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AB-499 Robert F. Kennedy Farm Workers Medical Plan. (2025-2026)

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Assembly Bill No. 499

CHAPTER 370

An act to amend Section 100235 of the Health and Safety Code, relating to health care.

[Approved by Governor October 06, 2025. Filed with Secretary of State October 06, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 499, Ortega. Robert F. Kennedy Farm Workers Medical Plan.

Existing law, the Robert F. Kennedy Farm Workers Medical Plan, is a nonprofit voluntary employees beneficiary association, organized under federal law, that provides payments for health care and other benefits to its members. Existing law, until January 1, 2031, requires the State Department of Health Care Services to annually reimburse the plan up to \$3,000,000 per year for claim payments that exceed \$70,000 made by the plan on behalf of an eligible employee or dependent for a single episode of care on or after September 1, 2016.

This bill would require the department to annually reimburse the Robert F. Kennedy Farm Workers Medical Plan up to \$3,000,000 per year for claim payments that exceed \$50,000 made by the plan on behalf of an eligible employee or dependent for a single episode of care.

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

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

SECTION 1. Section 100235 of the Health and Safety Code is amended to read:

100235. (a) The department shall annually reimburse the Robert F. Kennedy Farm Workers Medical Plan for claim payments that exceed fifty thousand dollars (\$50,000) made by the plan on behalf of an eligible employee or dependent for a single episode of care on or after September 1, 2016. This reimbursement shall not exceed three million dollars (\$3,000,000) per year.

(b) To seek reimbursement, commencing after September 1, 2017, and annually thereafter, the plan shall submit to the department completed data, verified by an independent certified public accountant, for claims paid by the plan for services during the preceding year from September 1 to August 31, inclusive.

(c) (1) If the department receives claims data from the plan pursuant to subdivision (b), the department shall analyze that data to determine the aggregate amount of claims that exceed fifty thousand dollars (\$50,000) paid by the plan on behalf of an eligible employee or dependent for any single episode of care.

(2) No later than 60 days after the department receives claims data submitted by the plan, the department shall reimburse the plan the amount determined pursuant to paragraph (1), up to the amount of three million dollars (\$3,000,000) per year.

(d) This section shall remain in effect only until January 1, 2031, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2031, deletes or extends that date.