

**ASSEMBLY BILL**

**No. 1534**

---

---

**Introduced by Assembly Member Nazarian**

February 17, 2017

---

---

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 1534, 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 also provides for the regulation of health insurers by the Department of Insurance. Existing law requires the Department of Managed Health Care and the Insurance Commissioner to adopt regulations to ensure that enrollees and insureds 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 speciality 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 requires the Insurance Commissioner to adopt regulations that ensure, among other things, the adequacy of the number of professional providers in relationship to the projected demands for services covered under the group policy.

This bill would require access to HIV specialists to be subject to the regulations, standards, and reporting requirements developed pursuant to the above specified provisions. The bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2018, to include an HIV specialist, as defined, as an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan’s or health insurer’s eligibility criteria for all specialists seeking primary care provider status. 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, 2018, that  
5 provides hospital, medical, or surgical coverage, excluding  
6 specialized health care service plan contracts, shall include an HIV  
7 specialist as 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  
17 for the majority of health care problems, including, but not limited  
18 to, preventive services, acute and chronic conditions, and  
19 psychosocial issues.

1 (c) Access to HIV specialists shall be subject to the regulations  
2 developed pursuant to Section 1367.03 and shall be included in  
3 the reports and other information required under Section 1367.035,  
4 consistent with the specialty designation.

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

12 SEC. 2. Section 10123.833 is added to the Insurance Code,  
13 immediately following Section 10123.83, to read:

14 10123.833. (a) Every health insurance policy that is issued,  
15 amended, or renewed on or after January 1, 2018, that provides  
16 hospital, medical, or surgical coverage, excluding specialized  
17 health insurance policies, shall include an HIV specialist as an  
18 eligible primary care provider, if the provider requests primary  
19 care provider status and meets the health insurer’s eligibility criteria  
20 for all specialists seeking primary care provider status.

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

30 (c) Access to HIV specialists shall be subject to the regulations  
31 developed pursuant to Section 10133.5, consistent with the  
32 specialty designation.

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

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

O