

AMENDED IN ASSEMBLY APRIL 20, 2010

AMENDED IN ASSEMBLY MARCH 9, 2010

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 1759

Introduced by Assembly Member Blumenfield
(Coauthors: Assembly Members Huffman and Yamada)
(Coauthor: Senator Pavley)

February 8, 2010

An act to amend Section 1374.20 of the Health and Safety Code, and to amend Section 10199.48 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1759, as amended, Blumenfield. Health care coverage: premium rates.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of its provisions a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits, except as specified, a health care service plan or a health insurer from changing its premium rates or applicable copayments or coinsurances or deductibles for group health care service plan contracts or group health insurance policies after the group contractholder or group policyholder has delivered written acceptance of the contract or policy, after the start of the open enrollment period, or after receipt of the premium payment for the first month of coverage.

This bill would prohibit a health care service plan or health insurer from using a change in ~~demographics~~ or enrollment as the basis for a premium rate change during the length of the *group* contract. The bill would provide that a violation of that prohibition would not be subject to the crime provision that applies to the Knox-Keene Act.

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

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

1 SECTION 1. Section 1374.20 of the Health and Safety Code
2 is amended to read:

3 1374.20. (a) No group health care service plan shall change
4 the premium rates or applicable copayments or coinsurances or
5 deductibles for the length of the contract, except as specified in
6 subdivision (b), during any of the following time periods:

7 (1) After the group contractholder has delivered written notice
8 of acceptance of the contract.

9 (2) After the start of the employer's annual open enrollment
10 period.

11 (3) After the receipt of payment of the premium for the first
12 month of coverage in accordance with the contract effective date.

13 (b) Changes to the premium rates or applicable copayments or
14 coinsurances or deductibles of a contract shall, subject to the plan
15 meeting the requirements of this article, be allowed in any of the
16 following circumstances:

17 (1) When authorized or required in the group contract.

18 (2) When the contract was agreed to under a preliminary
19 agreement that states that it is subject to execution of a definitive
20 agreement.

21 (3) When the plan and contractholder mutually agree in writing.

22 (c) A health care service plan shall not use a change in
23 ~~demographics~~ or enrollment as the basis for a premium rate change
24 during the length of the contract. A violation of this subdivision
25 shall not be subject to Section 1390.

26 SEC. 2. Section 10199.48 of the Insurance Code is amended
27 to read:

28 10199.48. (a) No health insurer shall, with regard to a group
29 contract, change the premium rates or applicable copayments or
30 coinsurances or deductibles for the length of the contract, except

1 as specified in subdivision (b), during any of the following time
2 periods:

3 (1) After the group policyholder or group contractholder has
4 delivered written notice of acceptance of the contract or policy.

5 (2) After the start of the employer's annual open enrollment
6 period.

7 (3) After the receipt of payment of the premium for the first
8 month of coverage in accordance with the contract or policy
9 effective date.

10 (b) Changes to the premium rates or applicable copayments or
11 coinsurances or deductibles of a contract or policy shall, subject
12 to the insurer meeting the requirements of this chapter, be allowed
13 in any of the following circumstances:

14 (1) When authorized or required in the group contract or policy.

15 (2) When the contract or policy was agreed to under a
16 preliminary agreement that states that it is subject to execution of
17 a definitive agreement.

18 (3) When the insurer and the policyholder or contractholder
19 mutually agree in writing.

20 (c) A health insurer shall not use a change in ~~demographics or~~
21 enrollment as the basis for a premium rate change during the length
22 of the contract.