
SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

BILL NO: AB 2066
AUTHOR: Celeste Rodriguez
VERSION: February 18, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Margarita Niemann

SUBJECT: Triggering event: pregnancy

SUMMARY: Establishes pregnancy as a triggering event for an individual to enroll in or change individual health plans, or add a dependent, during a special enrollment period.

Existing law:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Services Plan Act of 1975; the California Department of Insurance (CDI) to regulate health and other insurers; and the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [HSC §1340, et seq., INS §106, et seq. and WIC §14000, et seq.]
- 2) Requires health plan and insurers to fairly and affirmatively offer, market, and sell all of their health benefit plans that are sold in the individual health insurance market to all individuals and dependents in each service area in which health care services are provided or arranged, and limits enrollment to specified open enrollment periods, annual enrollment periods, and special enrollment periods, as specified. Prohibits the imposition of any preexisting condition provision upon any individual. [HSC §1399.849 and INS §10965.3]
- 3) Requires a health plan or insurer to allow an individual to enroll in or change individual health plans, or add a dependent, during a special enrollment period, as a result of the following triggering events:
 - a) The individual or the individual's dependent loses minimum essential 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 benefit plan for a specified condition, and that provider is no longer participating in that plan;
 - h) The individual demonstrates to Covered California, with respect to plans offered through Covered California, or to DMHC or CDI, with respect to plans offered outside of Covered California, that the individual did not enroll in a 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; or,

- j) With respect to Covered California, any triggering events listed in federal regulations. [HSC §1399.849 and INS §10965.3]
- 4) Requires a health plan or insurer to allow an individual 60 days from the date of a triggering event identified in 3) above to apply for coverage from a plan or insurer. [HSC §1399.849 and INS §10965.3]
- 5) Requires coverage under a health plan or insurer to become effective for an individual that applies during a special enrollment period described in 3) above as follows:
 - a) No later than the first day of the following month when an individual submits a premium payment and that payment is delivered or postmarked, whichever occurs earlier, within the first 15 days of the month; or,
 - b) No later than the first day of the second month following delivery or postmark of the payment when the premium payment is neither delivered nor postmarked until after the 15th day of the month. [HSC §1399.849 and INS §10965.3]
- 6) Requires coverage for a pregnant individual who is eligible for and is receiving health care coverage under the Medi-Cal Program and the Medi-Cal Access Program full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual’s pregnancy. [WIC §14005.185]

This bill: Establishes pregnancy as a triggering event described in 3) above for purposes of enrolling or changing individual health plans during a special enrollment period.

FISCAL EFFECT: According to the Assembly Appropriations Committee:

- 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.
- CDI 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).
- DMHC 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.

PRIOR VOTES:

Assembly Floor:	70 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author’s statement.* 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) *The Affordable Care Act (ACA)*. Signed into law in 2010, the ACA, also known as Obamacare, is a comprehensive health care reform law. According to the KFF, prior to the ACA, there were high rates of uninsured Americans due to unaffordability and exclusions based on pre-existing conditions. Some insured individuals also faced extremely high out-of-pocket costs and coverage limits. The ACA aimed to address many of these issues by implementing policies that expanded health insurance coverage across the nation. More relevant to this bill, the ACA created state-based health insurance exchanges and established "open enrollment periods" for individuals to enroll, renew, or change their health insurance plan. California chose to operate its own exchange, now known as "Covered California." Covered California connects Californians to health and dental insurance from private plans and insurers, no matter their income or health history, and often with financial assistance such as premium tax credits or cost-sharing reductions.
- 3) *Open enrollment periods*. Furthermore, before the signage of the ACA, insurance companies kept costs down by sometimes denying coverage to those who were sick based on a "pre-existing condition." The ACA prohibits insurance companies from this practice, and requires health plans and insurers to deliver free preventive care for all those with coverage. To help keep the cost of health insurance down, the ACA created the open enrollment period, which is a window of time, from November 1 to January 15, when people can enroll, renew, or change their health insurance plan. If someone misses the open enrollment period, then they may not be able to enroll, renew, or change their health insurance plan until the next open enrollment period. Covered California states that if the enroll-by date did not exist, then people may not sign up for a health benefit plan until they had a pressing health issue. This would, in turn, drive up insurance prices for everyone.
- 4) *Special enrollment periods*. In some instances, individuals may sign up for a health plan or insurer outside of open enrollment by qualifying for a special enrollment period. Certain life events qualify an individual for a special enrollment period (this is also referred to as a "triggering event"). Some of these qualifying life events include: loss of Medi-Cal coverage, marriage, having a baby or adopting a child, gaining citizenship or lawful presence, and permanently moving to California. For most major life changes, the individual has 60 days from the date of the event to apply for coverage from a health plan. Coverage will then often begin on the first day of the following month after the individual selects a plan.

In a 2025 letter from Covered California to the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) on the ACA and marketplace integrity and affordability, Covered California writes that special enrollment periods serve the critical purpose of ensuring individuals and families who experience significant life changes are not left without coverage as they find themselves in new and often difficult circumstances. Since special enrollment periods promote continuous coverage and access to services, Covered California states that their data demonstrates that these enrollments help maintain the stability and health of the marketplace. Specifically, Covered California notes that the prospective risk scores for consumers enrolling during the special enrollment

period have been consistently equal to or lower than those during the open enrollment period. CMS defines “risk scores” as a number representing the predicted cost of treating a specific patient or group of patients compared to the average patient, based on certain characteristics and health conditions.

- 5) *Medi-Cal coverage.* A person can apply for Medi-Cal coverage at any time, as there are no open enrollment periods or special enrollment periods. To qualify for Medi-Cal, there are different eligibility categories which may have different income eligibility limits. For example, a person can apply for full scope Medi-Cal coverage if they are an adult under age 65, parents with incomes up to 138% of the FPL (\$29,864 in 2026), or children with family incomes up to 266% of the FPL (\$57,563 in 2026). Medi-Cal grants presumptive eligibility to cover prenatal benefits for a pregnant person for the duration of the pregnancy and for a period of one year following the last day of the individual’s pregnancy, regardless of immigration status. A related, but separate program also administered by DHCS, the Medi-Cal Access Program is for pregnant women and infants with family income up to 322% of the FPL (\$69,681 in 2026).
- 6) *CHBRP report.* AB 1996 (Thomson, Chapter 795, Statutes of 2002) 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. CHBRP was created in response to AB 1996, and reviewed SB 257 (Wahab of 2025), which contained a provision that would have established pregnancy as a triggering event for special enrollment. Key findings relevant to this bill include:
 - a. *Medical effectiveness.* CHBRP found some evidence that special enrollment periods increase take-up of health insurance among pregnant people, but that not enough research has been conducted to determine whether special enrollment periods improve utilization of maternity services or maternal and infant health outcomes.
 - b. *Utilization.* In 2026, CHBRP estimates that 5,303 people are expected to be previously uninsured pregnant people and their dependents who would gain full coverage because of the special enrollment period. CHBRP indicates total average annual cost of all health care for pregnant enrollees is \$21,700, divided between insurance carriers (\$16,217) and enrollee cost-sharing (\$5,483). Annual average costs per dependent are \$5,545 for insurance carriers and \$1,875 for enrollee cost-sharing.
 - c. *Long-term impacts.* Over the long term, CHBRP predicts small impacts on cost savings due to better prenatal care leading to improved health outcomes for both the person who was pregnant and the child.
- 7) *Other states.* According to CHBRP, New York was the first state to make pregnancy a triggering event for special enrollment in 2015. Seven other states and the District of Columbia have done the same (Connecticut, New Jersey, Maryland, Maine, Rhode Island, Colorado, and Vermont) with Illinois and Virginia recently enacting legislation that took effect in 2026. A 2023 observational study published in the *JAMA Health Forum* titled, “Association of New York State’s Marketplace Special Enrollment Period for Pregnancy with Prenatal Insurance Coverage,” assessed the effect of New York’s establishment of pregnancy as a triggering event for a special enrollment period. The authors compared the trend in insurance coverage among pregnant people in New York following the establishment of its special enrollment period to trends in 17 other states that do not have a special enrollment period for pregnancy people. In this comparison, they found that, relative to states without a special enrollment period, New York was associated with a

6.3% increase in the number of pregnant persons with coverage, and a 1.4% decrease in the number of pregnant persons without coverage. CHBRP highlights that more research needs to be conducted to determine whether special enrollment periods for pregnant people actually improve utilization of maternity services or maternal and infant health outcomes.

- 8) *Prior legislation.* SB 257 (Wahab of 2025), among other provisions, would have established pregnancy as a triggering event for purposes of enrolling or changing a health benefit plan during a special enrollment period. *SB 257 was vetoed by Governor Newsom, who stated, in part:*

[...] 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.

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 amended to deal with another subject.*

- 9) *Support.* The sponsor of this bill, the United Nurses Association of California/Union of Health Care Professionals (UNAC/UHCP), states that too often, nurses and other clinicians see patients who learn that 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, individuals in the individual health insurance market may be forced to wait months for the next open enrollment period before they can obtain coverage. By that time, the most critical window for early prenatal care may have already passed. UNAC/UHCP assert that early prenatal care is one of the most effective and evidence-based ways to prevent pregnancy complications, reduce preterm birth, and improve outcomes for both mothers and infants. Inability to access timely care can lead to preventable complications that place patients at greater risk and increase overall cost burdens on the health care system. The sponsors conclude that this bill reflects the reality that pregnancy is a time-sensitive medical condition that requires immediate and continuous access to care. The Alliance for Children's Rights points to data posted by the March of Dimes demonstrating that in 2023, approximately 1 in 13 women of child-bearing age in California were uninsured, placing many at risk of entering pregnancy without adequate access to care. Pregnancy can occur outside of annual open enrollment periods, and current law does not consistently provide pregnant individuals with a pathway to enroll in or change coverage once they learn that they are pregnant. Because of this, individuals may remain uninsured or underinsured during a critical period of medical vulnerability. The Alliance for Children's Rights further states that this bill promotes earlier prenatal care, supports healthier pregnancies, and advances California's broader maternal and child health goals. The American College of Obstetricians and Gynecologists District IX add that recognizing pregnancy as a triggering event for enrollment aligns health coverage policy with clinical reality. The California Teachers Association highlights that this bill promotes health equity by ensuring that low-income families and communities of color, who are both disproportionately affected by gaps in insurance coverage, can access the care they need regardless of the time of year.

10) *Opposition.* The Association of California Life & Health Insurance Companies (ACLHIC) and the California Association of Health Plans (CAHP) pose concerns on the potential ramifications of this bill on the health insurance market’s stability and affordability. ACLHIC and CAHP note that special enrollment periods are currently confined to “qualifying life events,” such as relocation, marriage, family expansion, or the loss of employer-sponsored coverage. They state that this bill challenges market integrity by introducing condition-based enrollment provisions, which could potentially set precedent for adding other conditions to the list of qualifying life events. Furthermore, ACLHIC and CAHP write that this bill undermines the state’s objective in encouraging and incentivizing insurance purchases even in the absence of immediate medical need to ensure broad access to affordable, quality health care by potentially permitting individuals to defer purchasing insurance until its necessity becomes apparent.

SUPPORT AND OPPOSITION:

- Support:** United Nurses Associations of California/Union of Health Care Professionals (sponsor)
 Alliance for Children's Rights
 American Academy of Pediatrics, California
 American College of Obstetricians & Gynecologists - District IX
 American Federation of State, County and Municipal Employees
 California Commission on the Status of Women and Girls
 California Academy of Family Physicians
 California Federation of Teachers
 California Legislative Women's Caucus
 California Primary Care Association Advocates
 California Teachers Association
 City of Glendale
 County of Santa Clara
 Drug Policy Alliance
 Planned Parenthood Affiliates of California
- Oppose:** Association of California Life & Health Insurance Companies
 California Association of Health Plans

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