## § 1379. Contracts with health care providers

- (a) Every contract between a plan and a provider of health care services shall be in writing, and shall set forth that in the event the plan fails to pay for health care services as set forth in the subscriber contract, the subscriber or enrollee shall not be liable to the provider for any sums owed by the plan.
- (b) In the event that the contract has not been reduced to writing as required by this chapter or that the contract fails to contain the required prohibition, the contracting provider shall not collect or attempt to collect from the subscriber or enrollee sums owed by the plan.
- (c) No contracting provider, or agent, trustee or assignee thereof, may maintain any action at law against a subscriber or enrollee to collect sums owed by the plan.

## HISTORY:

Added Stats 1975 ch 941 § 2, operative July 1, 1976.

## § 1379.5. Contract between plan and health care provider who provides health care services in Mexico; Requirements; Plan's obligations

- (a) On and after July 1, 2008, every contract between a plan and a health care provider who provides health care services in Mexico to an enrollee of the plan shall require the health care provider knowing of, or in attendance on, a case or suspected case of any disease or condition listed in subdivision (j) of Section 2500 of Title 17 of the California Code of Regulations to report the case to the health officer of the jurisdiction in California where the patient in the case resides, or if the patient resides in Mexico and is employed in California, the contract shall require a health care provider to report the case to the health officer of the jurisdiction where the patient in the case is employed. The contract provision shall require the health care provider to make the report in accordance with subdivision (d) of Section 2500 of Title 17 of the California Code of Regulations, except that for reports in cases where the patient resides in Mexico the contract shall require the report to be made to the health officer of the jurisdiction where the patient is employed.
- (b) For purposes of this section, the terms "case," "health care provider," "health officer," "in attendance," and "suspected case" shall have the same meanings as set forth in subdivision (a) of Section 2500 of Title 17 of the California Code of Regulations.
  - (c) A plan's obligations under this section shall be limited to the following:
  - (1) Ensuring that the contracts executed by providers who provide health care services in Mexico satisfy the requirements set forth in subdivision (a).
  - (2) Giving the following written notice to the provider at the time the signed contract is delivered:

"This contract contains specific requirements regarding reporting of actual or suspected diseases or conditions to California health officers."

OPERATION — RENEWAL REQUIREMENTS AND PROCEDURES

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HISTORY: Added Stats 2007 ch 385 § 1 (AB 328), effective January 1, 2008.