical credit; preventing patients from applying for medical credit in the treatment area without their consent; prohibiting medical credit cards from being charged more than 30 days before treatment; and simplifying the text of notices that must be provided to patients before advancing them medical credit.

SB 737 (Jones R) Insurance: electronic transmission.

Current Text: Introduced: 2/22/2019 [html](#) [pdf](#)

Introduced: 2/22/2019

Status: 5/3/2019-Failed Deadline pursuant to Rule 61(a)(3). (Last location was INS. on 3/14/2019) (May be acted upon Jan 2020)

Location: 5/3/2019-S. 2 YEAR

Summary: Current law authorizes an insurer to provide notices of insurance transactions by electronic transmission, if the insurer complies with specified requirements, including that the insurer acquires the consent of the person to opt in to receive the notice by electronic transmission. Current law, until January 1, 2021, requires a licensee who is required to transmit a record by a method of delivery evidencing actual receipt by the person, and who transmits that record electronically, to maintain a process or system that demonstrates proof of delivery and actual receipt of the record. Under Current law, until January 1, 2021, a licensee who transmits a notice of lapse, nonrenewal, cancellation, or termination of an insurance product electronically is also required to demonstrate that proof of delivery. This bill would delete the January 1, 2021, repeal date, making those proof of delivery and actual receipt requirements apply indefinitely.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS (L3) SB 737 which removes the pending sunset of 2021 on existing law that allows for insurance companies to communicate electronically to the agent or the client if they opt in. CAHU supports opt in digital communication because it promotes efficiency and lessens costs.

[SB 746](#)

(Bates R) Health care coverage: anticancer medical devices.

Current Text: Amended: 5/30/2019 [html](#) [pdf](#)

Introduced: 2/22/2019

Last Amend: 5/30/2019

Status: 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 6/26/2019)(May be acted upon Jan 2020)

Location: 8/30/2019-A. 2 YEAR

Summary: Would require health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2020, that cover chemotherapy or radiation therapy for the treatment of cancer to also cover anticancer medical devices. The bill would define "anticancer medical device" as a medical device that has been approved for marketing by the federal Food and Drug Administration or is exempt from that approval, is primarily designed to be used outside of a medical facility, and has been prescribed by an authorized provider upon the provider's determination that the device is medically reasonable and necessary for the treatment of the patient's cancer.

Organization	Position	Subject	Group
CAHU	Support		CAHU TOP PRIORITY BILL, Priority 3

Notes 1: CAHU SUPPORTS (L3) SB 746 which would include anticancer devices as a part of covered cancer treatment. This would provide an extension/clarification of what is assumed to be coverage in place for consumers. Too often, when cancer patients are being told their options, an anticancer device is brought to their attention that they want to utilize, only to find out it is not covered.

Report findings from CHBRP analysis

Priority 1/Key Bill- Submit a letter outlining CAHU's position to the author and in official legislative records. Testify in committees and lobby key staff and legislators at every opportunity. Submit letter to the Governor asking for a signature or veto. Communicate frequent updates to CAHU leadership and membership on efforts relating to all of the above.

Priority 2- Submit a letter outlining CAHU's position to the author and for official legislative records. Testify in committees and lobby key staff and legislators when time permits. Submit letter to the Governor asking for a signature or veto. Communicate significant updates to CAHU leadership and membership on substantive changes.

Priority 3- CAHU supports/opposes in concept and may join a coalition aligned with our perspective but staff time will not be allocated to generating letters or lobbying efforts.

Watch- Bill is monitored for amendments and is tracked for any movement through the legislative process. Changes

are reported to leadership in a prompt time frame. Most frequently used when bills are spot or intent language and awaiting further amendments

Total Measures: 30

Total Tracking Forms: 30

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