

AMENDED IN ASSEMBLY MAY 27, 2016
AMENDED IN ASSEMBLY APRIL 28, 2016
AMENDED IN ASSEMBLY APRIL 13, 2016
AMENDED IN ASSEMBLY SEPTEMBER 9, 2015
AMENDED IN ASSEMBLY JULY 7, 2015
AMENDED IN SENATE JUNE 2, 2015

SENATE BILL

No. 10

Introduced by Senator Lara

(Coauthors: Assembly Members Bonta, *Chiu*, *Gonzalez*,
Roger Hernández, *Santiago*, Thurmond, and Wood)

December 1, 2014

An act to add Section 100522 to the Government Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 10, as amended, Lara. Health care coverage: immigration status. Existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, and meets certain other requirements. PPACA specifies that an individual who is not a citizen or national of the United States or an alien lawfully present in the United States shall not be treated as a qualified individual and may not be covered under a qualified health plan offered through an exchange. Existing law creates the California Health Benefit Exchange

(the Exchange) for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.

This bill would require the ~~Secretary of California Health and Human Services Exchange~~ to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. The bill would ~~require~~, *require the Exchange*, after that waiver has been granted, ~~the Exchange to offer~~ *require an issuer that offers a qualified health plan in the individual market through the Exchange to concurrently offer a California qualified health benefit plans, plan*, as specified, to these individuals. *The requirement to offer California qualified health plans would become operative on January 1, 2018, for coverage effective for California qualified health plans beginning January 1, 2019, as specified.* The bill would require that individuals eligible to purchase California qualified health plans pay the cost of coverage without federal ~~assistance~~. *assistance and meet other specified requirements. The bill would require that information provided by an applicant for coverage under the bill be used only for the purposes of, and to the extent necessary for, ensuring the efficient operation of the Exchange, including verifying the eligibility of an individual to enroll through the Exchange, and would prohibit that information from being disclosed to any other person except as provided by the bill.*

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. 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 100522 is added to the Government Code,
- 2 to read:
- 3 100522. (a) (1) ~~The Secretary of California Health and Human~~
- 4 ~~Services Exchange~~ shall apply to the United States Department of
- 5 Health and Human Services for a waiver authorized under Section
- 6 1332 of the federal act as defined in subdivision (e) of Section
- 7 100501 in order to allow persons otherwise not able to obtain
- 8 coverage by reason of immigration status through the Exchange
- 9 to obtain coverage from the Exchange by waiving the requirement

1 that the Exchange offer only qualified health plans solely for the
2 purpose of offering coverage to persons otherwise not able to
3 obtain coverage by reason of immigration status.

4 (2) *The waiver of the requirement that the Exchange offer only*
5 *qualified health plans as described in paragraph (1) shall be*
6 *limited to requiring the Exchange to offer California qualified*
7 *health plans consistent with this section only and shall not be*
8 *construed to authorize the Exchange to offer any other nonqualified*
9 *health plan.*

10 (b) ~~The Exchange shall offer require an issuer that offers a~~
11 ~~qualified health plan in the individual market through the Exchange~~
12 ~~to concurrently offer a California qualified health plans that shall~~
13 ~~be subject to the requirements of this title, including all of those~~
14 ~~requirements applicable to qualified health plans. In addition,~~
15 ~~California qualified health plans shall be subject to the~~
16 ~~requirements of Section 1366.6 of the Health and Safety Code and~~
17 ~~Section 10112.3 of the Insurance Code in the same manner as~~
18 ~~qualified health plans; plan that meets all of the following criteria:~~

19 (1) *Is subject to the requirements of this title, including all of*
20 *those requirements applicable to qualified health plans.*

21 (2) *Is subject to the requirements of subdivisions (a), (b), and*
22 *(d) of Section 1366.6 of the Health and Safety Code and*
23 *subdivisions (a), (b), and (d) of Section 10112.3 of the Insurance*
24 *Code in the same manner as qualified health plans.*

25 (3) *Is identical to the corresponding qualified health plan, except*
26 *for the eligibility requirements set forth in subdivision (c).*

27 (e) ~~Persons eligible to purchase California qualified health plans~~
28 ~~shall pay the cost of coverage without federal advanced premium~~
29 ~~tax credit, federal cost-sharing reduction, or any other federal~~
30 ~~assistance.~~

31 (c) *Persons eligible to purchase California qualified health*
32 *plans shall pay the cost of coverage and shall not:*

33 (1) *Be eligible to receive federal advanced premium tax credit,*
34 *federal cost-sharing reduction, or any other federal assistance for*
35 *the payment of premiums or cost sharing for a California qualified*
36 *health plan.*

37 (2) *Otherwise be eligible for enrollment in a qualified health*
38 *plan offered through the Exchange by reason of immigration status.*

39 (d) *An applicant for coverage under this section shall be*
40 *required to provide only the information strictly necessary to*

1 *authenticate identity and determine eligibility under this section.*
 2 *Any person who receives information provided by an applicant*
 3 *under this section, whether directly or by another person at the*
 4 *request of the applicant, or receives information from any agency,*
 5 *shall use the information only for the purposes of, and to the extent*
 6 *necessary for, ensuring the efficient operation of the Exchange,*
 7 *including verifying the eligibility of an individual to enroll through*
 8 *the Exchange. That information shall not be disclosed to any other*
 9 *person except as provided in this section.*

10 ~~(d)~~

11 *(e) Subdivisions ~~(b)~~ and ~~(c)~~ (b) to (d), inclusive, shall become*
 12 *operative on January 1, 2018, for coverage effective for California*
 13 *qualified health plans beginning January 1, 2019, contingent upon*
 14 *federal approval of the waiver pursuant to subdivision (a).*

15 ~~(e) For purposes of this section, a “California qualified health~~
 16 ~~plan” means a product offered to persons not otherwise eligible to~~
 17 ~~purchase coverage from the Exchange by reason of immigration~~
 18 ~~status and that comply with each of the requirements of state law~~
 19 ~~and the Exchange for a qualified health plan.~~

20 SEC. 2. This act is an urgency statute necessary for the
 21 immediate preservation of the public peace, health, or safety within
 22 the meaning of Article IV of the Constitution and shall go into
 23 immediate effect. The facts constituting the necessity are:

24 In order to request federal approval of the waiver to expand
 25 access to health care coverage in California as quickly as possible,
 26 it is necessary that this act go into immediate effect.