

CHBRP Analyses of California Assembly and Senate Bills

Final status of bills analyzed in 2019

2019-2020 California State Legislature



CHBRP generally analyzes introduced bills prior to their first Senate or Assembly Health Committee hearing. Completed CHBRP analyses (and the analyzed bill language) are available at http://chbrp.org/completed_analyses/index.php. As bills move through the Legislature, bills may be significantly amended, which may alter CHBRP’s projected impacts. The table, below, indicates the final version of each analyzed bill and the extent to which CHBRP’s analyses remain relevant. Final bill language and the bill status are available at <http://leginfo.legislature.ca.gov/>.

CHBRP’s analyses may still be of use after the legislative cycle concludes in order to inform future legislation, the implementation of analyzed legislation that is signed into law or included in California’s budget, and the ongoing evaluation of relevant health benefit mandates and repeals.

| Bill | Final Status | Bill Amended Since CHBRP Analysis? | Which Portions of CHBRP’s Analysis Remain Relevant to Final Version? |
|--|--|------------------------------------|---|
| AB 78 (Assembly Committee on Budget) Health: Actuarial Value | Approved by the Governor – 6/27/19 <i>Language Chaptered as SB 78</i> | Yes | All portions of CHBRP’s analysis remains relevant. |
| AB 166 (Gabriel) Medi-Cal: violence preventive services | Vetoed by the Governor – 10/13/19 | Yes | Bill was amended in June to direct the Department of Health Care Services to establish a violence prevention pilot program with a minimum of at least one site in each of 9 counties. The Background, Medical Effectiveness, and portions of the public health impact sections remain relevant. |

| Bill | Final Status | Bill Amended Since CHBRP Analysis? | Which Portions of CHBRP's Analysis Remain Relevant to Final Version? |
|---|--|------------------------------------|---|
| AB 598 (Bloom) Hearing Aids | Held at Desk – 9/13/19 | Yes | CHBRP's original analysis remains largely relevant. A dollar cap was placed on coverage of hearing aids (\$3,000), however CHBRP projected average hearing aid costs of \$1,825 in its cost projections. The bill also would allow coverage for ear mold fittings every 4 years instead of 5; no significant impact is expected and CHBRP's estimates remain relevant. Further amendments were made on July 2 nd . The first substantive amendment would require the contracted providers to include a pediatric audiologist for children under 5 years of age. The second amendment would require that hearing aids covered by AB 598 be subject to the cost sharing imposed by the plan contract for durable medical equipment. The overall cost projections in CHBRP's analysis are still relevant, however some modest reduction in projected premium costs could be anticipated in light of the potentially higher deductibles that some enrollees might incur given the amendment on July 2 nd around cost sharing. |
| AB 651 (Grayson) Air Ambulance Services | Approved by the Governor – 10/7/19 | Yes | CHBRP's analysis of the impact of the bill for enrollees in commercial insurance and CalPERS remains relevant. However, the amended language would alter the impacts related to Medi-Cal beneficiaries, making impacts related to that group uncertain. |
| AB 744 (Aguiar-Curry) Telehealth | Approved by the Governor – 10/13/19 | Yes | Bill amended to delay effective date to January 1, 2021. CHBRP analysis provided impacts for 2020, but fiscal impacts will be similar in 2021. All other portions of CHBRP's analysis remains relevant. |
| AB 767 (Wicks) Infertility | Senate Health Committee hearing canceled at the request of author – 7/8/19 | Yes | Bill amended to require Covered California to develop options for the inclusion of in vitro fertilization coverage to coverage offered through the marketplace. The Background, Medical Effectiveness, and portions of the public health impacts sections remain relevant. |
| AB 993 (Nazarian) Health Care Coverage: HIV Specialists | Vetoed by the Governor – 10/12/19 | Yes | All portions of CHBRP's analysis remains relevant. |
| AB 1246 (Limón) Basic Health Care Services | Held under submission in Senate Appropriations Committee – 8/30/19 | Yes | All portions of CHBRP's analysis remains relevant. |

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| AB 1611 (Chiu) Emergency Hospital Services: Costs | Senate Health Committee hearing canceled at the request of author – 7/10/19 | Yes | Technical amendments were made to the bill, and Medi-Cal was specifically excluded. However CHBRP had already interpreted the bill in its original form to exclude Medi-Cal. All portions of CHBRP's fiscal analysis remains relevant. |
| AB 1676 (Maienschein) Mental Health | Held under submission in Assembly Appropriations Committee – 5/16/19 | Yes | Bill now defines telehealth and telehealth video services as excluding email. Portions of CHBRP's medical effectiveness and public health findings remain relevant. |
| SB 11 (Beall) Mental Health Parity and Substance Use Medications | Held under submission in Senate Appropriations Committee – 5/16/19 | Yes | All portions of CHBRP's analysis remain relevant. |
| SB 159 (Wiener) HIV Prophylaxis | Approved by the Governor – 10/7/19 | Yes | Bill now requires coverage of pharmacists independently furnishing an initial supply of PrEP of at least 30 days and up to 60 days. An updated cost impact analysis was provided to Senate Appropriations on 5/8/2019 reflecting prior amendments requiring coverage of pharmacists independently furnishing an initial 30-day supply of PrEP and is available on CHBRP's website. Fiscal impacts reflecting the subsequent amendments would be similar to the previous two fiscal analyses. CHBRP's medical effectiveness review remains relevant and most of the public health and long term impacts. |
| SB 163 (Portantino) Autism | Vetoed by the Governor – 10/12/19 | Yes | All portions of CHBRP's analysis remains relevant. |
| SB 583 (Jackson) Clinical Trials | Approved by the Governor – 10/2/19 | Yes | All portions of CHBRP's analysis remains relevant. |
| SB 600 (Portantino) Fertility Preservation | Approved by the Governor – 10/12/19 | Yes | Bill now states that standard fertility preservation services are a basic health care service. SB 600 now only applies to DMHC-regulated plans and does not apply to CDI-regulated policies or Medi-Cal Managed Care plans. The CHBRP medical effectiveness findings remains relevant. The cost and public health impacts projected for DMHC-regulated plans remain relevant. |

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| SB 746 (Bates) Anticancer Medical Devices | Held under submission in Assembly Appropriations Committee – 8/30/19 | Yes | All portions of CHBRP's analysis remains relevant. |