

AMENDED IN ASSEMBLY APRIL 28, 1999
AMENDED IN ASSEMBLY MARCH 25, 1999

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

ASSEMBLY BILL

No. 285

Introduced by Assembly Member Corbett

February 4, 1999

An act to add ~~Section 2042.5 to the Business and Professions Code, to add Sections 1348.8, 1348.9, and 1348.10~~ *Section 1348.8* to the Health and Safety Code, and to add ~~Sections 10279 and 10280~~ *Section 10279* to the Insurance Code, relating to health care service plans.

LEGISLATIVE COUNSEL'S DIGEST

AB 285, as amended, Corbett. Health care coverage.

Under existing law, the Knox-Keene Health Care Service Plan Act of 1975, health care service plans are regulated by the Department of Corporations. Under existing law, the willful violation of these provisions is a crime. Existing law also provides for the regulation of insurers by the Department of Insurance.

This bill would require every health care service plan, and every disability insurer that provides coverage for hospital, medical, and surgical expenses, that provide telephone medical advice services to require that the staff employed to provide the medical advice services hold a valid license under certain provisions of the Business and Professions Code

regulating the healing arts and be supervised by a physician and surgeon licensed under the Medical Practice Act.

~~The bill would require the Insurance Commissioner and the Commissioner of Corporations to be consulted in the convening of a task force to develop appropriate protocols to assist unlicensed personnel in ascertaining the severity of a patient health complaint and the proper referral to the patient's health plan medical advice services, treating physician and surgeon, or other licensed health care provider for immediate consultation or treatment. The bill would require the protocols to be completed no later than December 31, 2000, and to be reviewed and revised every 4 years thereafter. The bill would require that copies of the protocols be available, as specified, within one year of the adoption of the protocols and upon the revision of the protocols every 4 years.~~

~~The bill would require, on and after January 1, 2001, a physician and surgeon to respond to a patient referral requested pursuant to the protocols within a timeframe to maximize patient health.~~

~~The bill would require, on and after January 1, 2001, every health care service plan and these disability insurers to disseminate the protocols, developed pursuant to the bill, for use by unlicensed medical personnel employed by the health care service plans, disability insurers, and their contractors, providing direct patient services.~~

Because this bill would change the requirements of health care service plans, this bill would change the definition of a crime, thereby imposing a state-mandated local program.

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 2042.5 is added to the Business~~
2 ~~and Professions Code, to read:~~

3 ~~2042.5. On and after January 1, 2001, a physician and~~
4 ~~surgeon shall respond to a patient referral requested~~
5 ~~pursuant to Section 1348.10 of the Health and Safety Code~~
6 ~~within a timeframe to maximize patient health.~~

7 ~~SEC. 2.—~~

8 ~~SECTION 1. Section 1348.8 is added to the Health and~~
9 ~~Safety Code, to read:~~

10 ~~1348.8. Every health care service plan that provides~~
11 ~~telephone medical advice services to its enrollees and~~
12 ~~subscribers shall require that the staff employed to~~
13 ~~provide the telephone medical advice services shall hold~~
14 ~~a valid license pursuant to Division 2 (commencing with~~
15 ~~Section 2000) of the Business and Professions Code, and~~
16 ~~shall be supervised by a physician and surgeon licensed~~
17 ~~pursuant to the Medical Practice Act, Chapter 5~~
18 ~~(commencing with Section 2000) of Division 2 of the~~
19 ~~Business and Professions Code.~~

20 ~~SEC. 3. Section 1348.9 is added to the Health and~~
21 ~~Safety Code, to read:~~

22 ~~1348.9. On and after January 1, 2001, every health care~~
23 ~~service plan or specialized health care service plan~~
24 ~~licensed under this chapter shall disseminate the~~
25 ~~protocols developed pursuant to Section 1348.10 for use~~
26 ~~by unlicensed medical personnel employed by the health~~
27 ~~care service plan, or its contractors, providing direct~~
28 ~~patient services.~~

29 ~~SEC. 4. Section 1348.10 is added to the Health and~~
30 ~~Safety Code, to read:~~

31 ~~1348.10. (a) The Insurance Commissioner and the~~
32 ~~Commissioner of Corporations shall be consulted in the~~
33 ~~convening of a task force to develop appropriate~~
34 ~~protocols to assist unlicensed personnel in ascertaining~~
35 ~~the severity of a patient health complaint and in the~~
36 ~~proper referral of a patient to the patient's health plan~~
37 ~~medical advice services, treating physician and surgeon;~~



1 ~~or other licensed health care provider for immediate~~
2 ~~consultation or treatment.~~

3 ~~(b) The design and adoption of the protocols shall be~~
4 ~~completed no later than December 31, 2000. The~~
5 ~~protocols shall be reviewed and revised every four years~~
6 ~~thereafter.~~

7 ~~(c) The input of health care providers, patient~~
8 ~~advocates, and health care service plans and insurers shall~~
9 ~~be solicited in the design of the protocols.~~

10 ~~(d) The protocols shall include, but shall not be limited~~
11 ~~to, all of the following:~~

12 ~~(1) Establishing a base set of questions for unlicensed~~
13 ~~personnel to be used in evaluating the current health~~
14 ~~status of the patient caller.~~

15 ~~(2) Establishing criteria for determining the necessity~~
16 ~~for immediate physician intervention, consultation, or~~
17 ~~referral to other triage services.~~

18 ~~(3) Establishing a reference document for unlicensed~~
19 ~~personnel of appropriate telephone numbers and~~
20 ~~agencies to call regarding questions or complaints in the~~
21 ~~following areas:~~

22 ~~(A) Health plan grievances.~~

23 ~~(B) Hospital complaints.~~

24 ~~(C) Physician and surgeon complaints.~~

25 ~~(D) Nurse complaints.~~

26 ~~(E) Complaints regarding health care providers,~~
27 ~~other than those specified in subparagraphs (A) to (D),~~
28 ~~inclusive.~~

29 ~~(F) Experimental treatment questions.~~

30 ~~(G) Pharmaceutical benefit questions.~~

31 ~~(e) A copy of the completed protocols shall be~~
32 ~~available to health care service plans and insurers within~~
33 ~~one year of the adoption of the protocols and~~
34 ~~subsequently upon the revision of the protocols every~~
35 ~~four years.~~

36 ~~SEC. 5.—~~

37 ~~SEC. 2. Section 10279 is added to the Insurance Code,~~
38 ~~to read:~~

39 ~~10279. Every disability insurer that provides coverage~~
40 ~~for hospital, medical, or surgical expenses that provides~~



1 telephone medical advice services to its policyholders
2 shall require that the staff employed to provide the
3 telephone medical advice services shall hold a valid
4 license pursuant to Division 2 (commencing with Section
5 2000) of the Business and Professions Code, and shall be
6 supervised by a physician and surgeon licensed pursuant
7 to the Medical Practice Act, Chapter 5 (commencing
8 with Section 2000) of Division 2 of the Business and
9 Professions Code.

10 ~~SEC. 6. Section 10280 is added to the Insurance Code,~~
11 ~~to read:~~

12 ~~10280. On and after January 1, 2001, every disability~~
13 ~~insurer that provides coverage for hospital, medical, or~~
14 ~~surgical expenses that provides telephone medical advice~~
15 ~~services shall disseminate the protocols developed~~
16 ~~pursuant to Section 1348.10 of the Health and Safety Code~~
17 ~~for use by unlicensed medical personnel employed by the~~
18 ~~insurer, or its contractors, providing direct patient~~
19 ~~services.~~

20 ~~SEC. 7.—~~

21 *SEC. 3.* No reimbursement is required by this act
22 pursuant to Section 6 of Article XIII B of the California
23 Constitution because the only costs that may be incurred
24 by a local agency or school district will be incurred
25 because this act creates a new crime or infraction,
26 eliminates a crime or infraction, or changes the penalty
27 for a crime or infraction, within the meaning of Section
28 17556 of the Government Code, or changes the definition
29 of a crime within the meaning of Section 6 of Article
30 XIII B of the California Constitution.

