

# CAHU Top Priority Bill Status Report as of 7/11/2018



**AB 1751 (Low D) Controlled substances: CURES database.**

**Current Text:** Amended: 7/5/2018 [html](#) [pdf](#)

**Introduced:** 1/3/2018

**Last Amend:** 7/5/2018

**Status:** 7/5/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/26/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** This bill would require the Department of Justice, no later than July 1, 2020, to adopt regulations regarding the access and use of the information within Controlled Substance Utilization Review and Evaluation System (CURES) by consulting with specified stakeholders, and addressing certain processes, purposes, and conditions in the regulations. The bill would authorize the department, once those regulations have been adopted, to enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information, as specified. This bill contains other related provisions.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	

**Notes 1:** CAHU SUPPORTS AB 1751 which would authorize the Department of Justice (DOJ) to participate in an interjurisdictional information sharing agreement between prescription drug monitoring programs across state lines. CAHU is supportive of the Legislature's coordinated efforts to curb opioid addiction and abuse and decrease the associated high costs of prescription drugs on premiums.

**AB 1753 (Low D) Controlled substances: CURES database.**

**Current Text:** Amended: 4/18/2018 [html](#) [pdf](#)

**Introduced:** 1/3/2018

**Last Amend:** 4/18/2018

**Status:** 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 26). Re-referred to Com. on APPR.

**Location:** 6/26/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Current law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice. This bill would authorize the Department of Justice to reduce or limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all prescription forms delivered.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	Rx

**Notes 1:** CAHU SUPPORTS AB 1753 which would, beginning January 1, 2020, authorize the DOJ to reduce or limit the number of approved printers of prescription forms for controlled substance prescriptions to 3. The bill would also require prescription forms for controlled substance prescriptions to have a uniquely serialized number, and would require a printer to submit specified information to the DOJ for all prescription forms delivered.

**AB 1785 (Nazarian D) Medi-Cal eligibility: assets.**

**Current Text:** Enrollment: 7/10/2018 [html](#) [pdf](#)

**Introduced:** 1/8/2018

**Last Amend:** 4/11/2018

**Status:** 7/10/2018-Enrolled and presented to the Governor at 3 p.m.

**Location:** 7/10/2018-A. ENROLLED

**Summary:** This bill would exclude the principal and interest of a 529 savings plan, as defined, from consideration for purposes of any asset or resources test to determine eligibility for Medi-Cal benefits with respect to an applicant or beneficiary whose eligibility is not determined using MAGI-based financial methods, as specified. The bill would exclude qualified distributions from a 529 savings account from consideration for purposes of any income test to determine eligibility for Medi-Cal benefits with respect to an applicant or beneficiary.

Organization	Position	Priority	Subject

CAHU

Support

Medi-Cal

**Notes 1:** CAHU SUPPORTS AB 1785 which excludes the principal and interest of a 529 savings plan, from consideration for purposes of any asset or resources test to determine eligibility for Medi-Cal benefits applicants or beneficiary whose eligibility is not determined using MAGI-based financial methods. This bill supports saving for a college education without fear of a loss of Medi-Cal benefits.

**AB 2088 (Santiago D) Patient records: addenda.**

**Current Text:** Introduced: 2/7/2018 [html](#) [pdf](#)

**Introduced:** 2/7/2018

**Status:** 7/3/2018-Read second time. Ordered to third reading.

**Location:** 7/3/2018-S. THIRD READING

**Summary:** Would require a health care provider to allow a patient, regardless of his or her ages, who inspects his or her patient records to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. By increasing the scope of a crime, this bill would create a state-mandated local program. The bill would additionally correct an erroneous cross reference.

Organization	Position	Priority	Subject
CAHU	Support		

**Notes 1:** CAHU SUPPORTS AB 2088 which increases our client's access to and ability to correct or note inaccurate or incorrect information in their medical records. This improves communication and accuracy between patients and their providers.

**AB 2416 (Wood D) Health care coverage.**

**Current Text:** Amended: 4/26/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 4/26/2018

**Status:** 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/16/2018)

**Location:** 5/25/2018-A. DEAD

**Summary:** Would, commencing January 1, 2020, require a health care service plan that has a contract with the State Department of Health Care Services to offer Medi-Cal managed care plans or prepaid health plans to negotiate with Covered California regarding offering individual products on the Exchange in approved service areas that overlap with counties where there are 2 or fewer health care service plans offering products on the Exchange, as specified. Because a willful violation of the bill's requirements would be a crime, the bill would impose a state-mandated local program.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently WATCHING AB 2416 for substantive amendments likely to require health plans with Medi-Cal contracts and that are also licensed to offer health plans that qualify under the ACA, to negotiate with Covered California. CONTENTS PUT INTO AB 2427

**AB 2427 (Wood D) Medi-Cal: anticompetitive conduct.**

**Current Text:** Amended: 7/2/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 7/2/2018

**Status:** 7/2/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/27/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current law, commencing July 1, 2019, requires a Medi-Cal managed care plan to comply with a minimum 85% medical loss ratio. Current law requires, effective for contract rating periods commencing on or after July 1, 2023, a Medi-Cal managed care plan to provide a remittance to the state if the ratio does not meet the minimum ratio of 85% for the corresponding reporting year. This bill would authorize the Department of Health Care Services to terminate a for-profit Medi-Cal managed care plan contract if the Attorney General determines that the Medi-Cal managed care plan engaged or engages in anticompetitive conduct or practices, as specified, or if the department determines that the Medi-Cal managed care plan has a pattern or practice of not complying with the medical loss ratio, as described above.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** Requires the Department of Health Care Services (DHCS) to decline to renew or award a contract, in whole or in part, of a for-profit Medi-Cal Managed Care (MCMC) plan, if a determination is made that the for-profit MCMC engaged or engages in anticompetitive conduct, as defined, or has a pattern or practice of not complying with the medical loss ratio. Also requires, on or after January 1, 2020, a health care service plan (health plan) that has a contract with DHCS, as specified, to negotiate with Covered California regarding offering individual products on the Exchange in the health plan's

approved service areas that overlap with counties where there are two or fewer health plans offering products on the Exchange as of the 2018 plan year.

**[AB 2459](#) (Friedman D) Personal income taxes: credits: health insurance premiums.**

**Current Text:** Amended: 5/25/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 5/25/2018

**Status:** 6/7/2018-Referred to Com. on GOV. & F.

**Location:** 6/7/2018-S. GOV. & F.

**Summary:** Would, for each taxable year beginning on or after January 1, 2019, and before January 1, 2026, would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for the qualified individual or the qualified individual's dependent that exceeds 8% of the qualified individual's modified adjusted gross income, as specified. The bill would make the credit operative only for taxable years for which resources are authorized in the annual Budget Act for the Franchise Tax Board to oversee and audit returns associated with the credit.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is reviewing AB 2459 which creates a refundable personal income tax credit to Californians with income between 400% and 600% of the FPL equal to the cost of health insurance premiums for the lowest cost bronze plan for the individual that exceeds 8 percent of the individual's modified gross income.

**[AB 2472](#) (Wood D) Health care coverage: Covered California.**

**Current Text:** Amended: 6/26/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 6/26/2018

**Status:** 6/26/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/26/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current state law establishes the California Health Benefit Exchange, also known as Covered California, within state government. Current law specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill would require the board to prepare an analysis and evaluation, known as a feasibility analysis, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently watching AB 2472 for substantive amendments. The bill is likely to require the Board of Covered California to prepare an analysis and evaluation, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers.

**[AB 2487](#) (McCarty D) Physicians and surgeons: continuing education: opiate-dependent patient treatment and management.**

**Current Text:** Amended: 6/18/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 6/18/2018

**Status:** 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (June 25). Re-referred to Com. on APPR.

**Location:** 6/25/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would require a physician and surgeon to complete a one-time continuing education course on either pain management and the treatment of terminally ill and dying patients, or opiate-dependent patient treatment and management, unless the physician and surgeon qualifies for a specified exemption.

Organization	Position	Priority	Subject
CAHU	Support		Rx

**Notes 1:** CAHU SUPPORTSAB 2487 which would require the application for a physician's and surgeon's certificate to include proof of satisfactory completion of a course on opiate-dependent patient treatment and management and also includes at least eight hours of instruction in buprenorphine treatment of opioid use disorders.

**[AB 2499](#) (Arambula D) Health care coverage: medical loss ratios.**

**Current Text:** Amended: 6/18/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 6/18/2018

**Status:** 7/3/2018-Read second time. Ordered to third reading.

**Location:** 7/3/2018-S. THIRD READING

**Summary:** Current law requires a health care service plan or health insurer that issues, sells, renews, or offers a health care service plan contract or health insurance policy, respectively, for health care coverage in this state to comply with minimum medical loss ratios, and to provide an annual rebate to each enrollee or insured under that coverage, on a pro rata basis, if the medical loss ratio of the amount of premium revenue expended by the plan or health insurer on the costs for reimbursement for clinical services and for activities that improve health care quality to the total amount of premium revenue is less than a certain percentage. Current law requires the adoption of emergency regulations, pursuant to consultation between the departments, to implement those provisions. Current law requires the medical loss ratio provisions to be implemented to the extent required by federal law and to comply with, and not exceed, the scope of specified federal laws, rules, and regulations. This bill would repeal the emergency regulation and consultation requirements.

Organization	Position	Priority	Subject
CAHU	Neutral	AA - Folder	

**Notes 1:** CAHU is NEUTRAL on AB 2499 which was significantly amended in the Senate Health Committee to no longer increase the minimum medical loss ratio (MLR) percentages by 5%. Now the bill requires MLRs to be consistent with federal law and any rules or regulations issued as in effect on January 1, 2017.

### [AB 2502](#) **(Wood D) Health care payments database.**

**Current Text:** Amended: 5/8/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 5/8/2018

**Status:** 6/29/2018-Failed Deadline pursuant to Rule 61(b)(13). (Last location was S. HEALTH on 6/7/2018)

**Location:** 6/29/2018-S. DEAD

**Summary:** Would state the intent of the Legislature to establish a system to collect information regarding the cost of health care. The bill would require the Secretary of California Health and Human Services, no later than January 1, 2020, to establish, implement, and administer the California Health Care Payments Database, among other duties. The bill would require certain health care entities, including health care service plans, to provide specified information to the secretary. The bill would authorize the secretary to report a health care entity that fails to comply with that requirement to the health care entity's regulating agency, and would authorize the regulating agency to enforce that requirement using its existing enforcement procedures, as specified.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently WATCHING AB 2502 for substantive amendments. The bill will require CHHSA, by 2020 to establish, implement, and administer the California Health Care Payments Database. This bill would require certain health care entities, including health care service plans, to provide specified information to be reviewed with a committee composed of a broad spectrum of health care stakeholders.

### [AB 2517](#) **(Wood D) Health care coverage.**

**Current Text:** Amended: 4/30/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 4/30/2018

**Status:** 6/29/2018-Failed Deadline pursuant to Rule 61(b)(13). (Last location was S. HEALTH on 6/7/2018)

**Location:** 6/29/2018-S. DEAD

**Summary:** Would establish the Advisory Panel on Health Care Delivery Systems and Universal Coverage in the California Health and Human Services Agency and would require the advisory panel to develop a plan to achieve universal coverage and a unified publicly financed health care system. The bill would require the Secretary of California Health and Human Services to appoint members to the advisory panel, as provided, and would require the advisory panel to convene public meetings at least quarterly, beginning on or before March 1, 2019.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently WATCHING AB 2517 for substantive amendments. Currently, the bill would establish the Advisory Panel on Health Care Delivery Systems and Universal Coverage. The Panel would be appointed by the Secretary of HHS and tasked with developing a roadmap to present to the Health Committees in the Legislature by 2020.

**[AB 2565](#) (Chiu D) Affordability assistance: cost sharing.**

**Current Text:** Amended: 5/25/2018 [html](#) [pdf](#)

**Introduced:** 2/15/2018

**Last Amend:** 5/25/2018

**Status:** 6/21/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 1.) (June 20). Re-referred to Com. on APPR.

**Location:** 6/20/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current state law establishes the California Health Benefit Exchange, also known as Covered California, within state government. Current law specifies the powers and duties of the board governing Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill would require the board to subsidize the premium payments of individuals who enroll in health care coverage through the Exchange and who, under federal law, would be eligible for premium tax subsidies, as specified. The bill would make this requirement operative only to the extent that funding to cover the cost of the state subsidy is provided, by express reference, in the annual Budget Act or in another act making an appropriation for this purpose.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently WATCHING AB 2565 which would improve premium affordability by requiring Covered California to offer state funded premium assistance in addition to applicable federal tax subsidies.

**[AB 2566](#) (Chiu D) Health care: costs and outcomes.**

**Current Text:** Introduced: 2/15/2018 [html](#) [pdf](#)

**Introduced:** 2/15/2018

**Status:** 5/11/2018-Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. PRINT on 2/15/2018)

**Location:** 5/11/2018-A. DEAD

**Summary:** Would express the intent of the Legislature to enact legislation that would control health care costs, improve health outcomes, and reduce health disparities.

Organization	Position	Priority	Subject
CAHU	Watch		Spot

**[AB 2789](#) (Wood D) Health care practitioners: prescriptions: electronic data transmission.**

**Current Text:** Amended: 7/3/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 7/3/2018

**Status:** 7/5/2018-(Amended 7/3/2018) From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on APPR.

**Location:** 6/20/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Current law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements. This bill, on and after January 1, 2022, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	Rx

**Notes 1:** CAHU SUPPORTS AB 2789 which as of January 1, 2020, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. CAHU believes this bill will help to reduce overprescribing or fraudulent prescriptions and is another measure to curb opioid addiction and abuse, and decrease the associated high costs of prescription drugs on healthcare premiums.

**[AB 2863](#) (Nazarian D) Health care coverage: prescriptions.**

**Current Text:** Amended: 7/3/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 7/3/2018

**Status:** 7/5/2018-(Amended 7/3/2018) From committee chair, with author's amendments: Amend, and

re-refer to committee. Read second time, amended, and re-referred to Com. on APPR.

**Location:** 6/19/2018-S. APPR.

**Calendar:** 8/6/2018 10 a.m. - John L. Burton Hearing Room (4203)  
SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** Would limit the amount a health care service plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription to the lesser of the applicable cost-sharing amount or the retail price. The bill would prohibit a health care service plan or health insurer from requiring a pharmacy to charge or collect a cost-sharing amount from an enrollee or insured that exceeds the total retail price for the prescription drug. The bill would require the amount paid for a prescription to be applied to the enrollee's or insured's deductible and out-of-pocket maximum if the enrollee or insured pays the retail price.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	

**Notes 1:** CAHU is in SUPPORT of AB 2863, which would limit 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 would also require 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.

**AB 2904** (**Carrillo D**) **Pupil health: mobile vision care services: schoolsites.**

**Current Text:** Amended: 7/5/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 7/5/2018

**Status:** 7/5/2018-Read second time and amended. Ordered to consent calendar.

**Location:** 7/3/2018-S. CONSENT CALENDAR

**Summary:** Would authorize a public school to enter into a memorandum of understanding with a nonprofit mobile vision care services provider to provide noninvasive vision care services consisting of providing vision examinations and eyeglasses to pupils at the schoolsite of the public school. The bill would require vision screenings provided pursuant to the bill's provisions to be supplemental to, and to not replace, the above-referenced vision appraisals or screenings provided pursuant to existing law. The bill would require a public school to provide parents and guardians with an opportunity to opt out of his or her child receiving these vision care services, as provided. This bill contains other existing laws.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently WATCHING AB 2904 which clarifies how patient consent may be documented by medical providers for the use of telehealth services. As telehealth evolves and develops we need to make sure state policy adapts as well to match best practices in providing patient care.

**AB 3087** (**Kalra D**) **California Health Care Cost, Quality, and Equity Commission.**

**Current Text:** Amended: 5/2/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 5/2/2018

**Status:** 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2018)

**Location:** 5/25/2018-A. DEAD

**Summary:** Would create the California Health Care Cost, Quality, and Equity Commission, an independent state agency, to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other health care providers, among other things. The bill would provide that funding for the commission would be provided from the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

Organization	Position	Priority	Subject
CAHU	Oppose	AA--Coalition	

**Notes 1:** CAHU is currently OPPOSED to AB 3087, which would establish an independent Health Care Cost, Quality and Equity Commission, under AB 3087, to set the prices paid to hospitals, doctors, and other providers of health care services to address the root cause of unaffordable health care without sacrificing quality. The Commission members would be appointed and would establish their own advisory committee to include specified stakeholders.

**AB 3148** (**Arambula D**) **Health care affordability assistance: cost sharing.**

**Current Text:** Amended: 4/12/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 4/12/2018

**Status:** 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2018)

**Location:** 5/25/2018-A. DEAD

**Summary:** Current state law establishes the California Health Benefit Exchange, also known as Covered California, within state government. Current law specifies the powers and duties of the board governing Covered California, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Current law establishes the California Health Trust Fund and continuously appropriates moneys in the fund for these purposes. This bill would require the board to offer additional cost sharing financial assistance to those who are otherwise eligible for premium tax credits and who have incomes determined to be below 400% of the federal poverty level, as specified. By requiring the board to offer this additional assistance, this bill would make an appropriation.

Organization	Position	Priority	Subject
CAHU	Watch		

**AB 3180** (Frazier D) Insurance: misrepresentations.

**Current Text:** Introduced: 2/16/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Status:** 4/27/2018-Failed Deadline pursuant to Rule 61(b)(5). (Last location was INS. on 3/12/2018)

**Location:** 4/27/2018-A. DEAD

**Summary:** Current law prohibits an insurer or his or her agent from issuing, circulating, or using a statement that is known, or should have been known, to be a misrepresentation of, among other things, the terms of a policy issued by the insurer or sought to be negotiated by the person making or permitting the misrepresentation. Current law also prohibits a person from making a statement that is known, or should have been known, to be a misrepresentation to another person for the purpose of inducing that other person to take out a policy of insurance or to induce that other person to lapse, forfeit, or surrender his or her insurance. Current law provides that a violation of these provisions is punishable by a fine or imprisonment in a county jail for a period of up to one year, or by both that fine and imprisonment. This bill would increase the \$25,000 fine limit to \$30,000.

Organization	Position	Priority	Subject
CAHU	Watch		

**SB 562** (Lara D) The Healthy California Act.

**Current Text:** Amended: 5/26/2017 [html](#) [pdf](#)

**Introduced:** 2/17/2017

**Last Amend:** 5/26/2017

**Status:** 6/29/2018-Failed Deadline pursuant to Rule 61(b)(13). (Last location was A. 2 YEAR on 7/14/2017)

**Location:** 6/29/2018-A. DEAD

**Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Organization	Position	Priority	Subject
CAHU	Oppose	AA - Folder	

**Notes 1:** CAHU is working with NAIFA California and IIABCal to OPPOSE SB 562 (Lara/Atkins) which seeks to replace California's healthcare marketplace with a universal Single Payer system that would reduced competition, limit options for consumers, raise costs, and threaten access to care.

**SB 910** (Hernandez D) Short-term limited duration health insurance.

**Current Text:** Amended: 3/5/2018 [html](#) [pdf](#)

**Introduced:** 1/18/2018

**Last Amend:** 3/5/2018

**Status:** 6/28/2018-Read second time. Ordered to third reading.

**Location:** 6/28/2018-A. THIRD READING

**Summary:** Current law requires an individual health care service health insurance policy to include, at a minimum, coverage for essential health benefits, as defined. These health care coverage market reforms in the individual market do not apply to short-term limited duration health insurance policies offered by a health insurer. This bill, commencing January 1, 2019, would prohibit a health insurer from issuing, selling, renewing, or offering a short-term limited duration health insurance policy, as defined, for health care coverage in this state. The bill would make conforming changes.

Organization	Position	Priority	Subject
CAHU	Oppose Unless Amend	AA - Folder	

**Notes 1:** CAHU is OPPOSED UNLESS AMENDED to SB 910, which would prohibit the sale of short-term limited duration health insurance in California even in circumstances that would leave a consumer

without any other coverage options.

**SB 974** (Lara D) Medi-Cal: immigration status: adults.

**Current Text:** Amended: 5/25/2018 [html](#) [pdf](#)

**Introduced:** 2/1/2018

**Last Amend:** 5/25/2018

**Status:** 6/20/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 4.) (June 19). Re-referred to Com. on APPR.

**Location:** 6/20/2018-A. APPR.

**Summary:** Current law requires 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, be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. 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. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals 65 years of age or older, if otherwise eligible for those benefits, but for their immigration status, subject to an appropriation.

Organization	Position	Priority	Subject
CAHU	Drop		Medi-Cal

**SB 1008** (Skinner D) Health insurance: dental services: reporting and disclosures.

**Current Text:** Amended: 7/3/2018 [html](#) [pdf](#)

**Introduced:** 2/6/2018

**Last Amend:** 7/3/2018

**Status:** 7/3/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/26/2018-A. APPR.

**Summary:** Would require a health care service plan or a health insurer that issues, sells, renews, or offers a specialized health care service plan contract or insurance policy that covers dental services in California, in addition to any other applicable disclosure requirements, to utilize a uniform benefits and coverage disclosure matrix, with specified contents. The bill would require the Department of Managed Health Care and the Department of Insurance to develop the uniform benefits and disclosure matrix in consultation with stakeholders.

Organization	Position	Priority	Subject
CAHU	Neutral	AA - Folder	

**Notes 1:** CAHU is NEUTRAL on SB 1008 After recent amendments would require dental health plans to utilize a uniform benefit disclosure created by DMHC or DOI. The bill also, requires DMHC or CDI to post plan's or insurer's MLR annual report on their Internet Web sites within 45 days after receiving the report by July 1 of each year.

**SB 1121** (Dodd D) Personal information.

**Current Text:** Amended: 6/14/2018 [html](#) [pdf](#)

**Introduced:** 2/13/2018

**Last Amend:** 6/14/2018

**Status:** 7/5/2018-From committee: Do pass as amended. (Ayes 9. Noes 0.) (July 3).

**Location:** 6/19/2018-A. P. & C.P.

**Summary:** Current law requires a business to take all reasonable steps to dispose of customer records containing personal information and imposes other requirements on a business relating to the custody of customer records containing personal information. Current law defines the term "customer" for purposes of those provisions to mean an individual who provides personal information to a business for the purpose of purchasing or leasing a product or obtaining a service from the business. This bill would instead make those provisions applicable to consumers and consumer records, would define "consumer" for purposes of those provisions to mean a natural person, and would make other related and conforming changes.

Organization	Position	Priority	Subject
CAHU	Oppose	AA--Coalition	

**Notes 1:** In a coalition, CAHU opposes SB 1121, which will drastically expand the civil liability of agencies of all sizes providing service in California. SB 1121 vastly expands the scope of who can sue companies and non-profits for data breaches. Even more troubling, this bill would impose a minimum of \$200 and a maximum of \$1000 in statutory damages per consumer breach.

**SB 1156** (Leyva D) Health care service plans: 3rd-party payments.

**Current Text:** Amended: 7/3/2018 [html](#) [pdf](#)

**Introduced:** 2/14/2018

**Last Amend:** 7/3/2018



**Status:** 7/3/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/26/2018-A. APPR.

**Summary:** Would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified 3rd-party entities, including an Indian tribe or a local, state, or federal government program. The bill would also require a financially interested entity, as defined, other than those entities, that is making a 3rd-party premium payment to provide that assistance in a specified manner and to perform other related duties, including requiring the entity to disclose to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a 3rd-party premium payment will be made.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	

**Notes 1:** CAHU SUPPORTS SB 1156 which regulates third parties who directly or indirectly pay insurance premiums for patients, and ensures that predatory provider practices are not rewarded with higher reimbursement rates.

**SB 1238 (Roth D) Patient records: maintenance and storage.**

**Current Text:** Amended: 6/28/2018 [html](#) [pdf](#)

**Introduced:** 2/15/2018

**Last Amend:** 6/28/2018

**Status:** 6/28/2018-Read second time and amended. Re-referred to Com. on APPR.

**Location:** 6/26/2018-A. APPR.

**Summary:** Would require certain health care providers, no later than the date of the first service delivery, or as soon as reasonably practicable after an emergency treatment situation, to provide a statement to the patient, or the patient's representative, that sets forth the patient's rights and the intended retention period for the records. The bill would require those health care providers that plan to destroy patient records to notify the patient at least 60 days before a patient's records are to be destroyed, as provided.

Organization	Position	Priority	Subject
CAHU	Support	AA - Folder	

**SB 1248 (Gaines R) California Partnership for Long-Term Care Program.**

**Current Text:** Amended: 6/12/2018 [html](#) [pdf](#)

**Introduced:** 2/15/2018

**Last Amend:** 6/12/2018

**Status:** 6/28/2018-Joint Rule 62(a) suspended. From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (June 28). Re-referred to Com. on APPR.

**Location:** 6/28/2018-A. APPR.

**Summary:** A long-term care policy, certificate, or rider that purports to provide benefits of home and community-based services under the California Partnership for Long-Term Care Program is required to provide specified minimum services, including assisted living facility services and residential care facility services. This bill would require a policy, certificate, or rider as described above to instead be called a home care, community-based services, and residential care facility only policy, certificate, or rider. The bill would delete assisted living facility services from the list of required minimum services to be provided, clarify that those required minimum services include care in a residential care facility, and delete the policy definitions.

Organization	Position	Priority	Subject
CAHU	Support	AA--Coalition	

**Notes 1:** CAHU SUPPORTS SB 1248 which would establish new minimum benefit levels for long-term care insurance (LTCI) policies certified by the Partnership for Long-term Care Program. This bill gives consumers more power to choose LTCI policies that best reflect their needs and resources with policies that meets current standards and more affordable options.

**SB 1255 (Hernandez D) Health insurance market: financial assistance.**

**Current Text:** Amended: 3/21/2018 [html](#) [pdf](#)

**Introduced:** 2/15/2018

**Last Amend:** 3/21/2018

**Status:** 6/27/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 2.) (June 26). Re-referred to Com. on APPR.

**Location:** 6/26/2018-A. APPR.

**Summary:** Would require Covered California to administer financial assistance to help low- and middle-income Californians access affordable coverage, as specified, if the Legislature appropriates funds for that purpose. The bill would provide that priority for financial assistance shall be given to an individual whose premium payment is equal to or greater than 8% of his or her annual household income, as specified, or an individual whose annual household income is equal to or greater than 200% of the federal poverty level, as specified.

Organization	Position	Priority	Subject
CAHU	Watch		

**[SB 1375](#) (Hernandez D) Health insurance: small employer groups.**

**Current Text:** Amended: 5/8/2018 [html](#) [pdf](#)

**Introduced:** 2/16/2018

**Last Amend:** 5/8/2018

**Status:** 6/27/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 1.) (June 26). Re-referred to Com. on APPR.

**Location:** 6/26/2018-A. APPR.

**Summary:** Current law governs the health care coverage that may be provided to eligible employees of small employers. Current law defines an "eligible employee" for purposes of these provisions to refer to an employee who is actively engaged on a full-time basis in the conduct of the business of the small employer with a normal workweek of at least 30 hours, at the small employer's regular places of business, who has met any statutorily authorized applicable waiting period requirements, and specifically includes sole proprietors and partners of a partnership if they are actively engaged on a full-time basis in the small employer's business and included as employees under a health care service plan contract or health benefit plan of a small employer. This bill would delete sole proprietors, partners of a partnership, and the spouses of sole proprietors and partners from the definition of "eligible employee" for purposes of those provisions.

Organization	Position	Priority	Subject
CAHU	Watch		

**Notes 1:** CAHU is currently watching this bill that would exclude sole proprietors or their spouses, and partners or their spouses from small employer health plan contracts and policies. The bill would also revise the definition of "small employer" to include any small employer purchasing coverage for employees through any arrangement, rather than through a guaranteed association.

**Total Measures: 30**

**Total Tracking Forms: 30**