ASSEMBLY BILL No. 2209

Introduced by Assembly Member Bonilla

February 18, 2016

An act to add Section 1372.5 of the Health and Safety Code, and to add Section 10123.25 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL’S DIGEST

AB 2209, as introduced, Bonilla. Health care coverage: clinical care pathways.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits.

This bill would prohibit, on and after January 1, 2017, a health care service plan or health insurer that provides hospital, medical, or surgical expenses from implementing clinical care pathways, as defined, for use by providers in order to manage an enrollee’s or insured’s care. Because a willful violation of this prohibition by a health care service plan would be a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.
The people of the State of California do enact as follows:

SECTION 1. Section 1372.5 is added to the Health and Safety Code, to read:

1372.5. (a) On and after January 1, 2017, a health care service plan that provides coverage for hospital, medical, or surgical expenses shall not implement clinical care pathways for use by providers in order to manage an enrollee’s care.

(b) For purposes of this section, “clinical care pathways” means a multidisciplinary management tool based on evidence-based practices used by providers involved in patient care to manage the enrollee’s care, in which the different tasks, interventions, or treatment regimens used by the provider involved in the enrollee’s care are defined, optimized, and sequenced.

SEC. 2. Section 10123.25 is added to the Insurance Code, to read:

10123.25. (a) On and after January 1, 2017, a health insurer that provides coverage for hospital, medical, or surgical expenses shall not implement clinical care pathways for use by providers in order to manage an insured’s care.

(b) For purposes of this section, “clinical care pathways” means a multidisciplinary management tool based on evidence-based practices used by providers involved in patient care to manage the insured’s care, in which the different tasks, interventions, or treatment regimens used by the provider involved in the insured’s care are defined, optimized, and sequenced.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.