

Legislative History

- 2012 AB 52 (Feuer) – Would have required health plans and insurers to file a complete rate application for any rate change for an existing product effective January 1, 2011 and a proposed rate for a new product that would become effective on and after January 1, 2012 with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI). This bill would grant authority to DMHC and CDI to approve, deny, or modify any proposed rate or rate change found to be excessive, inadequate, or unfairly discriminatory and order refunds. The Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB) would be exempt from the provisions of this bill. The bill was ordered to inactive file and subsequently died.  
*CalPERS Position: Oppose unless Amended.*
- 2010 Chapter 661(SB 1163, Leno) – Requires carriers to file, with regulators, specified rate information for individual and small group coverage at least 60 days prior to implementing any rate change, as specified. Requires the filings for large group contracts only in the case of unreasonable rate increases, as defined by ACA, prior to implementing any such rate change. Increases, from 30 days to 60 days, the amount of time that a health plan or insurer provides written notice to an enrollee or insured before a change in premium rates or coverage becomes effective. Requires carriers that decline to offer coverage to or deny enrollment for a large group applying for coverage, or that offer small group coverage at a rate that is higher than the standard employee risk rate to, at the time of the denial or offer of coverage, to provide the applicant with reason for the decision, as specified. *CalPERS Position: None.*
- AB 2578 (Jones and Feuer) – Would have required carriers to file a complete rate application with regulators for a rate increase that will become effective on or after January 1, 2012. Would have prohibited a health plan or insurer's premium rate (defined to include premiums, co-payments, coinsurance obligations, deductibles, and other charges) from being approved or remaining in effect that is excessive, inadequate, unfairly discriminatory, as specified. Failed passage off the Senate Floor.  
*CalPERS Position: None.*
- 2009 AB 1218 (Jones) – Would have required health plans and health insurers to obtain approval from the DMHC or the CDI for any rate increases in the amount of the premium, copayment, coinsurance obligation, deductible and other charges under a health plan or insurance policy. This bill would have required departments to notify the public of rate applications and would have authorized the departments to assess a charge related to the

rate application and to deposit that charge in the Health Rate Approval Fund. This bill would have created the California Health Rate Advisory Board. This bill died in the Assembly Health Committee. *CalPERS Position: None.*

2006 SB 425 (Ortiz) – Would have required HMOs to obtain approval from the DMHC and the CDI, before any increases in rates, premiums, copayments, deductibles, charges, and covered costs imposed by a plan or health insurer between April 1, 2000 and January 1, 2006. Senate Health Committee hearing was cancelled at the author's request. *CalPERS Position: None.*