



Home	Bill Information	California Law	Publications	Other Resources	My Subscriptions	My Favorites
------	------------------	----------------	--------------	-----------------	------------------	--------------

Code: Section:

GOVERNMENT CODE - GOV

[Up^](#) [Add To My Favorites](#)

TITLE 24. Minimum Essential Coverage Individual Mandate [100700 - 100725] (Title 24 added by Stats. 2019, Ch. 38, Sec. 10.)

100700. The Legislature finds and declares all of the following:

(a) The individual mandate imposed by this title, and the penalty imposed by Part 32 (commencing with Section 61000) of the Revenue and Taxation Code, are necessary to protect the compelling state interests of:

- (1) Protecting the health and welfare of the state's residents.
- (2) Ensuring access to affordable health care coverage in this state.
- (3) Ensuring a stable and well-functioning health insurance market in this state.

(b) There is compelling evidence that, without an effective mandate on individuals to secure health coverage, there would be substantial instability in health insurance markets, including higher prices and the possibility of areas without any insurance available.

(c) Ensuring the health of insurance markets is a responsibility reserved for states under the federal McCarran-Ferguson Act (15 U.S.C. Sec. 1011 et seq.) and other federal law.

(Added by Stats. 2019, Ch. 38, Sec. 10. (SB 78) Effective June 27, 2019.)

100705. (a) For each month beginning on or after January 1, 2020, a California resident shall be enrolled in and maintain minimum essential coverage for that month, except as provided in subdivision (c).

(b) For each month beginning on or after January 1, 2020, a California resident shall ensure and maintain minimum essential coverage for any person who qualifies as that California resident's applicable spouse or applicable dependent, except as provided in subdivision (c).

(c) The following individuals shall be exempt, with respect to any month, from the requirements imposed by subdivisions (a) and (b):

- (1) An individual who has in effect a certificate of exemption for hardship or religious conscience issued by the Exchange under Section 100715 for that month.
- (2) An individual who is a member of a health care sharing ministry for that month. "Health care sharing ministry" has the same meaning as the term was defined in Section 5000A(d)(2)(B) of the Internal Revenue Code on January 1, 2017.
- (3) An individual who is incarcerated for that month, other than incarceration pending the disposition of charges.
- (4) An individual who is not a citizen or national of the United States and is not lawfully present in the United States for that month.
- (5) An individual who is a member of an Indian tribe, as defined in Section 45A(c)(6) of the Internal Revenue Code of 1986, during that month.
- (6) An individual for whom that month occurs during a period described in subparagraph (A) or (B) of Section 911(d)(1) of the Internal Revenue Code of 1986 that is applicable to the individual.
- (7) An individual who is a bona fide resident of a possession of the United States, as determined under Section 937(a) of the Internal Revenue Code of 1986, for that month.

(8) An individual who is a bona fide resident of another state for that month.

(9) An individual who is enrolled in limited or restricted scope coverage under the Medi-Cal program or another health care coverage program administered by and determined to be substantially similar to limited or restricted scope coverage by the State Department of Health Care Services for that month.

(d) The requirements of subdivisions (a) and (b) shall be referred to as the Minimum Essential Coverage Individual Mandate.

(e) An Individual Shared Responsibility Penalty shall be imposed for failure to meet the requirement of the Minimum Essential Coverage Individual Mandate pursuant to Part 32 (commencing with Section 61000) of the Revenue and Taxation Code.

(Added by Stats. 2019, Ch. 38, Sec. 10. (SB 78) Effective June 27, 2019.)

100710. For the purposes of this title, the following definitions shall apply:

(a) "Applicable dependent" means a dependent, with respect to an applicable individual, who meets all of the following criteria:

(1) The dependent is an applicable individual.

(2) The dependent is generally eligible for enrollment for health care coverage purposes, including, but not limited to, because of the applicable individual's employment status or status as the head of household, parent, spouse, or domestic partner.

(3) With respect to a given month, the dependent is not covered by other minimum essential coverage for that month.

(b) "Applicable individual" means, with respect to any month, an individual who is subject to the Minimum Essential Coverage Individual Mandate, pursuant to Section 100705.

(c) "Applicable spouse" means a spouse or domestic partner of an applicable individual who meets all of the following criteria:

(1) The spouse or domestic partner is an applicable individual.

(2) The spouse or domestic partner is generally eligible for enrollment for health care coverage purposes, including, but not limited to, because of the applicable individual's employment status or status as the head of household, parent, spouse, or domestic partner.

(3) With respect to a given month, the spouse or domestic partner is not covered by other minimum essential coverage for that month.

(4) The spouse or domestic partner files a joint return with the individual under Chapter 2 (commencing with Section 18501) of Part 10.2 of the Revenue and Taxation Code.

(d) "California resident" has the same meaning as in Section 17014 of the Revenue and Taxation Code.

(e) "Dependent" has the same meaning as in Section 17056 of the Revenue and Taxation Code.

(f) "Exchange" means the California Health Benefit Exchange, also known as Covered California, established pursuant to Title 22 (commencing with Section 100500).

(g) "Minimum essential coverage" has the same meaning as defined in Section 1345.5 of the Health and Safety Code.

(Added by Stats. 2019, Ch. 38, Sec. 10. (SB 78) Effective June 27, 2019.)

100715. (a) The Exchange shall grant an exemption for reason of hardship from the Minimum Essential Coverage Individual Mandate established in Section 100705 for a given month upon determining that an individual has suffered a hardship with respect to the capability to obtain minimum essential coverage.

(b) The Exchange shall grant an exemption for reason of religious conscience from the Minimum Essential Coverage Individual Mandate established in Section 100705 for a given month upon determining that an individual for that month is either of the following:

(1) A member of a recognized religious sect or division thereof, as described in Section 1402(g)(1) of the Internal Revenue Code of 1986, and is an adherent of established tenets or teachings of that sect or division.

(2) A member of a religious sect or division thereof that is not described in Section 1402(g)(1) of the Internal Revenue Code of 1986, who relies solely on a religious method of healing, for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual, and who includes an attestation that the individual has not received medical health services during the preceding taxable year. For purposes of this paragraph, the term "medical health services" does not include routine dental, vision, and hearing services, midwifery services, vaccinations, necessary medical services provided to

children, services required by law or by a third party, and other services as the Secretary of United States Department of Health and Human Services may provide in implementing Section 1311(d)(4)(H) of the federal Patient Protection and Affordable Care Act. An individual who claims this exemption, but received medical health services during the coverage year, shall lose eligibility for the religious conscience exemption, is liable for the cost of the care, and is liable for the Individual Shared Responsibility Penalty.

(c) The Exchange shall establish a process for determining whether an individual is entitled to an exemption pursuant to subdivisions (a) and (b), issuing a certificate of exemption to an individual, and notifying the individual and the Franchise Tax Board of the determination in a time and manner as the Exchange, in consultation with the Franchise Tax Board, determines is feasible and prompt. The Exchange may contract with a third party or another entity, including a state or federal agency, to administer this section.

(Added by Stats. 2019, Ch. 38, Sec. 10. (SB 78) Effective June 27, 2019.)

100720. (a) In addition to the efforts required by subdivision (b) and any other outreach and enrollment efforts required by law, the Exchange shall annually conduct outreach and enrollment efforts to individuals who did not indicate on their individual income tax returns that they and their dependents were enrolled in and maintained minimum essential coverage for the preceding taxable year or who indicated that they or their dependents were exempt from the Minimum Essential Coverage Individual Mandate for that year.

(b) In addition to the efforts required by subdivision (a) and any other outreach and enrollment efforts required by law, the Exchange shall annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage by checking the box required pursuant to Section 18543 of the Revenue and Taxation Code.

(c) For purposes of the efforts required by subdivisions (a) and (b), the Franchise Tax Board shall provide the Exchange with individual income tax return information, as authorized by Sections 19548.8 and 19548.9 of the Revenue and Taxation Code, in a form and manner determined by the Franchise Tax Board, in consultation with the Exchange.

(Amended by Stats. 2022, Ch. 170, Sec. 1. (SB 967) Effective January 1, 2023.)

100725. (a) The Exchange may, in consultation with the Franchise Tax Board, promulgate rules and regulations to implement this title.

(b) The Franchise Tax Board may, in consultation with the Exchange, promulgate rules and regulations to implement this title to the extent that those regulations do not conflict with regulations promulgated by the Exchange pursuant to subdivision (a).

(c) Until January 1, 2022, any rules and regulations necessary to implement this title may be adopted as emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2). The adoption of emergency regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2, including subdivisions (e) and (h) of Section 11346.1, an emergency regulation adopted pursuant to this section shall be repealed by operation of law unless the adoption, amendment, or repeal of the regulation is promulgated by the board pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 within five years of the initial adoption of the emergency regulation. An emergency regulation adopted pursuant to this section shall be discussed by the board during at least one properly noticed board meeting before the board meeting at which the board adopts the regulation. Notwithstanding subdivision (h) of Section 11346.1, until January 1, 2027, the Office of Administrative Law may approve more than two readoptions of an emergency regulation adopted pursuant to this section.

(d) It is the intent of the Legislature that, in construing this title, the regulations promulgated under Section 5000A of the Internal Revenue Code as of December 15, 2017, shall apply to the extent that those regulations do not conflict with this title or regulations promulgated pursuant to subdivision (a) or (b).

(Added by Stats. 2019, Ch. 38, Sec. 10. (SB 78) Effective June 27, 2019.)