An act to amend Section 15885 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL’S DIGEST

SB 1110, as introduced, Hurtado. Major risk medical insurance.
Existing law establishes the California Major Risk Medical Insurance Program (MRMIP) to provide major risk medical coverage to persons who, among other things, have been rejected for coverage by at least one private health plan. Existing law authorizes the Department of Health care services to take various actions with respect to the MRMIP, including excluding coverage or benefits for charges or expenses incurred by a plan subscriber during the first 6 months they are enrolled in the program for a condition that, during the 6 months preceding enrollment, medical advice, diagnosis, care, or treatment was recommended or received for the condition. Existing law waives this exclusion from coverage if the subscriber was covered during that time period under creditable coverage, as defined, that was terminated as long as the subscriber applied for enrollment in the MRMIP not later than 63 days following termination of that creditable coverage.
This bill extends this time period to 70 days.

The people of the State of California do enact as follows:

1 SECTION 1. Section 15885 of the Welfare and Institutions Code is amended to read:

1
The department may permit the exclusion of coverage or benefits for charges or expenses incurred by a subscriber during the first six months of enrollment in the program for any condition for which, during the six months immediately preceding enrollment in the program, medical advice, diagnosis, care, or treatment was recommended or received as to the condition during that period.

(b) The exclusion from coverage of this section shall be waived to the extent to which the subscriber was covered under any creditable coverage, as defined in Section 10900 of the Insurance Code, that was terminated, provided the subscriber has applied for enrollment in the program not later than 60 days following termination of the prior coverage, or within 180 days of termination of coverage if the subscriber lost his or her previous creditable coverage because the subscriber’s employment ended, the availability of health coverage offered through employment or sponsored by an employer terminated, or an employer’s contribution toward health coverage terminated. The exclusion from coverage of this section shall also be waived as to any condition of a subscriber previously receiving coverage under a plan of another state similar to the program established by this chapter if the subscriber was eligible for benefits under that other-state coverage for the condition. The department may establish alternative mechanisms applicable to enrollment in participating health plans. These mechanisms may include, but are not limited to, a postenrollment waiting period.