

Legislative History

- 2015 Chapter 801 (SB 546, Leno) – Among other things, requires health plans and health insurers that provide coverage in the large group market to file specified rate information, including the weighted average rate increase for all large group benefit designs sold during the twelve month period ending January 1, of the following calendar year, with either the Department of Managed Health Care or the California Department of Insurance. A health plan that exclusively contracted with no more than two medical groups in California, such as Kaiser Permanente, was provided modified disclosure requirements. *CalPERS Position: Support*
- 2010 Chapter 661 (SB 1163, Leno) – Among other things, required health care service plans and health insurers to provide the Department of Managed Health Care and the Department of Insurance rate information for individual and small group health care service plan contracts for all rate changes and for “unreasonable rate increases” for large group health care service plan contracts at least 60 days prior to the rate change. A health plan that exclusively contracted with no more than two medical groups in California, such as Kaiser Permanente, was provided modified disclosure requirements. *CalPERS Position: No Position*
- 1984 Chapter 1338 (SB 2215, Keene) – Among other things, exempted hospitals allowed to report as a group, such as Kaiser Permanente, to not report revenue by revenue center. It also allowed a health facility that operated as units of a coordinated group of health facilities under common management, such as Kaiser Permanente, to report as a group rather than as an individual institution and to submit consolidated income and expense statements. *CalPERS Position: No Position*