

March 2018

2017-18 Legislative Session Bills in California

The deadline for introducing legislation in the second year of the 2017-18 legislative session was last month. Health Committees in both houses begin bill hearings this week on 2018 bills and on two-year bills that remain eligible for action.

Preserving Affordable Care Act (ACA) Advances

Safeguarding advances made under the ACA is at the center of several newly introduced bills that focus on rejecting or mitigating the effects of federal ACA rollback proposals, including:

- [SB 910](#) (Hernandez) – Prohibits short-term, limited-duration health insurance. *Sponsor:* Health Access.
- [SB 1108](#) (Hernandez) – Prevents California from including work requirements, waiting periods, time limits, coverage lockouts and other limitations in any Medi-Cal waiver or pilot. *Sponsor:* Western Center on Law and Poverty.
- [SB 1287](#) (Hernandez) – States legislative intent to regulate association health plans to the extent permitted by federal law.

Expanding Coverage, Improving Affordability, and Containing Costs

In 2017, the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage and legislators in both houses considered strategies to expand coverage and access, and improve affordability, to build on ACA coverage gains in the state. Key bills introduced to date include:

- [AB 2430](#) (Arambula) – Expands Medi-Cal eligibility in the Aged and Disabled Program, extending Medi-Cal to all legal resident and U.S. Citizen adults at or below 138 percent of the federal poverty level (FPL). *Sponsors:* Western Center on Law and Poverty and Disability Rights California.
- [AB 2459](#) (Friedman) – States the legislative intent to cap the percent of income any Californian pays for health care premiums.
- [AB 2502](#) (Wood) and [AB 2566](#) (Chiu) – States the legislative intent to contain costs while improving health outcomes and reducing health disparities.
- [AB 2517](#) (Wood) and [AB 2565](#) (Chiu) – States the legislative intent to improve affordability for those in Covered California with incomes under 400 percent FPL who are currently eligible for federal premium tax credits.
- [SB 974](#) (Lara) – Expands eligibility for full scope Medi-Cal to all eligible Californians regardless of immigration status. *Sponsors:* Health Access and California Immigrant Policy Center.

Improving Mental Health and Substance Use Disorder Treatment

With mental health and the opioid epidemic gaining increasing national attention, California lawmakers introduced dozens of bills aimed to improve the lives of Californians with mental health conditions and/or substance use disorders, including:

- [AB 1795](#) (Gipson) – Allows emergency medical services providers to transport patients directly to a mental health urgent care center or sobering center, when appropriate. *Sponsors:* Los Angeles County and California Hospital Association.
- [AB 2156](#) (Chen) – Expands the definition of “gravely disabled” for the purpose of determining involuntary commitment or conservatorship. *Sponsor:* Los Angeles County.
- [AB 2287](#) (Kiley) – Creates a new Office of Mental Health Services within the California Health and Human Services Agency to assume some of the functions currently performed by the Department of Health Care Services.
- [AB 2384](#) (Arambula) – Requires health plans, including Medi-Cal managed plans, to include specified prescription drugs for the medication-assisted treatment of substance abuse disorders in plan drug formularies. *Sponsor:* California Medical Association.
- [AB 2487](#) (McCarty) – Requires physicians to complete an opiate-dependent patient treatment and management course, including instruction on the use of buprenorphine treatment, prior to certification.

Ensuring Health Care Access During Emergencies

Catastrophic emergencies, such as fires and flooding, often highlight gaps in capacity to address urgent health care needs under chaotic and difficult circumstances. In 2017, many Californians experienced widespread devastation from the largest and most destructive fire season in California’s history and serious floods and mudslide that followed. Several new bills aim to address identified gaps in emergency response by the health care system, including:

- [AB 2333](#) (Wood) – States legislative intent to bolster mental health response from the state Office of Emergency Services during state-declared emergencies. *Sponsor:* Steinberg Institute.
- [AB 2576](#) (Aguiar-Curry) – Among other things, allows the Governor to direct state agencies to use state personnel and facilities in support of community clinics and health centers responding to state emergencies. *Sponsors:* California Health+ Advocates and Redwood Community Health Coalition.
- [AB 2941](#) (Berman) – Requires health plans to ensure enrollees have access to medically necessary health care services when displaced by a state emergency.

Bills Introduced in 2017

Several health care bills submitted in 2017 continue to move through the two-year legislative process including:

- [AB 11](#) (McCarty) – Requires the Early and Periodic Screening, Diagnostic, and Treatment program to include developmental screening services for infants and toddlers age zero to three. *Sponsors:* First 5 LA, Children Now, and First 5 Association of California.
- [AB 595](#) (Wood) – Strengthens the Department of Managed Health Care authority over health plan mergers. *Sponsor:* Health Access.
- [AB 893](#) (Garcia) – Permits Office of Statewide Health Planning and Development to receive data on the number of graduate medical education slots necessary to meet current and future physician needs in Imperial County and similar medically underserved counties.
- [AB 1526](#) (Kalra) – Limits the actions that may be taken, and establishes consumer notice related to, collection activity on old debts, including medical debts. *Sponsor:* Western Center on Law and Poverty.
- [SB 399](#) (Portantino) – Expands the types of qualified health professionals that can provide services covered by health plans and provided to individuals with autism.
- [SB 456](#) (Pan) – Allows federally qualified health centers or rural health centers to enter contractual agreements to provide services on behalf of Medi-Cal beneficiaries outside of the clinic’s normal Medi-Cal reimbursement structure. *Sponsor:* California Health+ Advocates.
- [SB 562](#) (Lara and Atkins) – Enacts the Healthy California Act and creates the Healthy California program, to provide for comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. *Sponsor:* California Nurses Association.
- [SB 707](#) (Cannella) – Establishes a Denti-Cal advisory group within the Department of Health Care Services (DHCS) to advise DHCS and the Legislature on the Denti-Cal program, with the goal of raising utilization rates and improving the oral health of the Medi-Cal population.

ITUP will be monitoring the progress of these and other health care bills as the second year of the 2017-18 legislative session continues.

Insure the Uninsured Project (ITUP) is a nonprofit, 501(c)(3) organization, founded in 1996 to focus attention on California's significant number of uninsured. Based in Sacramento, California, ITUP's mission is to advance creative and workable policy solutions that expand health care access and improve the health of Californians. ITUP conducts policy-focused research and convenes broad-based stakeholders on health policy topics, acting as an honest broker among diverse health care leaders in the state. To assist with implementation of health reform in California, ITUP hosts an annual statewide conference in Sacramento and facilitates regional and statewide workgroups on topics affecting health and health care in the state.

For more information on this report, contact ITUP Executive Director Deborah Kelch, at 916-226-3899.

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