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SB 133 (Hernandez) Factsheet Individual Health Insurance Market

Purpose

SB 133 allows a patient whose carrier or product is removed from the individual market to request continuity of care (or completion of services) under a new plan; and allows a patient that will require a transplant to qualify for completion of covered services with their existing care provider for the duration of the condition and until the time of the surgery and follow-up consistent with good professional practice (instead of 12 months).

Background

California has existing law (Health and Safety Code 1373.96 and Insurance Code 10133.56) to protect patients with insurance through the group market when a health plan or insurer terminates a contract with a provider and the patient is in treatment for serious conditions such as cancer or in the case of a pregnancy. The law, which is referred to as "continuity of care," requires health plans and insurers to provide for the completion of the services if the plan and provider can agree to payment rates. The qualifying conditions include: an acute condition, a serious chronic condition, a pregnancy, terminal illness, care of a newborn child, or the performance of a surgery. Treatment is time limited except in the case of a terminal illness which can extend beyond 12 months. AB 369 (Chapter 4, Statutes of 2013) extended the law to the individual market for people whose plans were cancelled during a limited period of time (December 1, 2013 – March 31, 2014). With many market changes taking place today patients covered through individual market plans should also have these options to complete treatment. Patients with medically complex conditions, especially transplant patients, who do not have access to another plan that includes their provider, could be harmed if they are not able to maintain coverage through their treatment plan or procedure and follow-up.

We know of at least one family in particular where the two-year old daughter has two very complex diagnoses. This young lady's mother has been diligent about choosing a plan that includes her provider. The one carrier who has included the provider historically is leaving the market. Another carrier is withdrawing products from 16 of 19 California insurance regions. This bill is needed to

provide this family and others like them some peace of mind that care may be preserved if the provider is not included in another plan in their service area.

Support: Health Access California

Oppose: None received

Sponsor: Author

Contacts

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