



## **Appendix 13: Clarification of Bill Language and Legislative Intent**

CHBRP staff met with key committee and legislative staff to obtain feedback on reports and process improvement. CHBRP and committee staff discussed the challenges of obtaining clarification on ambiguous bill language to ensure consistency with the bill author's intent. We agreed to the following:

- CHBRP staff should continue to have direct conversations with bill author's staff and, when referred by the bill author's staff, the bill's sponsor to clarify ambiguous bill language and legislative intent.
- Committee staff should be involved in discussions, especially at the point of agreement or if they can help in facilitating, furthering discussions with bill author's staff.
- Based on bill language and discussions with bill author's staff, it is reasonable to send in writing CHBRP's analytic decisions so that the analysis can proceed.
- Along those lines, it is important to discuss whether there will be foreseeable amendments that the CHBRP analysis can take into account.
- CHBRP is to determine when to proceed with the analysis—Day 5 is the latest the timeline will allow.
- CHBRP will document discussions and agreements with legislative staff and bill sponsors using the following questionnaire, "Health Insurance Mandate Bill Questionnaire for Bills to be Referred to the California Health Benefits Review Program."

# Health Insurance Mandate Bill Questionnaire

## For Bills to be Referred to the *California Health Benefits Review Program*

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[Bill Number, (Author) and Introduction Date] *(Please use additional pages)*

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Date:

Prepared by:

- I. What would the proposed bill do, specifically:
- What service/benefit is it mandating?
  - Are there any limits on who can provide the service? (e.g., if the service falls within the scope of practice of multiple providers)
  - Are there any limits on the service/benefit?
  - Are there specific enrollee groups the mandate applies to? (e.g., over 65+)
  - What Code is it amending?
- II. What problem is the bill trying to address?
- III. Does the bill have sponsors? If so, who are they? (Please provide contact information)
- IV. Has this insurance mandate been proposed in previous bills? (If so, please provide Bill Number and Legislative Session)
- V. Are there related requirements already in place? If so, where in the Insurance Code or Knox-Keene are they?
- VI. Is this bill to affect the following health insurance market segments (check all that apply):
- Knox-Keene Plans (health care services plans regulated by the Department of Managed Health Care)**
    - Full Service Knox Keene Plans only (i.e., excludes specialized HMOs) (health plans regulated by DMHC)
    - All Knox Keene Plans including specialized HMOs
  - Insurance plans (health policies and plans regulated by the California Department of Insurance)**
  - Private Insurance, including:**
    - Employer-Based plans:
      - Large Group plans
      - Small Group plans
    - Individually purchased plans
  - Public Insurance, including**
    - CalPERS
    - Medi-Cal
    - Healthy Families, or other state programs (e.g., Major Risk Medical Insurance Program, Access for Infants and Mothers)
  - Others:
- VII. As far as you are aware, are there activities in other states that are similar to this proposed bill?
- VIII. Who are anticipated supporters, opponents?
- IX. Are there any plans to amend the bill? If so, can you provide information on what the amendment will be?
- X. Mandate-specific questions: [Add here]