

AMENDED IN ASSEMBLY MARCH 4, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 298

Introduced by Assembly Member Bonta

January 23, 2025

An act to add Section 1367.55 to the Health and Safety Code, and to add Section 10123.187 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 298, as amended, Bonta. Health care coverage cost sharing.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of ~~disability health~~ insurers by the Department of Insurance. Existing law limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.

This bill would prohibit a health care service plan contract or ~~disability health~~ insurance policy issued, amended, or renewed on or after January 1, 2026, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for ~~services~~ *in-network health care services, as defined*, provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would prohibit an individual or entity from billing or seeking reimbursement for *in-network health care services* provided to an enrollee or insured under 21 years of age, except as otherwise specified. Because a willful violation of these provisions

by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. Section 1367.55 is added to the Health and Safety
2 Code, to read:

3 1367.55. (a) A health care service plan contract issued,
4 amended, or renewed on or after January 1, 2026, shall not impose
5 a deductible, coinsurance, copayment, or other cost-sharing
6 requirement for *in-network health care* services provided to an
7 enrollee under 21 years of age, except as provided in subdivision
8 (c).

9 (b) An individual or entity shall not bill or seek reimbursement
10 from an enrollee or contractholder for *in-network health care*
11 services provided to an enrollee under 21 years of age, except as
12 provided in subdivision (c).

13 (c) In the case of a health care service plan contract that is a
14 high deductible health plan qualifying as eligible for use in
15 combination with a health savings account under the definition set
16 forth in Section 223(c)(2) of Title 26 of the United States Code,
17 the health care service plan contract shall not impose either of the
18 following:

19 (1) A deductible, coinsurance, copayment, or other cost-sharing
20 requirement for preventive care services, as defined for purposes
21 of Section 223(c)(2) of Title 26 of the United States Code, provided
22 to an enrollee under 21 years of age.

23 (2) Coinsurance, a copayment, or other cost-sharing requirement
24 for *in-network health care* services provided to an enrollee under
25 21 years of age once a health care service plan contract’s deductible
26 has been satisfied for the plan year.

27 (d) For purposes of this section, “*in-network health care*
28 *services*” means all of the following:

- 1 (1) Covered services provided by a contracting provider.
- 2 (2) Covered services from a contracting health facility at which,
- 3 or as a result of which, the enrollee receives services provided by
- 4 a noncontracting provider.
- 5 (3) Covered emergency services.
- 6 (4) Covered services provided to an enrollee by a
- 7 noncontracting provider when a contracting provider is not
- 8 available to provide the service in accordance with the timely
- 9 access requirements described in Section 1367.03.

10 (e) This section does not expand or otherwise affect the scope

11 of required coverage for out-of-network emergency services, except

12 to the extent that cost-sharing requirements for covered

13 out-of-network emergency services shall not be imposed on an

14 enrollee under 21 years of age pursuant to subdivision (a).

15 SEC. 2. Section 10123.187 is added to the Insurance Code, to

16 read:

17 10123.187. (a) A ~~disability~~ health insurance policy issued,

18 amended, or renewed on or after January 1, 2026, shall not impose

19 a deductible, coinsurance, copayment, or other cost-sharing

20 requirement for *in-network health care* services provided to an

21 insured under 21 years of age, except as provided in subdivision

22 (c).

23 (b) An individual or entity shall not bill or seek reimbursement

24 from an insured or policyholder for *in-network health care* services

25 provided to an insured under 21 years of age, except as provided

26 in subdivision (c).

27 (c) In the case of a ~~disability~~ health insurance policy that is a

28 high deductible health plan qualifying as eligible for use in

29 combination with a health savings account under the definition set

30 forth in Section 223(c)(2) of Title 26 of the United States Code,

31 the ~~disability~~ health insurance policy shall not impose either of

32 the following:

33 (1) A deductible, coinsurance, copayment, or other cost-sharing

34 requirement for preventive care services, as defined for purposes

35 of Section 223(c)(2) of Title 26 of the United States Code, provided

36 to an insured under 21 years of age.

37 (2) Coinsurance, a copayment, or other cost-sharing requirement

38 for *in-network health care* services provided to an insured under

39 21 years of age once a ~~disability~~ health insurance policy's

40 deductible has been satisfied for the plan year.

1 (d) For purposes of this section, “in-network health care
2 services” means all of the following:

- 3 (1) Covered services provided by a contracting provider.
- 4 (2) Covered services from a contracting health facility at which,
5 or as a result of which, the insured receives services provided by
6 a noncontracting provider.
- 7 (3) Covered emergency services.
- 8 (4) Covered services provided to an insured by a noncontracting
9 provider when a contracting provider is not available to provide
10 the service in accordance with the timely access requirements
11 described in Section 10133.54.

12 (e) This section does not expand or otherwise affect the scope
13 of required coverage for out-of-network emergency services, except
14 to the extent that cost-sharing requirements for covered
15 out-of-network emergency services shall not be imposed on an
16 insured under 21 years of age pursuant to subdivision (a).

17 SEC. 3. No reimbursement is required by this act pursuant to
18 Section 6 of Article XIII B of the California Constitution because
19 the only costs that may be incurred by a local agency or school
20 district will be incurred because this act creates a new crime or
21 infraction, eliminates a crime or infraction, or changes the penalty
22 for a crime or infraction, within the meaning of Section 17556 of
23 the Government Code, or changes the definition of a crime within
24 the meaning of Section 6 of Article XIII B of the California
25 Constitution.