

§ 1399.834. Renewal of contracts; Plan ceasing to offer individual coverage (Inoperative; Operative date contingent)

(a) All health care service plan contracts offered to a child or on behalf of a child to a responsible party for a child shall conform to the requirements of Sections 1365, 1366.3, and 1373.6, and shall be renewable at the option of the enrollee or responsible party for a child on behalf of the enrollee except as permitted to be canceled, rescinded, or not renewed pursuant to Section 1365.

(b) Any plan that ceases to offer for sale new individual health care service plan contracts pursuant to Section 1365 shall continue to be governed by this article with respect to business conducted under this article.

(c) Except as authorized under Section 1399.833, a plan that, as of the effective date of this article, does not write new health care service plan contracts for children in this state or that, after the effective date of this article, ceases to write new health care service plan contracts for children in this state shall be prohibited from offering for sale new individual health care service plan contracts in this state for a period of five years from the date of notice to the director.

HISTORY:

Added Stats 2010 ch 656 § 3 (AB 2244), effective January 1, 2011. Amended Stats 2011 ch 296 § 143 (AB 1023), effective January 1, 2012; Stats 2013 1st Ex Sess 2013-2014 ch 2 §

17 (SBX1-2), effective September 30, 2013, inoperative January 1, 2014, operative date contingent (inoperative date added, contingent operative date added).

§ 1399.835. Issuance of guidance to health plans regarding compliance with article (Inoperative; Operative date contingent)

On or before July 1, 2011, the director may issue guidance to health plans regarding compliance with this article and that guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The guidance shall only be effective until the director and the Insurance Commissioner adopt joint regulations pursuant to the Administrative Procedure Act.

HISTORY:

Added Stats 2010 ch 656 § 3 (AB 2244), effective January 1, 2011. Amended Stats 2011 ch 296 § 144 (AB 1023), effective January 1, 2012; Stats 2013 1st Ex Sess 2013-2014 ch 2 §

18 (SBX1-2), effective September 30, 2013, inoperative January 1, 2014, operative date contingent (inoperative date added, contingent operative date added).

§ 1399.836. Operation of article (Inoperative; Operative date contingent)

(a) This article shall become inoperative on January 1, 2014, or the 91st

calendar day following the adjournment of the 2013–14 First Extraordinary Session, whichever date is later.

(b) If Section 5000A of the Internal Revenue Code, as added by Section 1501 of PPACA, is repealed or amended to no longer apply to the individual market, as defined in Section 2791 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-91), this article shall become operative 12 months after the date of that repeal or amendment.

HISTORY:

Added Stats 2013 1st Ex Sess 2013-2014 ch 2 § 17 (SBX1-2), effective September 30, 2013, inoperative January 1, 2014, operative date

contingent. Amended Stats 2015 ch 303 § 266 (AB 731), effective January 1, 2016, inoperative, operative date contingent.

ARTICLE 11.8

Individual Access to Health Care Coverage

Section

- 1399.845. Definitions.
- 1399.846. Sole proprietorships and partnerships; Individual health care service plans.
- 1399.847. Applicability of article.
- 1399.848. Individual health benefit plans; Annual enrollment period; Effective date.
- 1399.849. Individual health benefit plans; Preexisting condition provisions prohibited; Enrollment periods; Triggering events; Coverage effective date; Plans offered outside Exchange; Limitations on eligibility rules; Single risk pool; Applicability.
- 1399.851. Prohibited activities for insurer, agent, or broker; Applicability; Enforcement.
- 1399.853. Renewability; When insurer ceases offering plans.
- 1399.855. Determination of premium rates.
- 1399.857. Requirements not placed on carriers.
- 1399.858. Discontinuing of offering contracts or acceptance of applications.
- 1399.859. Notice to applicant or subscriber of eligibility for lower cost coverage through Exchange; Applicability.
- 1399.861. Notice to subscriber of individual grandfathered health plan of health insurance options; Inclusion of notice in renewal material and application for dependent coverage.
- 1399.862. Implementation of article.
- 1399.863. Adoption of emergency regulations.
- 1399.864. Requirements of health care service plan that contracts with California Health Benefit Exchange to offer a qualified bridge plan; Medical loss ratio; Marketing and sales; Initial open enrollment (For inoperative date and repeal see subd (g)).

HISTORY: Added Stats 2013 1st Ex Sess 2013-2014 ch 2 § 18 (SBX1-2), effective September 30, 2013.