

Date of Hearing: April 8, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS  
Buffy Wicks, Chair  
AB 2066 (Celeste Rodriguez) – As Introduced February 18, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

**SUMMARY:**

This bill makes pregnancy a triggering event for purposes of enrollment in or changing an individual health plan or insurance policy outside of the usual enrollment periods.

**FISCAL EFFECT:**

The California Public Employees Retirement System (CalPERS) anticipates no fiscal impact. However, the California Health Benefits Review Program (CHBRP) analyzed SB 257 (Wahab), of the current legislative session, which included the provisions in this bill in addition to requirements related to gestational carriers. Assuming CHBRP's analysis of SB 257 is applicable to this bill, General Fund costs to CalPERS could be in the low to mid hundreds of thousands of dollars per year.

The Department of Insurance estimates costs of \$6,000 in fiscal year (FY) 2026-27 and \$18,000 in FY 2027-28 to review policy forms for compliance, draft and communicate objections to insurers, and to confirm that the policy has been brought into compliance (Insurance Fund).

The Department of Managed Health Care anticipates minor and absorbable costs.

Likely minor and absorbable systems and outreach costs to Covered California.

Based on CHBRP's analysis of SB 257, this bill will increase annual net expenditures for employers and enrollees for newly covered benefits by tens of millions of dollars.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in FY 2027-28 and ongoing.

**COMMENTS:**

- 1) **Purpose.** This bill is sponsored by United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP). 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. This proposal 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.** CHBRP estimated SB 257 would result in 5,303 previously uninsured pregnant people and their dependents gaining coverage. CHBRP found one study suggesting a special enrollment period for pregnant people is associated with increased enrollment in health insurance among pregnant people, but found no studies of effects on use of maternity services or maternal or infant health outcomes. CHBRP noted a potential benefit of minor cost savings due to better prenatal care leading to improved health outcomes for both the pregnant person and the child.
- 3) **Prior Legislation.** SB 257 (Wahab), as introduced, included the provisions of this bill and would have also prohibited a health plan or insurance policy that provides coverage for maternity services or newborn and pediatric care services from seeking reimbursement for such services because the enrollee is acting as a gestational carrier. The gestational carrier provisions were removed from the bill and the enrolled version of SB 257 was essentially identical to this bill. Governor Newsom vetoed SB 257, stating 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.

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