

ASSEMBLY THIRD READING
AB 2066 (Celeste Rodriguez)
As Introduced February 18, 2026
Majority vote

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.

COMMENTS

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.

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:

- 1) *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.
- 2) *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.

- 3) *Public Health Outcomes:* Considering their findings in 2) 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.

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.

Arguments in 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.

Arguments in 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, 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.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations:

- 1) The California Public Employees Retirement System (CalPERS) anticipates no fiscal impact. However, CHBRP analyzed SB 257, 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.
- 2) The California 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).
- 3) The Department of Managed Health Care anticipates minor and absorbable costs.
- 4) 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.

VOTES

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Pacheco, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 14-0-1

YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta

ABS, ABST OR NV: Tangipa

UPDATED

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