

AMENDED IN SENATE AUGUST 17, 2010

AMENDED IN SENATE JULY 15, 2010

AMENDED IN SENATE JUNE 16, 2010

AMENDED IN ASSEMBLY APRIL 22, 2010

AMENDED IN ASSEMBLY APRIL 8, 2010

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 2345

Introduced by Assembly Member De La Torre

February 19, 2010

An act to add Section 1367.001 to the Health and Safety Code, and to add Section 10112.1 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2345, as amended, De La Torre. Health care coverage: preventive services.

Existing law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms. With respect to plan years beginning on and after September 23, 2010, the act requires health insurance issuers to provide coverage, and not impose cost-sharing requirements, for certain preventive services.

Existing law, 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 that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance.

This bill would require health care service plan contracts and health insurance policies issued, amended, renewed, or delivered on or after September 23, 2010, to ~~provide coverage, and not impose cost-sharing requirements, for certain~~ *comply with the provisions of PPACA regarding coverage of, and cost-sharing for, preventive services and any rules or regulations issued pursuant to those provisions to the extent required under federal law.* Because a willful violation of this requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.

~~The bill would also state the intent of the Legislature to enact legislation that would require the Department of Managed Health Care and the Department of Insurance to post a link on their Internet Web sites to the Internet Web site of the federal Department of Health and Human Services where consumers may easily obtain information about affordable and comprehensive health care coverage options under PPACA.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 *SECTION 1. Section 1367.001 is added to the Health and*
- 2 *Safety Code, to read:*
- 3 *1367.001. To the extent required by federal law, a group or*
- 4 *individual health care service plan contract issued, amended,*
- 5 *renewed, or delivered on or after September 23, 2010, shall comply*
- 6 *with Section 2713 of the federal Public Health Service Act (42*
- 7 *U.S.C. Sec. 300gg-13) and any rules or regulations issued under*
- 8 *that section.*
- 9 *SEC. 2. Section 10112.1 is added to the Insurance Code, to*
- 10 *read:*
- 11 *10112.1. To the extent required under federal law, a group or*
- 12 *individual health insurance policy issued, amended, renewed, or*
- 13 *delivered on or after September 23, 2010, shall comply with Section*

1 2713 of the federal Public Health Service Act (42 U.S.C. Sec.
2 300gg-13) and any rules or regulations issued under that section.

3 SECTION 1. ~~Section 1367.001 is added to the Health and~~
4 ~~Safety Code, to read:~~

5 1367.001. (a) (1) ~~Subject to the minimum interval established~~
6 ~~by the United States Secretary of Health and Human Services~~
7 ~~pursuant to subsection (b) of Section 2713 of the federal Public~~
8 ~~Health Service Act, as added by Section 1001 of the federal Patient~~
9 ~~Protection and Affordable Care Act (Public Law 111-148), a group~~
10 ~~or individual health care service plan contract that is issued,~~
11 ~~amended, renewed, or delivered on or after September 23, 2010,~~
12 ~~shall, at a minimum, provide coverage for, and shall not impose~~
13 ~~any cost-sharing requirements for, all of the following:~~

14 (A) ~~Evidence-based items or services that have in effect a rating~~
15 ~~of “A” or “B” in the current recommendations of the United States~~
16 ~~Preventive Services Task Force.~~

17 (B) ~~Immunizations that have in effect a recommendation from~~
18 ~~the Advisory Committee on Immunization Practices of the federal~~
19 ~~Centers for Disease Control and Prevention with respect to the~~
20 ~~individual involved.~~

21 (C) ~~With respect to infants, children, and adolescents,~~
22 ~~evidence-informed preventive care and screenings provided for in~~
23 ~~the comprehensive guidelines supported by the federal Health~~
24 ~~Resources and Services Administration.~~

25 (D) ~~With respect to women, any additional preventive care and~~
26 ~~screenings not described in subparagraph (A) as provided for in~~
27 ~~the comprehensive guidelines supported by the federal Health~~
28 ~~Resources and Services Administration.~~

29 (2) ~~For purposes of this subdivision, the current~~
30 ~~recommendations of the United States Preventive Services Task~~
31 ~~Force regarding breast cancer screening, mammography, and~~
32 ~~prevention shall be considered the most current, other than~~
33 ~~recommendations issued by the task force in November of 2009,~~
34 ~~or within 30 days of that month.~~

35 (3) ~~Nothing in this subdivision shall be construed to prohibit a~~
36 ~~plan from providing coverage for services in addition to those~~
37 ~~recommended by the United States Preventive Services Task Force~~
38 ~~or to deny coverage for services that are not recommended by the~~
39 ~~task force.~~

1 ~~(b) This section shall not apply to Medicare supplement plan~~
2 ~~contracts or to coverage offered by specialized health care service~~
3 ~~plans, including, but not limited to, ambulance, dental, vision,~~
4 ~~behavioral health, chiropractic, and naturopathic.~~

5 SEC. 2. Section 10112.1 is added to the Insurance Code, to
6 read:

7 10112.1. (a) (1) ~~Subject to the minimum interval established~~
8 ~~by the United States Secretary of Health and Human Services~~
9 ~~pursuant to subsection (b) of Section 2713 of the federal Public~~
10 ~~Health Service Act, as added by Section 1001 of the federal Patient~~
11 ~~Protection and Affordable Care Act (Public Law 111-148), a group~~
12 ~~or individual health insurance policy that is issued, amended,~~
13 ~~renewed, or delivered on or after September 23, 2010, shall, at a~~
14 ~~minimum, provide coverage for, and shall not impose any~~
15 ~~cost-sharing requirements for, all of the following:~~

16 (A) ~~Evidence-based items or services that have in effect a rating~~
17 ~~of “A” or “B” in the current recommendations of the United States~~
18 ~~Preventive Services Task Force.~~

19 (B) ~~Immunizations that have in effect a recommendation from~~
20 ~~the Advisory Committee on Immunization Practices of the federal~~
21 ~~Centers for Disease Control and Prevention with respect to the~~
22 ~~individual involved.~~

23 (C) ~~With respect to infants, children, and adolescents,~~
24 ~~evidence-informed preventive care and screenings provided for in~~
25 ~~the comprehensive guidelines supported by the federal Health~~
26 ~~Resources and Services Administration.~~

27 (D) ~~With respect to women, any additional preventive care and~~
28 ~~screenings not described in subparagraph (A) as provided for in~~
29 ~~the comprehensive guidelines supported by the federal Health~~
30 ~~Resources and Services Administration.~~

31 (2) ~~For purposes of this subdivision, the current~~
32 ~~recommendations of the United States Preventive Services Task~~
33 ~~Force regarding breast cancer screening, mammography, and~~
34 ~~prevention shall be considered the most current, other than~~
35 ~~recommendations issued by the task force in November of 2009,~~
36 ~~or within 30 days of that month.~~

37 (3) ~~Nothing in this subdivision shall be construed to prohibit a~~
38 ~~health insurer from providing coverage for services in addition to~~
39 ~~those recommended by the United States Preventive Services Task~~

1 Force or to deny coverage for services that are not recommended
2 by the task force.

3 ~~(b) This section shall not apply to specialized health insurance~~
4 ~~policies, Medicare supplement policies, CHAMPUS-supplement~~
5 ~~insurance policies, TRICARE supplement insurance policies,~~
6 ~~accident-only insurance policies, or insurance policies excluded~~
7 ~~from the definition of “health insurance” under subdivision (b) of~~
8 ~~Section 106.~~

9 ~~SEC. 3. It is the intent of the Legislature to enact legislation~~
10 ~~that would require the Department of Managed Health Care and~~
11 ~~the Department of Insurance to post a link on their respective~~
12 ~~Internet Web sites to the Internet Web site of the federal~~
13 ~~Department of Health and Human Services where consumers may~~
14 ~~easily obtain information about affordable and comprehensive~~
15 ~~health care coverage options under the federal Patient Protection~~
16 ~~and Affordable Care Act (Public Law 111-148).~~

17 ~~SEC. 4.~~

18 ~~SEC. 3. No reimbursement is required by this act pursuant to~~
19 ~~Section 6 of Article XIII B of the California Constitution because~~
20 ~~the only costs that may be incurred by a local agency or school~~
21 ~~district will be incurred because this act creates a new crime or~~
22 ~~infraction, eliminates a crime or infraction, or changes the penalty~~
23 ~~for a crime or infraction, within the meaning of Section 17556 of~~
24 ~~the Government Code, or changes the definition of a crime within~~
25 ~~the meaning of Section 6 of Article XIII B of the California~~
26 ~~Constitution.~~