



## **Appendix 17: Clarification of Bill Language and Legislative Intent (Bill Author Questionnaire)**

For each analysis, the California Health Benefits Review Program (CHBRP) conducts an interview with the bill author's staff. Shortly after each bill request is received, CHBRP staff use this standardized questionnaire to confirm with the bill author's staff a mutual understanding of both the intent of the bill and the likely interpretations of the bill as written.

**Health Insurance Mandate or Repeal Bill Questionnaire:**  
**For Bills 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 issue or problem does the bill address?
- Please describe the issue or problem.
  - What is your sense of the scope of the problem? What groups in particular might be affected?
  - How did you obtain this information (for example, particular constituent, stakeholders, opinion polls, focus groups, etc.)?
  - In your view, what need does the [mandate/repeal] fill? Why is there a gap between the needs of persons with insurance and available services? For example:
    - Is there is lack of coverage for specific populations or under certain types of insurance?
    - Is a new or available technology not widely used?
    - Is there is a discrepancy between current medical practice and evidenced-based standards of care?
    - Are costs for persons with insurance prohibitive even if the service is covered?
    - Are there other barriers to access?
  - Are any legal requirements related to the benefit already in place? (Please provide references to citations in the Insurance Code, Health and Safety Code, Business and Professions Code, Welfare and Institutions Code, California Code of Regulations).
- II. What would the proposed [mandate/repeal] do?
- What service(s) or treatment(s) would be mandated as a covered benefit?
  - Which providers would be authorized to be reimbursed for providing the service (e.g., if the service falls within the scope of practice of multiple providers)?
  - Are there any limits on the service/benefit (e.g., whether health plans can apply their own utilization review criteria for determining eligibility or length of treatment)?
  - Would it affect the share of costs that are borne by the member for the service/benefit? Would there be any limitations on deductibles, copayments, coinsurance, or annual dollar limits?
- III. Does the bill have sponsors? If so, who are they? Can we contact them for additional information, if necessary? (Please provide contact information.)
- IV. Are you aware of any published medical standards of care for treatment of this condition? Do you know of any clinical benchmarks of acceptable medical care, such as published clinical guidelines or statements by medical societies?
- V. Has a similar [mandate/repeal] been proposed previously in California or in other states? (If so, please provide Bill Number and Legislative Session.)

VI. Is this bill intended to affect multiple segments of the health insurance market? Is it intended to affect both privately purchased health plans regulated by the Department of Managed Health Care (DMHC) and health insurance policies regulated by the California Department of Insurance (CDI)? Is it intended to affect publicly purchased plans regulated by DMHC? Please indicate all market segments the bill is intended to affect by the inserting an X in the appropriate cells in the tables below.

A. DMHC-Regulated Health Plans—purchased from the commercial market with **PRIVATE** funds

Private, Full-Service, Knox-Keene Health Plans			Private, Specialized Knox-Keene Health Plans <sup>1</sup>
Large-Group Purchaser	Small-Group Purchaser	Individual Purchaser	

<sup>1</sup> Includes plans such as vision-only, dental-only, or behavioral health-only insurance.

B. CDI-Regulated Health Insurance—purchased from the commercial market with **PRIVATE** funds

Private, Full-Service Health Insurance			Private, Specialized Health Insurance <sup>1</sup>	Private, “Non-Health Disability Insurance” <sup>2</sup>
Large-Group Purchaser	Small-Group Purchaser	Individual Purchaser		

<sup>1</sup> Includes policies such as vision-only, dental-only, or behavioral health-only insurance.

<sup>2</sup> “Non-health disability insurance” includes policies such as Medicare supplement, hospital indemnity, TriCare (formerly known as CHAMPUS) supplement, specified disease insurance that does not pay benefits on a fixed-benefit or a fixed-cash-only basis, etc. “Health insurance” is defined per California Insurance Code Section 106(a)-(c), for statutes that become effective after 2002, and refers to forms of disability insurance that provide coverage for hospital, medical, or surgical benefits.

C. DMHC-Regulated Health Plans—purchased from the commercial market with **PUBLIC** funds

Public, Full-Service, Knox-Keene Health Plans				
CalPERS	Medi-Cal Managed Care	MRMIB <sup>1</sup>		
		Healthy Families Program	Major Risk Medical Insurance Program (MRMIP)	Access for Infants and Mothers (AIM) Program

<sup>1</sup> Major Risk Medical Insurance Board.

VII. Who are anticipated supporters, opponents?

VIII. Are there any plans to amend the bill? If so, can you provide information on what the amendment will be?

IX. Mandate- or repeal-specific questions: [Add here]