

AB 4

(Bonta D) Medi-Cal: eligibility.

Current Text: Amended: 3/28/2019 [html](#) [pdf](#)

Introduced: 12/3/2018

Last Amend: 3/28/2019

Status: 4/10/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 3.) (April 9). Re-referred to Com. on APPR.

Location: 4/9/2019-A. APPR.

Summary: Federal law prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. 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. 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.

AB 5

(Gonzalez D) Worker status: independent contractors.

Current Text: Amended: 3/26/2019 [html](#) [pdf](#)

Introduced: 12/3/2018

Last Amend: 3/26/2019

Status: 4/4/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (April 3). Re-referred to Com. on APPR.

Location: 4/4/2019-A. APPR.

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 the factors of the "ABC" test be applied in order to determine the status of a worker as an employee or independent contractor for all provisions of the Labor Code, unless another definition or specification of "employee" is provided. The bill would codify existing exemptions for specified professions that are not subject to wage orders of the Industrial Welfare Commission or the ruling in the Dynamex case. The bill would state that its provisions do not constitute a change in, but are declaratory of, existing law.

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: 4/3/2019-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (April 3). Re-referred to Com. on APPR.

Location: 4/3/2019-A. APPR.

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: independent contractors.**

Current Text: Introduced: 1/17/2019 [html](#) [pdf](#)

Introduced: 1/17/2019

Status: 3/25/2019-Referred to Coms. on INS. and L. & E.

Location: 3/25/2019-A. INS.

Summary: Current case law creates a presumption that a worker who performs services for a hirer is an employee. Current case law requires a 3-part test to establish that a worker is an independent contractor, including that the worker is free from the control and direction of the hirer in performing the work. This bill would clarify the application of the case law described above to persons licensed by the Department of Insurance to transact insurance in specified capacities by providing that those persons are not employees when they have entered into a written agreement with an insurer or organizational licensee that includes specified provisions, including that the worker is classified as an independent contractor, that each party has the right to terminate the agreement upon notice to the other party, and that the worker is responsible for the payment of necessary expenditures and applicable taxes.

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.

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

Current Text: Amended: 3/5/2019 [html](#) [pdf](#)

Introduced: 1/28/2019

Last Amend: 3/5/2019

Status: 3/20/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 2.) (March 19). Re-referred to Com. on APPR.

Location: 3/19/2019-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 third-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 third-party premium payment to provide that assistance in a specified manner and to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a third-party premium payment will be made.

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 patients' premiums. 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 that drives up health care costs for all Californians.

AB 414 **(Bonta D) Healthcare coverage: minimum essential coverage.**

Current Text: Introduced: 2/7/2019 [html](#) [pdf](#)

Introduced: 2/7/2019

Status: 4/10/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 1.) (April 9). Re-referred to Com. on APPR.

Location: 4/9/2019-A. APPR.

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is currently WATCHING AB 414 which would create a state level individual mandate for individuals and their dependents not possessing minimum essential coverage. There are still many variables that are yet to be determined, such as the amount on the penalty, and what the impact of implementation may be on the overall price of premiums.

Assembly version on SB 175.

AB 528

(Low D) Controlled substances: CURES database.

Current Text: Introduced: 2/13/2019 [html](#) [pdf](#)

Introduced: 2/13/2019

Status: 4/9/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 19. Noes 0.) (April 9). Re-referred to Com. on APPR.

Location: 4/9/2019-A. APPR.

Summary: Would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed.

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: Introduced: 2/14/2019 [html](#) [pdf](#)

Introduced: 2/14/2019

Status: 2/25/2019-Referred to Com. on HEALTH.

Location: 2/25/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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 include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.

Organization	Position	Subject	Group
CAHU	Support if Amended		CAHU TOP PRIORITY BILL

Notes 1: CAHU is SUPPORTING AB 598 if the bill is amended to include cost controls such as limits on annual replacements and innovative technologies. Costs are expected to come down in the near future. There is currently a CHBRP analysis being done on this bill.

AB 651

(Grayson D) Air ambulance services.

Current Text: Amended: 4/8/2019 [html](#) [pdf](#)

Introduced: 2/15/2019

Last Amend: 4/8/2019

Status: 4/9/2019-Re-referred to Com. on HEALTH. Coauthors revised.

Location: 2/25/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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. The bill would provide that an individual would not owe the noncontracting provider more than the in-network cost-sharing amount for services.

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: Amended: 3/20/2019 [html](#) [pdf](#)

Introduced: 2/19/2019

Last Amend: 3/20/2019

Status: 3/27/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 4.) (March 26). Re-referred to Com. on APPR.

Location: 3/26/2019-A. APPR.

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. 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. This bill would expand those requirements to apply to large group health care service plan contracts and health insurance policies.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is closely WATCHING 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: infertility.

Current Text: Amended: 4/9/2019 [html](#) [pdf](#)

Introduced: 2/19/2019

Last Amend: 4/9/2019

Status: 4/10/2019-Re-referred to Com. on HEALTH.

Location: 2/28/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require all health care service plan contracts, including every HMO contract, or health insurance policy that is issued, amended, or renewed on or after January 1, 2020, to provide coverage for in vitro fertilization, as a treatment of infertility, and mature oocyte cryopreservation. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies.

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.

AB 981

(Daly D) Insurance Information and Privacy Protection Act.

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

Introduced: 2/21/2019

Last Amend: 4/4/2019

Status: 4/8/2019-Re-referred to Com. on P. & C.P.

Location: 4/3/2019-A. P. & C.P.

Summary: Would exempt insurance institutions, agents, and support organizations to which the Insurance Information and Privacy Protection Act applies from the California Consumer Privacy Act of 2018, except as specified.

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: 4/3/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 2). Re-referred to Com. on APPR.

Location: 4/2/2019-A. APPR.

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

Introduced: 2/22/2019

Status: 4/3/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 1.) (April 2). Re-referred to Com. on APPR.

Location: 4/2/2019-A. APPR.

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.

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

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 1529 (Low D) Telephone medical advice services.

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

Introduced: 2/22/2019

Status: 4/8/2019-Read third time. Passed. Ordered to the Senate. (Ayes 73. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 4/8/2019-S. DESK

Summary: Would specify that a telephone medical advice service is required to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are operating consistent with the laws governing their respective licenses. The bill would specify that a telephone medical advice service is required to comply with all directions and requests for information made by the respective healing arts licensing boards.

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

Notes 1: CAHU is in SUPPORT of AB 1529 which would conform rules for in state and out of state telephone medical advice service providers which currently differ slightly from state to state. This bill also ensures staff members cannot claim or use a title or designation unless it is in compliance with California law and the appropriate scope of practice.

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

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

Introduced: 2/22/2019

Status: 3/14/2019-Referred to Com. on HEALTH.

Location: 3/14/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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	Support		CAHU TOP PRIORITY BILL, Priority 2

Notes 1: 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. It also closes the loophole that leaves workers with self-insured or federally-regulated coverage through their job exposed to surprise bills.

AB 1630 (Irwin D) Medical billing task force.

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

Introduced: 2/22/2019

Status: 3/18/2019-Referred to Com. on HEALTH.

Location: 3/18/2019-A. HEALTH

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

Introduced: 2/22/2019

Status: 3/18/2019-Referred to Com. on HEALTH.

Location: 3/18/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing.

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: healthcare coverage: claims for prescription drugs sold for retail price.

Current Text: Introduced: 2/28/2019 [html](#) [pdf](#)

Introduced: 2/28/2019

Status: 3/21/2019-Referred to Com. on HEALTH.

Location: 3/21/2019-A. HEALTH

Calendar: 4/23/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

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

Introduced: 1/8/2019

Last Amend: 4/3/2019

Status: 4/10/2019-VOTE: Do pass, but first be re-referred to the Committee on [Appropriations]

Location: 4/10/2019-S. APPR.

Summary: Would require the California Health Benefit Exchange, only to the extent that the Legislature appropriates funding for these purposes, to administer a program of financial assistance, to be known as the Affordable Care Access Plus Program, to help low-income and middle-income Californians access affordable health care coverage with respect to individual coverage that is made available through the Exchange. The bill would require the program to provide financial assistance to California residents with household incomes below 600% of the federal poverty level, and would authorize the program to provide other appropriate subsidies designed to make health care more

accessible and affordable for individuals and households.

Organization	Position	Subject	Group
CAHU	Watch		CAHU TOP PRIORITY BILL

Notes 1: CAHU is closely WATCHING SB 65 which provides financial assistance to low and middle income individuals to make insurance more affordable through Covered California by expanding existing subsidies. While this additional coverage is a benefit to an additional 650k Californians, it also places strain on the small group market, where insurance is provided voluntarily by employers, by creating additional incentive to join the individual market, which is less stable and provides fewer healthcare options and providers for consumers.

Members also noted need to address the "family glitch" in small group, employer sponsored coverage.

This bill is the Senate version of AB 174.

[SB 129](#)

(Pan D) Health care coverage reporting.

Current Text: Amended: 2/26/2019 [html](#) [pdf](#)

Introduced: 1/10/2019

Last Amend: 2/26/2019

Status: 4/9/2019-Read second time. Ordered to consent calendar.

Location: 4/8/2019-S. CONSENT CALENDAR

Calendar: 4/11/2019 #83 SENATE CONSENT CALENDAR SECOND LEGISLATIVE DAY

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: 4/10/2019-VOTE: Do pass, but first be re-referred to the Committee on [Governance and Finance]

Location: 4/10/2019-S. GOV. & F.

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. There are still many variables that are yet to be determined, such as the amount on the penalty, and what the impact of implementation may be on the overall price of premiums. FLB is getting a factsheet and gathering the additional information the Leg. Committee requested 3-12-19 at Bill Review. Will report additional information.

This is the Senate version of AB 414 which CAHU is WATCHING

SB 260

(Hurtado D) Automatic health care coverage enrollment.

Current Text: Amended: 3/26/2019 [html](#) [pdf](#)

Introduced: 2/12/2019

Last Amend: 3/26/2019

Status: 4/5/2019-Set for hearing April 22.

Location: 4/3/2019-S. APPR.

Calendar: 4/22/2019 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require the Exchange, beginning no later than July 1, 2020, 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 the State Department of Health Care Services regarding an individual terminated from department-administered health coverage. The bill would require enrollment to occur before Medi-Cal coverage or coverage administered by the State Department of Health Care Services is terminated, and would prohibit the premium due date from being sooner than the last day of the first month of enrollment.

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 or individuals who are determined ineligible for Medi-Cal in the lowest cost silver plan upon receipt of information from a county unless Covered California has information that another plan is more appropriate. The bill also requires a health plan or insurer to annually notify an enrollee, subscriber, policy holder, or certificate holder when they cease to be enrolled in coverage, their contact information will be provided to Covered California to assist them in obtaining other coverage, or that they may opt out of this transfer of information.

There are issues with the agent of origin. Ask the author if they intend to recognize the original enrollment entity? (-) As drafted it is impossible to select coverage.

SB 441

(Galgiani D) Electronic health records: vendors.

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

Introduced: 2/21/2019

Last Amend: 3/25/2019

Status: 4/3/2019-Set for hearing April 10. April 10 hearing postponed by committee.

Location: 3/7/2019-S. HEALTH

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

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

Introduced: 2/22/2019

Status: 4/11/2019-Action From CONSENT CALENDAR: Read second time and amended.Re-referred to APPR..

Location: 4/11/2019-S. APPR.

Calendar: 4/11/2019 #8 SENATE SENATE BILLS - SECOND READING FILE

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 3rd party that is arranged for or established in the licensee's office 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 provides that a person who willfully violates these provisions is subject to specified civil liability. This bill would also 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 without providing that plan or list.

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

Notes 1: CAHU SUPPORTS (L3) SB 639 which would protect consumers that opt for a treatment, but still either have questions, doubts or time restrictions regarding their treatment. This bill would insure that credit and interest are not being charged in the lead time for treatment program.

[SB 737](#) (Jones R) Insurance: electronic transmission.

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

Introduced: 2/22/2019

Status: 3/14/2019-Referred to Com. on INS.

Location: 3/14/2019-S. INS.

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

Introduced: 2/22/2019

Status: 3/22/2019-Set for hearing April 24.

Location: 3/14/2019-S. HEALTH

Calendar: 4/24/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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: 28
Total Tracking Forms: 28