



CALIFORNIA STATUTES MANDATING HEALTH INSURANCE BENEFIT COVERAGE

1989 – 2005

AB 900 (M. Waters, Chap. 734, 1989) – Infertility Services.

(Added Health and Safety Code Sec. 1374.55 and Insurance Code Sec. 10119.6).

- Mandates health carriers to offer groups coverage for the treatment of infertility.

AB 1692 (Bronzan, Chap. 743, 1989) – Organic Disorders.

(Added Insurance Code Sec. 10123.15).

- Mandates health insurers to offer groups coverage for biologically based severe mental disorders.

SB 439 (Robbins, Chap. 688, 1989) – Chemical Dependency.

(Amended Health and Safety Code 1367.2 and Insurance Code Sec. 10123.6, and added Insurance Code Sec. 10123.14).

- Adds treatment for nicotine use to the list of treatments which must be provided in a licensed chemical dependency facility, where a policyholder elects to include such services in its group policy. Also states that treatment for nicotine may be subject to separate copays and deductibles, and other cost limitations.

AB 1311 (Filante, Chap. 1680, 1990) - Special Footwear.

(Added Health and Safety Code Sec. 1367.19, and Insurance Code Sec. 10123.141).

- Required all health plans to offer groups optional coverage for special footwear for foot disfigurement.

AB 2474 (Wright, Chap. 830, 1990) - Infertility Coverage.

(Amended Health and Safety Code Sec. 1374.55, and Insurance Code Sec. 10119.6).

- Amended existing mandate-to-offer coverage for treatment of infertility by making the requirement extraterritorial in effect.

AB 2542 (Tanner, Chap. 1279, 1990) - Cervical Cancer.

(Added Health and Safety Code Sec. 1367.66 and Insurance Code Sec. 10123.18).

- Required all health plans that include coverage for cervical cancer to also provide coverage for an annual cervical cancer screening test.

AB 3117 (Moore, Chap. 733, 1990) - Mammography Exams.

(Added Health and Safety Code Sec. 1367.66 and Insurance Code Sec. 10123.18).

- Required all health plans which cover mastectomies to also cover mammographies.

AB 918 (Tanner, Chap. 486, 1991) - Breast Cancer: Prosthetic Devices.

(Amended Health and Safety Code Sec. 1367.6 and Insurance Code Sec. 10123.8).

- Required all health plans which cover mastectomies to provide coverage for prosthetic devices or reconstructive surgery incident to the mastectomy regardless of the date the mastectomy was performed.

AB 1979 (Lee, Chap. 797, 1991) - Lead Testing.

(Amended Health and Safety Code Sec. 1367.3 and added Insurance Code Sec. 10119.9)

- Required all health insurers to offer coverage for blood lead levels for children.

AB 2234 (Filante, Chap. 330, 1991) - Prosthetic and Orthotic Devices.

(Amended Health and Safety Code Sec. 1367.18 and Insurance Code Section 10123.7).

- Expanded the requirement in existing law to offer coverage for prosthetic devices, to include coverage for original and replacement devices.

AB 306 (Bronzan, Chap. 462, 1992) - Group Insurance: Mental Disorders.

(Amended Insurance Code Sec. 10123.15).

- Required insurers, including PPO's and other insured managed care plans, to offer coverage of biologically based severe mental disorders under the same terms and conditions as that applied to other disorders of the brain.

AB 1985 (Speier, Chap. 1268, 1992) - Prescription Drug Coverage: Off-label Uses.

(Added Health and Safety Code Sec. 1367.21 and Insurance Code Sec. 10123.195).

- Required health care service plans and insurers to cover off-label uses of FDA approved drugs, and related services, in “life threatening situations” if particular criteria are met.

SB 371 (Thompson, Chap. 1134, 1992)- Preventive Child Care Coverage.

(Amended Health and Safety Code Sec. 1367.3 and Insurance Code Sec. 10123.5. Added Health and Safety Code Sec. 1367.5 and Insurance Code Sec. 10123.55).

- Required all health plans to include as a basic benefit in all policies the comprehensive preventive care of children.

SB 1597 (Maddy, Chap. 808, 1992) - Laryngectomy Coverage.

(Added Health and Safety Code Sec. 1367.61 and Insurance Code Sec. 10123.82).

- Required all health plans that cover laryngectomies to also cover initial and subsequent prosthetic devices to restore a method of speaking.

AB 547 (Speier, Chap. 1208, 1993) - Osteoporosis Coverage.

(Added Health and Safety Code Sec. 1367.67 and Insurance Code Sec. 10123.185).

- Required all health plans to provide coverage for the treatment and prevention of osteoporosis.

AB 2994 (Brulte, Chap. 1282, 1994) - Coverage of the Jawbone.

(Added Health and Safety Code Sec. 1367.68 and Insurance Code Sec. 10123.21).

- Required all health plans to provide coverage for the surgical treatment of conditions affecting the upper and lower jawbone, if medically necessary.

SB 1910 (Greene, Chap. 1144, 1994) – Senior Cal-COBRA.

(Added Health and Safety Code Sec. 1373.621 and Insurance Code Sec. 10116.5).

- Required health carriers to provide a state COBRA benefit for seniors between 60 –65 years of age. (SB 761, Greene, 1995 made technical

amendments to this statute. SB 2043 (Rosenthal, 1996, required coverage of spouses, as well).

AB 1663 (Friedman, Chap. 979, 1996) - Experimental Treatment Coverage: Independent Reviews.

(Added Health and Safety Code Sec. 1370.4 and Insurance Code Sec. 10145.3).

- Establishes a process for the review of coverage denials for experimental treatment procedures, in specified instances, by independent medical experts. The decision as to whether the experimental treatment should be rendered would be binding on the health care service plan or insurer.

SB 686 (Thompson, Chap. 556, 1996) - Children's Preventive Care Benefits.

(Amended Health and Safety Code Sec. 1367.3 and 1367.35, and Insurance Code Sec. 10123.5 and 10123.55).

- Requires Coverage for children's' comprehensive preventive care to be consistent with Recommendations for Preventive Pediatric Health Care, as adopted in 1987, and the most current version of the Recommended Childhood Immunization Schedule/United States.

SB 1665 (Thompson, Chap. 864, 1996) - Telemedicine Services.

(Amended Health and Safety Code Sec. 1367 and Insurance Code 10123.13. Added Health and Safety Code Sec. 1374.13 and Insurance Code Sec. 10123.85).

- Prohibits health plans from requiring face-to-face contact between a provider and patient. Adds telemedicine services as claims that must be paid within 30 days, if covered.

AB 38 (Figueroa, Chap. 389, 1997) - Postdelivery Hospital Coverage.

(Added Health and Safety Code Sec. 1367.62 and Insurance Code Sec. 10123.87).

- Requires health plans to cover maternity inpatient hospital care for a duration as determined by the treating physician in consultation with the patient. Expands home visit coverage after delivery.

AB 7 (Brown, Chap. 787, 1998) – Breast Cancer.

(Added Health and Safety Code Sec. 1367.635 and Insurance Code Sec. 10123.86).

- Requires hospital length-of-stays for mastectomies to be determined by the treating physician and surgeon in consultation with the patient. Revises mastectomy reconstructive surgery benefits.

AB 12 (Davis, Chap. 33, 1998) – OB/Gyn’s: Direct Access.

(Added Health and Safety Code Sec. 1367.695 and Insurance Code Sec. 10123.84).

- Requires health carriers to provide enrollees with direct access to contracting obstetricians and gynecologists.

AB 974 (Gallegos, Chap. 68, 1998) – Prescription Drug Benefits.

(Added Health and Safety Code Sec. 1363.01, 1367.20 and 1367.22).

- Prohibits health care service plans from authorizing nonformulary drugs for an enrollee if the drug had previously been on the formulary, and the plan’s prescribing physician continues to prescribe the drug due to the enrollee’s medical condition.

AB 984 (Davis, Chap. 979, 1998) – Emergency “911” Response System.

(Amended Health and Safety Code Sec. 1345. Added Health and Safety Code Sec. 1363.2, 1371.5 and Insurance Code Sec. 10126.6).

- Prohibits health plans and insurers from refusing to cover emergency transportation as a result of a “911” call.

AB 1621 (Figueroa, Chap. 788, 1998) – Reconstructive Surgery.

(Added Health and Safety Code Sec. 1367.63 and Insurance Code Sec. 10123.88).

- Requires health plans and insurers to cover reconstructive surgery, as defined. Excluded cosmetic surgery, as defined.

AB 2003 (Strom-Martin, Chap. 790, 1998) – Dental Anesthesia.

(Added Health and Safety Code Sec. 1367.71 and Insurance Code Sec. 10119.9).

- Requires health plans and insurers to cover anesthesia performed in a hospital for dental-related services that is necessary due to the medical, rather than dental, condition of the patient, as defined.

AB 2305 (Runner, Chap. 984, 1998) – Pain Management Medication.

(Amended Sections 725, 1367.215 and 2024 of the Business and Professions Code, and added Section 1367.215 to the Health and Safety Code).

- Requires every health care service plan contract that covers prescription drug benefits to provide coverage for appropriately prescribed pain management medications for terminally ill patients when medically necessary.

AB 2438 (Murray, Chap. 1064, 1998) – Maternal and Child Health Services.
(Added Health and Safety Code Sec. 1367.54 and Insurance Code Sec. 10123.184).

- Requires health plans and insurers to cover the cost of participation in the prenatal testing program administered by the State Department of Health Services.

SB 2020 (Karnette, Chap. 839, 1998) – Prostate Screening.
(Added Health and Safety Code Section 1367.64 and Insurance Code Sec. 10123.83).

- Requires health plans and insurers to cover the cost of prostate cancer screenings, as specified.

AB 12 (Davis, Chap. 531, 1999) - Second Opinions.
(Added Health and Safety Code Sec. 1385.15 and Insurance Code Sec. 10123.68).

- Requires a health care service plan and certain disability insurers to provide or authorize a second opinion by an appropriately qualified health care professional if requested by an enrollee or an insured, or a participating or contracting health professional who is treating an enrollee or insured.

AB 39 (Hertzberg, Chap. 532, 1999) - Contraceptive Drugs.
(Added Health and Safety Code Sec. 1367.25).

- Requires every health care service plan contract, to provide coverage, under terms and conditions applicable to other benefits, for a variety of federal Food and Drug Administration approved prescription contraceptive methods.

AB 88 (Thomson, Chap. 534, 1999) - Mental Illness – Parity Coverage.
(Added Health and Safety Code Sec. 1374.72 and Insurance Code Sec. 10144.5).

- Requires health plans and insurers to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age, and of serious emotional disturbances of a child, under the same terms and conditions applied to other medical conditions. Allows a health care service plan or disability insurer to provide the required mental health coverage through a separate specialized health care service plan or mental health plan subject to certain conditions, as specified.

AB 892 (Alquist, Chap. 528, 1999) - Hospice Care.

(Amended Health and Safety Code Sec. 1345 and added Health and Safety Code Sec. 1368.2).

- Requires every health plan contract to provide coverage, under terms and conditions applicable to other benefits, for a variety of federal Food and Drug Administration approved prescription contraceptive methods. Includes in health care service plan contracts on or after January 1, 2002, as a basic health care service, hospice care that at a minimum shall be equivalent to that provided pursuant to the federal Medicare program, as specified. Requires the Commissioner of Corporations to adopt regulations for hospice care, as specified.

SB 5 (Rainey, Chap. 537, 1999) - Breast Cancer Services.

(Amended Health and Safety Code Sec. 1367.65 and Insurance Code Sec. 10123.81. Repealed and added Health and Safety Code Sec. 1367.6 and Insurance Code Sec. 10123.8).

- Requires health plans and insurers to provide coverage for screening for, diagnosis of, and treatment for, breast cancer. Prohibits the denial of enrollment or coverage solely due to a family history of breast cancer, or because of one or more diagnostic procedures for breast disease where breast cancer has not developed or been diagnosed. Requires coverage of screening and diagnosis of breast cancer consistent with generally accepted medical and scientific evidence upon the referral of an enrollee's or insured's participating physician. Provides that a health plan and insurer contracts be deemed to provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse midwife, or participating physician.

SB 41 (Speier, Chap. 538, 1999) - Disability Insurance: Contraceptive Coverage.

(Added Insurance Code Sec. 10123.196).

- A companion measure to AB 39 (Hertzberg). Requires health insurers to provide coverage, under the same terms and conditions applicable to other benefits, for a variety of federal Food and Drug Administration approved prescription contraceptive methods, subject to exemption for religious employers, as specified.

SB 64 (Solis, Chap. 540, 1999) - Management/Treatment of Diabetes.

(Added Health and Safety Code Sec. 1367.51 and Insurance Code Sec. 10176.61).

- Requires health plans and insurers to provide coverage for specified equipment and supplies for the management and treatment of diabetes as

medically necessary. Also requires those policies and plans that cover prescription drugs to also include specified prescription medications for the treatment of diabetes if the items are determined to be medically necessary. Also requires all policies and plans to provide self-management training, education, and medical nutrition therapy in this regard.

SB 148 (Alpert, Chap. 541, 1999) - Phenylketonuria (PKU).

(Added Health and Safety Code Sec. 1374.56 and Insurance Code Sec. 10123.89).

- Requires insurers and health plans to provide coverage for the testing and treatment of phenylketonuria (PKU), as provided under the bill.

SB 205 (Perata, Chap. 543, 1999) - Cancer Screening Tests.

(Added Health and Safety Code Sec. 1367.665 and Insurance Code Sec. 10123.20).

- On or after July 1, 2000, health plan and insurer contracts shall be deemed to provide coverage for all generally medically accepted cancer screening tests, subject to all terms and conditions that would otherwise apply.

SB 2046 (Speier, Chap. 852, 2000) - Prescription Drug Coverage.

(Amended Health and Safety Code Sec. 1367.21 and Insurance Code Sec. 10123.195).

- Expanded the mandate that health plans and insurers cover off-label drugs for life-threatening conditions by also including off-label drugs prescribed for chronic and seriously debilitating conditions, as defined.

SB 37 (Speier, Chap. 172, 2001) - Health Insurance: Coverage for Clinical Trials.

(Added Health and Safety Code Sec. 1370.6 and Insurance Code Sec. 10145.4).

- Requires health care service plans and disability (health) insurers to provide coverage for routine patient care costs, as defined, related to the treatment of an enrollee or insured diagnosed with cancer and accepted in a clinical trial meeting specified requirements. Requires copayments and deductibles for those services delivered in a clinical trial to be the same as for the services not delivered in a clinical trial. The bill would not apply to specified types of supplemental or non-health insurance related disability insurance policies.

SB 446 (Vasconcellos, Chap. 634, 2001) - Health Care Coverage: AIDS Vaccine.

(Added Health and Safety Code Sec. 1367.45 and Insurance Code Sec. 10145.2).

- Provides that health care service plans and disability (health) insurers that provide coverage for hospital, medical, or surgery expenses shall also provide coverage for an approved AIDS vaccine, as specified. The bill would not apply to supplemental or non-health related types of disability insurance policies.

SB 1219 (Romero, Chap. 380, 2001) - Health Coverage: Cervical Cancer Screening Test.

(Amended Health and Safety Code Sec. 1367.45 and Insurance Code Sec. 10145.2)

- Requires a health care service plan contract and a disability (health) insurance policy issued, amended, or renewed on or after January 1, 2002, that includes coverage for the treatment or surgery of cervical cancer to provide coverage for an annual cervical cancer screening test in accordance with deductible or copayment provisions contained in the plan contract or policy that includes the conventional Pap test and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the patient's health care provider.

AB 1996 (Thomson, Chap. 795, 2002) - Mandated Benefits Analysis.

(Added and repealed Chapter 7 (commencing with Section 127660) of Part 2 of Division 107 of the Health and Safety Code).

- Requests the University of California to assess legislation proposing mandated health care benefits to be provided by health care service plans and health insurers, and to prepare a written analysis in accordance with specified criteria. Requires health carriers to fund, up to \$2 million per year, the cost of completing the analyses.

SB 1411 (Speier, Chap. 880, 2002) - Health Care Coverage: Maternity Benefits.

(Amended Health and Safety Code 1373.4 and Insurance Code 10119.5).

- Prohibits, effective 07/01/2003, a health care service plan and a health insurer from imposing a copayment or deductible for specified maternity services that exceeds the most common amount of the copayment or deductible imposed for services provided for other medical conditions.

SB 853 (Escutia, Chap. 713, 2003) – Language Assistance; Culturally Appropriate Services.

(Amended Health and Safety Code Sec. 1367. Added Health and Safety Code Sec. 1367.04 and 1367.07 and Insurance Code Sec. 10133.8 and 10133.9).

- Requires the Departments of Managed Health Care and Insurance to adopt regulations establishing standards and requirements to provide insureds with access to language assistance, as specified. Also requires the regulations to require health carriers to report on their internal policies and procedures related to cultural appropriateness.

AB 2185 (Frommer, Chap. 711, 2004) -Asthma Treatment Care.

(Added Health and Safety Code Sec. 1367.06).

- Requires a health plan that covers outpatient prescription drug benefits to provide coverage for inhaler spacers, nebulizers, and peak flow meters when medically necessary for the management and treatment of pediatric asthma.

AB 2208 (Kehoe, Chap. 488, 2004) - Insurance Benefits: Domestic Partners.

(Amended Health and Safety Code Sec. 1374.58 and Insurance Code Sec. 10121.7. Added Insurance Code Sec. 381.5).

- Requires a health care service plan and a health insurer to provide coverage to the registered domestic partner of an employee, subscriber, insured, or policyholder that is equal to the coverage it provides to the spouse of those persons. Extends this requirement to all other forms of insurance regulated by the Department of Insurance and deems that all of those policies as well as health care service plans and health insurance policies issued, amended, delivered, or renewed in this state on or after January 1, 2005, or January 2, 2005, as specified, provide registered domestic partner coverage equal to that provided to spouses.