

## CAPG 2019 High &amp; Medium Priority Bills

3/21/2019

1-High		
Measure	Subject	Position
<a href="#">AB 4</a> ( <a href="#">Bonta D</a> )	<p><b>Medi-Cal: eligibility.</b>Extends eligibility for full-scope Medi-Cal benefits to individuals of all ages, regardless of immigration status, if otherwise eligible for those benefits. AB 4 is similar to AB 2965 from the 2017-18 legislative session that failed passage.</p> <p><b>Status-12/4/2018 - From printer. May be heard in committee January 3.</b></p>	Recommend support
<a href="#">AB 5</a> ( <a href="#">Gonzalez D</a> )	<p><b>Worker status: independent contractors.</b>In 2018, the California Supreme Court made significant changes for determining which individuals are "independent contractors" under employment law. <i>Dynamex Operations West, Inc. v. Superior Court of Los Angeles</i> (2018) 4 Cal.5th 903 (<i>Dynamex</i>) established: 1) a presumption that a worker who performs services for an employer is an "employee"; and 2) established a 3-part test, commonly known as the "ABC" test, to establish when a worker is considered an "independent contractor." Prior to <i>Dynamex</i>, California applied the <i>Borello</i> test for determining "independent contractor" status. AB 5 is a spot bill declaring the Legislature's intent to codify the new <i>Dynamex</i> decision.</p> <p><b>Status-12/4/2018 - From printer. May be heard in committee January 3.</b></p>	Concerns
<a href="#">AB 414</a> ( <a href="#">Bonta D</a> )	<p><b>Healthcare coverage: minimum essential coverage.</b>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.</p> <p><b>Status-2/15/2019 - Referred to Com. on HEALTH.</b></p>	Recommend support <a href="#">AB 414 Fact Sheet</a>
<a href="#">AB 537</a> ( <a href="#">Wood D</a> )	<p><b>Medi-Cal managed care: quality improvement and value-based financial incentive program.</b>Would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the State Department of Health Care Services to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves an MPL. The bill would, among other things, require the department to establish a public stakeholder process in the planning, development, and ongoing oversight of the programs.</p> <p><b>Status-2/25/2019 - Referred to Com. on HEALTH.</b></p>	Recommend support
<a href="#">AB 1174</a> ( <a href="#">Wood D</a> )	<p><b>Health care: anesthesia services.</b>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</p>	Concerns <a href="#">AB 1174 Fact Sheet</a>

	delegated entity, or a health insurer, contracts are required to be in place with anesthesiologists so that specified requirements are met. <b>Status-3/11/2019 - Referred to Com. on HEALTH.</b>	
<a href="#">AB 1249</a> ( <a href="#">Maienschein D</a> )	<b>Health care service plans: regulations: exemptions.</b> APG co-sponsored bill to authorize two pilot arrangements between self-funded employer plans and integrated, risk-bearing providers for a five-year period. Requires an exemption from Knox Keene jurisdiction over the employer plan to allow for capitated payments in the pilots. If enacted, will further the goals of the Berkeley Healthcare Forum Vision to expand the use of value-based payment models in the 8 million life self-funded employer market, which is currently limited to fee-for-service payment. All APG members should submit letters of support for the legislation. <b>Status-3/19/2019 - Re-referred to Com. on HEALTH.</b>	<b>Co-sponsor</b> <a href="#">APG Co-Sponsor Letter</a> <a href="#">AB 1249 Fact Sheet</a>
<a href="#">AB 1802</a> ( <a href="#">Committee on Health</a> )	<b>Health care service plans: claim reimbursement.</b> urrent law requires a health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Current law extends these timelines to 45 working days for a health maintenance organization. Current law specifies that the obligation of a specialized health care service plan to comply with these provisions is not waived if the plan requires its medical groups, independent practice associations, or other contracting entities to pay claims for covered services. This bill would instead provide that the obligation of a plan to comply with those provisions is not waived if the plan requires its medical groups, independent practice associations, or other contracting entities to pay claims for covered services. <b>Status-3/1/2019 - From printer. May be heard in committee March 31.</b>	<b>Evaluating</b>
<a href="#">SB 29</a> ( <a href="#">Durazo D</a> )	<b>Medi-Cal: eligibility.</b> The federal Medicaid program provisions prohibit 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 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 who are otherwise eligible for those benefits but for their immigration status, and would delete provisions delaying implementation until the director makes the determination as specified. <b>Status-3/20/2019 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 1.) (March 20). Re-referred to Com. on APPR.</b>	<b>Recommend support</b> <a href="#">SB 29 Fact Sheet</a>
<a href="#">SB 175</a> ( <a href="#">Pan D</a> )	<b>Healthcare coverage: minimum essential coverage.</b> 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 any dependent of the resident, is 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. <b>Status-3/12/2019 - Set for hearing April 10.</b>	<b>Recommend support</b> <a href="#">SB 175 Fact Sheet</a>
<a href="#">SB 503</a> ( <a href="#">Pan D</a> )	<b>Medi-Cal: managed care plan: subcontracts.</b> This bill would instead	<b>Evaluating</b> <a href="#">SB 503 Fact Sheet</a>

	authorize "good cause" to be based on findings of serious deficiencies that have the potential to endanger patient care and are identified in the specified medical audits, and would conform the civil penalties to federal law. Existing law requires subcontracts entered into by a prepaid health plan to meet specified requirements, including compliance with the Knox-Keene Health Care Service Plan Act of 1975. This bill would extend these requirements to all other types of Medi-Cal managed care plans. The bill would state that a Medi-Cal managed care plan contractor bears the ultimate responsibility for adherence to the contract, even if the contractor subcontracts with or delegates any duties to another entity. <b>Status-3/7/2019 - Referred to Com. on HEALTH.</b>	
<a href="#">SB 714</a> ( <a href="#">Umberg D</a> )	<b>Health care service plans.</b> Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law authorizes the director to exempt from this regulation specified classes of persons or plan contracts if the director finds, among other things, the action to be in the public interest.This bill would make technical, nonsubstantive changes to that provision. <b>Status-3/14/2019 - Referred to Com. on RLS.</b>	<b>Support</b>
<b>2-Med</b>		
<b>Measure</b>	<b>Subject</b>	<b>Position</b>
<a href="#">AB 50</a> ( <a href="#">Kalra D</a> )	<b>Medi-Cal: Assisted Living Waiver program.</b> Would require the State Department of Health Care Services to submit to the federal Centers for Medicare and Medicaid Services a request for amendment of the Assisted Living Waiver program with specified amendments. The bill would require, as part of the amendments, the department to increase the number of participants in the program from the currently authorized 5,744 participants to 18,500, to be phased in, as specified. The bill would require the department to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases, as specified. <b>Status-3/20/2019 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</b>	<b>Evaluating</b> <a href="#">AB 50 Fact Sheet</a>
<a href="#">AB 166</a> ( <a href="#">Gabriel D</a> )	<b>Medi-Cal: violence preventive services.</b> Spot bill relating to Medi-Cal reimbursement for violence prevention counseling services. <b>Status-3/11/2019 - Re-referred to Com. on HEALTH.</b>	<b>Recommend support</b> <a href="#">AB 166 Fact Sheet</a>
<a href="#">AB 174</a> ( <a href="#">Wood D</a> )	<b>Personal income taxes: credits: health insurance premiums.</b> The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for each taxable year beginning on or after January 1, 2020, 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, certified by the board of Covered California, or the qualified individual's dependent that exceeds 8%, but no more than ____, of the qualified individual's modified adjusted gross income, as specified. <b>Status-1/24/2019 - Referred to Coms. on HEALTH and REV. &amp; TAX.</b>	<b>Recommend support</b> <a href="#">AB 174 Fact Sheet</a>
<a href="#">AB 290</a> ( <a href="#">Wood D</a> )	<b>Health care service plans and health insurance: third-party payments.</b> 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.	<b>watch</b> <a href="#">AB 290 Fact Sheet</a>

	<i>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.</i>	
<a href="#">AB 528</a> ( <a href="#">Low D</a> )	<p><b>Controlled substances: CURES database.</b>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.</p> <p><i>Status-2/21/2019 - Referred to Com. on B. &amp; P.</i></p>	Evaluating
<a href="#">AB 577</a> ( <a href="#">Eggman D</a> )	<p><b>Medi-Cal: maternal mental health.</b>Would extend Medi-Cal postpartum care for up to one year beginning on the last day of the pregnancy for an eligible individual diagnosed with a maternal mental health condition. The bill would define maternal mental health condition for purposes of the bill.</p> <p><i>Status-3/19/2019 - VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]</i></p>	Recommend support <a href="#">AB 577 Fact Sheet</a>
<a href="#">AB 683</a> ( <a href="#">Carrillo D</a> )	<p><b>Medi-Cal: eligibility.</b>Current law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Current law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. This bill would require the department to disregard specified assets and resources, such as motor vehicles and life insurance policies, in determining the Medi-Cal eligibility for an applicant or beneficiary whose eligibility is not determined using MAGI, subject to federal approval and federal financial participation.</p> <p><i>Status-2/28/2019 - Referred to Com. on HEALTH.</i></p>	Recommend support
<a href="#">AB 714</a> ( <a href="#">Wood D</a> )	<p><b>Opioid prescription drugs: prescribers.</b>Current law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified.</p> <p><i>Status-3/20/2019 - Re-referred to Com. on B. &amp; P.</i></p>	Evaluating
<a href="#">AB 715</a> ( <a href="#">Wood D</a> )	<p><b>Medi-Cal: program for aged and disabled persons.</b>Current law requires the State Department of Health Care Services to exercise its option under federal law to implement a program for aged and disabled persons. Current law requires an individual under these provisions to satisfy certain financial eligibility requirements. Current law requires the department to implement this program by means of all-county letters or similar instructions without taking regulatory action and thereafter requires the department to adopt regulations. This bill would instead require, upon receipt of federal approval, all countable income over 100% of the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons.</p> <p><i>Status-2/28/2019 - Referred to Com. on HEALTH.</i></p>	Recommend support
<a href="#">AB 731</a> ( <a href="#">Kalra D</a> )	<p><b>Health care coverage: rate review.</b>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</p>	Evaluating <a href="#">AB 731 Fact Sheet</a>

	<p>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.</p> <p><b>Status-3/20/2019 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</b></p>	
<a href="#">AB 844</a> ( <a href="#">Irwin D</a> )	<p><b>Health facilities: mandated hospital services and activities.</b>Current law, until July 1, 2020, requests that the University of California to establish the California Health Benefit Review Program to assess legislation proposing to mandate a benefit or service of a health care service plan or health insurer or proposing to repeal an existing mandated benefit or service of a health care service plan or health insurer. Current law requests that the university provide that analysis to the appropriate policy and fiscal committees of the Legislature not later than 60 days after receiving a request for the analysis. This bill would establish an independent, nonpartisan body to advise the Governor and Legislature on the financial impact of proposed mandated hospital services and activities.</p> <p><b>Status-3/6/2019 - Re-referred to Com. on HEALTH.</b></p>	watch
<a href="#">AB 890</a> ( <a href="#">Wood D</a> )	<p><b>Nurse practitioners.</b>Would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours. The bill would authorize a nurse practitioner to perform specified functions in addition to any other practices authorized by law, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.</p> <p><b>Status-3/4/2019 - Referred to Com. on B. &amp; P.</b></p>	Concerns
<a href="#">AB 1246</a> ( <a href="#">Limón D</a> )	<p><b>Healthcare coverage: basic health care services.</b>Would require large group health insurance policies, except certain specialized health insurance policies, issued, amended, or renewed on or after January 1, 2020, to include coverage for medically necessary basic health care services and, to the extent the policy covers prescription drugs, coverage for medically necessary prescription drugs.</p> <p><b>Status-3/11/2019 - Referred to Com. on HEALTH.</b></p>	watch
<a href="#">SB 207</a> ( <a href="#">Hurtado D</a> )	<p><b>Medi-Cal: asthma preventive services.</b>Would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program. The bill would require the State Department of Health Care Services, in consultation with external stakeholders, to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines.</p> <p><b>Status-3/20/2019 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</b></p>	<p>Recommend support</p> <p><a href="#">SB 207 Fact Sheet</a> <a href="#">SB 207 Fact sheet</a></p>
<a href="#">SB 260</a> ( <a href="#">Hurtado D</a> )	<p><b>Automatic health care coverage enrollment.</b>Would require the Exchange 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 30th day of the first month of enrollment.</p>	Evaluating

	<b>Status-3/19/2019 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</b>	
<a href="#">SB 343</a> ( <a href="#">Pan D</a> )	<p><b>Healthcare data disclosure.</b>Would eliminate alternative reporting requirements for a plan or insurer that exclusively contracts with no more than 2 medical groups or a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and would instead require those entities to report information consistent with any other health care service plan, health insurer, or health facility, as appropriate. The bill would also eliminate the authorization for hospitals to report specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group basis.</p> <p><b>Status-3/13/2019 - Set for hearing April 3.</b></p>	<p><b>Concerns</b> <a href="#">SB 343 Fact Sheet</a></p>
<a href="#">SB 347</a> ( <a href="#">Monning D</a> )	<p><b>Sugar-sweetened beverages: safety warnings.</b>Would establish the Sugar-Sweetened Beverages Safety Warning Act, which would prohibit a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, a multipack of sugar-sweetened beverages, or a concentrate, as those terms are defined, in this state unless the sealed beverage container, multipack, or packaging of the concentrate bears a safety warning, as prescribed.</p> <p><b>Status-3/14/2019 - Set for hearing March 27.</b></p>	<p><b>Support</b> <a href="#">SB 347 Fact Sheet</a></p>
<a href="#">SB 382</a> ( <a href="#">Nielsen R</a> )	<p><b>Healthcare coverage: state of emergency.</b>Current law requires a health care service plan to provide access to medically necessary health care services to its enrollees who have been displaced by a state of emergency. If the Governor declares a state of emergency that displaces or has the immediate potential to displace enrollees, existing law requires a health care service plan to file a specified notification with the department within 48 hours of the declaration. This bill would make technical, nonsubstantive changes to those provisions.</p> <p><b>Status-2/28/2019 - Referred to Com. on RLS.</b></p>	<p><b>watch</b></p>
<a href="#">SB 406</a> ( <a href="#">Pan D</a> )	<p><b>Health care coverage.</b>Would require the Department of Managed Health Care and the Department of Insurance to each prepare, in coordination with the other department, an annual summary report that describes the impact of the risk adjustment program on premium rates in this state. The bill would also require the reports to be posted on the departments' respective internet websites no later than 7 months after the risk adjustment year.</p> <p><b>Status-2/28/2019 - Referred to Com. on HEALTH.</b></p>	<p><b>Support</b> <a href="#">SB 406 Fact Sheet</a></p>
<a href="#">SB 425</a> ( <a href="#">Hill D</a> )	<p><b>Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct.</b> Current law requires the Medical Board of California and specified other boards responsible for the licensure, regulation, and discipline of health care practitioners to separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board, including prescribed historical information for each licensee. Existing law makes the contents of any central file that are not public records confidential, except that the licensee or their counsel or a representative are authorized to inspect and have copies made of the licensee's complete file other than the disclosure of the identity of an information source. Existing law authorizes a board to protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. This bill would delete the specification that the summary be comprehensive. This bill contains other related provisions and other existing laws.</p> <p><b>Status-3/7/2019 - Referred to Coms. on B., P. &amp; E.D. and JUD.</b></p>	<p><b>Evaluating</b></p>
<a href="#">SB 446</a> ( <a href="#">Stone R</a> )	<p><b>Medi-Cal: hypertension medication management services.</b>This bill</p>	<p><b>Support</b> <a href="#">SB 446 Fact Sheet</a></p>

	would additionally provide that hypertension medication management services are a covered pharmacist service under the Medi-Cal program, as specified. <b>Status-3/7/2019 - Referred to Com. on HEALTH.</b>	
<a href="#">SB 512 (Pan D)</a>	<b>Long-term services and supports.</b> Would establish the California Long-Term Services and Supports Benefits Board (LTSS Board), to be composed of 9 specified members, including, among others, the Treasurer as chair, the Secretary of the California Health and Human Services Agency as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long-Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State treasury, to, upon appropriation, finance long-term services and supports for eligible individuals. <b>Status-3/20/2019 - Set for hearing April 8.</b>	Evaluating <a href="#">SB 512 Fact Sheet</a>
<a href="#">SB 697 (Caballero D)</a>	<b>Physician assistants: scope of practice.</b> The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. That act requires the board to issue licenses under the name of the Medical Board of California. This bill would rename the board the Physician Assistant Board of California and instead provide that the board is within the Department of Consumer Affairs. The bill would require the board to issues licenses under its name. <b>Status-3/14/2019 - Referred to Com. on B., P. &amp; E.D.</b>	Recommend support <a href="#">Fact Sheet</a> <a href="#">PA CA FAQ Document</a>

Total Measures: 34

Total Tracking Forms: 34