

Focus on ACA Implementation

The following 2011 session bills will implement the Affordable Care Act in California

Bill No./Author	Summary	Sponsor
AB 792 (Bonilla)	Automatic Enrollment into the Exchange: Ensures that Californians can easily sign up for coverage during key life changes (e.g. unemployment, disability, divorce etc.)	Health Access
AB 1334 (Feuer)	Standardizing Benefits: Requires plans and insurers to categorize all products offered in the individual market into 5 tiers according to actuarial value and would require plans to disclose that information.	Health Access
AB 43 (Monning)	Medi-Cal Eligibility: Requires applicable departments to prepare and submit transition plans for expanded Medi-Cal eligibility under the ACA effective January 2014.	WCLP
SB 222 (Alquist)	Public Option: Authorizes counties, special commissions, or county health authorities to govern, own, or operate a local initiative health plan or county-organized health system, or the County Medical Services Program governing board to form joint ventures to offer plan services to individuals and groups.	
AB 155 (Evans)	Maternity services: Phases in mandated coverage of maternity services by insurers under ACA beginning in 2012.	
AB 154 (Beall)	Mental health parity: Mandates coverage of mental health services by insurers.	
AB 52 (Feuer)	Rate Regulation: Would give the authority to DMHC and DOI to approve or deny increases in health care premiums, copayments, or deductibles.	Consumer Watchdog
AB 1083 (Monning)	Reforming the Small Group Market: Would conform and phase-in new insurance market rules for small businesses, outlines criteria for wellness incentives	Health Access
SB 616 (DeSaulnier)	Wellness Program Demonstration Project: Enacts legislation to create a wellness program to prevent disease and promote health that meets all necessary federal qualifications for California to be a participating pilot state under the ACA.	
SB 677 (Hernandez)	Medi-Cal Rules: Requires the applicable departments transition Medi-Cal to reflect the Affordable Care Act effort effective January 1, 2014, including: Changes income standard to MAGI. Eliminates asset test. Makes other conforming changes.	

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AB 714 (Atkins)	Pre-Enrollment: Requires DHCS, MRMIB, Family PACT and other programs as well as some hospitals to provide information about The California Health Benefits Exchange for the purpose of pre-enrolling them to be ready to obtain subsidized coverage in January 2014.	
SB 703 (Hernandez)	Basic Health Plan: This bill would require the Managed Risk Medical Insurance Board to establish a basic health plan, for Californians between 133-200% of the poverty level, pursuant to the federal Patient Protection and Affordable Care Act.	
AB 1066 (Perez)	Medi-Cal Waiver Follow Up & Low Income Health Programs: Implements the expansion of Medi-Cal as authorized by the Affordable Care Act and by the 1115 Medicaid Waiver.	
AB 151 (Monning)	Seniors: Guaranteed Issue for Medi-Gap: Assure that those who previously covered by Medicare Advantage plans have guaranteed issue for Medi-Gap coverage.	
AB 1083 (Monning)	Small Business: Reforming the Small Group Market: Conform and phase-in new insurance market rules for small businesses, particularly so that small employers don't get additional premium spikes based on the health of their workforce.	
SB 51 (Alquist)	Medical Loss Ratio: Ensures that premium dollars go to patient care rather than administration and profit. Codifies in state law the federal requirement that requires a health insurers spend a specified percentage of premium dollars on providing health care, and to provide refunds to patients if those percentages are not met.	
AB 1334 (Feuer)	Standardizing Benefits: Requires plans and insurers to, commencing July 1, 2012, categorize all products offered in the individual market into five tiers according to actuarial value, as specified, and would require plans and insurers to disclose this value and other information.	
AB 185 (Hernandez)	Maternity Coverage: Phases in a maternity care benefit mandate by requiring new health insurance policies submitted after January 1, 2012, to provide coverage for maternity services. In accordance with the Patient Protection and Affordable Care Act, maternity care will be required by federal law starting in 2014.	
AB 36 (Perea)	Dependent Coverage: Modifies the tax code to exclude employer contributions toward dependent coverage (dependents up to age 26) from parents' taxable income.	
AB 242 (Perea)	Tax Conformity: Provides additional modified conformity to specified provisions of the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 relating to simple cafeteria plans for small businesses, health care benefits of Indian tribe members, free choice vouchers, therapeutic discovery project grants, student loan repayment programs, and deduction for self-employment taxes.	

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