

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

The CLRC is a joint program of the Disability Rights Legal Center & Loyola Law School Los Angeles

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Legislative Bills 2011

The Cancer Legal Resource Center (CLRC), a national, joint program of the Disability Rights Legal Center and Loyola Law School Los Angeles, believes strongly in working to provide a systemic solution to many of the cancer-related legal issues faced by people coping with cancer, through legislative advocacy efforts. The CLRC has taken a position of **support** for the following federal and state legislative proposals in 2011.

Federal

H.R. 70 – Disability Benefit Fairness Act of 2011

Sponsor: Representative Mike McIntyre

Summary: This bill amends Title II of the Social Security Act to eliminate the five-month waiting period for entitlement to disability benefits and also eliminates reconsideration as an intervening step between initial benefit entitlement decisions and subsequent hearings on the record on such hearings.

Status: Referred to the House Committee on Ways and Means on 01/5/2011.

S. 384/ H.R. 466 – To Reauthorize the Breast Cancer Stamp through FY 2015

Author & Co-Sponsors: Senator Dianne Feinstein, with 55 co-sponsors

Author & Co-Sponsors: Representative Joe Baca, with 119 co-sponsors

Summary: This bill extends the authority of the U.S. Postal Service (USPS) to issue a semi postal to contribute to funding for breast cancer research until 2015.

S. 384 Status: Referred to Senate Committees on Homeland Security and Governmental Affairs' referred to Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security on 4/5/2011.

H.R. 466 Status: Referred to House Committees Oversight and Government Reform; Energy and Commerce's Subcommittee on Health; and Armed Services' Subcommittee on Military Personnel on 02/09/2011.

S. 494/H.R. 912 – Colorectal Cancer Prevention, Early Detection and Treatment Act

Author & Co-Sponsors: Senator Joseph Lieberman, with 3 co-sponsors

Author & Co-Sponsors: Representative Kay Granger, with 14 co-sponsors

Summary: This bill amends the Public Health Service Act to allow the Secretary of U.S. Health and Human Services (HHS), acting through the Director of the Centers for Disease Control and Prevention (CDC), to make grants to states and Indian tribes to carry out programs to increase quality colorectal cancer screening. This bill would require such state programs to: (1) provide recommended colorectal cancer screening to individuals who are over 50 years of age or at high risk for such cancer; (2) provide case management and referrals for medical treatment; (3) ensure the full continuum of follow-up and

cancer care for individuals screened; (4) carry out activities to improve the education, training, and skills of health professionals to ensure the use of evidence-based recommended and quality screening and follow-up in the prevention, detection, and control of colorectal cancer; and (5) develop and disseminate public information and education programs for the prevention, detection, and control of colorectal cancer and promoting the benefits of receiving screenings through this program. Priority will be given to low-income individuals who lack adequate coverage under health insurance and health plans with respect to screenings for colorectal cancer.

This bill also amends title XIX (Medicaid) of the Social Security Act to allow states to provide medical assistance to individuals who have been screened for colorectal cancer under this Act and who need treatment for complications due to screening or colorectal cancer. Applies provisions related to breast and cervical cancer programs to programs under this Act.

In the United States, colorectal cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in both men and women. Often referred to as the silent killer, combating colorectal cancer can only be accomplished through early detection and treatment. This bill would ensure that those that most need it are given access to proper screening and early detection services.

S. 494 Status: Referred to Senate Committee on Health, Education, Labor and Pensions on 03/07/11.
H.R. 912 Status: Referred to House Subcommittee on Health on 03/11/11.

S.984/ H.R. 1876 - Healthy Families Act

Author & Co-Sponsors: Senator Tom Harkin, with 18 co-sponsors

Author & Co-Sponsors: Representative: Rosa L DeLauro, with 91 co-sponsors

Summary: This bill would require employers, who employ 15 or more employees for each working day during 20 or more workweeks a year, to permit each employee to earn at least one hour of paid sick time for every 30 hours worked. This bill requires an employer to permit an employee to earn more than 56 hours of paid sick time in a calendar year, unless the employer chooses to set a higher limit. This bill would allow employees to use such time to:

- (1) Meet their own medical needs;
- (2) Care for the medical needs of certain family members; or
- (3) Seek medical attention, assist a related person, take legal action, or engage in other specified activities relating to domestic violence, sexual assault, or stalking.

This bill prohibits an employer from interfering with an employee's exercise of such rights.

Under the Healthy Families Act, employees, individuals, or their representatives are authorized in taking civil actions for damages or equitable relief against employers who violate this Act. States' sovereign immunity is waived with respect to a suit brought by an employee of a federally-assisted state program or activity for relief authorized under this Act.

This bill specifically states that it is not discouraging employers from adopting or retaining more generous leave policies.

S.984 Status: Referred Senate Committee on Health, Education, Labor, and Pensions on 05/12/2011.

H.R. 1876 Status: Referred to the House Committees on Administration; Education and the Workforce, and Oversight and Government Reform's Subcommittee on Federal Workforce, U.S. Postal Service, and Labor Policy on 05/13/2011.

H.R. 1440 – Family and Medical Leave Act of 2011

Author & Co-sponsors: Representative Carolyn Maloney, with 9 co-sponsors

Summary: This bill amends the Family and Medical Leave Act (FMLA) of 1993 and Title 5, U.S. Code, to allow employees to take, as additional leave, parental involvement to participate or attend their

children's and grandchildren's educational and extracurricular activities and to clarify that leave may be taken for routine family medical needs to assist elderly relative, and for other purposes.

Status: Referred to the House Committees on Administration; Education and the Workforce, and Oversight and Government Reform's Subcommittee on Federal Workforce, U.S. Postal Service, and Labor Policy on 04/27/2011.

H.R. 2746 – Cancer Drug Coverage Parity Act of 2011

Author & Co-sponsors: Representative Brian Higgins, with 3 co-sponsors

Summary: This bill amends the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to require group and individual health insurance coverage and group health plans to provide for coverage of oral anticancer drugs on terms no less favorable than the coverage provided for intravenously administered anticancer medications.

Status: On August 1, 2011, this bill was referred to the Committee on Energy and Commerce, the Committees on Ways and Means and Education and the Workforce, for a period to be subsequently determined by the Speaker in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

California

Please note, in California there is something called a "two-year bill." This refers to a bill that was introduced in the first year of a two-year session, but has not passed both houses of the legislature at the time the first year of the session is closed. The bill can be acted upon in the second year of the session. Many bills that are referred to the Appropriations Committee at the end of the first year will become a two year bill.

ABx1 21 – To Extend “MCO Tax” to Fund Healthy Families / Coverage for Kids

Author: Assembly Member Robert Blumenfield

Summary: This bill would maintain funding for children's coverage by extending a Managed Care Organization (MCO) tax, which in turn will help bring down federal dollars to fund Healthy Families. These bills also prohibit, for one year, the immediate shift of the Health Families population into Medi-Cal.

Status: Signed into law by Governor Brown, 09/16/2011.

http://gov.ca.gov/docs/SB_0335_and_ABX1_21_Signing_Message.pdf

ABx1 30 - Budget Act of 2011: Revisions

Author: Assembly Member Robert Blumenfield

Summary: This bill would make changes in specified items of appropriation in connection with the Healthy Families Program, as administered by the Managed Risk Medical Insurance Board.

This bill would become operative only if revenues, net of refunds, derived from an imposition of tax that is effective on and after July 1, 2011, and before July 1, 2012, on Medi-Cal managed care plans are deposited into the Children's Health and Human Services Special Fund. The California Constitution authorizes the Governor to declare a fiscal emergency and to call the Legislature into special session for that purpose. Governor Schwarzenegger issued a proclamation declaring a fiscal emergency, and calling a special session for this purpose, on December 6, 2010.

Status: Governor Brown issued a proclamation on January 20, 2011, declaring and reaffirming that a fiscal emergency exists and stating that his proclamation supersedes the earlier proclamation for purposes of that constitutional provision. This bill would state that it addresses the fiscal emergency

declared and reaffirmed by the Governor by proclamation issued on January 20, 2011, pursuant to the California Constitution.

AB 43 - Medi-Cal: Eligibility

Author: Assembly Member Bill Monning

Summary: This bill implements the Affordable Care Act's (ACA) Medicaid provisions, by requiring the California Department of Health and Human Services (DHHS) to establish the new eligibility guidelines for Medi-Cal benefits under the ACA, and permitting DHHS to phase in coverage for those individuals, by January 1, 2014.

Lowering the eligibility criteria for Medi-Cal and ensuring the smooth implementation of the ACA, would ensure that more people with cancer will have access to health insurance leading to better treatment and health outcomes.

Status: Introduced 12/06/2010. Passed by the Health Committee and re-referred to the Committee on Appropriations 04/27/2011. Referred to the Appropriations Suspense file 05/04/2011.

AB 52 - Health Care Coverage: Rate Approval

Author: Assembly Member Mike Feuer

Summary: This bill would require any attempt by insurance companies to increase the costs of health plans to be first approved by state entities. This bill would provide additional oversight of insurance companies and ensure that Californian's have access to affordable health care coverage.

Status: Introduced 12/6/2010. Passed by the Health Committee as amended and re-referred to the Committee on Appropriations on 05/02/2011. Amended 05/03/2011. Re-referred to the Committee on Appropriations 05/04/2011. Ordered to inactive file at the request of Senator Leno on 09/01/2011.

AB 59 - Family and Medical Leave

Author: Assembly Member Sandré Swanson

Summary: This bill will expand the circumstances under which an employee can take California Family Rights Act (CFRA) leave by allowing leave to care for a child of any age, expanding the definition of parent to include parent-in-law, and adding leave to care for a grandparent, sibling, or grandchild.

This bill would ensure that caregivers' jobs are protected while they take leave to care for a relative with cancer or other serious medical condition. Caregivers should not have to make a decision between caring for their relative in need and jeopardizing their own job and health benefits.

Status: Introduced 12/07/2010. Passed by the Labor & Employment Committee and re-referred to the Committee on Appropriations 03/30/2011. First hearing has been set and referred to the Appropriations Suspense file on 04/13/2011.

AB 137 - Health care coverage: Mammographies

Author: Assembly Member Anthony Portantino

Summary: This bill would require health plans and insurers to provide patients with information regarding recommended timelines for the screening and diagnosis of breast cancer, thereby increasing access to screening and education about breast cancer. It would also allow the circumstances of a woman's medical history to determine when to have a mammogram, rather than a woman's age.

Current medical advances allow for treatment which can eliminate breast cancer, but only when it is detected at an early stage, making early detection key to survival. However, early detection requires regular breast cancer screening. An individual's decision to have a mammogram should be based upon the specific risks of each individual woman and in consultation with her provider, rather than dictated

based on her age. Unfortunately, high risk women can, and often do, develop cancer at an earlier age than the general population.

Status: Introduced 01/12/2011. Passed by the Health Committee and re-referred to the Committee on Appropriations on 05/04/2011.

AB 151 - Guaranteed Issue for Medi-Gap Plans / Seniors

Author: Assembly Member Bill Monning

Summary: This bill assures that those who were previously covered by Medicare Advantage plans have guaranteed issue for Medi-Gap coverage.

Status: Signed into law by Governor Brown, 09/07/2011. Chaptered in Section 1358.11 of the Health and Safety Code.

AB 310 - Prescription drugs

Author: Assembly Member Fiona Ma

Summary: This bill would prohibit health care service plans and health insurers that offer outpatient prescription drug coverage from requiring coinsurance from the enrollee as a basis for cost sharing and would also impose certain limitations on copayments and out-of-pocket expenses for outpatient prescription drugs.

Status: Introduced 02/09/2011. Referred to the Committee on Health on 02/24/2011. Amended and re-referred to the Committee on Health on 03/07/2011 and again on 04/25/2011. Passed by the Committee on Health and re-referred to the Committee on Appropriations on 05/04/2011.

AB 325 - Employee's right to bereavement leave

Authors: Assembly Members Bonnie Lowenthal and Bill Monning

Summary: This bill will provide employees with the right to take time off work for up to four days of bereavement (mourning) leave a year.

Status: Introduced 02/10/2011. Passed by the Committee on Labor & Employment and re-referred to the Committee on Appropriations on 04/14/2011. Passed by the Committee on Appropriations on 05/05/2011.

AB 400 - Employment: paid sick days

Author: Assembly Member Fiona Ma

Summary: This bill would guarantee all California workers the right to earn paid sick days to care for themselves or a sick family member. Over 40% of California workers have no paid sick days to care for themselves or a sick family member—forcing Californians to make a difficult choice: lose pay and risk job loss in order to care for their health or that of a sick family member. Especially in these tough economic times, paid sick days would provide working families a much needed measure of economic security. Even one day of lost income can sometimes affect a family's ability to avoid homelessness.

Status: Introduced 02/14/2011. Passed by the Committee on Labor & Employment and re-referred to the Committee on Judiciary on 04/14/2011. Passed by the Committee on Judiciary and re-referred to the Committee on Appropriations on 04/26/2011.

AB 428 - Health care coverage: fertility preservation¹

Author: Assembly Member Anthony Portantino

Summary: Each year, approximately 133,000 men and women are diagnosed with cancer during their reproductive years (under age 45) and, therefore, are at risk for becoming infertile from treatments such as chemotherapy, radiation and surgery. This bill would improve access to care for cancer patients, who are facing potential infertility due to cancer treatments, by providing them with insurance coverage for fertility preservation options prior to undergoing cancer treatment.

Status: Introduced on 02/14/2011. Passed by the Committee on Health and re-referred to the Committee on Appropriations on 05/04/2011.

AB 592 – New language to the California Family Rights Act (CFRA)

Author: Assembly Member Ricardo Lara

Summary: Specifies that as of January 1, 2012, it is an unlawful employment practice “to interfere with, restrain, or deny the exercise of, or the attempt to exercise, any right provided under the CFRA.” This amendment should not result in significant changes for California employers because it is similar to existing language in the federal Family and Medical Leave Act (FMLA).

Status: Signed into law by Governor Brown, 10/09/2011. Chaptered in Section 12945 of the Government Code.

AB 714 – Health Care Coverage: California Health Benefit Exchange

Author: Assembly Member Toni Atkins

Summary: This bill would provide individuals with a notice of eligibility for enrollment in California’s Health Benefit Exchanges as created by the Patient Protection and Affordable Care Act (ACA) for 1.) Participants in state-based health insurance programs (including Medi-Cal and MRMIP) and 2.) Those without insurance. This bill will improve access to health care in California by notifying people of their health insurance options.

Status: Introduced on 2/17/2011. Passed by the Committee on Health and re-referred to the Committee on Appropriations on 5/2/2011. Amended 5/3/2011 and re-referred to the Committee on Appropriations on 5/4/2011. Amended on June 30, 2011. In committee process and held under submission 8/25/11.

AB 792 – Health Care Coverage: California Health Benefit Exchange

Author: Assembly Member Susan A. Bonilla

Summary: This bill would provide notice of end of coverage and automatic enrollment in California’s Health Benefit Exchanges as created by the Patient Protection and Affordable Care Act during three different periods: 1) at the end of COBRA and Cal-COBRA enrollment, 2) at the end of any other plan enrollment, and 3) upon application for unemployment. This bill will improve access to health care in California by notifying people of their health insurance options.

Status: Introduced on 02/17/2011. Passed by the Committee on Health and re-referred to the Committee on Judiciary on 04/27/2011. Passed by the Committee on Judiciary and re-referred to the Committee on Appropriations on 05/09/2011. Amended on 05/10/2011, and re-referred to the Committee on Appropriations on 05/11/2011. October 2011, held as “two- year” bills and will be considered next year to be ready for 2014 implementation of the Federal Affordable Care Act (see edits from previous bill).

¹ Please note that the CLRC supports this bill in concept and theory, however, has provided suggested amendments to Assembly Member Portantino. To view CLRC’s/LIVESTRONG’s joint position statement on this bill please visit <https://www.disabilityrightslegalcenter.org/about/documents/LSCLRCPositionStatementInfertilityFINAL.pdf>

AB 804 - Unemployment compensation: disability benefits: paid family leave

Author: Assembly Member Mariko Yamada

Summary: This bill would expand the current Paid Family Leave (PFL) program to allow workers to receive partial wage replacement when they must miss work to care for seriously ill siblings, grandparents, grandchildren, and parents-in-law. The current law only allows workers to care for seriously ill spouses, parents, and children.

In California, there are approximately four million caregivers of family members who are seniors, have disabilities, or have chronic illnesses. One of the primary ways that workers manage their care giving responsibilities is to take periods of leave from their jobs. By providing caregivers partial wage replacement for up to six weeks of leave, the PFL program helps California workers defray the significant costs of family care giving. Nearly the entire private workforce in California contributes a portion of every paycheck to participate in the PFL program. Unfortunately, many workers caring for a seriously ill family member lack access to the program because of the overly narrow definition of family.

Status: Introduced on 2/17/2011. Passed by the Committee on Insurance as amended and re-referred to the Committee on Appropriations on 4/5/2011. First hearing has been set and referred to the Appropriations Suspense file on 5/4/2011.

AB 922 – Improving Consumer Assistance

Author: Assembly Member Bill Monning

Summary: Currently the Department of Managed Health Care houses the Office of Patient Advocate to assist enrollees with regard to health care coverage. The Office of Patient Advocate is responsible for developing educational and informational guides for consumers, compiling an annual publication of a quality of care report card, and rendering advice and assistance to enrollees.

This bill would transfer the Office of Patient Advocate from the Department of Managed Health Care to instead operate as an independent state entity. The bill would also add additional duties and responsibilities to the existing duties of the Office of Patient Advocate with regard to providing outreach and education about health care coverage to consumers. The bill would authorize the office to contract with community organizations to provide those services and would require the office to adopt certain standards and procedures regarding those organizations. The bill would require specified state agencies to report to the office regarding consumer complaints submitted to those agencies by individuals with complaints about their health care coverage.

Status: Introduced on 2/18/2011. Passed by the Assembly and referred to the Senate. Referred to the Senate Committee on Appropriations with a hearing scheduled for 8/15/2011. Signed into law by Governor Brown, 10/7/2011.

AB 999 – Long-Term Care Insurance

Author: Assembly Member Mariko Yamada

Summary: This bill would require an issuer of long-term care insurance to clearly post on its website and provide written notice at the time of solicitation that a sample individual policy form or group master policy and certificate form for each policy form offered by the insurer is available upon request. The issuer would have to provide that form within 15 calendar days upon request. This bill would also require the annual consumer rate guide to include a sample outline of coverage for each product currently marketed by each insurer listed in the rate guide.

Existing law requires the premium rate schedules for all individual and group long-term care insurance policies issued in this state to be filed with, and receive the prior approval of, the Insurance Commissioner before the policy may be offered, sold, issued, or delivered to a California resident. Existing law requires an issuer of long-term care insurance to submit any rate increases to the Insurance Commissioner for approval. Approval of all premium rate schedule increases is subject to

specified criteria. The bill would also set forth criteria for calculating the margin in the determination of a lifetime expected loss ratio.

For individual or group long-term care insurance policies issued before the approval of premium rate schedules by the Insurance Commissioner, the bill would limit those premium rate schedule increases to no more than one in any 5-year period. For those policies, the bill would also prohibit an insurer from justifying a rate increase prior to approval by the Insurance Commissioner based upon asset investment yield rate changes, except as specified, and would require all of the experience on all similar long-term care policy forms issued by an insurer and its affiliates and retained within the affiliated group to be pooled together and used as the basis for determining whether an increase is reasonable or shall be approved under specified provisions. The bill would require similar long-term care policy forms to be classified into benefit classifications of nursing facility and residential care facility only, home care only, or comprehensive long-term care benefits. With regard to the approval of other premium rate schedule increases by the Insurance Commissioner, the bill would limit premium rate schedule increases to no more than one in any 10-year period, except upon a demonstration of financial hardship, as specified.

Status: Passed by the Assembly 6/1/2011 and referred to the Senate Committee on Insurance.

AB 1000 - Health Care Coverage: Cancer Treatment

Author: Assembly Member Henry T. Perea

Summary: Oral chemotherapy is quickly emerging as an attractive option for patients, who can take chemotherapy pills when prescribed by their doctors, rather than receive chemotherapy treatment intravenously at a medical facility. Unfortunately, there is a significant difference in the amount cancer patients must pay out-of-pocket for an oral drug versus an intravenous drug.

This bill would improve access to life-saving cancer treatment and therapies that would otherwise be unavailable for people with cancer, who cannot afford high out-of-pocket costs. Specifically, this bill would require health care service plans or health insurers to review the percentage cost share, as defined, for oral brand name cancer medications and IV brand name cancer medications and to apply the lower of the two as the cost-sharing provision for oral brand name cancer medications.

Status: Introduced on 2/18/2011. Passed by the Committee on Health and re-referred to the Committee on Appropriations on 5/4/2011.

AB 1296 – Streamlining Eligibility and Enrollment

Author: Assembly Member Susan A. Bonilla

Summary: This bill requires the California Health and Human Services Agency establish a standardized single application form and related renewal procedures for Medi-Cal, Healthy Families Program, the Exchange, and county programs. This sets a framework so that millions of Californians gain meaningful and easy access to coverage is expanded under the Affordable Care Act (ACA).

Status: Signed into law by Governor Brown, 10/9/2011. Chaptered as Part 3.8 (commencing with Section 15925) is added to Division 9 of the Welfare and Institutions Code.

AB 1334 – Health Care Coverage: Protecting Consumers

Author: Assembly Member Mike Feuer

Summary: This bill would require plans and insurers to categorize all products offered in the individual market into 5 tiers according to actuarial value, as specified, and would require plans and insurers to disclose this value and other information in certain disclosure forms. These requirements would become operative 30 days after the issuance of federal guidance on minimum essential benefits.

Status: Passed by the Assembly and referred to the Senate Committee on Health on 6/16/2011. First hearing canceled at the request of author.

SB 51 - An act to add Sections 1367.001 and 1367.003 to the Health and Safety Code, and to add Sections 10112.1 and 10112.25 to the Insurance Code, relating to health care coverage; Medical Loss Ratio

Author: Senator Elaine Alquist

Summary: The federal Patient Protection and Affordable Care Act prohibits an issuer of health insurance from establishing lifetime limits or unreasonable annual limits on the dollar value of benefits for any participant or beneficiary, as specified. The act also requires an issuer of health insurance to comply with minimum medical loss ratios and to provide an annual rebate to each insured if the medical loss ratio of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified.

This bill would require health care service plans and health insurers to comply with the requirements imposed under those federal provisions. The bill would authorize the Director of the Department of Managed Health Care and the Insurance Commissioner to promulgate regulations and emergency regulations to implement requirements relating to medical loss ratios, as specified. This bill requires insurers in the large group market to spend 85% of premium dollars on health care and insurers in the small group and individual markets to spend 80% of health care dollars on actually providing health care rather than for administration or profit.

Status: Signed into law by Governor Brown, October 9, 2011. Effective January 1, 2012. Chaptered as Section 1367.001 which was added to the Health and Safety Code

SB 255 - Health care coverage: breast cancer

Author: Senator Fran Pavely

Summary: This bill would improve health care coverage options for many patients undergoing partial mastectomies (e.g., lumpectomies) to determine the length of their hospital stay in consultation with their physician or surgeon. Additionally, health care service plans would not be allowed to require prior approval from the plan when making this decision. By allowing a physician or surgeon to decide, in consultation with their patients following the procedure, what length of hospital stay is best, breast cancer patients will be able to receive better quality care, tailored to their own personal needs.

Additionally, this bill would also ensure that insurance companies cover prosthetic devices, reconstructive surgery, and all complications related to partial mastectomies and lumpectomies, in the same way that they are required to provide these areas of coverage for mastectomies. Together, these two provisions will enhance the recovery process for those undergoing breast cancer surgery and treatment in California.

Status: Introduced on 2/10/2011. Referred to Committee on Health 2/24/2011. Amended and re-referred to Committee on Health 4/25/2011. First hearing was on 4/27/2011 and additional hearings will be scheduled.

SB 272 – Clarification to the organ / bone marrow donor paid leave law

Author: Senator Mark DeSaulnier

Summary: This bill would provide that the days of leave are business days rather than calendar days, and that the one-year period is measured from the date the employees leave begins and consists of 12 consecutive months, starting January 1, 2012. This bill would also provide that the leave of absence is not a break in the employee's continuous service for the purpose of his or her right to paid time off. This bill would further provide that the employer may condition the initial receipt of leave upon the employee's use of a specified number of earned but unused days for paid time off.

Status: Signed into law by Governor Brown, 08/01/ 2011. Chaptered by adding Section 15438.10 to the Government Code.

SB 459 – Employment / Independent Contractors

Author: Assembly Member Ellen Corbett

Summary: This bill imposes a fine from \$5,000 to \$25,000 on employers that “willfully” misclassify someone as an independent contractor and prohibits charging someone who has been misclassified a fee or making deductions from his or her compensation where the fee or deduction would have violated the law had the person not been misclassified. The new law also imposes liability on non-attorney consultants who knowingly advise employers to treat someone as an independent contractor to avoid employee status.

This bill will prevent a company from counting employees as independent contractors versus employees to circumvent having to comply with federal laws such as the Family Medical Leave Act (FMLA). For example, the FMLA only applies to companies that have 50 or more full time employees, so companies would classify employees as independent contractors to appear like they had fewer full time employees.

Status: Signed into law by Governor Brown, 10/09/2011. Chaptered by adding Section 226.8 is added to the Labor Code.

SB 559 - Discrimination: genetic information

Author: Senator Alex Padilla

Summary: This bill would expand the Unruh Civil Rights Act and the California Fair Employment and Housing Act to prohibit discrimination based on genetic information. By expanding protections against genetic discrimination, this bill would both expand civil rights as well as increase the number of individuals who will feel comfortable taking genetic tests and therefore having access to preventative care.

Status: Introduced on 2/17/2011. Passed by Judiciary Committee and re-referred to Committee on Appropriations on 4/27/2011. Set for hearing 5/9/2011. Appropriations Committee placed SB 559 on second reading file pursuant to Senate Rule 28.8 on 5/10/2011.

SB 621 – An act to add Section 10110.6 to the Insurance Code, relating to insurance

Author: Senator Ronald Calderon

Summary: Many existing life and disability insurance policies contain a provision that provides discretionary authority to the issuers of that policy:

- to determine eligibility for benefits or coverage,
- to interpret the terms of the policy, contract, certificate, or agreement, or
- to provide standards of interpretation of review.

This bill would render any such provision void and unenforceable as of January 1, 2012. This bill would apply to any policy, contract, certificate, or agreement offered, issued, delivered, or renewed, whether or not in California, that provides or funds life insurance or disability insurance coverage for any California resident.

This bill protects consumers of life, health, and disability insurance from “discretionary clauses” in their insurance policies, which give the insurer the sole discretion to decide if a beneficiary has become disabled, even if the consumer has a doctor certify that they are disabled.

This bill levels the playing field and gives consumers an even chance to prove that they are entitled to disability and other insurance by making the “discretionary clauses” that insurers have been putting into their insurance policies as void and unenforceable.

Status: Signed into law by Governor Brown, 10/02/2011. Chaptered by adding Section 10110.6 is added to the Insurance Code.

SB 703 - Health Care Coverage: Basic Health Program

Author: Senator Ed Hernandez

Summary: The Federal Patient Protection and Affordable Care Act (PPACA), requires each state to, by January 1, 2014, establish a Health Benefit Exchange where qualified individuals and employers can purchase qualified health plans. Existing state law establishes the California Health Benefit Exchange within state government. The PPACA also authorizes the establishment of a basic health program under which a state may enter into contracts to offer one or more standard health plans providing a minimum level of essential benefits to eligible individuals instead of offering those individuals coverage through an Exchange, if specified criteria are met.

Currently the Managed Risk Medical Insurance Board (MRMIB) is responsible for administering the California Major Risk Medical Insurance Program and the Healthy Families Program to provide health care coverage to certain residents of the state who are unable to secure adequate coverage, subject to specified eligibility requirements. This bill would establish in state government a Basic Health Program, to be administered by MRMIB. The bill would require MRMIB to enter into a contract with the United States Secretary of Health and Human Services to implement the Basic Health Program, and would allow MRMIB to determine eligibility for enrollment, set premiums for coverage, and select participating health plans under the Basic Health Program. The bill would require the board to permit enrollment in the Basic Health Program starting January 1, 2014.

Status: Passed by the Senate on 6/2/2011. Passed by the Senate Committee on Health on 7/11/2011 and referred to the Committee on Appropriations. Amended on 07/12/2011. Hearing postponed by committee on 08/25/2011.

Illinois

HB 785 - Health-Tech

Author: Representatives Ann Williams, Patricia Bellock, and Camille Lilly

Summary: Amends the Mental Health and Developmental Disabilities Code to ensure that any adult under guardianship may request and receive counseling services or psychotherapy, and that the consent of the guardian shall not be necessary to authorize counseling or psychotherapy. Further, the bill also provides that the adult's guardian shall not be liable for the costs of counseling or psychotherapy that is received by the adult without the consent of the adult's guardian.

Status: Signed into law by Governor Pat Quinn on 7/22/11, and became Public Act 97-0165.

HB 1191 – Illinois Insurance Code Amendment

Author: Representative Greg Harris

Summary: This bill which was an initiative of the Susan G. Komen for the Cure® Foundation, amends several of the states medical and insurance codes and also sets provisions in terms of cancer patients receiving medical care. Additionally, the law forbids group policies and health insurance from excluding coverage or refusing to pay for individuals participating in qualified clinical cancer trials.

Effective January 1, 2012, this bill will help low-income women be included in clinical trials since they have often been excluded due to the financial expenses associated with participation.

Status: Signed into law by Governor Pat Quinn on 7/11/11, and became Public Act 97-0091.

SB 1279 – Carolyn Adams “Ticket for the Cure” extension

Chief Sponsors: Senator Mattie Hunter + Representative Constance A. Howard

Chief Co-Sponsors: Senator Jacqueline Y. Collins, + Representative Mary E. Flowers

Summary: This bill was designed to raise further funding for cancer initiatives by extending the “Carolyn Adams Ticket for the Cure” Illinois lottery scratch-off game promotion an additional five years; meaning the game will continue until 2016. The promotion was named in honor of former Illinois Lottery Superintendent Carolyn Adams, who died at the age of 44 due to breast cancer.

Status: Signed into law by Governor Pat Quinn 7/11/11, and became Public Act 97-0092.

HB 1825 – Oral Cancer Drug Insurance Parity Bill

Author: State Representative Ann Williams

Summary: This bill requires private health insurance plans that provide coverage for oral and intravenous chemotherapy to cover both at the same benefit level.

This bill would amend the Illinois Insurance Code. Provides that accident and health insurance policies that provide coverage for prescribed orally-administered cancer medications and intravenously administered or injected cancer medications shall ensure that the applicable financial requirements and treatment limitations are no more restrictive than the financial requirements and treatment limitations applied to intravenously administered or injected cancer medications that are covered by the policy. Provides that an insurer cannot achieve compliance with the coverage mandate by increasing financial requirements or imposing more restrictive treatment limitations on prescribed orally –administered cancer medications or intravenously administered or injected cancer medications covered under the policy.

Ensures that health insurance benefits apply equally between oral and injectable cancer drugs, ensuring that cancer patients have more affordable and at times, necessary, treatment options available.

Status: Signed into law by Governor Pat Quinn on 7/26/11, and became Public Act 97-0198.

Pennsylvania

HB 1713: The Pennsylvania Family and Medical Leave Act

Author: Representative Dan Truitt, with 8 co-sponsors.

Summary: This bill would permit family members to take up to six weeks of job and benefit protected leave in order to care for a sibling, grandparent, or grandchild who has a serious health condition. This bill would apply to all employers who are already subject to the federal Family and Medical Leave Act of 1993 (FMLA).

Status: Introduced on 6/22/2011 and referred to the House Committee on Labor and Industry.

Note: If there are bills not included on this list that you or your organization believe the CLRC should support, please contact us at CLRC@LLS.edu.

For more information about how you can become an advocate for any of the bills above please visit our Legislative Advocacy page at www.CancerLegalResourceCenter.org.