

ASSEMBLY BILL

No. 2653

Introduced by Assembly Member Garcia

February 22, 2008

An act to add Section 1366.1.1 to the Health and Safety Code, to add Section 12693.55 to the Insurance Code, and to add Section 14093.01 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2653, as introduced, Garcia. Hospital access pass.

Existing law provides for regulation of health care service plans by the Department of Managed Health Care. Existing law requires the department to adopt regulations that establish an extended geographic accessibility standard for access to health care providers served by health care service plans in counties with a 500,000 population or less that have 2 or fewer plans providing coverage to the entire county in the commercial market. Existing law creates various programs to provide health care coverage to persons with limited incomes, including the Healthy Families Program administered by the Managed Risk Medical Insurance Board and the Medi-Cal program administered by the State Department of Health Care Services.

This bill would authorize a health plan participating in the Healthy Families Program or the Medi-Cal program to request a hospital access pass from its respective administering agency if the health plan is unable to reach an agreement with a hospital in order to meet the geographic accessibility standard. The bill would require hospital services thereafter provided to plan members to be reimbursed at specified rates set by the California Medical Assistance Commission.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1366.1.1 is added to the Health and Safety
2 Code, to read:
3 1366.1.1. (a) Notwithstanding any other provision of law, a
4 health care service plan that is granted a hospital access pass
5 pursuant to Section 12693.55 of the Insurance Code or Section
6 14093.05 of the Welfare and Institutions Code shall be considered
7 as meeting the geographic accessibility standards under this
8 chapter.
9 (b) “Hospital access pass” means a waiver of the geographic
10 accessibility standards established by the department pursuant to
11 this chapter.
12 SEC. 2. Section 12693.55 is added to the Insurance Code, to
13 read:
14 12693.55. (a) (1) A participating health plan may request a
15 hospital access pass from the Managed Risk Medical Insurance
16 Board if, after 60 days of good faith effort on the part of the plan,
17 the hospital and the plan are unable to reach an agreement on a
18 contract.
19 (2) If the board determines that a hospital access pass is
20 warranted, the hospital shall grant access to any participating health
21 plan member.
22 (b) Any hospital service provided to a participating health plan
23 member pursuant to this section shall be reimbursed at the area
24 prevailing rates established by the California Medical Assistance
25 Commission.
26 (c) “Hospital access pass” means a waiver of the geographic
27 accessibility standards established by the Department of Managed
28 Health Care pursuant to Chapter 2.2 (commencing with Section
29 1340) of Division 2 of the Health and Safety Code.
30 SEC. 3. Section 14093.01 is added to the Welfare and
31 Institutions Code, to read:
32 14093.01. (a) As used in this section, the following terms shall
33 have the following meanings:

1 (1) “Participating health plan” means any entity contracting
2 with the director pursuant to Section 14093.05 of the Welfare and
3 Institutions Code.

4 (2) “Hospital access pass” means a waiver of the geographic
5 accessibility standards established by the Department of Managed
6 Health Care pursuant to Chapter 2.2 (commencing with Section
7 1340) of Division 2 of the Health and Safety Code.

8 (b) (1) A participating health plan may request a hospital access
9 pass from the State Department of Health Care Services if, after
10 60 days of good faith effort on the part of the plan, the hospital
11 and the plan are unable to reach an agreement on a contract.

12 (2) If the department determines that a hospital access pass is
13 warranted, the hospital shall grant access to any eligible
14 participating health plan member, unless the hospital elects to
15 forfeit its status as a Medi-Cal provider.

16 (3) Any hospital service provided to an eligible participating
17 health plan member pursuant to this section shall be reimbursed
18 at the area prevailing rates established by the California Medical
19 Assistance Commission.