

### **Health Care Reform Update (3.10.08)**

There has been little talk or movement with regard to comprehensive health care reform efforts, despite the stated ongoing commitment of the Administration. Instead, smaller incremental pieces have been surfacing. There is still some discussion about the children's health care tobacco tax initiative for the November ballot (though it does not appear that the children's groups who filed the initiative have been able to secure the necessary funding), as well as several pieces of legislation either recently introduced, or brought back from past efforts. Some groups are not excited about a piecemeal approach, seeing it as a "salvage" option – stripping away pieces of ABX1-1 and other comprehensive approaches, introducing only slivers of reform. Others believe this sets the necessary pieces in place for future statewide reform efforts, say for the ballot in 2010 when Governor Schwarzenegger would have a last opportunity for a ballot initiative for comprehensive reform.

CPCA will be closely tracking introduced legislation and providing analysis on those pieces with direct impact on CCHCs. Additionally, CPCA is working in collaboration with several statewide health care reform coalition groups in order to stay actively informed and engaged. If you have any questions regarding health care reform, please contact Jamila Iris Edwards at [jedwards@cpc.org](mailto:jedwards@cpc.org) or Serena Kirk at [skirk@cpc.org](mailto:skirk@cpc.org).

Health care reform related bills include:

- **SB 840 (Kuehl)** – Single Payer
- **AB 1 (Laird) and SB 32 (Steinberg)** – Expands Medi-Cal and Healthy Families eligibility to cover all children with family incomes at or below 300% FPL. (If children's health initiative does not transpire)
- **AB 2967 (Fuentes)** – (Soon to be Lieber) and SB 1300 (Corbett): Cost and quality disclosure language from ABx1-1 and AB8. Would create the California Health Care Cost and Quality Transparency Committee to develop a health care cost and quality transparency plan to improve medical data collection and reporting practices.
- **SB 1622 (Simitian)** – Public Insurer: Begins the process of linking the existing county-based local health initiatives into regional or state-level networks.
- **AB 211 (Jones)** – Community make-over grants: Provides authorization for public health officers to be involved with land-use and planning decisions.
- **SB 1440 (Kuehl)** – Medical loss ratios: Plans must spend 85% of fees on care.
- **SB 1522 (Steinberg)** – Individual market reform. Regulators would create five tiers of coverage products and require each plan and insurer to offer a product in each category.
- **AB 1962 (De La Torre)** – Requires all individual insurance to cover prenatal care.
- **AB 1554 (Jones)** – Rate Regulation: DMHC and DOI must approve rate increases beginning 2009
- **AB 1945 (De La Torre)** – Would require a health care service plan or health insurer to obtain approval from its regulator before rescinding, canceling, or limiting a contract or policy.
- **AB 2549 (Hayashi)** – Gives plans and insurers 6 months to cancel a policy due to bad paperwork or misinformation by applicant.
- **AB 1150 (Lieu)** – Prohibits health plans and health insurers from compensating staff based on the number of services or policies that have been recommended for rescission, cancellation, or limitation.
- **AB 2 (Dymally)** – High risk pool: Continue funding of high risk pool pilot program.
- **AB 1472 (Leno)** – Creates new program in Public Health Department to fund and support health impact assessments.