

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HEALTH

Mia Bonta, Chair

AB 2066 (Celeste Rodriguez) – As Introduced February 18, 2026

SUBJECT: Triggering event: pregnancy.

SUMMARY: Requires health plans and health insurers to allow a pregnant individual to enroll in or change individual health benefit plans and policies outside of existing enrollment time periods.

EXISTING LAW:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) and the California Department of Insurance (CDI) to regulate health insurers under the Insurance Code. [Health and Safety Code (HSC) § 1340, *et seq.* and Insurance Code (INS) § 106, *et seq.*]
- 2) Requires a health plan and health insurer to fairly and affirmatively offer, market, and sell all of the plan's health plans that are sold in the individual market to all individuals and dependents in each service area in which the plan provides or arranges for the provision of health care services. [HSC § 1399.849 and INS § 10965.3]
- 3) Requires a health plan and health insurer to limit enrollment in individual health benefit plans to open enrollment periods, annual enrollment periods, and special enrollment periods. [*Ibid.*]
- 4) Requires a health plan and health insurer to allow an individual to enroll in or change individual health benefit plans as a result of the following triggering events:
 - a) The individual or the individual's dependent loses minimum essential coverage (excluding loss of coverage due to the individual's failure to pay premiums on a timely basis, or situations allowing for a rescission of coverage);
 - b) The individual gains a dependent or becomes a dependent;
 - c) The individual is mandated to be covered as a dependent pursuant to a valid state or federal court order;
 - d) The individual has been released from incarceration;
 - e) The individual's health coverage issuer substantially violated a material provision of the health coverage contract;
 - f) The individual gains access to new health benefit plans as a result of a permanent move;
 - g) The individual was receiving services from a contracting provider under another health plan, for a specified condition and that provider is no longer participating in the health benefit plan (the conditions include an acute or serious condition, pregnancy including maternal mental health treatment, terminal illness, newborn care, and surgery);

- h) The individual demonstrates to Covered California, with respect to health benefit plans offered through the Covered California, or to the DMHC or CDI with respect to health benefit plans offered outside the Covered California, that the individual did not enroll in a health benefit plan during the immediately preceding enrollment period available to the individual because the individual was misinformed that the individual was covered under minimum essential coverage;
- i) The individual is a member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active-duty service; and,
- j) With respect to individual coverage offered through Covered California, any triggering events listed in federal regulations. [HSC § 1399.849 and INS § 10965.3]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. According to the author, pregnancy is a significant life event, and when enrollment rules delay timely access to prenatal care, the consequences can include preventable risks for both the pregnant individual and the child. The author argues that this bill focuses on closing a narrow but consequential gap in enrollment policy, informed by lessons learned and the experiences of other states that have advanced policies placing women’s health and safety front and center, while remaining attentive to system stability and long-term health outcomes.

2) BACKGROUND.

- a) **Enrollment Periods & Qualifying Life Events.** A health plan or health insurer is required to limit enrollment in individual health benefit plans to open enrollment periods, annual enrollment periods, and special enrollment periods. A special enrollment period in the individual market is generally limited to individuals who experience a triggering event (also called a qualifying life event or QLE).

Previously, federal law provided states with flexibility in determining open enrollment periods. However, in 2025 the Centers for Medicare & Medicaid Services (CMS) revoked that flexibility through federal rulemaking. California’s open enrollment period historically ran from November 1 through January 31. Under the new federal rules, the state’s open enrollment period will run shorter – from November 1 through December 31. Without a qualifying event, individuals must wait until the next open enrollment period to apply for coverage or change health coverage.

Special enrollment periods for qualifying life events remain unchanged under federal law for now. By establishing pregnancy as a qualifying life event, this bill would make a two-fold change. First, it would allow individuals who are pregnant to purchase coverage outside of existing annual open enrollment periods. Second, it would allow pregnant individuals who already have individual insurance coverage to switch coverage.

- b) **California Health Benefits Review Program (CHBRP).** CHBRP was created in response to AB 1996 (Thomson), Chapter 795, Statutes of 2002, which requests the

University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. SB 125 (Hernandez), Chapter 9, Statutes of 2015, added an impact assessment on essential health benefits, and legislation that impacts health insurance benefit designs, cost-sharing, premiums, and other health insurance topics to CHBRP's purview. CHBRP reviewed SB 257 (Wahab) of 2025, which contained the provisions of this bill and included the following impact estimates in their analysis:

- i) Utilization:** CHBRP notes that health coverage, by design, distributes risk and expenditures across everyone enrolled in a plan or policy. It does so to help protect each enrollee from the full impact of health care costs that arise from that enrollee's use of prevention, diagnosis, and/or treatment of a covered medical condition, disease, or injury. Changes in utilization among any enrollees in a plan or policy can result in changes to premiums for all enrollees in that plan or policy. CHBRP estimates that 5,303 previously uninsured pregnant people and their dependents would gain coverage.
 - ii) Medical Effectiveness:** CHBRP found some evidence that special enrollment periods increase take-up of health insurance among pregnant people. However, CHBRP also found that having continuous private health insurance coverage from the preconception to postpartum period is associated with receipt of more adequate and timely prenatal care. CHBRP also found that not enough research has been conducted to draw conclusions about the impact of generosity of coverage on utilization of maternity services or maternal and infant health outcomes.
 - iii) Public Health Outcomes:** Considering their findings in ii) above, CHBRP determined that the impact of the provisions of this bill on short and long-term public health outcomes is unknown. Although there is strong evidence that maternity services improve outcomes for infants and mothers, not enough research has been conducted to determine if special enrollment periods would improve the utilization of maternity services.
- 3) SUPPORT.** The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) are sponsoring this bill, stating that their members care for patients whose pregnancies are complicated by delayed access to care. UNAC/UHCP continues that too often, nurses and other clinicians see patients who learn they are pregnant but cannot obtain health coverage because pregnancy itself is not recognized as a qualifying life event under current law. As a result, UNAC/UHCP states that individuals in the individual insurance market may be forced to wait months for the next open enrollment period before they can obtain coverage. UNAC/UHCP argues that by that time, the most critical window for early prenatal care may have already passed. UNAC/UHCP continues that when pregnant patients are unable to access timely care, clinicians are left treating preventable complications in emergency departments and labor and delivery units, situations that place patients at greater risk and increase costs for the health care system. UNAC/UHCP state that this bill reflects the reality that pregnancy is a significant life event that requires immediate and continuous access to care. UNAC/UHCP concludes that no one who is pregnant should be denied timely access to health coverage simply because they become pregnant outside an arbitrary enrollment window.

4) OPPOSITION. The California Association of Health Plans (CAHP) And Association of California Life and Health Insurance Companies (ACLHIC) are opposed to this bill, stating that currently, special enrollment periods are confined to "qualifying life events," such as relocation, marriage, family expansion, or the loss of employer-sponsored coverage. CAHP and ACLHIC continue that these exceptions, generic and universally applicable, maintain market integrity without tying access to specific medical conditions. CAHP and ACLHIC argue that this bill challenges this equilibrium by introducing condition-based enrollment provisions, potentially setting the precedent for favoring particular medical conditions over others, thereby destabilizing the market. CAHP and ACLHIC state that a significant component of California's strategy to ensure broad access to affordable quality health care is the encouragement and incentivization of insurance purchases even in the absence of immediate medical need. This practice sustains the financial robustness of the insurance market. CAHP and ACLHIC argue that in its current form, AB this bill risks undermining this objective by potentially permitting individuals to defer purchasing insurance until its necessity becomes apparent. CAHP and ACLHIC conclude that a similar bill was vetoed by Governor Newsom who cited concerns about creating a "dangerous precedent" for condition-specific special enrollment periods as well as affordability concerns.

5) PREVIOUS LEGISLATION.

a) SB 257 contained the provisions of this bill. SB 257 would have also prohibited a health plan or health insurance policy that provides coverage for maternity services or newborn and pediatric care services from seeking reimbursement for maternity services or newborn and pediatric care services because the enrollee is acting as a gestational carrier. SB 257 was vetoed by Governor Newsom, who stated in part:

"Unfortunately, this bill risks the overall affordability of health care in California, and is projected to increase health care spending by tens of millions of dollars annually - at a time when California is taking steps to control costs, as consumers are facing uncertainty and double-digit rate increases in their health care premiums across the nation...this bill would set a dangerous precedent for condition-specific special enrollment periods. The individual health insurance market can easily become unstable if persons are allowed to enroll when medical expenses first occur. This is why I signed a bill in 2019, SB 78, establishing an individual shared responsibility penalty for people who do not have or maintain their health insurance coverage. Individual market instability will lead to even higher costs in this fragile market."

b) SB 729 (Menjivar), Chapter 930, Statutes of 2024 requires a health plan contract or policy of disability insurance sold in the large group market (employers with more than 100 covered individuals) to provide coverage for the diagnosis and treatment of infertility and fertility services, including services of a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine using single embryo transfer when recommended and medically appropriate.

c) AB 116 (Committee on Budget), Chapter 21, Statutes of 2025, the health budget trailer bill, delays the operative date of SB 729 by six months (from July 1 2025 to January 1, 2026), authorized the DMHC and CDI to issue guidance regarding compliance with the provisions of SB 729 until January 1, 2027, and exempted that guidance from the

rulemaking provisions of the Administrative Procedure Act. AB 116 also requires DMHC and CDI to consult with each other and stakeholders in issuing the guidance.

- d) SB 78 (Committee on Budget), Chapter 38, Statutes of 2019, the health budget trailer bill, created the Minimum Essential Coverage Individual Mandate to require California residents to enroll in and maintain minimum essential coverage for each month. Requires Covered California to grant exemptions for reason of hardship or religious conscience. Imposes the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage, as determined and collected by the Franchise Tax Board.
- e) AB 1102 (Santiago) of 2015 would have required a health plan or health insurer to allow an individual to enroll in or change an individual plan or policy as a result of pregnancy. AB 1102 was later amended to address a different subject matter.
- f) SB 1471 (Schiff), Chapter 848, Statutes of 2000 prohibits a health plan, insurer, medical group or independent practice association lien for recovery of money paid for health care services for an enrollee or insured from exceeding the amount actually paid for those health care services. This bill was passed in response to health insurers placing liens of judgements in excess of medical costs associated with medical care when there is a judgement or settlement.

REGISTERED SUPPORT / OPPOSITION:

Support

United Nurses Associations of California/Union of Health Care Professionals (sponsor)
Alliance for Children's Rights
American College of Obstetricians & Gynecologists - District IX
American Federation of State, County and Municipal Employees, AFL-CIO
CA Commission on the Status of Women and Girls
California Federation of Teachers

Opposition

Association of California Life & Health Insurance Companies
California Association of Health Plans

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