

§ 1357.52. Exclusion criteria

A health benefit plan for group coverage shall not establish rules for eligibility, including continued eligibility, of an individual, or dependent of an individual, to enroll under the terms of the plan based on any of the following health status-related factors:

- (a) Health status.
- (b) Medical condition, including physical and mental illnesses.
- (c) Claims experience.
- (d) Receipt of health care.
- (e) Medical history.
- (f) Genetic information.
- (g) Evidence of insurability, including conditions arising out of acts of domestic violence.
- (h) Disability.
- (i) Any other health status-related factor as determined by any federal regulations, rules, or guidance issued pursuant to Section 2705 of the Public Health Service Act.

HISTORY:

Added Stats 2012 ch 852 § 4 (AB 1083), effective January 1, 2013, operative January 1, 2014.

§ 1357.53. [Section repealed 2011.]**HISTORY:**

Added Stats 1997 ch 336 § 10 (SB 578), effective August 21, 1997. Amended Stats 1999 ch 525 § 68 (AB 78), operative July 1, 2000.

Repealed Stats 2010 ch 658 § 2 (AB 2470), effective January 1, 2011. The repealed section related to renewability exceptions for group plans.

§ 1357.54. [Section repealed 2011.]**HISTORY:**

Added Stats 1997 ch 336 § 11 (SB 578), effective August 21, 1997. Amended Stats 1999 ch 525 § 69 (AB 78), operative July 1, 2000.

Repealed Stats 2010 ch 658 § 3 (AB 2470), effective January 1, 2011. The repealed section related to renewability of individual health benefit plans.