

ASSEMBLY BILL

No. 993

Introduced by Assembly Member Nazarian

February 21, 2019

An act to add Section 1367.693 to the Health and Safety Code, and to add Section 10123.833 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 993, as introduced, Nazarian. Health care coverage: HIV specialists.

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 provides for the regulation of health insurers by the Department of Insurance. Existing law requires the Department of Managed Health Care to adopt regulations to ensure that enrollees have access to needed health care services in a timely manner. Existing law requires the Department of Managed Health Care to develop indicators of timeliness of access to care, including waiting times for appointments with physicians, including primary care and specialty physicians. Existing law requires health care service plans to report annually to the Department of Managed Health Care on compliance with the standards developed pursuant to these provisions. Existing law also requires the Insurance Commissioner to promulgate regulations applicable to health insurers that contract with providers for alternative rates to ensure that insureds have the opportunity to access needed health care services in a timely manner.

This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2019, to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan’s or the health insurer’s eligibility criteria for all specialists seeking primary care provider status. The bill would provide that these provisions do not apply to a health insurance policy that does not require an insured to obtain a referral from his or her primary care physician prior to seeking covered health care services from a specialist. The bill would provide that these provisions do not include an HIV specialist as a primary care physician for the purposes of network adequacy requirements. Because a willful violation of these requirements by a health care service plan would be a crime, the 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.693 is added to the Health and
- 2 Safety Code, immediately following Section 1367.69, to read:
- 3 1367.693. (a) Every health care service plan contract that is
- 4 issued, amended, or renewed on or after January 1, 2019, that
- 5 provides hospital, medical, or surgical coverage, excluding
- 6 specialized health care service plan contracts, shall permit an HIV
- 7 specialist to be an eligible primary care provider, if the provider
- 8 requests primary care provider status and meets the health care
- 9 service plan’s eligibility criteria for all specialists seeking primary
- 10 care provider status.
- 11 (b) For purposes of this section, “primary care provider” means
- 12 a physician or a nonphysician medical practitioner, as each term
- 13 is defined in Section 14254 of the Welfare and Institutions Code,
- 14 who has the responsibility for providing initial and primary care
- 15 to patients, for maintaining the continuity of patient care, and for
- 16 initiating referral for specialist care. This means providing care

1 for the majority of health care problems, including, but not limited
2 to, preventive services, acute and chronic conditions, and
3 psychosocial issues.

4 (c) For purposes of this section, “HIV specialist” means a
5 physician, physician assistant, or a nurse practitioner who meets
6 the criteria for an HIV specialist as published by the American
7 Academy of HIV Medicine or the HIV Medicine Association, or
8 who is contracted to provide outpatient medical care under the
9 federal Ryan White Comprehensive AIDS Resources Emergency
10 (CARE) Act of 1990 (Public Law 101-381).

11 (d) This section does not include an HIV specialist as a primary
12 care physician for the purposes of network adequacy requirements
13 under this chapter.

14 SEC. 2. Section 10123.833 is added to the Insurance Code, to
15 read:

16 10123.833. (a) Every health insurance policy that is issued,
17 amended, or renewed on or after January 1, 2019, that provides
18 hospital, medical, or surgical coverage, excluding specialized
19 health insurance policies, shall permit an HIV specialist to be an
20 eligible primary care provider, if the provider requests primary
21 care provider status and meets the health insurer’s eligibility criteria
22 for all specialists seeking primary care provider status.

23 (b) For purposes of this section, “primary care provider” means
24 a physician or a nonphysician medical practitioner, as each term
25 is defined in Section 14254 of the Welfare and Institutions Code,
26 who has the responsibility for providing initial and primary care
27 to patients, for maintaining the continuity of patient care, and for
28 initiating referral for specialist care. This means providing care
29 for the majority of health care problems, including, but not limited
30 to, preventive services, acute and chronic conditions, and
31 psychosocial issues.

32 (c) For purposes of this section, “HIV specialist” means a
33 physician, physician assistant, or a nurse practitioner who meets
34 the criteria for an HIV specialist as published by the American
35 Academy of HIV Medicine or the HIV Medicine Association, or
36 who is contracted to provide outpatient medical care under the
37 federal Ryan White Comprehensive AIDS Resources Emergency
38 (CARE) Act of 1990 (Public Law 101-381).

1 (d) This section does not include an HIV specialist as a primary
2 care physician for the purposes of the department’s network
3 adequacy requirements.

4 (e) This section does not apply to a health insurance policy that
5 does not require an insured to obtain a referral from his or her
6 primary care physician prior to seeking covered health care services
7 from a specialist.

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