

On February 22, 2010 the Senate Committee on Health requested CHBRP to analyze the following draft bill language. The bill number was not assigned at the point of the request for analysis.

The Bill Author has indicated the text as follows will be included in bill form for consideration by the Legislature.

Section __ is added to the Insurance Code, to read:

(a) A health insurance policy issued, amended, or renewed on or after January 1, 2011 , shall provide coverage for medically necessary basic health care services.

(b) A health insurance policy issued, amended or renewed on or after January 1, 2011 shall have no annual limits or lifetime limits on basic health care services.

(c) Nothing in this section shall prohibit a health insurance policy from charging subscribers or insureds a copayment or a deductible for a basic health care service or from setting forth, by contract, limitations on maximum coverage of basic health care services, provided that the copayments, deductibles, or limitations are reported to, and held unobjectionable by, the commissioner and set forth to the subscriber or insured.

(d) As used in this section "basic health care services" shall have the same meaning as used in Section 1345 of the Health and Safety Code and Section 1300.67 of Title 28 of the California Code of Regulations.

(e) This section shall not apply to specialized health insurance policies, Medicare supplement policies, CHAMPUS-supplement insurance policies, TRICARE supplement insurance policies, accident-only insurance policies, or insurance policies excluded from the definition of "health insurance" under subdivision (b) of Section 106.'