

**Introduced by Senator Gonzalez**

**(Principal coauthor: Senator Leyva)**

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An act to add Section 1367.251 to the Health and Safety Code, and to add Section 10123.1961 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 245, as introduced, Gonzalez. Health care coverage: abortion services: cost sharing.

Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

Existing law also establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services through, among other things, managed care plans licensed under the act that contract with the State Department of Health Care Services.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health

insurers. Existing law requires group and individual health care service plan contracts and disability insurance policies to cover contraceptives, without cost sharing, as specified.

This bill would prohibit a health care service plan or an individual or group policy of disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2022, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion services, as specified, and additionally would prohibit cost sharing from being imposed on a Medi-Cal beneficiary for those services. The bill would apply the same benefits with respect to an enrollee's or insured's covered spouse and covered nonspouse dependents. The bill would not require an individual or group health care service plan contract or disability insurance policy to cover an experimental or investigational treatment.

Because a violation of the bill 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 1367.251 is added to the Health and  
2 Safety Code, to read:  
3 1367.251. (a) (1) A health care service plan, except for a  
4 specialized health care service plan contract, that is issued,  
5 amended, renewed, or delivered on or after January 1, 2022, shall  
6 not impose a deductible, coinsurance, copayment, or any other  
7 cost-sharing requirement on coverage for all abortion services,  
8 including followup services including, but not limited to,  
9 management of side effects and counseling. Cost sharing shall not  
10 be imposed on a Medi-Cal beneficiary.  
11 (2) Except as otherwise authorized by this section, a health care  
12 service plan shall not impose any restriction or delay, including  
13 prior authorization and annual or lifetime limit, on the coverage  
14 for abortion services.

1 (3) Benefits for an enrollee under this subdivision shall be the  
2 same for an enrollee's covered spouse and covered nonspouse  
3 dependents.

4 (4) For purposes of paragraphs (2) and (3) and subdivision (b),  
5 "health care service plan" includes Medi-Cal managed care plans  
6 that contract with the State Department of Health Care Services  
7 pursuant to Chapter 7 (commencing with Section 14000) and  
8 Chapter 8 (commencing with Section 14200) of Part 3 of Division  
9 9 of the Welfare and Institutions Code, risk-bearing organizations  
10 pursuant to this chapter and any other participating provider acting  
11 pursuant to a subcontract with a managed care plan.

12 (b) This section does not deny or restrict in any way the  
13 department's authority to ensure plan compliance with this chapter  
14 when a health care service plan provides coverage for abortion  
15 services.

16 (c) This section does not require an individual or group health  
17 care service plan contract to cover an experimental or  
18 investigational treatment.

19 (d) For purposes of this section, "abortion" means any medical  
20 treatment intended to induce the termination of a pregnancy except  
21 for the purpose of producing a live birth.

22 SEC. 2. Section 10123.1961 is added to the Insurance Code,  
23 to read:

24 10123.1961. (a) (1) A group or individual policy of disability  
25 insurance, except for a specialized health insurance policy, that is  
26 issued, amended, renewed, or delivered on or after January 1, 2022,  
27 shall not impose a deductible, coinsurance, copayment, or other  
28 cost-sharing requirement on coverage for all abortion services,  
29 including followup services including, but not limited to,  
30 management of side effects and counseling.

31 (2) Except as otherwise authorized by this section, an insurer  
32 shall not impose any restrictions or delays, including prior  
33 authorization and annual or lifetime limit, on the coverage for  
34 abortion services.

35 (3) Coverage with respect to an insured under this subdivision  
36 shall be the same for an insured's covered spouse and covered  
37 nonspouse dependents.

38 (b) This section does not deny or restrict in any way the  
39 department's authority to ensure an insurer's compliance with this  
40 chapter when the insurer provides coverage for abortion services.

1 (c) This section does not require an individual or group disability  
2 insurance policy to cover an experimental or investigational  
3 treatment.

4 (d) For purposes of this section, “abortion” means any medical  
5 treatment intended to induce the termination of a pregnancy except  
6 for the purpose of producing a live birth.

7 SEC. 3. No reimbursement is required by this act pursuant to  
8 Section 6 of Article XIII B of the California Constitution because  
9 the only costs that may be incurred by a local agency or school  
10 district will be incurred because this act creates a new crime or  
11 infraction, eliminates a crime or infraction, or changes the penalty  
12 for a crime or infraction, within the meaning of Section 17556 of  
13 the Government Code, or changes the definition of a crime within  
14 the meaning of Section 6 of Article XIII B of the California  
15 Constitution.