

AMENDED IN ASSEMBLY MAY 3, 2011  
AMENDED IN ASSEMBLY APRIL 14, 2011  
AMENDED IN ASSEMBLY MARCH 29, 2011  
CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 714**

---

---

**Introduced by Assembly Member Atkins**

February 17, 2011

---

---

An act to amend Section 127420 of, and to add Sections 104164, 120971.5, and 120971.6 to, the Health and Safety Code, to add Sections 12693.78, 12693.79, 12698.45, 12734, and 12739.615 to the Insurance Code, and to add Sections 14029.9 and 14105.182 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 714, as amended, Atkins. Health care coverage: California Health Benefit Exchange.

Existing law, the federal Patient Protection and Affordable Care Act, requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and employers. Existing state law establishes the California Health Benefit Exchange within state government, specifies the powers and duties of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014.

Existing law establishes a program for the treatment of breast and cervical cancer, administered by the State Department of Health Care

Services. Existing law provides specified health care coverage to eligible individuals under the Healthy Families Program, the Access for Infants and Mothers Program, the California Major Risk Medical Insurance Program, and the Federal Temporary High Risk Pool, which are administered by the Managed Risk Medical Insurance Board. Existing law provides specified health care coverage to eligible individuals under the Medi-Cal program and the Family PACT program, which are administered by the State Department of Health Care Services. Existing law provides specified health care coverage to individuals under the AIDS Drug Assistance Program (ADAP) and the federal Ryan White HIV/AIDS Treatment Extension Act of 2009, which are administered by the State Department of Public Health. Existing law provides for the regulation and licensure of hospital facilities by the State Department of Public Health.

This bill would, until June 30, 2013, require the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board, respectively, to disclose information on health care coverage through the California Health Benefit Exchange to every individual who has ceased to be enrolled under the programs described above, except that, with respect to the cancer treatment program, the Family PACT program, and the programs for treatment of HIV/AIDS, the disclosure would be made to each enrollee. The bill would require certain hospitals, when billing, to include additional disclosures regarding health care coverage through the Exchange.

On and after January 1, 2013, this bill would require the State Department of Health Care Services and the board to provide to the ~~Medi-Cal program and to the California Health Benefit Exchange~~ *California Health Benefit Exchange specified information for each enrollee who has ceased to be enrolled under those programs* information on every individual who has ceased to be enrolled under ~~those programs~~ *those programs*, except the cancer treatment program, the Family PACT program, and the programs for treatment of HIV/AIDS, *in a manner to be prescribed by the Exchange*, for purposes of ~~enrolling those individuals in the Exchange determining eligibility and completing enrollment in the Exchange~~ *enrolling those individuals in the Exchange*, and to disclose that enrollment to those individuals. ~~The bill would require an entity providing services or treatment under the cancer treatment program, the Family PACT program, and the programs for treatment of HIV/AIDS, to provide certain information regarding each enrollee to the State Department of~~

Health Care Services or the State Department of Public Health, as specified, and would require the departments to provide that information to the Exchange and to the Medi-Cal program, for purposes of enrolling those individuals in the Exchange. *On and after January 1, 2013, with respect to the cancer treatment program, the programs for the treatment of HIV/AIDS, and the Family PACT program, this bill would require the State Department of Health Care Services or the State Department of Public Health to provide to the Exchange specified information for each enrollee in a manner to be prescribed by the Exchange for purposes of determining eligibility and completing enrollment in the Exchange.* The bill would make the automatic enrollment of those individuals in the Exchange subject to the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board receiving approval from the United States Department of Health and Human Services to transfer the minimum information necessary to initiate an application for enrollment, as specified. The bill would allow an individual who has been enrolled in the Exchange by the departments or the board to opt out of that coverage in writing to the Exchange.

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 104164 is added to the Health and Safety  
 2 Code, to read:  
 3 104164. (a) Effective January 1, 2012, to June 30, 2013,  
 4 inclusive, *the department shall provide the following notice to*  
 5 *every individual receiving services or treatment for cancer under*  
 6 *this chapter shall be provided the following notice:*  
 7  
 8 “Effective January 1, 2014, you may be eligible for reduced-cost,  
 9 comprehensive health care coverage through the California Health  
 10 Benefit Exchange. If your income is low, you may be eligible for  
 11 no-cost coverage through Medi-Cal. For more information, please  
 12 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
 13 telephone number).”  
 14

1 (b) Effective July 1, 2013, *the department shall provide the*  
2 *following notice to every individual receiving services or treatment*  
3 *under this chapter shall be provided the following notice:*  
4

5 “Because you are enrolled in a cancer screening or treatment  
6 program, an application for health care coverage through the  
7 California Health Benefit Exchange will be made for you. Coverage  
8 will not be effective until January 1, 2014. You are not required  
9 to accept coverage from the Exchange. Your payment for coverage  
10 will be based on your income last year. If you make significantly  
11 less or more this year than you made last year, please tell the  
12 California Health Benefit Exchange and your charges will be based  
13 on your current income. If your income is low, you may qualify  
14 for no-cost coverage through Medi-Cal. For more information,  
15 check [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
16 telephone number).”  
17

18 (c) (1) To maximize the number of individual Californians  
19 complying with the requirements of the federal Patient Protection  
20 and Affordable Care Act (Public Law 111-148) by obtaining  
21 coverage consistent with the provisions of federal law, the  
22 department shall seek approval from the United States Department  
23 of Health and Human Services to transfer the minimum information  
24 necessary to initiate an application for enrollment under this section  
25 consistent with Section 100503 of the Government Code.

26 ~~(2) Effective January 1, 2013, every entity providing services~~  
27 ~~or treatment under this chapter shall provide to the department the~~  
28 ~~name, address, and other information of each enrollee as required~~  
29 ~~by the department. The department shall provide the information~~  
30 ~~to the Exchange and to the Medi-Cal program so that eligibility~~  
31 ~~may be determined and enrollment completed.~~

32 (2) *Effective January 1, 2013, for each enrollee, the department*  
33 *shall provide to the Exchange the name, most recent address, other*  
34 *information that is in the possession of the program, and any other*  
35 *information that the Exchange may require, in a manner to be*  
36 *prescribed by the Exchange in order to determine eligibility and*  
37 *complete enrollment. The information shall be kept confidential*  
38 *in a manner consistent with subsection (g) of Section 1411 of the*  
39 *federal Patient Protection and Affordable Care Act (Public Law*  
40 *111-148).*

1 (3) The information to the Exchange shall initiate an application  
2 for enrollment in coverage within the meaning of Section 100503  
3 of the Government Code.

4 (d) The individual shall have the opportunity to decline health  
5 care coverage pursuant to this section by notifying the Exchange  
6 in writing.

7 SEC. 2. Section 120971.5 is added to the Health and Safety  
8 Code, to read:

9 120971.5. (a) Effective January 1, 2012, to June 30, 2013,  
10 inclusive, *the State Department of Public Health shall provide the*  
11 *following notice to every individual receiving care or services*  
12 *under the AIDS Drug Assistance Program (ADAP), as provided*  
13 *in Section 120950-~~shall be provided the following notice:~~*

14  
15 “Effective January 1, 2014, you may be eligible for reduced-cost,  
16 comprehensive health care coverage through the California Health  
17 Benefit Exchange. If your income is low, you may be eligible for  
18 no-cost coverage through Medi-Cal. For more information, please  
19 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
20 telephone number).”

21  
22 (b) Effective July 1, 2013, *the State Department of Public Health*  
23 *shall provide the following notice to every individual receiving*  
24 *care or services under ADAP as provided in Section 120950-~~shall~~*  
25 *be provided the following notice:*

26  
27 “Because you are enrolled in a public health program, an  
28 application for health care coverage through the California Health  
29 Benefit Exchange will be made for you. Coverage will not be  
30 effective until January 1, 2014. You are not required to accept  
31 coverage from the Exchange. Your payment for coverage will be  
32 based on your income last year. If you make significantly less or  
33 more this year than you made last year, please tell the California  
34 Health Benefit Exchange and your charges will be based on your  
35 current income. If your income is low, you may qualify for no-cost  
36 coverage through Medi-Cal. For more information, check  
37 [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert telephone  
38 number).”

39

1 (c) (1) To maximize the number of individual Californians  
2 complying with the requirements of the federal Patient Protection  
3 and Affordable Care Act (Public Law 111-148) by obtaining  
4 coverage consistent with the provisions of federal law, the State  
5 Department of Public Health shall seek approval from the United  
6 States Department of Health and Human Services to transfer the  
7 minimum information necessary to initiate an application for  
8 enrollment under this section consistent with Section 100503 of  
9 the Government Code.

10 ~~(2) Effective January 1, 2013, every entity providing services~~  
11 ~~or treatment under ADAP as provided in Section 120950 shall~~  
12 ~~provide to the State Department of Public Health the name, address,~~  
13 ~~and other information of each enrollee as required by the~~  
14 ~~department. The information provided shall be provided consistent~~  
15 ~~with Section 120980. The department shall provide the information~~  
16 ~~to the Exchange and to the Medi-Cal program so that eligibility~~  
17 ~~may be determined and enrollment completed.~~

18 *(2) Effective January 1, 2013, for each enrollee, the State*  
19 *Department of Public Health shall provide to the Exchange the*  
20 *name, most recent address, other information that is in the*  
21 *possession of the program, and any other information that the*  
22 *Exchange may require, in a manner to be prescribed by the*  
23 *Exchange in order to determine eligibility and complete enrollment.*  
24 *The information shall be kept confidential in a manner consistent*  
25 *with subsection (g) of Section 1411 of the federal Patient Protection*  
26 *and Affordable Care Act (Public Law 111-148), the information*  
27 *shall be provided consistent with Section 120980.*

28 (3) The information provided to the Exchange shall initiate an  
29 application for enrollment in coverage within the meaning of  
30 Section 100503 of the Government Code.

31 (d) The individual shall have the opportunity to decline health  
32 care coverage pursuant to this section by notifying the Exchange  
33 in writing.

34 SEC. 3. Section 120971.6 is added to the Health and Safety  
35 Code, to read:

36 120971.6. (a) Effective January 1, 2012, to June 30, 2013,  
37 inclusive, *the State Department of Public Health shall provide the*  
38 *following notice to every individual receiving care or services*  
39 *under the federal Ryan White HIV/AIDS Treatment Extension*

1 Act of 2009 (Public Law 111-187) ~~shall be provided the following~~  
2 ~~notice:~~

3  
4 “Effective January 1, 2014, you may be eligible for reduced-cost,  
5 comprehensive health care coverage through the California Health  
6 Benefit Exchange. If your income is low, you may be eligible for  
7 no-cost coverage through Medi-Cal. For more information, please  
8 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
9 telephone number).”

10  
11 (b) Effective July 1, 2013, *the State Department of Public Health*  
12 *shall provide the following notice to every individual receiving*  
13 *care or services under the federal Ryan White HIV/AIDS Treatment*  
14 *Extension Act of 2009 (Public Law 111-187) shall be provided*  
15 *the following notice:*

16  
17 “Because you are enrolled in a public health program, an  
18 application for health care coverage through the California Health  
19 Benefit Exchange will be made for you. Coverage will not be  
20 effective until January 1, 2014. You are not required to accept  
21 coverage from the Exchange. Your payment for coverage will be  
22 based on your income last year. If you make significantly less or  
23 more this year than you made last year, please tell the California  
24 Health Benefit Exchange and your charges will be based on your  
25 current income. If your income is low, you may qualify for no-cost  
26 coverage through Medi-Cal. For more information, check  
27 [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert telephone  
28 number).”

29  
30 (c) (1) To maximize the number of individual Californians  
31 complying with the requirements of the federal Patient Protection  
32 and Affordable Care Act (Public Law 111-148) by obtaining  
33 coverage consistent with the provisions of federal law, the State  
34 Department of Public Health shall seek approval from the United  
35 States Department of Health and Human Services to transfer the  
36 minimum information necessary to initiate an application for  
37 enrollment under this section consistent with Section 100503 of  
38 the Government Code.

39 ~~(2) Effective January 1, 2013, every entity providing services~~  
40 ~~or treatment under the federal Ryan White HIV/AIDS Treatment~~

1 ~~Extension Act of 2009 (Public Law 111-187) shall provide to the~~  
2 ~~State Department of Public Health the name, address, and other~~  
3 ~~information of each enrollee as required by the department. The~~  
4 ~~information provided shall be provided consistent with Section~~  
5 ~~120980. The department shall provide the information to the~~  
6 ~~Exchange and to the Medi-Cal program so that eligibility may be~~  
7 ~~determined and enrollment completed.~~

8 *(2) Effective January 1, 2013, for each enrollee, the State*  
9 *Department of Public Health shall provide to the Exchange the*  
10 *name, most recent address, other information that is in the*  
11 *possession of the program, and any other information that the*  
12 *Exchange may require, in a manner to be prescribed by the*  
13 *Exchange in order to determine eligibility and complete enrollment.*  
14 *The information shall be kept confidential in a manner consistent*  
15 *with subsection (g) of Section 1411 of the federal Patient Protection*  
16 *and Affordable Care Act (Public Law 111-148), the information*  
17 *shall be provided consistent with Section 120980.*

18 (3) The information provided to the Exchange shall initiate an  
19 application for enrollment in coverage within the meaning of  
20 Section 100503 of the Government Code.

21 (d) The individual shall have the opportunity to decline health  
22 care coverage pursuant to this section by notifying the Exchange  
23 in writing.

24 SEC. 4. Section 127420 of the Health and Safety Code is  
25 amended to read:

26 127420. (a) Each hospital shall make all reasonable efforts to  
27 obtain from the patient or his or her representative information  
28 about whether private or public health insurance or sponsorship  
29 may fully or partially cover the charges for care rendered by the  
30 hospital to a patient, including, but not limited to, any of the  
31 following:

32 (1) Private health insurance.

33 (2) Medicare.

34 (3) The Medi-Cal program, the Healthy Families Program, the  
35 California Children's Services Program, or other state-funded  
36 programs designed to provide health coverage.

37 (b) If a hospital bills a patient who has not provided proof of  
38 coverage by a third party at the time the care is provided or upon  
39 discharge, as a part of that billing, the hospital shall provide the

1 patient with a clear and conspicuous notice that includes all of the  
2 following:

3 (1) A statement of charges for services rendered by the hospital.

4 (2) A request that the patient inform the hospital if the patient  
5 has health insurance coverage, Medicare, Healthy Families,  
6 Medi-Cal, or other coverage.

7 (3) A statement that if the consumer does not have health  
8 insurance coverage, the consumer may be eligible for Medicare,  
9 Healthy Families, Medi-Cal, California Childrens' Services  
10 Program, or charity care. Effective January 1, 2013, the statement  
11 shall include information about the availability of coverage through  
12 the California Health Benefit Exchange and that such coverage  
13 shall be available effective January 1, 2014.

14 (4) (A) A statement indicating how patients may obtain  
15 applications for the Medi-Cal program and the Healthy Families  
16 Program and that the hospital will provide these applications.  
17 Effective January 1, 2013, the statement shall include information  
18 about the availability of coverage through the California Health  
19 Benefit Exchange and that such coverage shall be available  
20 effective January 1, 2014. If the patient does not indicate coverage  
21 by a third-party payer specified in subdivision (a), or requests a  
22 discounted price or charity care then the hospital shall provide an  
23 application for the Medi-Cal program, the Healthy Families  
24 Program, or other governmental program to the patient. This  
25 application shall be provided prior to discharge if the patient has  
26 been admitted or to patients receiving emergency or outpatient  
27 care.

28 (B) Effective January 1, 2014, the California Health Benefit  
29 Exchange shall be included as a government program under this  
30 section, including for purposes of the notice and application  
31 requirements under this subdivision.

32 (5) Information regarding the financially qualified patient and  
33 charity care application, including the following:

34 (A) A statement that indicates that if the patient lacks, or has  
35 inadequate, insurance, and meets certain low- and moderate-income  
36 requirements, the patient may qualify for discounted payment or  
37 charity care.

38 (B) The name and telephone number of a hospital employee or  
39 office from whom or which the patient may obtain information

1 about the hospital’s discount payment and charity care policies,  
 2 and how to apply for that assistance.

3 SEC. 5. Section 12693.78 is added to the Insurance Code, to  
 4 read:

5 12693.78. (a) Effective January 1, 2012, to June 30, 2013,  
 6 inclusive, *the board shall provide the following notice to every*  
 7 individual who ceases to be enrolled in the program—~~shall be~~  
 8 ~~provided the following notice:~~

9  
 10 “Effective January 1, 2014, you may be eligible for reduced-cost,  
 11 comprehensive health care coverage through the California Health  
 12 Benefit Exchange. If your income is low, you may be eligible for  
 13 no-cost coverage through Medi-Cal. For more information, please  
 14 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
 15 telephone number).”

16  
 17 (b) Effective July 1, 2013, *the board shall provide the following*  
 18 *notice to every individual who ceases to be enrolled in the program*  
 19 ~~shall be provided the following notice:~~

20  
 21 “Because you are no longer enrolled in the Healthy Families  
 22 Program, an application for health care coverage through the  
 23 California Health Benefit Exchange will be made for you. Coverage  
 24 will not be effective until January 1, 2014. You are not required  
 25 to accept coverage from the Exchange. Your payment for coverage  
 26 will be based on your income last year. If you make significantly  
 27 less or more this year than you made last year, please tell the  
 28 California Health Benefit Exchange and your charges will be based  
 29 on your current income. If your income is low, you may qualify  
 30 for no-cost coverage through Medi-Cal. For more information,  
 31 check [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
 32 telephone number).”

33  
 34 (c) (1) To maximize the number of individual Californians  
 35 complying with the requirements of the federal Patient Protection  
 36 and Affordable Care Act (Public Law 111-148) by obtaining  
 37 coverage consistent with the provisions of federal law, the board  
 38 shall seek approval from the United States Department of Health  
 39 and Human Services to transfer the minimum information

1 necessary to initiate an application for enrollment under this section  
2 consistent with Section 100503 of the Government Code.

3 ~~(2) Effective January 1, 2013, the board shall provide the name,  
4 address, and other information regarding those individuals who  
5 have ceased to be enrolled in the program to the Exchange and to  
6 the Medi-Cal program so that eligibility may be determined and  
7 enrollment completed.~~

8 *(2) Effective January 1, 2013, for each enrollee who has ceased  
9 to be enrolled, the board shall provide to the Exchange the name,  
10 most recent address, other information that is in the possession of  
11 the program, and any other information that the Exchange may  
12 require, in a manner to be prescribed by the Exchange in order  
13 to determine eligibility and complete enrollment. The information  
14 shall be kept confidential in a manner consistent with subsection  
15 (g) of Section 1411 of the federal Patient Protection and Affordable  
16 Care Act (Public Law 111-148).*

17 (3) The information provided to the Exchange shall initiate an  
18 application for enrollment in coverage within the meaning of  
19 Section 100503 of the Government Code.

20 (d) The individual shall have the opportunity to decline health  
21 care coverage pursuant to this section by notifying the Exchange  
22 in writing.

23 SEC. 6. Section 12693.79 is added to the Insurance Code, to  
24 read:

25 12693.79. *Effective January 1, 2012, the board shall provide  
26 the following notice to every individual enrolled in the Healthy  
27 Families program shall be provided the following notice:*

28  
29 *“Effective January 1, 2014, if your parents or other family  
30 members do not have health care coverage that costs less than 10%  
31 of your income, your parents or other family members may be  
32 eligible for reduced cost, comprehensive health care coverage  
33 through the California Health Benefit Exchange. If your income  
34 is low, you may be eligible for no-cost coverage through Medi-Cal.  
35 For more information, please visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call  
36 1-888-Healthhelp (insert telephone number).”*

37  
38 SEC. 7. Section 12698.45 is added to the Insurance Code, to  
39 read:

1 12698.45. (a) Effective January 1, 2012, to June 30, 2013,  
2 inclusive, *the board shall provide the following notice to every*  
3 *individual who ceases to be enrolled in the program—shall be*  
4 *provided the following notice:*

5  
6 “Effective January 1, 2014, you may be eligible for reduced-cost,  
7 comprehensive health care coverage through the California Health  
8 Benefit Exchange. If your income is low, you may be eligible for  
9 no-cost coverage through Medi-Cal. For more information, please  
10 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
11 telephone number).”

12  
13 (b) Effective July 1, 2013, *the board shall provide the following*  
14 *notice to every individual who ceases to be enrolled in the program*  
15 *shall be provided the following notice:*

16  
17 “Because you are no longer enrolled in AIM (Access for Infants  
18 and Mothers Program), an application for health care coverage  
19 through the California Health Benefit Exchange will be made for  
20 you. Coverage will not be effective until January 1, 2014. You are  
21 not required to accept coverage from the Exchange. Your payment  
22 for coverage will be based on your income last year. If you make  
23 significantly less or more this year than you made last year, please  
24 tell the California Health Benefit Exchange and your charges will  
25 be based on your current income. If your income is low, you may  
26 qualify for no-cost coverage through Medi-Cal. For more  
27 information, check [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp  
28 (insert telephone number).”

29  
30 (c) (1) To maximize the number of individual Californians  
31 complying with the requirements of the federal Patient Protection  
32 and Affordable Care Act (Public Law 111-148) by obtaining  
33 coverage consistent with the provisions of federal law, the board  
34 shall seek approval from the United States Department of Health  
35 and Human Services to transfer the minimum information  
36 necessary to initiate an application for enrollment under this section  
37 consistent with Section 100503 of the Government Code.

38 ~~(2) Effective January 1, 2013, the board shall provide the name,~~  
39 ~~address, and other information regarding those individuals who~~  
40 ~~have ceased to be enrolled in the program to the Exchange and to~~

1 ~~the Medi-Cal program so that eligibility may be determined and~~  
2 ~~enrollment completed.~~

3 (2) *Effective January 1, 2013, for each enrollee who has ceased*  
4 *to be enrolled, the board shall provide to the Exchange the name,*  
5 *most recent address, other information that is in the possession of*  
6 *the program, and any other information that the Exchange may*  
7 *require, in a manner to be prescribed by the Exchange in order*  
8 *to determine eligibility and complete enrollment. The information*  
9 *shall be kept confidential in a manner consistent with subsection*  
10 *(g) of Section 1411 of the federal Patient Protection and Affordable*  
11 *Care Act (Public Law 111-148).*

12 (3) The information provided to the Exchange shall initiate an  
13 application for enrollment in coverage within the meaning of  
14 Section 100503 of the Government Code.

15 (d) The individual shall have the opportunity to decline health  
16 care coverage pursuant to this section by notifying the Exchange  
17 in writing.

18 SEC. 8. Section 12734 is added to the Insurance Code, to read:

19 12734. (a) Effective January 1, 2012, to June 30, 2013,  
20 inclusive, *the board shall provide the following notice to every*  
21 *individual who ceases to be enrolled in the program—shall be*  
22 ~~provided the following notice:~~

23  
24 “Effective January 1, 2014, you may be eligible for reduced-cost,  
25 comprehensive health care coverage through the California Health  
26 Benefit Exchange. If your income is low, you may be eligible for  
27 no-cost coverage through Medi-Cal. For more information, please  
28 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
29 telephone number).”

30  
31 (b) Effective July 1, 2013, *the board shall provide the following*  
32 *notice to every individual who ceases to be enrolled in the program*  
33 ~~shall be provided the following notice:~~

34  
35 “Because you are no longer enrolled in the California Major  
36 Risk Medical Insurance Program, an application for health care  
37 coverage through the California Health Benefit Exchange will be  
38 made for you. Coverage will not be effective until January 1, 2014.  
39 You are not required to accept coverage from the Exchange. Your  
40 payment for coverage will be based on your income last year. If

1 you make significantly less or more this year than you made last  
 2 year, please tell the California Health Benefit Exchange and your  
 3 charges will be based on your current income. If your income is  
 4 low, you may qualify for no-cost coverage through Medi-Cal. For  
 5 more information, check [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call  
 6 1-888-Healthhelp (insert telephone number).”

7  
 8 (c) (1) To maximize the number of individual Californians  
 9 complying with the requirements of the federal Patient Protection  
 10 and Affordable Care Act (Public Law 111-148) by obtaining  
 11 coverage consistent with the provisions of federal law, the board  
 12 shall seek approval from the United States Department of Health  
 13 and Human Services to transfer the minimum information  
 14 necessary to initiate an application for enrollment under this section  
 15 consistent with Section 100503 of the Government Code.

16 ~~(2) Effective January 1, 2013, the board shall provide the name,  
 17 address, and other information regarding those individuals who  
 18 have ceased to be enrolled in the program to the Exchange and to  
 19 the Medi-Cal program so that eligibility may be determined and  
 20 enrollment completed.~~

21 *(2) Effective January 1, 2013, for each enrollee who has ceased  
 22 to be enrolled, the board shall provide to the Exchange the name,  
 23 most recent address, other information that is in the possession of  
 24 the program, and any other information that the Exchange may  
 25 require, in a manner to be prescribed by the Exchange in order  
 26 to determine eligibility and complete enrollment. The information  
 27 shall be kept confidential in a manner consistent with subsection  
 28 (g) of Section 1411 of the federal Patient Protection and Affordable  
 29 Care Act (Public Law 111-148).*

30 (3) The information provided to the Exchange shall initiate an  
 31 application for enrollment in coverage within the meaning of  
 32 Section 100503 of the Government Code.

33 (d) The individual shall have the opportunity to decline health  
 34 care coverage pursuant to this section by notifying the Exchange  
 35 in writing.

36 SEC. 9. Section 12739.615 is added to the Insurance Code, to  
 37 read:

38 12739.615. (a) Effective January 1, 2012, to June 30, 2013,  
 39 inclusive, *the board shall provide the following notice to every*

1 individual who ceases to be enrolled in the program ~~shall be~~  
2 ~~provided the following notice:~~

3  
4 “Effective January 1, 2014, you may be eligible for reduced-cost,  
5 comprehensive health care coverage through the California Health  
6 Benefit Exchange. If your income is low, you may be eligible for  
7 no-cost coverage through Medi-Cal. For more information, please  
8 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
9 telephone number).”

10  
11 (b) Effective July 1, 2013, *the board shall provide the following*  
12 *notice to every individual who ceases to be enrolled in the program*  
13 ~~shall be provided the following notice:~~

14  
15 “Because you are no longer enrolled in the Federal Temporary  
16 High Risk Pool, an application for health care coverage through  
17 the California Health Benefit Exchange will be made for you.  
18 Coverage will not be effective until January 1, 2014. You are not  
19 required to accept coverage from the Exchange. Your payment for  
20 coverage will be based on your income last year. If you make  
21 significantly less or more this year than you made last year, please  
22 tell the California Health Benefit Exchange and your charges will  
23 be based on your current income. If your income is low, you may  
24 qualify for no-cost coverage through Medi-Cal. For more  
25 information, check [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp  
26 (insert telephone number).”

27  
28 (c) (1) To maximize the number of individual Californians  
29 complying with the requirements of the federal Patient Protection  
30 and Affordable Care Act (Public Law 111-148) by obtaining  
31 coverage consistent with the provisions of federal law, the board  
32 shall seek approval from the United States Department of Health  
33 and Human Services to transfer the minimum information  
34 necessary to initiate an application for enrollment under this section  
35 consistent with Section 100503 of the Government Code.

36 ~~(2) Effective January 1, 2013, the board shall provide the name,~~  
37 ~~address, and other information regarding those individuals who~~  
38 ~~have ceased to be enrolled in the program to the Exchange and to~~  
39 ~~the Medi-Cal program so that eligibility may be determined and~~  
40 ~~enrollment completed.~~

1 (2) *Effective January 1, 2013, for each enrollee who has ceased*  
2 *to be enrolled, the board shall provide to the Exchange the name,*  
3 *most recent address, other information that is in the possession of*  
4 *the program, and any other information that the Exchange may*  
5 *require, in a manner to be prescribed by the Exchange in order*  
6 *to determine eligibility and complete enrollment. The information*  
7 *shall be kept confidential in a manner consistent with subsection*  
8 *(g) of Section 1411 of the federal Patient Protection and Affordable*  
9 *Care Act (Public Law 111-148).*

10 (3) The information provided to the Exchange shall initiate an  
11 application for enrollment in coverage within the meaning of  
12 Section 100503 of the Government Code.

13 (d) The individual shall have the opportunity to decline health  
14 care coverage pursuant to this section by notifying the Exchange  
15 in writing.

16 SEC. 10. Section 14029.9 is added to the Welfare and  
17 Institutions Code, to read:

18 14029.9. (a) Effective January 1, 2012, to June 30, 2013,  
19 inclusive, *the department shall provide the following notice to*  
20 *every individual who ceases to be enrolled in the Medi-Cal program*  
21 ~~shall be provided the following notice:~~

22  
23 “Effective January 1, 2014, you may be eligible for reduced-cost,  
24 comprehensive health care coverage through the California Health  
25 Benefit Exchange. If your income is low, you may be eligible for  
26 no-cost coverage through Medi-Cal. For more information, please  
27 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
28 telephone number).”

29  
30 (b) Effective July 1, 2013, *the department shall provide the*  
31 *following notice to every individual who ceases to be enrolled in*  
32 *the Medi-Cal program* ~~shall be provided the following notice:~~

33  
34 “Because you are no longer enrolled in Medi-Cal, an application  
35 for health care coverage through the California Health Benefit  
36 Exchange will be made for you. Coverage will not be effective  
37 until January 1, 2014. You are not required to accept coverage  
38 from the Exchange. Your payment for coverage will be based on  
39 your income last year. If you make significantly less or more this  
40 year than you made last year, please tell the California Health

1 Benefit Exchange and your charges will be based on your current  
2 income. If your income is low, you may qualify for no-cost  
3 coverage through Medi-Cal. For more information, check  
4 [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert telephone  
5 number).”  
6

7 (c) (1) To maximize the number of individual Californians  
8 complying with the requirements of the federal Patient Protection  
9 and Affordable Care Act (Public Law 111-148) by obtaining  
10 coverage consistent with the provisions of federal law, the  
11 department shall seek approval from the United States Department  
12 of Health and Human Services to transfer the minimum information  
13 necessary to initiate an application for enrollment under this section  
14 consistent with Section 100503 of the Government Code.

15 ~~(2) Effective January 1, 2013, the department shall provide the~~  
16 ~~name, address, and other information regarding those individuals~~  
17 ~~who have ceased to be enrolled in the Medi-Cal program to the~~  
18 ~~Exchange so that eligibility may be determined and enrollment~~  
19 ~~completed.~~

20 *(2) Effective January 1, 2013, for each enrollee who has ceased*  
21 *to be enrolled, the department shall provide to the Exchange the*  
22 *name, most recent address, other information that is in the*  
23 *possession of the program, and any other information that the*  
24 *Exchange may require, in a manner to be prescribed by the*  
25 *Exchange in order to determine eligibility and complete enrollment.*  
26 *The information shall be kept confidential in a manner consistent*  
27 *with subsection (g) of Section 1411 of the federal Patient Protection*  
28 *and Affordable Care Act (Public Law 111-148).*

29 (3) The information provided to the Exchange shall initiate an  
30 application for enrollment in coverage within the meaning of  
31 Section 100503 of the Government Code.

32 (d) The individual shall have the opportunity to decline health  
33 care coverage pursuant to this section by notifying the Exchange  
34 in writing.

35 SEC. 11. Section 14105.182 is added to the Welfare and  
36 Institutions Code, to read:

37 14105.182. (a) Effective January 1, 2012, to June 30, 2013,  
38 inclusive, *the department shall provide the following notice to*  
39 *every individual receiving care or services under the Family PACT*

1 program as provided in subdivision (aa) of Section 14132 ~~shall be~~  
2 ~~provided the following notice:~~

3  
4 “Effective January 1, 2014, you may be eligible for reduced-cost,  
5 comprehensive health care coverage through the California Health  
6 Benefit Exchange. If your income is low, you may be eligible for  
7 no-cost coverage through Medi-Cal. For more information, please  
8 visit [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert  
9 telephone number).”

10  
11 (b) Effective July 1, 2013, *the department shall provide the*  
12 *following notice to every individual receiving care or services*  
13 *under the Family PACT program as provided in subdivision (aa)*  
14 *of Section 14132 shall be provided the following notice:*

15  
16 “Because you are enrolled in a public health program, an  
17 application for health care coverage through the California Health  
18 Benefit Exchange will be made for you. Coverage will not be  
19 effective until January 1, 2014. You are not required to accept  
20 coverage from the Exchange. Your payment for coverage will be  
21 based on your income last year. If you make significantly less or  
22 more this year than you made last year, please tell the California  
23 Health Benefit Exchange and your charges will be based on your  
24 current income. If your income is low, you may qualify for no-cost  
25 coverage through Medi-Cal. For more information, check  
26 [www.healthcare.ca.gov](http://www.healthcare.ca.gov) or call 1-888-Healthhelp (insert telephone  
27 number).”

28  
29 (c) (1) To maximize the number of individual Californians  
30 complying with the requirements of the federal Patient Protection  
31 and Affordable Care Act (Public Law 111-148) by obtaining  
32 coverage consistent with the provisions of federal law, the  
33 department shall seek approval from the United States Department  
34 of Health and Human Services to transfer the minimum information  
35 necessary to initiate an application for enrollment under this section  
36 consistent with Section 100503 of the Government Code.

37 ~~(2) Effective January 1, 2013, every entity providing services~~  
38 ~~or treatment under the program as provided in subdivision (aa) of~~  
39 ~~Section 14132 shall provide to the department the name, address,~~  
40 ~~and other information of each enrollee as required by the~~

1 department. The department shall provide the information to the  
2 Exchange and to the Medi-Cal program so that eligibility may be  
3 determined and enrollment completed.

4 (2) *Effective January 1, 2013, for each enrollee, the department*  
5 *shall provide to the Exchange the name, most recent address, other*  
6 *information that is in the possession of the program, and any other*  
7 *information that the Exchange may require, in a manner to be*  
8 *prescribed by the Exchange in order to determine eligibility and*  
9 *complete enrollment. The information shall be kept confidential*  
10 *in a manner consistent with subsection (g) of Section 1411 of the*  
11 *federal Patient Protection and Affordable Care Act (Public Law*  
12 *111-148).*

13 (3) The information provided to the Exchange shall initiate an  
14 application for enrollment in coverage within the meaning of  
15 Section 100503 of the Government Code.

16 (d) The individual shall have the opportunity to decline health  
17 care coverage pursuant to this section by notifying the Exchange  
18 in writing.