



## Laws and Regulations Affecting California Health Plans 1998 - 2005

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### 1998

HMO Reform Act Passed (included 18 major bills)

- AB 7 Mandated Minimum Mastectomy Length of Stay Coverage
- AB 12 Mandated Direct Access to OB/GYN Providers for Women
- AB 682/SB 277 Established ER Claims Payment Requirements
- AB 742 Established “Right-of-Return” for SNF Patient
- AB 984 Mandated Ambulance Services Coverage
- AB 1181 Mandated Standing Referrals to Specialists for Chronic Illness
- AB 1621 Mandated Reconstructive Surgery Coverage
- AB 2103 Required Enrollee Notice of ER Closure
- AB 2305 Mandated Pain Medication Coverage
- AB 2438 Mandated Alpha Feto Protein (AFP) Testing Coverage
- AB 974/SB 625 Mandates Non-Formulary Drug Approval Process and Coverage
- SB 750/SB 984 Required Notice of Physician Compensation and Incentive Arrangements
- SB 1129 Established Continuity of Care Requirements during Provider Terminations
- SB 1443 Mandated DOC Complaint Line Disclosure Language in All Letters
- SB 2020 Mandated Prostate Cancer Screenings Coverage

### 1999

HMO Reform Act Part 2 Passed (included 21 major bills)

- AB 12 Mandated Second Opinions
- AB 39/SB 41 Mandated Contraceptive Coverage
- AB 55 Established Independent Medical Review
- AB 78 Established Department of Managed Care
- AB 88 Mandated Mental Health Coverage
- AB 215 Prohibits Limited Licensure for Knox Keene Plans
- AB 285 Regulates Telephone Medical Advice Services
- AB 416 Prohibits Medical Information Disclosure by Psychotherapists
- AB 892 Mandated Hospice Care Coverage
- SB 5 Mandated Breast Cancer Services Coverage
- SB 19 Established Confidentiality Standards for Medical Information
- SB 21 Created liability for Health Plans
- SB 59 Established Utilization Review and Claims Standards
- SB 64 Mandated Diabetes Management and Treatment Services Coverage
- SB 148 Mandated Phenylketonuria (PKU) Coverage
- SB 189 Enhanced Independent Medical Review for Experimental/Investigational Treatments
- SB 205 Mandated Cancer Screening Tests Coverage
- SB 260 Established Financial Standards for Risk-Bearing Providers
- SB 349 Expanded Mandate for Emergency Care Services
- SB 559 Prohibits Silent Contract Leasing of Provider Networks



## **2000**

HMO Reform Act Part 3 Passed (included 15 major bills)

- AB 525 Mandates Reproductive Services Disclosure
- AB 1455/SB 1177 Establishes Prompt Payment and Prohibits Unfair Payment and Billing Practices
- AB 2130 Established Standards for Custodial Dependents
- AB 2168 Mandates Credentialing of HIV Specialists
- AB 2903 Clean up to HMO Reform Act of 1999
- SB 168 Regulates Risk-based Contracting for Childhood Vaccines
- SB 195 Reform of Small Group Rating Methodology
- SB 265 Establishes state HIPAA Portability of Coverage Requirements
- SB 1471 Establishes Third-Party Lien Collection Standards
- SB 1732 Clean up to SB 559 Prohibiting Silent Contract Leasing
- SB 1746 Established Notification Standards for Provider Terminations
- SB 1903 Expands Confidentiality Standards for Medical Information Sharing
- SB 2046 Mandated Off-Label Drug Use Coverage
- SB 2094 Clean Up to HMO Reform Act of 1999

## **2001**

Managed Care Legislation (included 10 major bills)

- AB 25 Mandated Domestic Partners Coverage Offering to Employers
- AB 207 Requirements for Enrollee ID Cards regarding Pharmacy Benefits
- AB 938 Requires Provider Lists for Enrollees
- AB 1452 Mandated Meningococcal Vaccine Coverage
- AB 1503 Established Standards for Mental Health Continuity of Care
- SB 37 Mandated Cancer Clinical Trials Services Coverage
- SB 168 Prohibits use of SSN Identification Numbers
- SB 446 Mandated HIV Vaccine Coverage
- SB 1169 Mandated Emergency Contraception Coverage
- SB 1219 Mandated Cervical Cancer Screenings

September - Financial Solvency Standards (SB 260) Regulations (Part 1)

## **2002**

Managed Care Legislation (included 6 major bills)

- AB 1282 Established Rural Geographic Accessibility Standards
- AB 1401 Revises California COBRA Requirements
- AB 2085 Requires Internet Grievance Forms
- AB 2420 Established Standards for Delegated Risk for Injectable Medications
- AB 2907 Established Provider Bill of Rights
- SB 398 Requires Notice of Health Plan Bankruptcy Intentions

February - Acts of War Exclusion Prohibition Regulation

July – Administrative Procedures Regulation

July – Discount Programs Regulation (*Later Withdrawn*)



## **2002 (Continued)**

August – Electronic Filing Standards Regulation  
September – Arbitration Settlements Regulation  
October – Privacy of Nonpublic Information Regulation  
December – Grievance (SB 59) Regulation  
December – Independent Medical Review (SB 189) Regulation  
December – HIV/AIDS Specialist (AB 2168) Regulation

## **2003**

Managed Care Legislation (included 6 major bills)

- AB 175 Prohibits Leased Provider Networks without Disclosure
- AB 715 Establishes Enrollee Communication Standards
- AB 1286/SB 244 Establishes Continuity of Care Requirements for Terminated Providers
- SB 2 Establishes Health Insurance Act of 2003 (Employer Mandate)
- SB 853 Requires Linguistic and Translation Services for LEP enrollees

January – Petition for Restoration of Licensure Regulation  
June – Assignment of Enrollees to Capitated Providers Regulation (*Later Withdrawn*)  
June – Consumer Participation (SB 1092) Regulation  
June – Health Care Providers Bill of Rights (AB 2907) Department Advice  
June – Electronic Signature Requirements Department Advice  
July – Claims Settlement Practices and Provider Dispute Resolution (AB 1455) Regulations  
August – Cancellation of Coverage Regulation (*Later Withdrawn*)  
September – Disclosure of HIPAA Coverage in EOC Department Advice  
September – Civil Penalties Regulation  
September – Mental Health Benefits (AB 88) Regulation  
September – Out-of-Area Maternity Coverage Regulation  
September – Prohibition Against Billing Enrollees for ER Services Regulation (*Later Withdrawn*)  
October – Retention of DMHC Records Regulation  
October – Denial Notice Regulation (*Later Withdrawn*)  
November – Prevention Services Regulation (*Later Withdrawn*)  
November – Contracts with Providers: Waiting Room Notices Regulation  
December – Financial Exams and TNE Requirements Regulation (*Later Withdrawn*)

## **2004**

Managed Care Legislation (included 7 major bills)

- AB 254 Transferred California “Senior COBRA” into California HIPAA Coverage
- AB 321 Required Employer Notice for Plan-Provider Termination
- AB 1596 Expansion of Continuity of Care Coverage Requirements
- AB 2185 Mandated Pediatric Asthma Equipment Coverage
- AB 2208 Mandated Coverage for Domestic Partners
- AB 2759 Requires Continuity of Coverage upon Individual Market Withdrawal
- SB 1103 Implemented the Quality Improvement Fee (QIF) on Medi-Cal Plans



**2004 (Continued)**

March – Managed Risk Medical Insurance Program (AB 1401) Regulation  
June – DMHC Assessment for UC Mandate Commission (AB 1996) Regulation  
June – Rural Geographic Accessibility Standards (AB 1282) Regulation  
September – Interpretive Opinions Regulation  
November – Administrative Penalties Regulation

**2005**

Managed Care Legislation (to be determined)  
March – Cancellation of Coverage (Retroactive Termination) Department Bulletin  
July – Experimental and Investigational Independent Medical Review Regulation  
August – Independent Medical Review Regulation  
August – Financial Solvency Standards and Corrective Action Plans (SB 260) Regulation (Part 2)  
September – Block Transfer Regulation (AB 1286)  
TBD - Prescription Drug Benefits (SB 842)  
TBD - Public Hearings and Meetings Regulation  
TBD - Access to Care (AB 2179) Regulation  
TBD - Linguistic Services (SB 853) Regulation