**OLMSTEAD ADVISORY COMMITTEE**

# **LEGISLATION WATCH LIST**

# 2011-12 Legislative Session

The California Health and Human Services Agency (CHHS) compiles and updates a Legislation Watch List related to Olmstead implementation activities. The list is developed based on Olmstead Advisory Committee input.

Committee members are asked to submit information on bills that have a substantial impact on Olmstead implementation—whether advancing or impeding implementation—that should be included on the list.

The following Legislation Watch List helps to flag bills for the Secretary of CHHS as well as guide discussion at Committee meetings. This list, for the 2011-12 regular legislative session, includes bills related to implementation of the Affordable Care Act and related to the Coordinated Care Initiative, among other issues.

**SIGNED**

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| **AB 1083:** | Monning (D) **Health care coverage** |
| **STATUS:** | 9/30/2012 - Chaptered by the Secretary of State, Chapter Number 852, Statutes of 2012 |
| **BRIEF SUMMARY:** | This bill would make changes to existing law governing the sale of products offered by health care service plans (health plans) and health insurers in California’s small group market. The bill attempts to conform State law to the federal Patient Protection and Affordable Care Act (ACA). In addition to other provisions, the bill would change the definitions and criteria related to eligible employees and rating periods, and, on and after January 1, 2014, risk adjustment factors, age categories, and health status-related factors, as specified. The bill would also change the definition of small employers, as specified. |

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| **AB 1296:** | Bonilla (D) **Health Care Eligibility, Enrollment, and Retention Act** |
| **STATUS:** | 10/9/2011-Chaptered by the Secretary of State, Chapter Number 641, Statutes of 2011 |
| **BRIEF SUMMARY:** | Would enact the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, which would require the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements. The bill would specify the duties of the agency and the State Department of Health Care Services under the act, and would require the agency to provide specified information to the Legislature by July 1, 2012, regarding policy changes needed to implement the bill. The application development requirements of the bill would otherwise be operative January 1, 2014, except as specified. |

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| **AB 1453:** | Monning (D) **Health care coverage: essential health benefits** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 854, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would require an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2014, to cover essential health benefits, which would be defined to include the health benefits covered by particular benchmark plans. The bill would prohibit treatment limits imposed on these benefits from exceeding the corresponding limits imposed by the benchmark plans and would generally prohibit a plan from making substitutions of the benefits required to be covered. The bill would specify that these provisions apply regardless of whether the contract is offered inside or outside the Exchange but would provide that they do not apply to grandfathered plans, specialized plans, or Medicare supplement plans, as specified. The bill would prohibit a health care service plan from issuing, delivering, renewing, offering, selling, or marketing a plan contract as compliant with the federal essential health benefits requirement satisfies the bill's requirements. The bill would authorize the Department of Managed Health Care to adopt emergency regulations implementing these provisions until March 1, 2016, and would enact other related provisions. This bill contains other related provisions and other current laws. |

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| **AB 1569:** | Allen (D) **Community mental health services: assisted outpatient treatment** |
| **STATUS:** | 9/22/2012-Chaptered by the Secretary of State, Chapter Number 441, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current law, Laura's Law, until January 1, 2013, regulates designated assisted outpatient treatment services, which counties may choose to provide for their residents. In counties where assisted outpatient treatment services are available, a court may order a person to obtain assisted outpatient treatment if the court finds the requisite criteria is met, as specified. Current law requires the State Department of Mental Health to submit a report and evaluation of all counties implementing any component of this law to the Governor and the Legislature by July 31, 2011, as specified. This bill would extend authorization for the act to January 1, 2017, and would require the State Department of Health Care Services to submit the report by July 1, 2015. |

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| **AB 1580:** | Bonilla (D) **Health care: eligibility: enrollment** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 856, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current law provides for various programs to provide health care coverage to persons with limited financial resources, including the Medi-Cal program and the Healthy Families Program. Current law establishes the California Health Benefit Exchange (Exchange), pursuant to the federal Patient Protection and Affordable Care Act (PPACA), and specifies the duties and powers of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and facilitating the purchase of qualified health plans through the Exchange. Current law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, operative as provided, requires the State Department of Health Care Services, in consultation with specified entities, to establish standardized single, accessible application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements. Current law provides that the application or case of an individual screened as not eligible for Medi-Cal on the basis of household income but who may be eligible for Medi-Cal on another basis shall be forwarded to the Medi-Cal program for an eligibility determination. This bill would make technical and clarifying changes to these provisions. |

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| **AB 1585:** | John A. Perez (D) **Community development** |
| **STATUS:** | 9/29/2012-Chaptered by the Secretary of State, Chapter Number 777, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current law dissolved redevelopment agencies and community development agencies. Current law authorizes the city, county, or city and county that authorized the creation of a redevelopment agency to retain the housing assets, functions, and powers previously performed by the redevelopment agency, excluding amounts on deposit in the Low and Moderate Income Housing Fund. Current law creates the Low and Moderate Income Housing Asset Fund to be used for these purposes, and provides that funds in that account shall be used in accordance with applicable housing-related provisions of the Community Redevelopment Law. This bill would make conforming changes to clarify that specified provisions of the Community Redevelopment Law relating to the Low and Moderate Income Housing Fund apply for purposes of funding administrative and planning costs associated with the implementation of the provisions described above. This bill contains other related provisions and other current laws. |

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| **AB 1761:** | John A. Perez (D) **California Health Benefit Exchange** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 876, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would prohibit an individual or entity from holding himself, herself, or itself out as representing, constituting, or otherwise providing services on behalf of the Exchange unless that individual or entity has a valid agreement with the Exchange to engage in those activities. The bill would specify that it is an unfair business practice for health care service plans, entities engaged in the solicitation of health care service plan contracts, and persons engaged in the business of insurance to violate this provision. Because a willful violation of the provisions governing health care service plans is a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other current laws. |

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| **AB 1846:** | Gordon (D) **Consumer operated and oriented plans** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 859, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would authorize the Director of the Department of Managed Health Care to issue a health care service plan license, and the Insurance Commissioner to issue a certificate of authority, to a consumer operated and oriented plan (CO-OP) established consistent with PPACA, as specified. The bill would specify that a CO-OP issued a license or a certificate of authority is subject to all other provisions of law relating to health care service plans or insurance, respectively, and would further specify that a CO-OP insurer and any solvency loan obtained by the CO-OP pursuant to PPACA are subject to certain requirements imposed on mutual insurers. The bill would authorize the director and the commissioner to request documentation relating to a CO-OP's solvency or start-up loan. The bill would prohibit a CO-OP from converting or selling to a for-profit or non-consumer-operated entity after receiving a solvency loan, would require a CO-OP to comply with specified governance standards, and would authorize the commissioner to revoke a CO-OP insurer's certificate of authority for violating those prohibitions. The bill would authorize the Department of Insurance to enact regulations implementing these provisions with respect to CO-OP insurers and would enact other related provisions. Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other current laws. |

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| **AB 1951:** | Atkins (D) **Housing bonds** |
| **STATUS:** | 9/29/2012-Chaptered by the Secretary of State, Chapter Number 784, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current law, the Housing and Emergency Shelter Trust Fund Act of 2006, authorizes the issuance of bonds to finance various housing programs, capital outlay related to infill development, brownfield cleanup that promotes infill development, housing-related parks, and transit-oriented development programs. The act establishes the Housing and Emergency Shelter Trust Fund of 2006 in the State Treasury and requires the sum of $1,500,000,000 to be deposited in the Affordable Housing Account, which the act establishes in the fund. The act continuously appropriates the money in the account in accordance with a specified schedule that requires, among other things, the transfer of the sum of $100,000,000 to the Affordable Housing Innovation Fund, which the act establishes in the State Treasury, to be administered by the Department of Housing and Community Development. Current law requires the funds in the Affordable Housing Innovation Fund to be allocated in the amount of $50,000,000 for the Affordable Housing Revolving Development and Acquisition Program, of which $25,000,000 would be made available to the Loan Fund and $25,000,000 would be made available to the Practitioner Fund; $5,000,000 for the Construction Liability Insurance Reform Pilot Program; $35,000,000 for a local housing trust fund matching grant program established under a specified provision of current law; and $10,000,000 for the Innovative Homeownership Program. This bill would repeal the provisions relating to the Practitioner Fund and make conforming changes. This bill would delete the provisions establishing the Construction Liability Insurance Reform Pilot Program. The bill would delete the provisions that require $50,000,000 be allocated from the fund to the Affordable Housing Revolving Development and Acquisition Program, and, instead, require that $25,000,000 be allocated from the fund to the Affordable Housing Revolving Development and Acquisition Program. The bill would transfer $30,000,000 from the fund to a newly created subaccount within the Housing Rehabilitation Loan Fund, and would continuously appropriate those funds to the department for the Multifamily Housing Program, as specified. |

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| **AB 2370:** | Mansoor (R) **Mental retardation: change of term to intellectual disabilities** |
| **STATUS:** | 9/22/2012-Chaptered by the Secretary of State, Chapter Number 448, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current federal Medicaid provisions require a state to describe its Medicaid program in its state plan, which is required by federal law to provide for, among other things, a public process for determination of rates of payment under the plan for hospital services, nursing facility services, and services of intermediate care facilities for the mentally retarded. This bill, which would be known as the Shriver "R-Word" Act, would revise various statutes to, instead, refer to a person with an intellectual disability. The bill would also state the intent of the Legislature that the bill not be construed to change the coverage, eligibility, rights, responsibilities, or substantive definitions referred to in the amended provisions of the bill. This bill contains other current laws. |

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| **SB 951:** | Hernandez (D) **Health care coverage: essential health benefits** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 866, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would require an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2014, to cover essential health benefits, which would be defined to include the health benefits covered by particular benchmark plans. The bill would prohibit treatment limits imposed on these benefits from exceeding the corresponding limits imposed by the benchmark plans and would generally prohibit an insurer from making substitutions of the benefits required to be covered. The bill would specify that these provisions apply regardless of whether the policy is offered inside or outside the Exchange but would provide that they do not apply to grandfathered plans or plans that cover excepted benefits, as specified. The bill would prohibit a health insurer, when issuing, delivering, renewing, offering, selling, or marketing a policy, from indicating or implying that the policy covers essential health benefits unless the policy covers essential health benefits as provided in the bill. The bill would authorize the Department of Insurance to adopt emergency regulations implementing these provisions until March 1, 2016, and enact other related provisions. This bill contains other current laws. |

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| **SB 1008:** | (Committee on Budget and Fiscal Review) **Public social services: Medi-Cal** |
| **STATUS:** | 6/27/2012-Chaptered by the Secretary of State, Chapter Number 33, Statutes of 2012 |
| **BRIEF 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. One of the methods by which these services are provided is pursuant to contracts with various types of managed care health plans. This bill would revise terminology used in these provisions and would require the department to establish demonstration sites, as defined, in up to 8 counties not sooner than March 1, 2013. This bill would require the department to enter into a memorandum of understanding (MOU), with specified terms and conditions, with the federal Centers for Medicare and Medicaid Services (CMS) in developing the process for selecting, financing, monitoring, and evaluating the health care models for the demonstration project, and would require the department to require a demonstration site, as defined, to comply with specified requirements to the extent that the terms and conditions of the MOU do not address the specific selection, financing, monitoring, and evaluation criteria. This bill would require the department, with exceptions, to enroll dual eligible beneficiaries into a demonstration site unless the dual eligible beneficiary makes an affirmative choice to opt out of enrollment or is already enrolled in specific entities, as specified. This bill contains other related provisions and other current laws. |

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| **SB 1036:** | (Committee on Budget and Fiscal Review) **Public social services: in-home supportive services** |
| **STATUS:** | 6/27/2012-Chaptered by the Secretary of State, Chapter Number 45, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would establish the California In-Home Supportive Services Authority (Statewide Authority) and would deem the authority a joint powers authority and a public entity separate and apart from the parties that have appointing power to the authority, as specified, or the employers of those individuals so appointed. This bill would require the authority to be the entity authorized to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment with representatives of recognized employee organizations for any individual provider who is employed by a recipient of supportive services. This bill contains other related provisions and other current laws. |

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| **SB 1186:** | [Steinberg](http://sd06.senate.ca.gov/) (D) **Disability access** |
| **STATUS:** | 9/19/2012-Chaptered by the Secretary of State, Chapter Number 383, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would require an attorney to provide a written advisory with each demand letter or complaint, as defined, sent to or served upon a defendant or potential defendant for any construction-related accessibility claim, as specified. The bill would require the Judicial Council to update the form that may be used by attorneys to comply with this requirement on or before July 1, 2013. The bill would require an allegation of a construction-related accessibility claim in a demand letter or complaint to state facts sufficient to allow a reasonable person to identify the basis for the claim. The bill would require any complaint alleging a construction-related accessibility claim to be verified by the plaintiff, and would make any complaint filed without verification subject to a motion to strike. The bill would prohibit a demand letter from including a request or demand for money or an offer or agreement to accept money. The bill also would prohibit an attorney, or other person acting at the direction of an attorney, from issuing a demand for money to a building owner or tenant, or an agent or employee of a building owner or tenant, on the basis of one or more construction-related accessibility violations, as specified. The bill would require an attorney to include his or her State Bar license number in a demand letter, and to submit copies of the demand letter to the California Commission on Disability Access and, until January 1, 2016, to the State Bar. The bill also would require, until January 1, 2016, an attorney to submit a copy of a complaint to the commission. The bill would provide that a violation of these requirements may subject the attorney to disciplinary action, as specified. This bill contains other related provisions and other current laws. |

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| **SB 1196:** | Hernandez (D) **Claims data disclosure** |
| **STATUS:** | 9/30/2012-Chaptered by the Secretary of State, Chapter Number 869, Statutes of 2012 |
| **BRIEF SUMMARY:** | Would provide that no contract in existence or issued, amended, or renewed on or after January 1, 2013, between a health care service plan or a health insurer and a provider or supplier, as specified, shall prohibit, condition, or in any way restrict the disclosure of claims data related to health care services provided to specified individuals, to a qualified entity, as defined. The bill would require a health care service plan or health insurer to comply with all state and federal laws and implementing regulations for the protection of data privacy and security. Because a willful violation of these requirements by a health care service plan would constitute a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other current laws. |

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| **SB 1381:** | Pavley (D) **Mental retardation: change of term to intellectual disability** |
| **STATUS:** | 9/22/2012-Chaptered by the Secretary of State, Chapter Number 457, Statutes of 2012 |
| **BRIEF SUMMARY:** | Current law refers to mental retardation or a mentally retarded person in provisions relating to, among other things, educational and social services, commitment to state facilities, and criminal punishment. This bill would revise these provisions to refer instead to intellectual disability or a person with an intellectual disability. This bill would provide that it is the intent of the Legislature that the bill not be construed to change the coverage, eligibility, rights, responsibilities, or substantive definitions referred to in the amended provisions of the bill. This bill would make related and technical changes. |

**VETOED**

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| **AB 1461:** | Monning (D) **Individual health care coverage** |
| **STATUS:** | 9/30/2012-Vetoed by the Governor |
| **BRIEF SUMMARY:** | Would require a plan, on and after October 1, 2013, to offer, market, and sell all of the plan's health benefit plans that are sold in the individual market to all individuals and dependents in each service area in which the plan provides or arranges for the provision of health care services, with coverage effective on or after January 1, 2014, as specified, but would require plans to limit enrollment in individual health benefit plans to specified open enrollment and special enrollment periods. The bill would prohibit these health benefit plans from imposing any precurrent condition upon any individual. Commencing January 1, 2014, the bill would prohibit a plan from conditioning the issuance or offering of individual health benefit plans on any health status-related factor, as specified, and would authorize plans to use only age, geographic region, and whether the plan covers an individual or family for purposes of establishing rates for individual health benefit plans, as specified. The bill would require a health care service plan to issue a specified notice at least 60 days prior to the renewal date of an individual grandfathered health plan to all subscribers of the plan. The bill would make certain of these provisions inoperative if the corresponding provisions of PPACA are repealed and would make other related conforming changes. This bill contains other related provisions and other current laws. |

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| **AB 2034:** | Fuentes (D) **Medical care: genetically handicapping conditions** |
| **STATUS:** | 9/29/2012-Vetoed by the Governor |
| **BRIEF SUMMARY:** | Current law, the Holden-Moscone-Garamendi Genetically Handicapped Persons Program (GHPP), requires the Director of Health Care Services to establish and administer a program for the medical care of persons with specified genetically handicapping conditions and for persons with specified hereditary metabolic disorders. This bill would require the State Department of Health Care Services to prepare a report on the coverage needs of the population served by the GHPP after the implementation of the PPACA. This bill would require the report to address, among other things, preservation of the availability of wrap-around services that would otherwise not be available through the PPACA and the extent to which a person with genetic amyotrophic lateral sclerosis will continue to have unmet medical needs after implementation of the PPACA. This bill would require the department to submit the report to the relevant fiscal and policy committees of the Legislature by January 1, 2015. This bill contains other current laws. |

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| **SB 961:** | Hernandez (D) **Individual health care coverage** |
| **STATUS:** | 9/30/2012-Vetoed by the Governor |
| **BRIEF SUMMARY:** | Would require a health insurer, on and after October 1, 2013, to offer, market, and sell all of the insurer's health benefit plans that are sold in the individual market to all individuals and dependents in each service area in which the insurer provides or arranges for the provision of health care services, with coverage effective on or after January 1, 2014, as specified, but would require insurers to limit enrollment in individual health benefit plans to specified open enrollment and special enrollment periods. The bill would prohibit these health benefit plans from imposing any precurrent condition upon any individual. Commencing January 1, 2014, the bill would prohibit a health insurer from establishing rules of eligibility for individual health benefit plans on any health status-related factor, as specified, and would authorize insurers to use only age, geographic region, and whether the plan covers an individual or family for purposes of establishing rates for individual health benefit plans, as specified. The bill would require a health insurer to issue a specified notice at least 60 days prior to the renewal date of an individual grandfathered health plan to all subscribers and policyholders of the plan. The bill would make certain of these provisions inoperative if the corresponding provisions of PPACA are repealed and would make other conforming changes. The bill would provide that it shall become operative only if AB 1461 is also enacted. This bill contains other current laws. |

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| **SB 970**  | De Leon (D) **Health Care Reform Eligibility, Enrollment, and Retention Planning Act: coordination with other programs.** |
| **STATUS:** | 9/30/2012-Vetoed by the Governor |
| **BRIEF SUMMARY:** | Would provide for the transmittal to a county human services department of information about an applicant initially applying for, or renewing, health care coverage using the single state application developed pursuant to the act, if the applicant consents to have his or her application information used to simultaneously initiate applications for CalWORKs and CalFresh, for initiation of the application. This bill would authorize the Secretary of California Health and Human Services to phase in implementation of these provisions under certain circumstances. The bill would require the California Health and Human Services Agency to convene a workgroup of human services and health care advocates, legislative staff, and other specified representatives, to consider the feasibility, costs, and benefits of integrating application and renewal processes for additional human services and work support programs with the single state application described in the bill, and to provide, by July 1, 2013, specified details regarding the workgroup to the appropriate fiscal and policy committees of the Legislature. This bill would require that the functionality necessary to implement the cross-application process be achieved by the expiration of a specified federal waiver. This bill would provide that those provisions would become inoperative under certain circumstances. This bill contains other related provisions and other current laws |

**DID NOT PASS LEGISLATURE**

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| **AB 43:** | Monning (D) **Medi-Cal: eligibility** |
| **STATUS:** | 9/1/2012-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. INACTIVE FILE on 8/27/2012) |
| **BRIEF SUMMARY:** | Would, commencing January 1, 2014, implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (Public Law 111-148), as amended, by, among other things, modifying provisions relating to determining eligibility for certain eligibility groups. The bill would, in this regard, extend Medi-Cal eligibility to specified adults and would require that income eligibility be determined based on modified adjusted gross income (MAGI), as prescribed. The bill would prohibit the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. The bill would also add, commencing January 1, 2014, benefits, services, and coverage included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services, to the schedule of Medi-Cal benefits. This bill contains other related provisions and other current laws. |

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| **AB 52:** | Feuer (D) **Health care coverage: rate approval** |
| **STATUS:** | 9/1/2012-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. INACTIVE FILE on 9/1/2011) |
| **BRIEF SUMMARY:** | This bill would require the DMHC and the CDI prior approve all health plan and insurance rate changes and rates for new products, and would prohibit the DMHC and the CDI from approving any rate or rate change that is found to be excessive, inadequate, or unfairly discriminatory. The bill also authroizes the DMHC and the CDI to approve, deny, or modify any proposed rate or rate change, and authorizes the DMHC and the CDI to review any rate or rate change that went into effect between January 1, 2011 and January 1, 2012, and to order refunds subject to these provisions. The DMHC and the CDI would be required to conduct an administrative hearing under specified circumstances. The bill would establish proceedings for judicial review of any action taken relates to rate filings. |

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| **AB 714:** | Atkins (D) **Health care coverage: California Health Benefit Exchange** |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. 2 YEAR on 8/26/2011) |
| **BRIEF SUMMARY:** | Current law, the federal Patient Protection and Affordable Care Act, requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and employers. Current state law establishes the California Health Benefit Exchange within state government, This bill would, until June 30, 2013, require the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board, respectively, to disclose information on health care coverage through the California Health Benefit Exchange to every individual who has ceased to be enrolled under the programs described above. The bill would require certain hospitals, when billing, to include additional disclosures regarding health care coverage through the Exchange. |

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| **AB 1800:** | Ma (D) **Health care coverage** |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. on 8/16/2012)) |
| **BRIEF SUMMARY:** | Would, commencing January 1, 2014, require a health care service plan contract and a health insurance policy, except for a specialized plan or policy, to provide for a limit on annual out-of-pocket expenses for certain covered benefits, except as specified, and would provide that this limit shall not exceed that federal limit. The bill would also provide, commencing January 1, 2014, that these provisions shall not be construed to affect the reduction in cost sharing for eligible insureds described in federal law. This bill contains other related provisions and other current laws. |

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| **AB 1970:** | Skinner (D) **Social Services Modernization and Efficiency Act of 2012** |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. on 8/16/2012) |
| **BRIEF SUMMARY:** | Current law provides for protection, care, and assistance for people of the state, and the promotion of the welfare and happiness of all people in the state by providing appropriate aid and services to the needy and distressed. Programs established for this purpose include CalWORKs, which provides cash assistance and other social services to needy families, using federal Temporary Assistance for Needy Families (TANF) block grant program, state, and county funds, and CalFresh, whereby nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Counties administer the CalWORKs and CalFresh programs. This bill, the Social Services Modernization Act of 2012, would require a final operational state plan submitted by any department administered by the Secretary of California Health and Human Services state agency to a federal agency in the context of providing public social services to be electronically available on the relevant department's Internet Web site, as specified. This bill contains other related provisions and other current laws. |

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| **AB 2266:** | Mitchell (D) **Medi-Cal: Health Homes for Medi-Cal Enrollees and 1115 Waiver Demonstration Populations with Chronic and Complex Conditions** |
| **STATUS:** | 9/1/2012-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. INACTIVE FILE on 8/29/2012) |
| **BRIEF 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. Current federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions. This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional state general funds are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program. |

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| **AB 2338:** | Chesbro (D) **Developmental services: Employment First Policy** |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. on 8/16/2012) |
| **BRIEF SUMMARY:** | The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide support and services to individuals with developmental disabilities. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements. This bill would define competitive employment, microenterprises, and self-employment for these purposes. This bill would require each regional center planning team, when developing an individual program plan for a transition age youth or working age adult, to consider a specified Employment First Policy. The bill would also require regional centers to ensure that consumers, beginning at 16 years of age, and, where appropriate, other specified persons, are provided with information about the Employment First Policy, about options for integrated competitive employment, and about services and supports, including postsecondary education, available to enable the consumer to transition from school to work, and to achieve the outcomes of obtaining and maintaining integrated competitive employment. The bill would authorize the department to request information from regional centers on current and planned activities related to the Employment First Policy. This bill contains other current laws. |

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| **SB 677:** | Hernandez (D) **Medi-Cal: eligibility** |
| **STATUS:** | 9/1/2012-Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. INACTIVE FILE on 8/29/2012) |
| **BRIEF 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 would, commencing January 1, 2014, implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (Public Law 111-148), as amended, by, among other things, modifying provisions relating to determining eligibility for certain eligibility groups. The bill would, in this regard, extend Medi-Cal eligibility to specified adults and would require that income eligibility be determined based on modified adjusted gross income (MAGI), as prescribed. The bill would prohibit the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. The bill would also add, commencing January 1, 2014, benefits, services, and coverage included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services, to the schedule of Medi-Cal benefits. This bill contains other related provisions and other current laws. |

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| **SB 703:** | Hernandez (D) **Health care coverage: Basic Health Program** |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. APPR. on 8/16/2012) |
| **BRIEF SUMMARY:** | This bill would establish in State government a Basic Health Program (BHP), to be administered by the Managed Risk Medical Insurance Board (MRMIB), to provide coverage to eligible individuals. The bill would require the MRMIB to enter into a contract with the United States Secretary of Health and Human Services (HHS) to implement the BHP, and would set forth the powers and duties of the MRMIB regarding this program. The bill would require the MRMIB to begin enrollment in the program on January 1, 2014, and would create the Basic Health Program Trust Fund (BHP Trust Fund) for this purpose. The bill would require the MRMIB to negotiate contracts with health care service plans to provide, or pay for, benefits under the BHP. The bill contains other related provisions. |

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| **SB 1321:** | Harman (R) **California Health Benefit Exchange: executive board** |
| **STATUS:** | 9/1/2012-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. HEALTH on 5/30/2012) |
| **BRIEF SUMMARY:** | Would require the board of the California Health Benefit Exchange , if any part of the federal Patient Protection and Affordable Care Act (PPACA) is amended, invalidated, or repealed, to report to the Legislature regarding the impact on the Exchange of the PPACA sections amended, invalidated, or repealed and to provide the Legislature with a plan, to be included with the report, on how the Exchange will operate given the PPACA sections amended, invalidated, or repealed. The bill would require the board to halt all work related to implementing the Exchange if the board does not provide the Legislature with the report within a specified period of time. The bill would prohibit state moneys from being used to fund any Exchange operations or related functions, or to replace or supplant federal funds currently or previously dedicated to Exchange operations or related functions. This bill contains other related provisions. |

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| **SB 1392:** | Pavley (D) Developmental services |
| **STATUS:** | 8/17/2012-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. APPR. on 8/16/2012) |
| **BRIEF SUMMARY:** | Would permit the real property within the grounds of a developmental center, as specified, that is determined to no longer meet the needs of the state for directly serving persons with developmental disabilities to be made available for lease and be leased, to generate revenue for deposit into the Californians with Developmental Disabilities Fund, which the bill would create. The bill would require moneys in this fund to be made available, upon appropriation by the Legislature, to the department for purposes of serving persons with developmental disabilities. |