



California Dialysis Council

Legislative Status Report 1/18/2012

AB 43 Monning D Medi-Cal: eligibility.

Text Version: Amended: Position: Watch
5/27/2011 [pdf](#) [html](#)
Status: 1/17/2012 - Action From INACTIVE FILE: To THIRD READING.
Calendar: 1/18/2012 #15 ASSEMBLY ASSEMBLY THIRD READING FILE

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. This bill would require the department to establish, by January 1, 2014, eligibility for Medi-Cal benefits for any person who meets these eligibility requirements. This bill would permit the department, to the extent permitted by federal law, to phase in coverage for those individuals. This bill contains other related provisions and other existing laws.

An act to add Section 14005.60 to the Welfare and Institutions Code, relating to Medi-Cal.

AB 62 Monning D Medi-Cal: dual eligibles: pilot projects.

Text Version: Amended: Position: Watch
6/27/2011 [pdf](#) [html](#)
Status: 8/22/2011 - In Senate. Held at Desk.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal law provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing law, to the extent that federal financial participation is available, and pursuant to a demonstration project or waiver of federal law, requires the department to establish pilot projects in up to 4 counties, to develop effective health care models to provide services to persons who are dually eligible under both the Medi-Cal and Medicare programs. Existing law requires the department to, not sooner than March 1, 2011, identify health care models that may be included in a pilot project, develop a timeline and process for selecting, financing, monitoring, and evaluating the pilot projects, and provide this timeline and process to certain committees of the Legislature. This bill would authorize the department to also establish these pilot projects pursuant to a request for proposal from the federal Centers for Medicare and Medicaid Services. This bill would require the department to consult with stakeholders, including, among others, representatives of advocacy organizations, persons with disabilities, seniors, and representatives of legal services agencies that serve dual eligibles, on a regular basis throughout the development and implementation of the pilot projects.

An act to amend Section 14132.275 of the Welfare and Institutions Code, relating to Medi-Cal.

AB Skinner D Workers' compensation: hospital employees: presumption.

375

Text Version: Amended: Position: Watch
8/31/2011 [pdf](#) [html](#)

Status: 9/9/2011 - Read third time. Refused passage. (Ayes 20. Noes 16. Page 2474.).

Existing law provides that an injury of an employee arising out of and in the course of employment is generally compensable through the workers' compensation system. Existing law provides that, in the case of certain public employees, the term "injury" includes heart trouble, hernia, pneumonia, human immunodeficiency virus, lower back impairment, and other injuries and diseases. This bill would provide, with respect to hospital employees who provide direct patient care in an acute care hospital, as defined, that the term "injury" includes a bloodborne infectious disease, as defined, or methicillin-resistant Staphylococcus aureus (MRSA) that develops or manifests itself during the period of the person's employment with the hospital. This bill contains other related provisions.

An act to add Section 3212.13 to the Labor Code, relating to workers' compensation.

AB Monning D Health care coverage.

1083

Text Version: Amended: Position: Watch
9/2/2011 [pdf](#) [html](#)

Status: 9/8/2011 - Ordered to inactive file at the request of Senator Hernandez.

Existing law, the federal Patient Protection and Affordable Care Act, imposes various requirements, some of which take effect on January 1, 2014, on states, health plans, employers, and individuals regarding health care coverage. Pursuant to the requirements of that act, existing state law establishes the California Health Benefit Exchange for the purpose of, among other things, making available qualified health plans to qualified individuals and employers, as specified. The bill would also require all policies of individual health insurance that are offered, sold, renewed, or delivered on or after January 1, 2014, to provide coverage for essential health benefits, as defined, except as specified. This bill contains other related provisions and other existing laws.

An act to amend Sections 1357, 1357.03, 1357.05, 1357.06, 1357.07, and 1357.14 of, to amend, repeal, and add Sections 1357.12 and 1357.15 of, and to add Section 1348.95 to, the Health and Safety Code, and to amend Sections 10700, 10705, 10706, 10707, 10708, 10709, and 10716 of, to amend, repeal, and add Sections 10714 and 10717 of, and to add Sections 106.5 and 10127.19 to, the Insurance Code, relating to health care coverage.

AB Monning D Essential health benefits.

1453

Text Version: Introduced: Position: Watch
1/5/2012 [pdf](#) [html](#)

Status: 1/6/2012 - From printer. May be heard in committee February 5.

Commencing January 1, 2014, existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health insurance issuer that offers coverage in the small group or individual market to ensure that such coverage includes the essential health benefits package, as defined. PPACA requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. PPACA defines a qualified health plan as a plan that, among other requirements, provides the essential health benefits package. Existing state law creates the California Health Benefit Exchange to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers by January 1, 2014. This bill would require the board of the California Health Benefit Exchange to, by March 1, 2013,

Health Care Services is required to enter into contracts with managed care plans to provide services under the Medi-Cal program. A Medi-Cal participant is given 30 days following the determination of eligibility to indicate his or her choice of health care options. Under existing law, in counties where the conversion to managed care plan enrollment has occurred, and where the default rate, as defined, is 20% or higher in 2 consecutive months occurring after the conversion, the department is required to conduct a survey of beneficiaries, as specified, and to report the results to the appropriate legislative policy and budget committees. This bill would make technical, nonsubstantive changes to the survey and reporting provisions.

An act to amend Section 14016.55 of the Welfare and Institutions Code, relating to Medi-Cal.

SB 7 Steinberg D Medi-Cal: dual eligibles: pilot projects.

Text Version: Amended: Position: Seek Amendments
1/4/2012 [pdf](#) [html](#)

Status: 1/4/2012 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal law provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing law, to the extent that federal financial participation is available, and pursuant to a demonstration project or waiver of federal law, requires the department to establish pilot projects in up to 4 counties, to develop effective health care models to provide services to persons who are dually eligible under both the Medi-Cal and Medicare programs. This bill would authorize the department to establish pilot projects in up to 10 counties.

An act to amend Section 14132.275 of the Welfare and Institutions Code, relating to Medi-Cal.

SB 419 Simitian D Solid waste: home-generated sharps.

Text Version: Introduced: Position: Watch
2/16/2011 [pdf](#) [html](#)

Status: 1/9/2012 - Ordered to inactive file on request of Assembly Member Allen.

Existing law requires a pharmaceutical manufacturer selling or distributing medication that is intended to be self-injected at home to submit, on an annual basis, to the Department of Resources Recycling and Recovery a plan supporting the safe collection and proper disposal of specified waste devices. The manufacturer is required to post and maintain a copy of the plan on its Internet Web site. This bill would require the above plan to be submitted in an electronic format as prescribed by the department. The bill would require the manufacturer to post and maintain a copy of the plan in a readily accessible location on its Internet Web site.

An act to amend Sections 47115 and 47116 of the Public Resources Code, relating to solid waste.

SB 485 Hernandez D Health Insurance Portability and Accountability Act: implementation.

Text Version: Amended: Position: Watch
1/4/2012 [pdf](#) [html](#)

Status: 1/17/2012 - Placed on APPR. suspense file.

Existing law, the Health Insurance Portability and Accountability Implementation Act of 2001, provides for the Office

Exchange to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January, 1, 2014. This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare Commissioner appointed by the Governor and subject to confirmation by the Senate. The bill would make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would require the commissioner to seek all necessary waivers, exemptions, agreements, or legislation to allow various existing federal, state, and local health care payments to be paid to the California Healthcare System, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws.

An act to add Division 114 (commencing with Section 140000) to the Health and Safety Code, relating to health care coverage.

SB 951 Hernandez D Health care coverage: essential health benefits.

Text Version: Introduced: Position: Watch
1/5/2012 [pdf](#) [html](#)

Status: 1/6/2012 - From printer. May be acted upon on or after February 5.

Commencing January 1, 2014, existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health insurance issuer that offers coverage in the small group or individual market to ensure that such coverage includes the essential health benefits package, as defined. Existing law provides for the regulation of health care service plans and health insurers by the Department of Managed Health Care and the Department of Insurance, respectively, and requires health care service plans and health insurers to cover various benefits. This bill would state the intent of the Legislature to enact legislation that would implement the essential health benefits as established under specified provisions of the PPACA.

An act relating to health care coverage.

SB 961 Hernandez D Health care service plans.

Text Version: Introduced: Position: Watch
1/10/2012 [pdf](#) [html](#)

Status: 1/11/2012 - From printer. May be acted upon on or after February 10.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensing and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the licensing and regulation of health insurers by the Insurance Commissioner. The California Health Benefit Exchange is governed by a board and the board is required to facilitate enrollment of qualified individuals in qualified health plans. This bill would, to the extent required by federal law, require a health care service plan contract to comply with these federal requirements. The bill would require the department to consult and coordinate with the commissioner and the Exchange in carrying out these provisions. This bill contains other related provisions and other existing laws.

An act to add Section 1374.59 to the Health and Safety Code, relating to health care service plans.

SB 970 De León D Health Care Reform Eligibility, Enrollment, and Retention Planning Act: coordination with other programs.

Text Version: Introduced: Position: Watch

1/17/2012 [pdf](#) [html](#)

Status: 1/17/2012 - Introduced. Read first time. To Com. on RLS. for assignment. To print.

Existing law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, requires 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. This bill would require a county human services department to allow an applicant initially applying for, or renewing, health care coverage using the single state application developed pursuant to the act, with the applicant's consent, to have his or her application information used to simultaneously initiate applications for CalWORKs and CalFresh, and would similarly require the county to assess CalFresh recipients for potential state health subsidy program eligibility, as specified. 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 identify other human services and work support programs that might be integrated into this cross-application process. Implementation of the process created by the bill would be required by December 31, 2015, except as specified. This bill contains other related provisions and other existing laws.

An act to add Sections 15927 and 15928 to the Welfare and Institutions Code, relating to health and human services.