

AMENDED IN ASSEMBLY APRIL 23, 2008

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

ASSEMBLY BILL

No. 2654

Introduced by Assembly Member Laird

February 22, 2008

An act to amend Sections 50260 and 54701.12 of the Government Code, to amend Section 1365.5 of the Health and Safety Code, to amend Sections 679.71, 679.72, 699.5, 10140, 10141, 11628, and 12095 of the Insurance Code, to amend Section 4600.6 of the Labor Code, and to amend Sections 103 and 14200.1 of the Welfare and Institutions Code, relating to discrimination.

LEGISLATIVE COUNSEL'S DIGEST

AB 2654, as amended, Laird. Discrimination.

(1) Existing law provides that the purpose of certain provisions regarding human relations is to promote the establishment in counties and cities and counties throughout the state of commissions designed to foster peaceful relations in the interest of preserving the public peace among citizens of different races, religions, and national origins.

This bill would provide that the purpose of those provisions is to promote the establishment of commissions designed to foster peaceful relations in the interest of preserving the public peace among residents. This bill would add ethnic group identification, age, sex, sexual orientation, color, and disability to the characteristics described above.

(2) Existing law allows local agencies to construct or cause to be constructed rental housing for employees. Existing law requires a local agency to require that contractors and subcontractors engaged in construction financed under these provisions provide equal opportunity for employment, without discrimination as to race, sex, marital status,

color, religion, national origin, or ancestry, and requires that all contracts and subcontracts for construction financed under this chapter be let without discrimination as to race, sex, marital status, color, religion, national origin, or ancestry.

This bill would, instead, require a local agency to require that the above contractors and subcontractors provide equal opportunity for employment, without discrimination as to marital status, race, national origin, ~~ethnic group identification, religion,~~ age, sex, sexual orientation, color, *medical condition, religious creed, ancestry, mental disability,* or *physical disability*.

(3) *Existing law prohibits health care service plans from taking specified actions regarding contracts because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, prospective contracting party, or person reasonably expected to benefit from that contract as a subscriber, enrollee, member, or otherwise.*

This bill would add disability and medical condition to the characteristics described above.

(3)

(4) Existing law prohibits certain property insurers from taking specified actions regarding the issuance or cancellation of insurance under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every marital status, sex, race, color, religion, national origin, or ancestry, and prohibits sex, race, color, religion, national origin, or ancestry from constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured.

This bill would add medical condition, disability, and sexual orientation, as defined, to the characteristics prohibited for use as described above.

(4)

(5) Existing law prohibits an application for certain property insurance, or an insurance investigation report furnished by an insurer to its agents or employees for use in determining the insurability of the applicant, from carrying or requiring any identification of the applicant's race, color, religion, national origin, or ancestry.

This bill would, in addition, prohibit an application described above from carrying or requiring any identification of the applicant's medical condition, disability, *marital status,* or sexual orientation, as defined.

(5)

(6) Existing law provides that the ownership or financial control of any domestic, foreign, or alien insurer, by any state of the United States or by a foreign government, shall not restrict the Insurance Commissioner from issuing, renewing, or continuing in effect the license of that insurer to transact insurance, unless the commissioner makes any of specified determinations, including that the insurer is subject to governmental practices that discriminate on the basis of race, color, creed, or national origin.

This bill would delete creed from the above list of characteristics relating to governmental discrimination that the Insurance Commissioner may consider, and would add *sex, ancestry, religion, disability, medical condition, marital status, and sexual orientation*, as defined, to that list.

(7) *Existing law prohibits certain life or disability insurers from taking specified actions regarding the issuance or cancellation of that insurance under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every race, color, religion, sex, national origin, ancestry, or sexual orientation. Existing law also prohibits any of those characteristics from, of itself, constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured for that insurance.*

This bill would add disability, medical condition, and marital status to that list of characteristics. The bill would also provide that this provision not be construed to affect, supersede, or negate the application of certain statutes that specifically authorize the use of specified information regarding personal characteristics in the business of life or disability insurance.

~~(6)~~

(8) Existing law prohibits certain insurers licensed to issue and issuing motor vehicle liability policies, as defined, from taking certain actions regarding the issuance or cancellation of that insurance under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every race, language, color, religion, national origin, ancestry, or the same geographic area, and prohibits race, language, color, religion, national origin, ancestry, or location within a geographic area from constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured.

This bill would, instead, prohibit the above insurers from taking those actions under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of

every language, sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, sexual orientation, or the same geographic area, and would prohibit language, sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, sexual orientation, or location within a geographic area from constituting a condition or risk for which a higher rate, premium, or charge may be required of the insured.

(7)

(9) Existing law prohibits certain surety insurers from failing or refusing to take specified actions regarding performance bonds under conditions less favorable to the obligor than in other comparable cases, except for reasons applicable alike to persons of every race, color, gender, religion, national origin, ancestry, or geographical area, and prohibits race, color, gender, religion, national origin, ancestry, or location within a county, of itself, from constituting a condition or risk for which a greater rate, premium, charge, guaranty, or collateral may be required of the applicant.

This bill would, instead, prohibit those surety insurers from failing or refusing to take the actions described above under conditions less favorable to the obligor than in other comparable cases, except for reasons applicable alike to persons of every sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, sexual orientation, or geographical area, and would prohibit any of those characteristics, of itself, from constituting a condition or risk for which a greater rate, premium, charge, guaranty, or collateral may be required of the applicant.

(10) Existing law prohibits any workers' compensation insurer, 3rd-party administrator, or other entity seeking certification as a health care organization from taking specified actions regarding contracts because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any contracting party, prospective contracting party, or person reasonably expected to benefit from that contract as an employee or otherwise.

This bill would add disability and medical condition to those characteristics.

(8)

(11) Existing law provides for the appointment of persons by a juvenile court as court-appointed special advocates. Existing law provides that an adult otherwise qualified to act as a court-appointed

special advocate shall not be discriminated against based upon sex, socioeconomic, religious, racial, ethnic, or age factors.

This bill would provide, instead, that an adult otherwise qualified to act as a court-appointed special advocate shall not be discriminated against based upon race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, disability, *marital status*, or socioeconomic factors.

(9)

(12) Existing law provides that the purpose of certain provisions of law relating to prepaid health plans is to afford persons eligible to receive certain government-supported medical benefits the opportunity to enroll as regular subscribers in prepaid health plans, without reference to the race, sex, age, religion, creed, color, national origin, or ancestry of any eligible person.

This bill would provide, instead, that the purpose of those provisions is to afford persons eligible to receive certain government-supported medical benefits the opportunity to enroll as regular subscribers in prepaid health plans, without reference to race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, *marital status*, or disability.

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

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

1 SECTION 1. Section 50260 of the Government Code is
2 amended to read:

3 50260. The purpose of this article is to promote the
4 establishment in counties and cities and counties throughout the
5 state of commissions designed to foster peaceful relations in the
6 interest of preserving the public peace among ~~citizens~~ *residents*
7 of different races, religions, national origins, and the other
8 characteristics listed or defined in Section 11135.

9 SEC. 2. Section 54701.12 of the Government Code is amended
10 to read:

11 54701.12. A local agency shall require that contractors and
12 subcontractors engaged in construction financed under this chapter
13 shall provide equal opportunity for employment, without
14 discrimination as to ~~marital status~~ or any characteristic listed or
15 defined in Section ~~11135~~ *12926 or 12926.1*. All contracts and

1 subcontracts for construction financed under this chapter shall be
2 let without discrimination as to ~~marital status~~ or any of those
3 characteristics.

4 SEC. 3. Section 1365.5 of the Health and Safety Code is
5 amended to read:

6 1365.5. (a) No health care service plan or specialized health
7 care service plan shall refuse to enter into any contract or shall
8 cancel or decline to renew or reinstate any contract because of the
9 ~~race, color, national origin, ancestry, religion, sex, marital status,~~
10 ~~sexual orientation, as defined in subdivision (q) of Section 12926~~
11 ~~of the Government Code, or age~~ *age or any characteristic listed*
12 *or defined in subdivision (b) or (e) of Section 51 of the Civil Code*
13 of any contracting party, prospective contracting party, or person
14 reasonably expected to benefit from that contract as a subscriber,
15 enrollee, member, or otherwise.

16 (b) The terms of any contract shall not be modified, and the
17 benefits or coverage of any contract shall not be subject to any
18 limitations, exceptions, exclusions, reductions, copayments,
19 coinsurance, deductibles, reservations, or premium, price, or charge
20 differentials, or other modifications because of the ~~race, color,~~
21 ~~national origin, ancestry, religion, sex, marital status, sexual~~
22 ~~orientation, as defined in subdivision (q) of Section 12926 of the~~
23 ~~Government Code, or age~~ *age or any characteristic listed or*
24 *defined in subdivision (b) or (e) of Section 51 of the Civil Code* of
25 any contracting party, potential contracting party, or person
26 reasonably expected to benefit from that contract as a subscriber,
27 enrollee, member, or otherwise; except that premium, price, or
28 charge differentials because of the sex or age of any individual
29 when based on objective, valid, and up-to-date statistical and
30 actuarial data are not prohibited. Nothing in this section shall be
31 construed to permit a health care service plan to charge different
32 premium rates to individual enrollees within the same group solely
33 on the basis of the enrollee's sex.

34 (c) It shall be deemed a violation of subdivision (a) for any
35 health care service plan to utilize marital status, living
36 arrangements, occupation, sex, beneficiary designation, ZIP Codes
37 or other territorial classification, or any combination thereof for
38 the purpose of establishing sexual orientation. Nothing in this
39 section shall be construed to alter in any manner the existing law

1 prohibiting health care service plans from conducting tests for the
2 presence of human immunodeficiency virus or evidence thereof.

3 (d) This section shall not be construed to limit the authority of
4 the director to adopt or enforce regulations prohibiting
5 discrimination because of sex, marital status, or sexual orientation.

6 (e) “Sex” as used in this section shall have the same meaning
7 as “gender,” as defined in Section 422.56 of the Penal Code.

8 SEC. 4. Section 679.71 of the Insurance Code is amended to
9 read:

10 679.71. No admitted insurer that is licensed to issue any policy
11 of insurance covered by this chapter shall fail or refuse to accept
12 an application for, or to issue a policy to an applicant for, that
13 insurance (unless the insurance is to be issued to the applicant by
14 another insurer under the same management and control), or cancel
15 that insurance, under conditions less favorable to the insured than
16 in other comparable cases, except for reasons applicable alike to
17 persons of every characteristic listed or defined in subdivision (b)
18 or (e) of Section 51 of the Civil Code; nor shall any of those
19 characteristics ~~except marital status~~, of itself, constitute a condition
20 or risk for which a higher rate, premium, or charge may be required
21 of the insured for that insurance.

22 SEC. 5. Section 679.72 of the Insurance Code is amended to
23 read:

24 679.72. No application for insurance specified in this chapter
25 or insurance investigation report furnished by an insurer to its
26 agents or employees for use in determining the insurability of an
27 applicant shall carry any identification, or any requirement therefor,
28 of any characteristic listed or defined in subdivision (b) or (e) of
29 Section 51 of the Civil Code with respect to the applicant, ~~except~~
30 ~~marital status~~.

31 SEC. 6. Section 699.5 of the Insurance Code is amended to
32 read:

33 699.5. (a) The ownership or financial control, in part, direct
34 or indirect, of any domestic, foreign, or alien insurer, by any state
35 of the United States or by a foreign government or by any political
36 subdivision of either, or by an agency of any other state,
37 government, or subdivision thereof, shall not, provided the insurer
38 complies with all other requirements for issuance, renewal, or
39 continuation of a license, restrict the commissioner from issuing,
40 renewing, or continuing in effect the license of that insurer to

1 transact in this state the kinds of insurance business for which that
2 insurer is otherwise qualified under the provisions of this chapter
3 and under its charter, unless the commissioner finds that any of
4 the following is true:

5 (1) The insurer is subject to any form of subsidy that would
6 enable it to compete unfairly with domestic insurers.

7 (2) The insurer is subject to governmental practices that
8 discriminate on the basis of ~~race, color, national origin, sex,~~
9 ~~religion, ancestry, marital status, or sexual orientation, as defined~~
10 ~~in subdivision (q) of Section 12926 of the Government Code~~ *any*
11 *characteristic listed or defined in subdivision (b) or (e) of Section*
12 *51 of the Civil Code.*

13 (3) The ownership or financial control will create the presence
14 of any sovereign immunity in the insurer.

15 (4) Appropriate measures and controls do not exist to avoid
16 security problems resulting from an insurer's access to confidential
17 information and data of its insured.

18 (5) The ownership or financial control results in substantial or
19 undue influence being asserted over the insurer.

20 (b) The failure by any applicant for a license to submit the
21 information requested by the commissioner for the purposes of
22 determining whether to make a finding pursuant to subdivision (a)
23 shall be sufficient to deny the application.

24 (c) Nothing in the amendments to this section enacted during
25 the 1994 portion of the 1993–94 Regular Session of the Legislature
26 shall be interpreted to authorize the issuance of a license to an
27 insurer wholly owned by any governmental entity described in
28 subdivision (a).

29 SEC. 7. Section 10140 of the Insurance Code is amended to
30 read:

31 10140. (a) No admitted insurer that is licensed to issue life or
32 disability insurance shall fail or refuse to accept an application for
33 that insurance, to issue that insurance to an applicant therefor, or
34 issue or cancel that insurance, under conditions less favorable to
35 the insured than in other comparable cases, except for reasons
36 applicable alike to persons of every ~~race, color, religion, sex,~~
37 ~~national origin, ancestry, or sexual orientation, as defined in~~
38 ~~subdivision (q) of Section 12926 of the Government Code. Race,~~
39 ~~color, religion, national origin, ancestry, or sexual orientation shall~~
40 ~~not~~ *characteristic listed or defined in subdivision (b) or (e) of*

1 *Section 51 of the Civil Code. None of those characteristics shall,*
2 *of itself, constitute a condition or risk for which a higher rate,*
3 *premium, or charge may be required of the insured for that*
4 *insurance. Unless otherwise prohibited by law, premium, price,*
5 *or charge differentials because of the sex of any individual when*
6 *based on objective, valid, and up-to-date statistical and actuarial*
7 *data or sound underwriting practices are not prohibited. This section*
8 *shall not be construed to affect, supersede, or negate the*
9 *application of Section 51 of the Civil Code to this section or to*
10 *Sections 799.02, 790.03, 10121.7, 10142, 10144, 10144.2, 10144.3,*
11 *10148, and 10198.9, or any similar statute specifically authorizing*
12 *the use of specified information regarding personal characteristics*
13 *in the business of life or disability insurance.*

14 (b) Except as otherwise permitted by law, no admitted insurer,
15 licensed to issue disability insurance policies for hospital, medical,
16 and surgical expenses, shall fail or refuse to accept an application
17 for that insurance, fail or refuse to issue that insurance to an
18 applicant therefor, cancel that insurance, refuse to renew that
19 insurance, charge a higher rate or premium for that insurance, or
20 offer or provide different terms, conditions, or benefits, or place
21 a limitation on coverage under that insurance, on the basis of a
22 person's genetic characteristics that may, under some
23 circumstances, be associated with disability in that person or that
24 person's offspring.

25 (c) No admitted insurer, licensed to issue disability insurance
26 for hospital, medical, and surgical expenses, shall seek information
27 about a person's genetic characteristics for any nontherapeutic
28 purpose.

29 (d) No discrimination shall be made in the fees or commissions
30 of agents or brokers for writing or renewing a policy of disability
31 insurance, other than disability income, on the basis of a person's
32 genetic characteristics that may, under some circumstances, be
33 associated with disability in that person or that person's offspring.

34 (e) It shall be deemed a violation of subdivision (a) for any
35 insurer to consider sexual orientation in its underwriting criteria
36 or to utilize marital status, living arrangements, occupation, sex,
37 beneficiary designation, ZIP Codes or other territorial classification
38 within this state, or any combination thereof for the purpose of
39 establishing sexual orientation or determining whether to require
40 a test for the presence of the human immunodeficiency virus or

1 antibodies to that virus, where that testing is otherwise permitted
 2 by law. Nothing in this section shall be construed to alter, expand,
 3 or limit in any manner the existing law respecting the authority of
 4 insurers to conduct tests for the presence of human
 5 immunodeficiency virus or evidence thereof.

6 (f) This section shall not be construed to limit the authority of
 7 the commissioner to adopt regulations prohibiting discrimination
 8 because of sex, marital status, or sexual orientation or to enforce
 9 these regulations, whether adopted before or on or after January
 10 1, 1991.

11 (g) “Genetic characteristics” as used in this section shall have
 12 the same meaning as defined in Section 10123.3.

13 (h) “Sex” as used in this section shall have the same meaning
 14 as “gender,” as defined in Section 422.56 of the Penal Code.

15 SEC. 8. Section 10141 of the Insurance Code is amended to
 16 read:

17 10141. No application for insurance or insurance investigation
 18 report furnished by such an insurer to its agents or employees for
 19 use in determining the insurability of the applicant shall carry any
 20 identification, or any requirement therefor, of the applicant's race,
 21 color, religion, ancestry, national origin, or sexual orientation,~~as~~
 22 ~~defined in subdivision (q) of Section 12926 of the Government~~
 23 ~~Code.~~

24 SEC. 9. Section 11628 of the Insurance Code is amended to
 25 read:

26 11628. (a) (1) No admitted insurer that is licensed to issue
 27 and issuing motor vehicle liability policies, as defined in Section
 28 16450 of the Vehicle Code, shall fail or refuse to accept an
 29 application for that insurance, to issue that insurance to an applicant
 30 therefor, or issue or cancel that insurance under conditions less
 31 favorable to the insured than in other comparable cases, except for
 32 reasons applicable alike to persons of every ~~language~~ or
 33 characteristic listed or defined in subdivision (b) or (e) of Section
 34 51 of the Civil Code, *including, but not limited to, language,* or
 35 persons of the same geographic area; nor shall ~~language,~~ any
 36 characteristic listed or defined in subdivision (b) or (e) of Section
 37 51 of the Civil Code, *including, but not limited to, language,* or
 38 location within a geographic area, of itself, constitute a condition
 39 or risk for which a higher rate, premium, or charge may be required
 40 of the insured for that insurance.

1 (2) As used in this section “geographic area” means a portion
2 of this state of not less than 20 square miles defined by description
3 in the rating manual of an insurer or in the rating manual of a rating
4 bureau of which the insurer is a member or subscriber. In order
5 that geographic areas used for rating purposes may reflect
6 homogeneity of loss experience, a record of loss experience for
7 the geographic area shall include the breakdown of actual loss
8 experience statistics by ZIP Code area (as designated by the United
9 States Postal Service) within each geographic area for family
10 owned private passenger motor vehicles and lightweight
11 commercial motor vehicles, under 1 ½-ton load capacity, used for
12 local service or retail delivery, normally within a 50-mile radius
13 of garaging, and that are not part of a fleet of five or more motor
14 vehicles under one ownership. A record of loss experience for the
15 geographic area, including that statistical data by ZIP Code area,
16 shall be submitted annually to the commissioner for examination
17 by each insurer licensed to issue and issuing motor vehicle liability
18 policies, motor vehicle physical damage policies, or both. Loss
19 experience shall include separate loss data for each type of
20 coverage, including liability or physical damage coverage,
21 underwritten. That report shall include the insurer’s statewide loss
22 ratio, loss adjustment expense ratio, expense ratio, and combined
23 ratio on its assigned-risk business. An insurer may satisfy its
24 obligation to report statistical data under this subdivision by
25 providing its loss experience data and statewide expense ratio and
26 combined ratio on its assigned-risk business to a rating or advisory
27 organization for submission to the commissioner. This data shall
28 be made available to the public by the commissioner annually after
29 examination. However, the data shall be released in aggregate form
30 by ZIP Code in order that no individual insurer’s loss experience
31 for any specific geographic area be revealed. Differentiation in
32 rates between geographical areas shall not constitute unfair
33 discrimination.

34 (3) All information reported to the department pursuant to this
35 subdivision shall be confidential.

36 (4) As used in this section:

37 (A) “Language” means the inability to speak, read, write, or
38 comprehend the English language.

39 (B) “Dependents” shall include, but not be limited to, issue
40 regardless of generation.

1 (C) “Spouse” shall be determined without regard to current
2 marital status.

3 (b) The commissioner may require insurers with combined ratios
4 on statewide assigned-risk business that are 10 percent above the
5 mean combined ratio for all plan participants to also report the
6 following:

7 (1) The reason for the excessive ratio.

8 (2) A plan for reducing the ratio, and when the reduction can
9 be expected to occur. The commissioner may require insurers
10 subject to this subdivision to provide periodic reports on the
11 progress in reducing the combined ratio.

12 (c) (1) No admitted insurer, licensed to issue and issuing motor
13 vehicle liability insurance policies as defined in Section 16450 of
14 the Vehicle Code, shall fail or refuse to accept an application for
15 that insurance, refuse to issue that insurance to an applicant
16 therefor, or cancel that insurance solely for the reason that the
17 applicant for that insurance or any insured is employed in a specific
18 occupation, or is on active duty service in the Armed Forces of
19 the United States.

20 (2) Nothing in this section shall prohibit an insurer from doing
21 any of the following:

22 (A) Considering the occupation of the applicant or insured as
23 a condition or risk for which a higher rate or discounted rate may
24 be required or offered for coverage in the course and scope of his
25 or her occupation.

26 (B) Charging a deviated rate to any classification of risks
27 involving a specific occupation, or grouping thereof, if the rate
28 meets the requirements of Chapter 9 (commencing with Section
29 1850) of Part 2 of Division 1 and is based upon actuarial data
30 which demonstrates a significant actual historical differential
31 between past losses or expenses attributable to the specific
32 occupation, or grouping thereof, and the past losses or expenses
33 attributable to other classification of risks. For purposes of
34 compiling that actuarial data for a specific occupation or grouping
35 thereof, a person shall be deemed employed in the occupation in
36 which that data is compiled if any of the following is true:

37 (i) The majority of his or her employment during the previous
38 year was in the occupation.

1 (ii) The majority of his or her aggregate earnings for the
2 immediate preceding three-year period were derived from the
3 occupation.

4 (iii) The person is a member in good standing of a union that is
5 an authorized collective bargaining agent for persons engaged in
6 the occupation.

7 (3) Nothing in this section shall be construed to include in the
8 definition of “occupation” any status or activity that does not result
9 in remuneration for work done or services performed, or
10 self-employment in a business operated out of an applicant’s or
11 insured’s place of residence or persons engaged in the renting,
12 leasing, selling, repossessing, rebuilding, wrecking, or salvaging
13 of motor vehicles.

14 (d) Nothing in this section shall limit or restrict the ability of
15 an insurer to refuse to accept an application for or refuse to issue
16 or cancel insurance for the reason that it is a commercial vehicle
17 or based upon the consideration of a vehicle’s size, weight, design,
18 or intended use.

19 (e) It is the intent of the Legislature that actuarial data by
20 occupation may be examined for credibility by the commissioner
21 on the same basis as any other automobile insurance data which
22 he or she is empowered to examine.

23 (f) (1) Except as provided in Article 4 (commencing with
24 Section 11620), nothing in this section or in Article 10
25 (commencing with Section 1861.01) of Chapter 9 of Part 2 of
26 Division 1 or in any other provision of this code, shall prohibit an
27 insurer from limiting the issuance or renewal of insurance, as
28 defined in subdivision (a) of Section 660, to persons who engage
29 in, or have formerly engaged in, governmental or military service
30 or segments of categories thereof, and their spouses, dependents,
31 direct descendants, and former dependents or spouses.

32 (2) The term “military service” includes, but is not limited to,
33 officers, warrant officers, and enlisted persons, officer and warrant
34 officer candidates, cadets or midshipmen at a service academy,
35 cadets or midshipmen in advance Reserve Officer Training Corps
36 programs or on Reserve Officer Training Corps program
37 scholarships, National Guard officer candidates, students in
38 government-sponsored precommissioning programs, and foreign
39 military officers while on temporary duty in the United States.

1 (g) Any person subject to regulation by the commissioner
2 pursuant to this code who fails to comply with a data call required
3 by the department pursuant to subdivision (a) shall be liable to the
4 state for a civil penalty in an amount not exceeding five thousand
5 dollars (\$5,000) for each 30-day period that the person is not in
6 compliance, unless the failure to comply is willful, in which case
7 the civil penalty shall be in an amount not to exceed ten thousand
8 dollars (\$10,000) for each 30-day period that the person is not in
9 compliance, but not to exceed an aggregate amount of one hundred
10 thousand dollars (\$100,000). The commissioner shall collect the
11 amount so payable and may bring an action in the name of the
12 people of the State of California to enforce collection. These
13 penalties shall be in addition to other penalties provided by law.

14 (h) This section shall be known and may be cited as the
15 “Rosenthal Auto Insurance Nondiscrimination Law.”

16 SEC. 10. Section 12095 of the Insurance Code is amended to
17 read:

18 12095. No insurer admitted in this state to issue surety
19 insurance shall fail or refuse to accept an application for a
20 contractor's license or performance bond, or to issue such a bond
21 to an applicant therefor, or refuse or cancel such a bond, under
22 conditions less favorable to the obligor than in other comparable
23 cases, except for reasons applicable alike to persons of every
24 characteristic listed or defined in subdivision (b) or (e) of Section
25 51 of the Civil Code, or persons of every geographical area; nor
26 shall any characteristic listed or defined in subdivision (b) or (e)
27 of Section 51 of the Civil Code, or location within a county, of
28 itself, constitute a condition or risk for which a greater rate,
29 premium, charge, guaranty, or collateral may be required of the
30 applicant for such a bond.

31 SEC. 11. Section 4600.6 of the Labor Code is amended to read:

32 4600.6. Any workers' compensation insurer, third-party
33 administrator, or other entity seeking certification as a health care
34 organization under subdivision (e) of Section 4600.5 shall be
35 subject to the following rules and procedures:

36 (a) Each application for authorization as an organization under
37 subdivision (e) of Section 4600.5 shall be verified by an authorized
38 representative of the applicant and shall be in a form prescribed
39 by the administrative director. The application shall be

1 accompanied by the prescribed fee and shall set forth or be
2 accompanied by each and all of the following:

3 (1) The basic organizational documents of the applicant, such
4 as the articles of incorporation, articles of association, partnership
5 agreement, trust agreement, or other applicable documents and all
6 amendments thereto.

7 (2) A copy of the bylaws, rules, and regulations, or similar
8 documents regulating the conduct of the internal affairs of the
9 applicant.

10 (3) A list of the names, addresses, and official positions of the
11 persons who are to be responsible for the conduct of the affairs of
12 the applicant, which shall include, among others, all members of
13 the board of directors, board of trustees, executive committee, or
14 other governing board or committee, the principal officers, each
15 shareholder with over 5 percent interest in the case of a corporation,
16 and all partners or members in the case of a partnership or
17 association, and each person who has loaned funds to the applicant
18 for the operation of its business.

19 (4) A copy of any contract made, or to be made, between the
20 applicant and any provider of health care, or persons listed in
21 paragraph (3), or any other person or organization agreeing to
22 perform an administrative function or service for the plan. The
23 administrative director by rule may identify contracts excluded
24 from this requirement and make provision for the submission of
25 form contracts. The payment rendered or to be rendered to the
26 provider of health care services shall be deemed confidential
27 information that shall not be divulged by the administrative
28 director, except that the payment may be disclosed and become a
29 public record in any legislative, administrative, or judicial
30 proceeding or inquiry. The organization shall also submit the name
31 and address of each provider employed by, or contracting with,
32 the organization, together with his or her license number.

33 (5) A statement describing the organization, its method of
34 providing for health services, and its physical facilities. If
35 applicable, this statement shall include the health care delivery
36 capabilities of the organization, including the number of full-time
37 and part-time physicians under Section 3209.3, the numbers and
38 types of licensed or state-certified health care support staff, the
39 number of hospital beds contracted for, and the arrangements and

1 the methods by which health care will be provided, as defined by
2 the administrative director under Sections 4600.3 and 4600.5.

3 (6) A copy of the disclosure forms or materials that are to be
4 issued to employees.

5 (7) A copy of the form of the contract that is to be issued to any
6 employer, insurer of an employer, or a group of self-insured
7 employers.

8 (8) Financial statements accompanied by a report, certificate,
9 or opinion of an independent certified public accountant. However,
10 the financial statements from public entities or political
11 subdivisions of the state need not include a report, certificate, or
12 opinion by an independent certified public accountant if the
13 financial statement complies with any requirements that may be
14 established by regulation of the administrative director.

15 (9) A description of the proposed method of marketing the
16 organization and a copy of any contract made with any person to
17 solicit on behalf of the organization or a copy of the form of
18 agreement used and a list of the contracting parties.

19 (10) A statement describing the service area or areas to be
20 served, including the service location for each provider rendering
21 professional services on behalf of the organization and the location
22 of any other organization facilities where required by the
23 administrative director.

24 (11) A description of organization grievance procedures to be
25 utilized as required by this part, and a copy of the form specified
26 by paragraph (3) of subdivision (j).

27 (12) A description of the procedures and programs for internal
28 review of the quality of health care pursuant to the requirements
29 set forth in this part.

30 (13) Evidence of adequate insurance coverage or self-insurance
31 to respond to claims for damages arising out of the furnishing of
32 workers' compensation health care.

33 (14) Evidence of adequate insurance coverage or self-insurance
34 to protect against losses of facilities where required by the
35 administrative director.

36 (15) Evidence of adequate workers' compensation coverage to
37 protect against claims arising out of work-related injuries that
38 might be brought by the employees and staff of an organization
39 against the organization.

1 (16) Evidence of fidelity bonds in such amount as the
2 administrative director prescribes by regulation.

3 (17) Other information that the administrative director may
4 reasonably require.

5 (b) (1) An organization, solicitor, solicitor firm, or
6 representative may not use or permit the use of any advertising or
7 solicitation that is untrue or misleading, or any form of disclosure
8 that is deceptive. For purposes of this chapter:

9 (A) A written or printed statement or item of information shall
10 be deemed untrue if it does not conform to fact in any respect that
11 is or may be significant to an employer or employee, or potential
12 employer or employee.

13 (B) A written or printed statement or item of information shall
14 be deemed misleading whether or not it may be literally true, if,
15 in the total context in which the statement is made or the item of
16 information is communicated, the statement or item of information
17 may be understood by a person not possessing special knowledge
18 regarding health care coverage, as indicating any benefit or
19 advantage, or the absence of any exclusion, limitation, or
20 disadvantage of possible significance to an employer or employee,
21 or potential employer or employee.

22 (C) A disclosure form shall be deemed to be deceptive if the
23 disclosure form taken as a whole and with consideration given to
24 typography and format, as well as language, shall be such as to
25 cause a reasonable person, not possessing special knowledge of
26 workers' compensation health care, and the disclosure form
27 therefor, to expect benefits, service charges, or other advantages
28 that the disclosure form does not provide or that the organization
29 issuing that disclosure form does not regularly make available to
30 employees.

31 (2) An organization, solicitor, or representative may not use or
32 permit the use of any verbal statement that is untrue, misleading,
33 or deceptive or make any representations about health care offered
34 by the organization or its cost that does not conform to fact. All
35 verbal statements are to be held to the same standards as those for
36 printed matter provided in paragraph (1).

37 (c) It is unlawful for any person, including an organization,
38 subject to this part, to represent or imply in any manner that the
39 person or organization has been sponsored, recommended, or
40 approved, or that the person's or organization's abilities or

1 qualifications have in any respect been passed upon, by the
2 administrative director.

3 (d) (1) An organization may not publish or distribute, or allow
4 to be published or distributed on its behalf, any advertisement
5 unless (A) a true copy thereof has first been filed with the
6 administrative director, at least 30 days prior to any such use, or
7 any shorter period as the administrative director by rule or order
8 may allow, and (B) the administrative director by notice has not
9 found the advertisement, wholly or in part, to be untrue, misleading,
10 deceptive, or otherwise not in compliance with this part or the
11 rules thereunder, and specified the deficiencies, within the 30 days
12 or any shorter time as the administrative director by rule or order
13 may allow.

14 (2) If the administrative director finds that any advertisement
15 of an organization has materially failed to comply with this part
16 or the rules thereunder, the administrative director may, by order,
17 require the organization to publish in the same or similar medium,
18 an approved correction or retraction of any untrue, misleading, or
19 deceptive statement contained in the advertising.

20 (3) The administrative director by rule or order may classify
21 organizations and advertisements and exempt certain classes,
22 wholly or in part, either unconditionally or upon specified terms
23 and conditions or for specified periods, from the application of
24 subdivision (a).

25 (e) (1) The administrative director shall require the use by each
26 organization of disclosure forms or materials containing any
27 information regarding the health care and terms of the workers'
28 compensation health care contract that the administrative director
29 may require, so as to afford the public, employers, and employees
30 with a full and fair disclosure of the provisions of the contract in
31 readily understood language and in a clearly organized manner.
32 The administrative director may require that the materials be
33 presented in a reasonably uniform manner so as to facilitate
34 comparisons between contracts of the same or other types of
35 organizations. The disclosure form shall describe the health care
36 that is required by the administrative director under Sections 4600.3
37 and 4600.5, and shall provide that all information be in concise
38 and specific terms, relative to the contract, together with any
39 additional information as may be required by the administrative
40 director, in connection with the organization or contract.

1 (2) All organizations, solicitors, and representatives of a
2 workers' compensation health care provider organization shall,
3 when presenting any contract for examination or sale to a
4 prospective employee, provide the employee with a properly
5 completed disclosure form, as prescribed by the administrative
6 director pursuant to this section for each contract so examined or
7 sold.

8 (3) In addition to the other disclosures required by this section,
9 every organization and any agent or employee of the organization
10 shall, when representing an organization for examination or sale
11 to any individual purchaser or the representative of a group
12 consisting of 25 or fewer individuals, disclose in writing the ratio
13 of premium cost to health care paid for contracts with individuals
14 and with groups of the same or similar size for the organization's
15 preceding fiscal year. An organization may report that information
16 by geographic area, provided the organization identifies the
17 geographic area and reports information applicable to that
18 geographic area.

19 (4) Where the administrative director finds it necessary in the
20 interest of full and fair disclosure, all advertising and other
21 consumer information disseminated by an organization for the
22 purpose of influencing persons to become members of an
23 organization shall contain any supplemental disclosure information
24 that the administrative director may require.

25 (f) When the administrative director finds it necessary in the
26 interest of full and fair disclosure, all advertising and other
27 consumer information disseminated by an organization for the
28 purpose of influencing persons to become members of an
29 organization shall contain any supplemental disclosure information
30 that the administrative director may require.

31 (g) (1) An organization may not refuse to enter into any
32 contract, or may not cancel or decline to renew or reinstate any
33 contract, because of the ~~race, color, national origin, ancestry,~~
34 ~~religion, sex, marital status, sexual orientation, as defined in~~
35 ~~subdivision (q) of Section 12926 of the Government Code, or age~~
36 ~~age or any characteristic listed or defined in subdivision (b) or~~
37 ~~(e) of Section 51 of the Civil Code~~ of any contracting party,
38 prospective contracting party, or person reasonably expected to
39 benefit from that contract as an employee or otherwise.

1 (2) The terms of any contract shall not be modified, and the
 2 benefits or coverage of any contract shall not be subject to any
 3 limitations, exceptions, exclusions, reductions, copayments,
 4 coinsurance, deductibles, reservations, or premium, price, or charge
 5 differentials, or other modifications because of the ~~race, color,
 6 national origin, ancestry, religion, sex, marital status, sexual
 7 orientation, as defined in subdivision (q) of Section 12926 of the
 8 Government Code, or age~~ *age or any characteristic listed or
 9 defined in subdivision (b) or (e) of Section 51 of the Civil Code* of
 10 any contracting party, potential contracting party, or person
 11 reasonably expected to benefit from that contract as an employee
 12 or otherwise; except that premium, price, or charge differentials
 13 because of the sex or age of any individual when based on
 14 objective, valid, and up-to-date statistical and actuarial data are
 15 not prohibited. Nothing in this section shall be construed to permit
 16 an organization to charge different rates to individual employees
 17 within the same group solely on the basis of the employee’s sex.

18 (3) It shall be deemed a violation of subdivision (a) for any
 19 organization to utilize marital status, living arrangements,
 20 occupation, gender, beneficiary designation, ZIP Codes or other
 21 territorial classification, or any combination thereof for the purpose
 22 of establishing sexual orientation. Nothing in this section shall be
 23 construed to alter in any manner the existing law prohibiting
 24 organizations from conducting tests for the presence of human
 25 immunodeficiency virus or evidence thereof.

26 (4) This section shall not be construed to limit the authority of
 27 the administrative director to adopt or enforce regulations
 28 prohibiting discrimination because of sex, marital status, or sexual
 29 orientation.

30 (h) (1) An organization may not use in its name any of the
 31 words “insurance,” “casualty,” “health care service plan,” “health
 32 plan,” “surety,” “mutual,” or any other words descriptive of the
 33 health plan, insurance, casualty, or surety business or use any name
 34 similar to the name or description of any health care service plan,
 35 insurance, or surety corporation doing business in this state unless
 36 that organization controls or is controlled by an entity licensed as
 37 a health care service plan or insurer pursuant to the Health and
 38 Safety Code or the Insurance Code and the organization employs
 39 a name related to that of the controlled or controlling entity.

1 (2) Section 2415 of the Business and Professions Code,
2 pertaining to fictitious names, does not apply to organizations
3 certified under this section.

4 (3) An organization or solicitor firm may not adopt a name style
5 that is deceptive, or one that could cause the public to believe the
6 organization is affiliated with or recommended by any
7 governmental or private entity unless this affiliation or endorsement
8 exists.

9 (i) Each organization shall meet the following requirements:

10 (1) All facilities located in this state, including, but not limited
11 to, clinics, hospitals, and skilled nursing facilities, to be utilized
12 by the organization shall be licensed by the State Department of
13 Health Services, if that licensure is required by law. Facilities not
14 located in this state shall conform to all licensing and other
15 requirements of the jurisdiction in which they are located.

16 (2) All personnel employed by or under contract to the
17 organization shall be licensed or certified by their respective board
18 or agency, where that licensure or certification is required by law.

19 (3) All equipment required to be licensed or registered by law
20 shall be so licensed or registered and the operating personnel for
21 that equipment shall be licensed or certified as required by law.

22 (4) The organization shall furnish services in a manner providing
23 continuity of care and ready referral of patients to other providers
24 at any time as may be appropriate and consistent with good
25 professional practice.

26 (5) All health care shall be readily available at reasonable times
27 to all employees. To the extent feasible, the organization shall
28 make all health care readily accessible to all employees.

29 (6) The organization shall employ and utilize allied health
30 manpower for the furnishing of health care to the extent permitted
31 by law and consistent with good health care practice.

32 (7) The organization shall have the organizational and
33 administrative capacity to provide services to employees. The
34 organization shall be able to demonstrate to the department that
35 health care decisions are rendered by qualified providers,
36 unhindered by fiscal and administrative management.

37 (8) All contracts with employers, insurers of employers, and
38 self-insured employers and all contracts with providers, and other
39 persons furnishing services, equipment, or facilities to or in
40 connection with the workers' compensation health care

1 organization, shall be fair, reasonable, and consistent with the
 2 objectives of this part.

3 (9) Each organization shall provide to employees all workers’
 4 compensation health care required by this code. The administrative
 5 director shall not determine the scope of workers’ compensation
 6 health care to be offered by an organization.

7 (j) (1) Every organization shall establish and maintain a
 8 grievance system approved by the administrative director under
 9 which employees may submit their grievances to the organization.
 10 Each system shall provide reasonable procedures in accordance
 11 with regulations adopted by the administrative director that shall
 12 ensure adequate consideration of employee grievances and
 13 rectification when appropriate.

14 (2) Every organization shall inform employees upon enrollment
 15 and annually thereafter of the procedures for processing and
 16 resolving grievances. The information shall include the location
 17 and telephone number where grievances may be submitted.

18 (3) Every organization shall provide forms for complaints to be
 19 given to employees who wish to register written complaints. The
 20 forms used by organizations shall be approved by the
 21 administrative director in advance as to format.

22 (4) The organization shall keep in its files all copies of
 23 complaints, and the responses thereto, for a period of five years.

24 (k) Every organization shall establish procedures in accordance
 25 with regulations of the administrative director for continuously
 26 reviewing the quality of care, performance of medical personnel,
 27 utilization of services and facilities, and costs. Notwithstanding
 28 any other provision of law, there shall be no monetary liability on
 29 the part of, and no cause of action for damages shall arise against,
 30 any person who participates in quality of care or utilization reviews
 31 by peer review committees that are composed chiefly of physicians,
 32 as defined by Section 3209.3, for any act performed during the
 33 reviews if the person acts without malice, has made a reasonable
 34 effort to obtain the facts of the matter, and believes that the action
 35 taken is warranted by the facts, and neither the proceedings nor
 36 the records of the reviews shall be subject to discovery, nor shall
 37 any person in attendance at the reviews be required to testify as to
 38 what transpired thereat. Disclosure of the proceedings or records
 39 to the governing body of an organization or to any person or entity
 40 designated by the organization to review activities of the

1 committees shall not alter the status of the records or of the
2 proceedings as privileged communications.

3 The above prohibition relating to discovery or testimony does
4 not apply to the statements made by any person in attendance at a
5 review who is a party to an action or proceeding the subject matter
6 of which was reviewed, or to any person requesting hospital staff
7 privileges, or in any action against an insurance carrier alleging
8 bad faith by the carrier in refusing to accept a settlement offer
9 within the policy limits, or to the administrative director in
10 conducting surveys pursuant to subdivision (o).

11 This section shall not be construed to confer immunity from
12 liability on any workers' compensation health care organization.
13 In any case in which, but for the enactment of the preceding
14 provisions of this section, a cause of action would arise against an
15 organization, the cause of action shall exist notwithstanding the
16 provisions of this section.

17 (l) Nothing in this chapter shall be construed to prevent an
18 organization from utilizing subcommittees to participate in peer
19 review activities, nor to prevent an organization from delegating
20 the responsibilities required by subdivision (i) as it determines to
21 be appropriate, to subcommittees including subcommittees
22 composed of a majority of nonphysician health care providers
23 licensed pursuant to the Business and Professions Code, as long
24 as the organization controls the scope of authority delegated and
25 may revoke all or part of this authority at any time. Persons who
26 participate in the subcommittees shall be entitled to the same
27 immunity from monetary liability and actions for civil damages
28 as persons who participate in organization or provider peer review
29 committees pursuant to subdivision (i).

30 (m) Every organization shall have and shall demonstrate to the
31 administrative director that it has all of the following:

32 (1) Adequate provision for continuity of care.
33 (2) A procedure for prompt payment and denial of provider
34 claims.

35 (n) Every contract between an organization and an employer or
36 insurer of an employer, and every contract between any
37 organization and a provider of health care, shall be in writing.

38 (o) (1) The administrative director shall conduct periodically
39 an onsite medical survey of the health care delivery system of each
40 organization. The survey shall include a review of the procedures

1 for obtaining health care, the procedures for regulating utilization,
2 peer review mechanisms, internal procedures for assuring quality
3 of care, and the overall performance of the organization in
4 providing health care and meeting the health needs of employees.

5 (2) The survey shall be conducted by a panel of qualified health
6 professionals experienced in evaluating the delivery of workers'
7 compensation health care. The administrative director shall be
8 authorized to contract with professional organizations or outside
9 personnel to conduct medical surveys. These organizations or
10 personnel shall have demonstrated the ability to objectively
11 evaluate the delivery of this health care.

12 (3) Surveys performed pursuant to this section shall be
13 conducted as often as deemed necessary by the administrative
14 director to assure the protection of employees, but not less
15 frequently than once every three years. Nothing in this section
16 shall be construed to require the survey team to visit each clinic,
17 hospital, office, or facility of the organization.

18 (4) Nothing in this section shall be construed to require the
19 medical survey team to review peer review proceedings and records
20 conducted and compiled under this section or in medical records.
21 However, the administrative director shall be authorized to require
22 onsite review of these peer review proceedings and records or
23 medical records where necessary to determine that quality health
24 care is being delivered to employees. Where medical record review
25 is authorized, the survey team shall ensure that the confidentiality
26 of the physician-patient relationship is safeguarded in accordance
27 with existing law and neither the survey team nor the administrative
28 director or the administrative director's staff may be compelled to
29 disclose this information except in accordance with the
30 physician-patient relationship. The administrative director shall
31 ensure that the confidentiality of the peer review proceedings and
32 records is maintained. The disclosure of the peer review
33 proceedings and records to the administrative director or the
34 medical survey team shall not alter the status of the proceedings
35 or records as privileged and confidential communications.

36 (5) The procedures and standards utilized by the survey team
37 shall be made available to the organizations prior to the conducting
38 of medical surveys.

1 (6) During the survey, the members of the survey team shall
2 offer such advice and assistance to the organization as deemed
3 appropriate.

4 (7) The administrative director shall notify the organization of
5 deficiencies found by the survey team. The administrative director
6 shall give the organization a reasonable time to correct the
7 deficiencies, and failure on the part of the organization to comply
8 to the administrative director's satisfaction shall constitute cause
9 for disciplinary action against the organization.

10 (8) Reports of all surveys, deficiencies, and correction plans
11 shall be open to public inspection, except that no surveys,
12 deficiencies or correction plans shall be made public unless the
13 organization has had an opportunity to review the survey and file
14 a statement of response within 30 days, to be attached to the report.

15 (p) (1) All records, books, and papers of an organization,
16 management company, solicitor, solicitor firm, and any provider
17 or subcontractor providing medical or other services to an
18 organization, management company, solicitor, or solicitor firm
19 shall be open to inspection during normal business hours by the
20 administrative director.

21 (2) To the extent feasible, all the records, books, and papers
22 described in paragraph (1) shall be located in this state. In
23 examining those records outside this state, the administrative
24 director shall consider the cost to the organization, consistent with
25 the effectiveness of the administrative director's examination, and
26 may upon reasonable notice require that these records, books, and
27 papers, or a specified portion thereof, be made available for
28 examination in this state, or that a true and accurate copy of these
29 records, books, and papers, or a specified portion thereof, be
30 furnished to the administrative director.

31 (q) (1) The administrative director shall conduct an examination
32 of the administrative affairs of any organization, and each person
33 with whom the organization has made arrangements for
34 administrative, or management services, as often as deemed
35 necessary to protect the interest of employees, but not less
36 frequently than once every five years.

37 (2) The expense of conducting any additional or nonroutine
38 examinations pursuant to this section, and the expense of
39 conducting any additional or nonroutine medical surveys pursuant
40 to subdivision (o) shall be charged against the organization being

1 examined or surveyed. The amount shall include the actual salaries
2 or compensation paid to the persons making the examination or
3 survey, the expenses incurred in the course thereof, and overhead
4 costs in connection therewith as fixed by the administrative
5 director. In determining the cost of examinations or surveys, the
6 administrative director may use the estimated average hourly cost
7 for all persons performing examinations or surveys of workers'
8 compensation health care organizations for the fiscal year. The
9 amount charged shall be remitted by the organization to the
10 administrative director.

11 (3) Reports of all examinations shall be open to public
12 inspection, except that no examination shall be made public, unless
13 the organization has had an opportunity to review the examination
14 report and file a statement or response within 30 days, to be
15 attached to the report.

16 SEC. 12. Section 103 of the Welfare and Institutions Code is
17 amended to read:

18 103. (a) Persons acting as a CASA shall be individuals who
19 have demonstrated an interest in children and their welfare. Each
20 CASA shall participate in a training course conducted under the
21 rules and regulations adopted by the Judicial Council and in
22 ongoing training and supervision throughout his or her involvement
23 in the program. Each CASA shall be evaluated before and after
24 initial training to determine his or her fitness for these
25 responsibilities. Ongoing training shall be provided at least
26 monthly.

27 (b) Each CASA shall commit a minimum of one year of service
28 to a child until a permanent placement is achieved for the child or
29 until relieved by the court, whichever is first. At the end of each
30 year of service, the CASA, with the approval of the court, may
31 recommit for an additional year.

32 (c) A CASA shall have no associations that create a conflict of
33 interest with his or her duties as a CASA.

34 (d) An adult otherwise qualified to act as a CASA shall not be
35 discriminated against based upon *marital status*, socioeconomic
36 factors, or because of any characteristic listed or defined in Section
37 11135 of the Government Code.

38 (e) Each CASA is an officer of the court, with the relevant rights
39 and responsibilities that pertain to that role and shall act
40 consistently with the local rules of court pertaining to CASAs.

1 (f) Each CASA shall be sworn in by a superior court judge or
2 commissioner before beginning his or her duties.

3 (g) A judge may appoint a CASA when, in the opinion of the
4 judge, a child requires services which can be provided by the
5 CASA, consistent with the local rules of court.

6 (h) To accomplish the appointment of a CASA, the judge
7 making the appointment shall sign an order, which may grant the
8 CASA the authority to review specific relevant documents and
9 interview parties involved in the case, as well as other persons
10 having significant information relating to the child, to the same
11 extent as any other officer of the court appointed to investigate
12 proceedings on behalf of the court.

13 SEC. 13. Section 14200.1 of the Welfare and Institutions Code
14 is amended to read:

15 14200.1. The purpose of this chapter is to afford persons
16 eligible to receive benefits under Chapter 7 (commencing with
17 Section 14000) of this part the opportunity to enroll as regular
18 subscribers in prepaid health plans, without reference to *marital*
19 *status or* any characteristic listed or defined in Section 11135 of
20 the Government Code.

O