

AMENDED IN SENATE JULY 9, 2015
AMENDED IN ASSEMBLY JUNE 3, 2015
AMENDED IN ASSEMBLY MAY 5, 2015
AMENDED IN ASSEMBLY MARCH 26, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1102

Introduced by Assembly Member Santiago

February 27, 2015

An act to ~~amend Section 1399.849 of the Health and Safety Code, and to amend Section 10965.3 of the Insurance Code,~~ *add Section 15849 to the Welfare and Institutions Code*, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1102, as amended, Santiago. Health care coverage: ~~special enrollment periods: triggering event. Medi-Cal Access Program: disclosures.~~

Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms as of January 1, 2014. Among other things, PPACA requires each state to establish an American Health Benefits Exchange and allows qualified individuals to obtain premium assistance for coverage purchased through the Exchange. PPACA specifies that this premium assistance is not available if the individual is eligible for affordable employer-sponsored coverage that provides minimum value, as specified.

Existing law establishes the Medi-Cal Access Program, administered by the State Department of Health Care Services. Existing law creates

the California Major Risk Medical Insurance Program (MRMIP), which is administered by the Managed Risk Medical Insurance Board, to arrange for major risk medical coverage for eligible residents of the state who are unable to secure adequate private health care coverage.

This bill would require the State Department of Health Care Services to inform applicants who are rejected for Medi-Cal Access Program coverage of other coverage options through MRMIP and Covered California, and direct applicants how to receive more information on Covered California and MRMIP, as specified.

~~Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms as of January 1, 2014. Among other things, PPACA requires each state, by January 1, 2014, to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, and requires each exchange to provide for an initial open enrollment period, annual open enrollment periods, and special enrollment periods.~~

~~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 and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer, on and after October 1, 2013, to offer, market, and sell all of the plan's or insurer's health benefit plans that are sold in the individual market for policy years on or after January 1, 2014, to all individuals and dependents in each service area in which the plan or insurer provides or arranges for the provision of health care services, as specified, but requires plans and insurers to limit enrollment in individual health benefit plans to specified open enrollment and special enrollment periods. Existing law requires a health care service plan and health insurer to allow an individual to enroll in or change individual health benefit plans as a result of specified triggering events, including that he or she gains a dependent.~~

~~This bill would require, on and after January 1, 2017, and until October 1, 2020, a health care service plan or health insurer to allow an individual who does not have minimum essential coverage to enroll in an individual health benefit plan if the individual becomes pregnant. Because a willful violation of this requirement 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.~~

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

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

1 SECTION 1. Section 15849 is added to the Welfare and
2 Institutions Code, to read:

3 15849. If an applicant is rejected for coverage, the department
4 shall inform the applicant about the California Major Risk Medical
5 Insurance Program (MRMIP) (Part 6.5 (commencing with Section
6 12700) of Division 2 of the Insurance Code) and about the
7 coverage options and the potential for subsidized coverage through
8 Covered California. The department shall direct persons seeking
9 more information to MRMIP, Covered California, plan or policy
10 representatives, insurance agents, or an entity paid by Covered
11 California to assist with health coverage enrollment, such as a
12 navigator or an assister.

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**All matter omitted in this version of the bill
appears in the bill as amended in the
Assembly, June 3, 2015. (JR11)**