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AB-298 Health care coverage cost sharing. (2025-2026)

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AMENDED IN ASSEMBLY MARCH 04, 2025

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

ASSEMBLY BILL

NO. 298

Introduced by Assembly Member Bonta

January 23, 2025

An act to add Section 1367.55 to the Health and Safety Code, and to add Section 10123.187 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 298, as amended, Bonta. Health care coverage cost sharing.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of ~~disability~~ *health* insurers by the Department of Insurance. Existing law limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.

This bill would prohibit a health care service plan contract or ~~disability~~ *health* insurance policy issued, amended, or renewed on or after January 1, 2026, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for ~~services in-~~ *network health care services, as defined*, provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would prohibit an individual or entity from billing or seeking reimbursement for *in-network health care* services provided to an enrollee or insured under 21 years of age, except as otherwise specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1367.55 is added to the Health and Safety Code, to read:

1367.55. (a) A health care service plan contract issued, amended, or renewed on or after January 1, 2026, shall not impose a deductible, coinsurance, copayment, or other cost-sharing requirement for *in-network health care* services provided to an enrollee under 21 years of age, except as provided in subdivision (c).

(b) An individual or entity shall not bill or seek reimbursement from an enrollee or contractholder for *in-network health care* services provided to an enrollee under 21 years of age, except as provided in subdivision (c).

(c) In the case of a health care service plan contract that is a high deductible health plan qualifying as eligible for use in combination with a health savings account under the definition set forth in Section 223(c)(2) of Title 26 of the United States Code, the health care service plan contract shall not impose either of the following:

(1) A deductible, coinsurance, copayment, or other cost-sharing requirement for preventive care services, as defined for purposes of Section 223(c)(2) of Title 26 of the United States Code, provided to an enrollee under 21 years of age.

(2) Coinsurance, a copayment, or other cost-sharing requirement for *in-network health care* services provided to an enrollee under 21 years of age once a health care service plan contract's deductible has been satisfied for the plan year.

(d) For purposes of this section, "in-network health care services" means all of the following:

(1) Covered services provided by a contracting provider.

(2) Covered services from a contracting health facility at which, or as a result of which, the enrollee receives services provided by a noncontracting provider.

(3) Covered emergency services.

(4) Covered services provided to an enrollee by a noncontracting provider when a contracting provider is not available to provide the service in accordance with the timely access requirements described in Section 1367.03.

(e) This section does not expand or otherwise affect the scope of required coverage for out-of-network emergency services, except to the extent that cost-sharing requirements for covered out-of-network emergency services shall not be imposed on an enrollee under 21 years of age pursuant to subdivision (a).

SEC. 2. Section 10123.187 is added to the Insurance Code, to read:

10123.187. (a) A ~~disability~~ *health* insurance policy issued, amended, or renewed on or after January 1, 2026, shall not impose a deductible, coinsurance, copayment, or other cost-sharing requirement for *in-network health care* services provided to an insured under 21 years of age, except as provided in subdivision (c).

(b) An individual or entity shall not bill or seek reimbursement from an insured or policyholder for *in-network health care* services provided to an insured under 21 years of age, except as provided in subdivision (c).

(c) In the case of a ~~disability~~ *health* insurance policy that is a high deductible health plan qualifying as eligible for use in combination with a health savings account under the definition set forth in Section 223(c)(2) of Title 26 of the United States Code, the ~~disability~~ *health* insurance policy shall not impose either of the following:

(1) A deductible, coinsurance, copayment, or other cost-sharing requirement for preventive care services, as defined for purposes of Section 223(c)(2) of Title 26 of the United States Code, provided to an insured under 21 years of age.

(2) Coinsurance, a copayment, or other cost-sharing requirement for *in-network health care* services provided to an insured under 21 years of age once a ~~disability~~ *health* insurance policy's deductible has been satisfied for the plan year.

(d) For purposes of this section, "in-network health care services" means all of the following:

(1) Covered services provided by a contracting provider.

(2) Covered services from a contracting health facility at which, or as a result of which, the insured receives services provided by a noncontracting provider.

(3) Covered emergency services.

(4) Covered services provided to an insured by a noncontracting provider when a contracting provider is not available to provide the service in accordance with the timely access requirements described in Section 10133.54.

(e) This section does not expand or otherwise affect the scope of required coverage for out-of-network emergency services, except to the extent that cost-sharing requirements for covered out-of-network emergency services shall not be imposed on an insured under 21 years of age pursuant to subdivision (a).

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.