



ANCO Bill List -- Friday, March 05, 2021

AB 4	<p>Arambula D Medi-Cal: eligibility.</p> <p>Current Text: Introduced: 12/7/2020 html pdf</p> <p>Introduced: 12/7/2020</p> <p>Last Amend:</p> <p>Status: 1/11/2021-Referred to Com. on HEALTH.</p> <p>Location: 1/11/2021-A. HEALTH</p> <p>Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions</p> <p>Position:</p>
AB 32	<p>Aguiar-Curry D Telehealth.</p> <p>Current Text: Amended: 2/12/2021 html pdf</p> <p>Introduced: 12/7/2020</p> <p>Last Amend: 2/12/2021</p> <p>Status: 2/16/2021-Re-referred to Com. on HEALTH.</p> <p>Location: 1/11/2021-A. HEALTH</p> <p>Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the</p>

Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

Position:

[AB 369](#)

[Kamlager D](#) Medi-Cal: street medicine and utilization controls.

Current Text: Introduced: 2/1/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend:

Status: 2/12/2021-Referred to Com. on HEALTH.

Location: 2/12/2021-A. HEALTH

Would, until January 1, 2026, prohibit the Director of the State Department of Health Care Services from imposing prior authorization or other utilization controls on an item, service, or immunization that is intended to test for, prevent, treat, or mitigate COVID-19.

Position:

[AB 510](#)

[Wood D](#) Out-of-network health care benefits.

Current Text: Introduced: 2/9/2021 [html](#) [pdf](#)

Introduced: 2/9/2021

Last Amend:

Status: 2/18/2021-Referred to Com. on HEALTH.

Location: 2/18/2021-A. HEALTH

Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

Position:

[AB 1130](#)

[Wood D](#) California Health Care Quality and Affordability Act.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend:

Status: 3/4/2021-Referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Would establish, within of Statewide Health Planning and Development, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Advisory Board, composed of 9 members and 2 ex officio members, appointed as prescribed, to recommend health care cost targets and to advise the Director of Statewide Health Planning and Development and the office.

Position:

AB 1131

Wood D Health information exchange.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend:

Status: 3/4/2021-Referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Would require, by January 1, 2023, health plans, hospitals, medical groups, testing laboratories, and nursing facilities, at a minimum, contribute to, access, exchange, and make available data through the network of health information exchanges for every person, as a condition of participation in a state health program, including Medi-Cal, Covered California, and CalPERS. The bill would also state the intent of the Legislature to enact legislation that would expand the use of clinical and administrative data and further build on the promise of health information exchange, including specified strategies for achieving these goals.

Position:

AB 1132

Wood D Health Care Consolidation and Contracting Fairness Act of 2021.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend:

Status: 3/4/2021-Referred to Coms. on HEALTH and JUD.

Location: 3/4/2021-A. HEALTH

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, and makes a willful violation of the act a crime. Current law provides for the regulation of health insurers by the Department of Insurance. Current law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2021, would prohibit a contract issued, amended, or renewed on or after January 1, 2022, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider

or facility or require the plan or insurer to contract with other affiliated providers or facilities.

Position:

[AB 1217](#)

[Rodriguez D](#) Personal protective equipment: stockpile.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend:

Status: 3/4/2021-Referred to Com. on E.M.

Location: 3/4/2021-A. EMERGENCY MANAGEMENT

Would require the state to establish a statewide stockpile of personal protective equipment (PPE) for distribution in case of disease or manmade or natural disasters. The bill would require the office to administer the stockpile and coordinate with the State Department of Public Health to establish the kinds of PPE to be stockpiled and the amount of each item to be stocked. The bill would require the office to rotate items in the stockpile by contracting or agreeing with nonprofit agencies, local governments, or other health care providers to provide them with PPE, and authorize the office to contract with general acute care hospitals, health facilities, or local governments to purchase PPE on their behalf. The bill would also require the contracting entity to reimburse the state for the PPE.

Position:

[AB 1231](#)

[Levine D](#) Health information exchange: demonstration projects.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend:

Status: 2/22/2021-Read first time.

Location: 2/19/2021-A. PRINT

Current law authorizes the California Health and Human Services Agency, through the Office of Health Information Integrity, to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders. Current law specifies potential demonstration project subject areas and criteria for project selection. Current law requires demonstration project participants to submit reports to the office on the outcome of the demonstration projects, as prescribed. This bill would make technical, nonsubstantive changes to those provisions.

Position:

[AB 1234](#)

[Arambula D](#) Physician Orders for Life Sustaining Treatment forms: registry.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend:

Status: 3/4/2021-Referred to Coms. on HEALTH and JUD.
Location: 3/4/2021-A. HEALTH
Current law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual's physician, directing a health care provider regarding resuscitative measures. Current law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Current law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Current law distinguishes a request regarding resuscitative measures from an advance health care directive. This bill would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.
Position:

AB 1400	Kalra D Guaranteed Health Care for All.
	Current Text: Introduced: 2/19/2021 html pdf
	Introduced: 2/19/2021
	Last Amend:
	Status: 2/22/2021-Read first time.
	Location: 2/19/2021-A. PRINT
	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 provides for the regulation of health insurers by the Department of Insurance. Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.
	Position:

SB 56	Durazo D Medi-Cal: eligibility.
	Current Text: Amended: 3/1/2021 html pdf
	Introduced: 12/7/2020
	Last Amend: 3/1/2021
	Status: 3/1/2021-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. Calendar: 3/10/2021 1:30 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair
	Location: 1/28/2021-S. HEALTH
	Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic

Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

Position:

[SB 221](#)

[Wiener D](#) Health care coverage: timely access to care.

Current Text: Introduced: 1/13/2021 [html](#) [pdf](#)

Introduced: 1/13/2021

Last Amend:

Status: 3/3/2021-Set for hearing March 17.

Calendar: 3/17/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Location: 1/28/2021-S. HEALTH

Current regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Current regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Current regulations also authorize appointments for preventive care services and periodic followup care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services.

Position:

[SB 242](#)

[Newman D](#) Health care provider reimbursements.

Current Text: Introduced: 1/21/2021 [html](#) [pdf](#)

Introduced: 1/21/2021

Last Amend:

Status: 2/17/2021-Set for hearing March 10.

Calendar: 3/10/2021 1:30 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Location: 2/3/2021-S. HEALTH

Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically

necessary to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. The bill would require the State Department of Health Care Services to similarly reimburse a Medi-Cal provider after undertaking a process to set a reasonable rate in consultation with provider groups. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

Position:

[SB 250](#)

[Pan D Health care coverage.](#)

Current Text: Introduced: 1/25/2021 [html](#) [pdf](#)

Introduced: 1/25/2021

Last Amend:

Status: 2/22/2021-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.)
Joint Rule 55 suspended. (Ayes 32. Noes 4.)

Calendar: 3/10/2021 1:30 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Location: 2/3/2021-S. HEALTH

Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months.

Position:

[SB 256](#)

[Pan D Medi-Cal: covered benefits.](#)

Current Text: Introduced: 1/26/2021 [html](#) [pdf](#)

Introduced: 1/26/2021

Last Amend:

Status: 2/22/2021-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.)
Joint Rule 55 suspended. (Ayes 32. Noes 4.)

Location: 2/3/2021-S. HEALTH

Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would require those mandatorily developed health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal managed care plan. The bill would require each Medi-Cal managed care plan to disclose the availability of in lieu of services on its internet website and its beneficiary handbook, and to disclose to the department specified information on in lieu of services that are plan specific, including the number of people receiving those services. The bill would require the department to publish that information on its

internet website.
Position:

SB 279	Pan D Specialty mental health services and substance use disorder treatment.
	Current Text: Amended: 2/24/2021 html pdf
	Introduced: 1/29/2021
	Last Amend: 2/24/2021
	Status: 3/3/2021-Re-referred to Com. on HEALTH.
	Location: 3/3/2021-S. HEALTH
	Current law establishes 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, including mental health and substance use disorder services, pursuant to a schedule of benefits. Under current law, for individuals 21 years of age and older, a service is “medically necessary” if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Existing law provides that for individuals under 21 years of age, “medically necessary” or “medical necessity” standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.
Position:	

SB 326	Pan D Health care coverage: federal health care reforms.
	Current Text: Introduced: 2/5/2021 html pdf
	Introduced: 2/5/2021
	Last Amend:
	Status: 2/22/2021-Set for hearing March 10. Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.) Calendar: 3/10/2021 1:30 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair
	Location: 2/17/2021-S. HEALTH
	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, and makes a willful violation of the act a crime. Current law requires the above-described federal health care coverage market reforms to apply to a health care service plan, but conditions the operation of certain of these market reforms on the continued operation of PPACA or certain of its requirements. This bill would delete the conditional operation of the above-described provisions based on the continued operation of PPACA, the federal individual mandate, the federal coverage guarantee, and federal essential health benefits coverage requirements.
Position:	

SB 353	Roth D Hospice: services to seriously ill patients.
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Current Text: Introduced: 2/9/2021 html pdf
Introduced: 2/9/2021
Last Amend:
Status: 2/24/2021-Set for hearing March 10. Calendar: 3/10/2021 1:30 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair
Location: 2/17/2021-S. HEALTH
Under the California Hospice Licensure Act of 1990, the State Department of Public Health licenses and regulates persons or agencies that provide hospice, which is a type of interdisciplinary health care that includes palliative care to individuals experiencing the last phases of life due to the existence of a terminal disease and supportive care to the primary caregivers and family of the hospice patient. The act authorizes, until January 1, 2022, a licensee under the act to provide any of the authorized interdisciplinary hospice services, including palliative care, to a patient who has a serious illness. This bill would extend the authority under these provisions until January 1, 2027.
Position:

SB 371	Caballero D Health information technology.
Current Text: Introduced: 2/10/2021 html pdf	
Introduced: 2/10/2021	
Last Amend:	
Status: 3/3/2021-Set for hearing March 17. Calendar: 3/17/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair	
Location: 2/17/2021-S. HEALTH	
Would require any federal funds California Health and Human Services Agency (CHHSA) receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers.	
Position:	

SB 380	Eggman D End of life.
Current Text: Introduced: 2/10/2021 html pdf	
Introduced: 2/10/2021	
Last Amend:	
Status: 2/22/2021-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)	
Location: 2/17/2021-S. HEALTH	
Would allow for an individual to qualify for aid-in-dying medication by making two oral requests, regardless of the period between oral requests, and a written request when a physician has determined, within reasonable medical judgment, that the individual will die from their terminal	

illness in 15 days or less. The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual's medical record and would require that upon a transfer of care, that record be provided to the qualified individual.

Position:

SB 510

Pan D Health care coverage: COVID-19 cost sharing.

Current Text: Introduced: 2/17/2021 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend:

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-S. HEALTH

Would require a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, to cover the costs for health care services related to the testing for COVID-19, or a future pandemic disease when declared a public health emergency by the Governor of the State of California, and would prohibit that contract or policy from imposing cost sharing or prior authorization requirements for that coverage. The bill would also require a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future pandemic disease when declared a public health emergency by the Governor of the State of California, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified.

Position:

SB 535

Limón D Biomarker testing.

Current Text: Introduced: 2/17/2021 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend:

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-S. HEALTH

Would prohibit an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill would also prohibit those individual or group health care service plans or health insurance policies from requiring prior authorization for biomarker testing for cancer progression or recurrence in the enrollee or insured with advanced or metastatic stage 3 or 4 cancer. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position:

Total Measures: 23
Total Tracking Forms: 23