

1991

1991 Legislative Summary

Assembly Committee on Insurance

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**California Legislature
Assembly Committee
on
Insurance**

**BURT MARGOLIN
CHAIRMAN**

1991 LEGISLATIVE SUMMARY



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ASSEMBLY COMMITTEE ON INSURANCE

Burt Margolin, Chairman

1991 LEGISLATIVE SUMMARY

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HEALTH INSURANCE

- AB 137 (Moore) Mammograms. Clarifies that coverage for mammograms by health care service plans or nonprofit hospital plan contracts requires referral by a participating physician, nurse or certified nurse midwife. (CHAPTER 239, STATS. of 1991.)
- AB 1392 (Tanner) Cervical Cancer. Clarifies that supplemental health insurers are not required to provide coverage for an annual cervical cancer screening test if the supplemental insurer determines, at the time the policy is issued and then annually thereafter, that the insured has other coverage for cervical cancer screening tests. (CHAPTER 254, STATS. of 1991.)
- AB 1669 (Margolin) Health Care Service Plan Regulatory Fees. Increases the regulatory fees paid by health care service plans to the Department of Corporations. Requires plans to reimburse the department for the actual cost of processing their applications (with a cap of \$25,000), and increases the annual regulatory fee according to a schedule based on the number of people enrolled in the plan. (CHAPTER 722, STATS. of 1991.)
- AB 1789 (Elder) Catastrophic Health Care. Authorizes the Director of Health Services to appoint one full-time employee, and other staff as required, to implement the catastrophic health care law, which was enacted in 1990 to require the state to contract with disability insurers to provide catastrophic health coverage to any resident in the state. (CHAPTER 740, STATS. of 1991.)
- AB 1979 (Lee) Lead Poisoning. Requires, on and after January 1, 1993, that health care coverage be offered on a group basis for the lead blood screening of children who are at risk for lead poisoning. (CHAPTER 797, STATS. of 1991.)

- AB 2118 (Wright) Dependent Children. Requires health insurers providing dependent coverage to enroll a dependent child of an insured noncustodial parent when a court order for medical support exists. Prohibits insurers from excluding a dependent child from eligibility or benefits because the child does not reside with the insured parent. (CHAPTER 1152, STATS. of 1991.)
- AB 2234 (Filante) Orthotic and Prosthetic Devices. Requires health insurers covering orthotic and prosthetic devices to cover original and replacement prosthetic devices when prescribed by a physician. (CHAPTER 330, STATS. of 1991.)
- SB 114 (Robbins) Long-Term Care. Amends several provisions governing long-term care insurance based on National Association of Insurance Commissioners' model regulations. Prohibits policies providing home health care benefits from limiting or excluding benefits under certain conditions. Restricts post-claims underwriting by tightening application procedures. (CHAPTER 1041, STATS. of 1991.)
- SB 118 (Robbins) Health Care Service Plan Rate Data. Requires health care service plans to report, to a requesting public entity or political subdivision, the method and data used in calculating the rates of payments for the specific contracts entered into with the public entity or political subdivision. (CHAPTER 898, STATS. of 1991.)
- SB 244 (Robbins) Insolvent Health Care Service Plans. Permits the Corporations Commissioner, or a receiver appointed by the Commissioner, to use specified reserves of an insolvent health care service plan to pay covered claims of non-contracting providers. (CHAPTER 422, STATS. of 1991.)
- SB 361 (Robbins) Publication of Knox-Keene Act. Requires the Department of Corporations to annually publish, and make available to

the public for sale, the Knox-Keene Health Care Service Plan Act of 1975. (CHAPTER 102, STATS. of 1991.)

SB 369 (Robbins)

Health Insurance Guaranty Association. Places claims of the California Health Insurance Guaranty Association in fifth order of payment priority for the assets of a health insurer being liquidated. The claims would be subordinated to administration expenses, examination charges, taxes, and claims having preference under law, but would have priority over all other claims. (CHAPTER 1105, STATS. of 1991.)

SB 761 (Johnston)

Congenital Craniofacial Anomalies. Prohibits health insurers from reducing or excluding benefits for congenital craniofacial anomalies, such as cleft lip and palate, on the basis of a pre-existing condition where the insured is an employee (or dependent) and the employee changes carriers due to a change in employment or other circumstances. (CHAPTER 685, STATS. of 1991.)

SB 894 (Robbins)

Health Insurance Fraud. Creates new misdemeanor/felony crimes for certain acts of health insurance fraud, including making a false or fraudulent claim for a health care benefit, presenting multiple claims for payment of the same benefit, and submitting a claim for a benefit that was not used by or on behalf of the claimant. Requires disability insurers to pay up to \$.10 per insured, annually, to fund increased investigation and prosecution of fraudulent health insurance claims. (CHAPTER 1008, STATS. of 1991.)

SB 1076 (Killea)

Disability Insurance for Seniors. Expands the "senior insurance law," which regulates the sale of disability insurance to persons age 65 or older. Creates minimum loss ratio requirements and provides for mandatory loss ratio reporting. Requires insurers to register individual sales of disability policies, Medicare supplement policies, and

long-term care policies with the Insurance Commissioner, who is to make provisions for computerized record-keeping of all registered policies and certificates. Provides for the registry to be funded by assessments on insurers. (CHAPTER 1116, STATS. of 1991.)

SB 1085 (Mello)

Copayments. Provides that when a health insurer contracts with a professional provider to provide services at alternative rates of payment, the insured patient's copayment shall be calculated exclusively from the negotiated alternative rate. Applies, in the case of health care service plans, to those services for which enrollee copayments are based on a percentage of the fee for services rendered. (CHAPTER 827, STATS. of 1991.)

SB 1165 (Davis)

Chiropractors. Provides that a health care service plan, which offers or provides one or more chiropractic services as a specific chiropractic plan benefit, may not refuse to give "reasonable consideration" to affiliating with chiropractors solely because they are chiropractors. (CHAPTER 1224, STATS. of 1991.)

AUTOMOBILE INSURANCE

- AB 759 (Horchner) Nonadmitted Insurers. Requires the Department of Insurance to conduct a study on the amount of personal automobile insurance written in California by nonadmitted insurers. A report to the Legislature is due July 1, 1992. (CHAPTER 565, STATS. of 1991.)
- AB 966 (Peace) California Automobile Assigned Risk Plan (CAARP). Requires applicants to CAARP for auto insurance coverage to certify, under penalty of perjury, whether they are good drivers and, if so, whether they have been denied coverage by an insurer. Provides a 10-working-day period within which an applicant must correct errors or omissions in the eligibility certificate. (CHAPTER 578, STATS. of 1991.)
- AB 996 (Lancaster) Auto Theft Claims. Provides that vehicle owners who are not natural persons (e.g., corporations, partnerships, etc.) are not required to report driver's license numbers on auto theft claims filed with insurers. (CHAPTER 380, STATS. of 1991.)
- SB 35 (Robbins) Proof of Coverage to Reinstate License. Clarifies the requirements for proof of auto insurance required for DMV to reinstate a driver's license. Reinstatement would occur upon proof of coverage for passenger vehicles. Previously, reinstatement would occur only with proof of motor vehicle coverage. (CHAPTER 1177, STATS. of 1991.)
- SB 214 (Robbins) California Automobile Assigned Risk Plan (CAARP). Requires the Insurance Commissioner to give 60 days notice, rather than 45 days notice, of public hearings on proposed amendments to the California Automobile Assigned Risk Plan (CAARP). (CHAPTER 1053, STATS. of 1991.)
- SB 225 (Robbins) Disclosure of Discounts. Requires motor vehicle insurers to provide disclosure of any discounts to consumers in a

freestanding document and to provide the discount disclosures to their agents and brokers in writing. Also limits the discount disclosure requirements to personal lines of motor vehicle insurance. (CHAPTER 160, STATS. of 1991.)

SB 228 (Robbins)

Proof of Auto Insurance. Requires a driver to furnish proof of auto insurance coverage to a peace officer, upon request, when the officer is ticketing the driver or summoned to the scene of an accident involving the driver. However, this provision will not become operative because its operation was linked to enactment in 1991 of SB 941 (Johnston), AB 2041 (Lancaster), the no-fault auto insurance bills, or AB 1375 (Brown), the low-cost auto insurance bill, or any combination of these bills, none of which were enacted. Also requires DMV to conduct a study on a program to verify auto insurance for vehicles being registered. (CHAPTER 946, STATS. of 1991.)

SB 291 (Johnston)

Photo Inspection. Requires inspection and photos of insured vehicles for new policies to provide auto comprehensive or collision coverage, or for policies amended to add such coverages. Permits use of video, digital imagery, etc. to capture image of insured autos. Requires Insurance Commissioner to study cost effectiveness of photo inspection program. (CHAPTER 1056, STATS. of 1991.)

SB 292 (Johnston)

California Automobile Assigned Risk Plan (CAARP). Requires the Insurance Commissioner to consult with the CAARP Advisory Committee on a regular basis regarding policy matters affecting CAARP operations. Authorizes the Advisory Committee to retain counsel of its choice, bring and defend judicial and administrative actions, and retain consultants and expert witnesses. (CHAPTER 1057, STATS. of 1991.)

SB 845 (Robbins)

Agents' and Brokers' Fees. Forbids an insurance carrier from requiring an agent

or broker to refund part of a commission if the carrier makes a partial refund as a result of a Proposition 103 rate rollback. (CHAPTER 340, STATS. of 1991.)

SB 953 (Robbins)

Auto Insurance Fraud; Claims Analysis Bureaus. Permits insurers to report automobile insurance claims data to a licensed claims analysis bureau, rather than to the Department of Insurance. Requires reporting of all bodily injury, medical payment and uninsured motorist claims, rather than only claims in which fraud is suspected. Establishes a licensing procedure for claims analysis bureaus. Increases the annual fee paid by insurers to fund automobile insurance fraud prosecution from fifty cents to one dollar. Requires insurers and specified professional licensing bodies to establish units to investigate fraudulent claims. (CHAPTER 1222, STATS. of 1991.)

DEPARTMENT OF INSURANCE / CASUALTY / REGULATORY

- AB 587 (Lancaster) Insurer Investments. Authorizes casualty insurers, for hedging purposes, to buy and sell options on stock indexes, stock index futures contracts and options on stock index futures contracts. (CHAPTER 1080, STATS. of 1991.)
- SB 217 (Robbins) Consumer Complaints. Requires the state Insurance Commissioner to provide notice of final action taken on a consumer complaint within 30 days of the final action. (CHAPTER 106, STATS. of 1991.)
- SB 236 (Robbins) Application Deadlines; Manuals. Prohibits the state Insurance Commissioner from seeking waiver of the 180-day deadline for issuing or denying an insurer's application to operate in California. Adds "manuals" to the types of materials that insurance advisory organizations may develop and draft for use by all insurers if approved by the commissioner. (CHAPTER 880, STATS. of 1991.)
- SB 389 (Johnston) Suspension of Insurance Company Insiders. Authorizes the Insurance Commissioner to remove or suspend a director, officer, employee, or other insider of an insurer or insurance producer who has committed fraudulent or hazardous acts which damage the insurer or producer, or who has been charged with or convicted of certain crimes. Provides that the California Life Insurance Guaranty Association protections do not apply to an insurer that was insolvent or impaired before January 1, 1991. (CHAPTER 771, STATS. of 1991.)
- SB 695 (Johnston) Administrative Supervision. Authorizes the Insurance Commissioner to place a troubled life or disability insurer in administrative supervision. Under administrative supervision, requires the Commissioner's prior approval before the insurer undertakes certain major business

activities. Requires insurers to provide annual financial statements to the National Association of Insurance Commissioners. (CHAPTER 986, STATS. of 1991.)

SB 812 (Robbins)

Deceptive Practices. Requires the state Insurance Commissioner, in adopting regulations concerning unfair or deceptive practices, to take into consideration settlement practices by classes of insurer. (CHAPTER 233. STATS. of 1991.)

SB 889 (Robbins)

Valuation of Life Insurance Policies. Revises the law governing the valuation of life insurance policies and minimum reserves to reflect the National Association of Insurance Commissioners (NAIC) model law. Requires life and disability insurers to submit to the Insurance Commissioner a qualified actuary's opinion as to whether reserves and related actuarial items are adequate to meet the insurer's obligations. (CHAPTER 1005, STATS. of 1991.)

SB 901 (Robbins)

Reinsurance Intermediaries. Provides for the licensure and supervision of reinsurance intermediaries. Sets forth detailed contractual requirements to govern the relationship between reinsurance intermediaries and insurers or reinsurers. (CHAPTER 1009, STATS. of 1991.)

SB 1025 (Davis)

Assets of Sureties. Permits an admitted surety insurer to use specified credit deposits, including a "clean and irrevocable" letter of credit, in the calculation of capital and assets to meet the 10 percent limit on any single risk undertaken. (CHAPTER 1020, STATS. of 1991.)

SB 1039 (Johnston)

Managing General Agents. Provides for the licensure and supervision of managing general agents of insurers. Specifies detailed contractual requirements to

govern the relationship between a managing general agent and an insurer. (CHAPTER 686, STATS. of 1991.)

SB 1135 (Johnston)

Insurer Investments. Forbids insurers from investing more than 20 percent of admitted assets in lower grade corporate obligations (i.e., junk bonds). Classifies investments in first or second mortgages, certain real estate, and debt obligations of banks and savings associations as excess investments. Requires excess investments in obligations of corporations to be in entities not affiliated with the insurer. (CHAPTER 539, STATS. of 1991.)

WORKERS' COMPENSATION

AB 971 (Peace)

Stress Claims. Makes stress claims not compensable during the first six months of employment, except for claims resulting from sudden and extraordinary employment conditions. Extends the reporting date for the Workers' Compensation Rate Study Commission to March 1, 1992. (CHAPTER 115, STATS. of 1991.)

AB 1576 (Friedman)

Proof of Coverage; Penalties for Failure to Insure. Requires employers who apply for or renew a business license to present proof of valid workers' compensation insurance. Increases penalties for employers who do not have valid workers' compensation insurance. (CHAPTER 600, STATS. of 1991.)

AB 1673 (Margolin)

Fraud. Clarifies that solicitation of business with reckless disregard for whether the solicited person intends to commit insurance fraud is, upon second conviction, punishable only as a felony. Loans \$1.5 million from the General Fund to the Insurance Fund to pay for increased prosecution of workers' compensation fraud. Permits applicant representatives who are not attorneys to continue to receive payment pursuant to a lien against the applicant's award for claims for which an application has been filed, or an attorney disclosure form has been sent, by December 31, 1991. Requires non-attorney representatives to notify the Workers' Compensation Appeals Board that they are not attorneys. (CHAPTER 934, STATS. of 1991.)

SB 902 (Torres)

Psychotherapy Treatment. Clarifies workers' compensation law regarding compensability of services by a marriage, family and child counselor (MFCC) or licensed clinical social worker (LCSW). Specifically provides that the requirement that the employer approve use of an MFCC or LCSW shall not be construed

to preclude reimbursement for self-procured treatment by an MFCC or LCSW where the employer initially denied liability for any treatment and is subsequently determined to be liable. (CHAPTER 234, STATS. of 1991.)

SB 1218 (Presley)

Fraud. Increases penalties for the employment of runners and cappers by physicians, attorneys and others involved in performing services related to workers' compensation claims. Establishes or increases penalties for certain types of workers' compensation fraud. Directs the Commissioner of Insurance to pursue workers' compensation fraud aggressively, and provides for an annual assessment, to be determined by the newly-created Fraud Assessment Commission (but at least \$3 million), to be levied on insurers and employers for the purpose of funding fraud prosecution by the Department of Insurance and local district attorneys. Provides for enhanced reporting of workers' compensation fraud by insurers and employers. Requires insurers to notify an employer within 15 days of the filing of an indemnity claim against that employer. Specifies that a qualified medical evaluator shall not use false or misleading advertising, and authorizes the Industrial Medical Council to review such advertising and sanction physicians violating this prohibition. Prohibits use of false or misleading advertising by others with regard to workers' compensation cases. (CHAPTER 116, STATS. of 1991.)

UNEMPLOYMENT INSURANCE

- AB 367 (Areias) Freeze Coverage. Extends unemployment benefits by 26 weeks to qualified individuals who are without a job as a direct result of freezing weather conditions that occurred from December 19, 1990, to January 3, 1991. (CHAPTER 304, STATS. of 1991.)
- AB 2108 (Lancaster) Eligibility. Authorizes the state Employment Development Department under specified circumstances to reconsider a claimant's eligibility for unemployment benefits. Increases the maximum ineligibility period for benefits from 10 to 15 weeks for criminal conviction of providing a false statement or withholding a material fact. (CHAPTER 212, STATS. of 1991.)
- AB 2200 (Farr) Santa Cruz Symphony. Clarifies the limited liability for retroactive unemployment insurance taxes and penalties granted the Santa Cruz County Symphony Association in 1990. (CHAPTER 276, STATS. of 1991.)
- SB 654 (Leslie) Extension of Benefits: Michigan California Lumber Company Fire. Extends unemployment benefits by 26 weeks for individuals who are jobless as a result of the March 31, 1991, fire at the Michigan California Lumber Company. However, this bill will not become operative because its operation was linked to enactment of AB 1095 (Floyd), which was vetoed. (CHAPTER 1230, STATS. of 1991.)

DISABILITY INSURANCE

AB 540 (Margolin)

Claims Procedures and Eligibility. Simplifies disability insurance claims procedures and clarifies eligibility rules concerning vacation pay and wage loss. (CHAPTER 1134, STATS. of 1991.)

AB 1208 (Burton)

Waiver of Waiting Period. Waives the one-week waiting period for disability insurance benefits for an individual who receives treatment in a state post-surgical care demonstration project or an ambulatory surgical center certified to participate in the federal Medicare program. (CHAPTER 700, STATS. of 1991.)

AB 2047 (Margolin)

Increase in Contribution. Authorizes the state Employment Development Department to protect the solvency of the State Disability Insurance Fund by temporarily increasing the maximum contribution rate to 1.25 percent in 1982 and 1.3 percent in 1983 and 1984 if reserves fall below specified levels. (CHAPTER 793, STATS. of 1991.)

CALIFORNIA RESIDENTIAL EARTHQUAKE RECOVERY FUND

- SB 125 (Hill) Startup Loan; Claim Period. Authorizes a \$430,000 loan from the Insurance Fund to the California Residential Earthquake Recovery Fund to implement the program. Also requires a homeowner to make claims to the Fund for losses within 90 days after an earthquake and clarifies the provisions regarding the issuance of bonds by the Fund. (CHAPTER 104, STATS. of 1991.)
- SB 289 (C. Green) Effective Date; Regulations. Delayed the effective date of the California Residential Earthquake Recovery Fund to January 1, 1992 from July 1, 1991. Requires the adoption of regulations to implement the Fund by September 1, 1991. (CHAPTER 81, STATS. of 1991.)
- SB 412 (Hill) Covered Property and Events. Expands and clarifies the residential property that would be covered under the California Residential Earthquake Recovery Fund. Authorizes the Insurance Commissioner to define by regulation the structures and damage that would be covered by the Fund and to define the earthquakes that would trigger coverage under the Fund. (CHAPTER 854, STATS. of 1991.)

EARTHQUAKE INSURANCE

SB 339 (C. Green)

Premiums for Retrofitted Structures.

Requires earthquake insurance carriers to provide lower insurance premiums for structures retrofitted with certain improvements which increase resistance to earthquake damage. (CHAPTER 664, STATS. of 1991.)

SB 348 (Robbins)

Living Expenses. Permits policyholders to waive earthquake insurance coverage for living expenses for dwellings that are not owner-occupied. (CHAPTER 665, STATS. of 1991.)

MISCELLANEOUS

- AB 156 (Peace) Life Insurance: Living Benefit Program Proceeds. Exempts from gross income and withholding, for taxation purposes, living benefit program moneys an individual receives from an insurance company. A living benefit program is a provision written into an insured's life insurance policy whereby benefits can be advanced to the policyholder before death in the event of terminal or catastrophic illness. (CHAPTER 475, STATS. of 1991.)
- AB 229 (Moore) Credit Life and Disability Insurance. Permits a debtor purchasing credit life and disability insurance to rescind such coverage within 10 days of receiving the policy. The debtor must receive a full refund of any premium paid for the coverage. (CHAPTER 240, STATS. of 1991.)
- AB 676 (Speier) Homeowners' Insurance: Family Day Care. Prohibits insurers from arbitrarily refusing to renew a homeowner's policy solely because the policy holder has a license to operate a family day care home. For the purpose of this law, if a homeowner moves, and buys insurance at a new residence from the same insurer who covered the previous residence, the new policy will be deemed a renewal. Insurers failing to comply with these provisions will be subject to administrative sanctions. (CHAPTER 784, STATS. of 1991.)
- AB 1287 (Vasconcellos) AIDS Vaccine Testing. Prohibits health, disability and life insurers from withholding coverage of an individual solely because he or she participated in specified testing of an AIDS vaccine. (CHAPTER 703, STATS. of 1991.)
- AB 1725 (Peace) Fire Insurance; Arson. Limits payment of losses from a fire under a valued policy issued or renewed on and after July 1, 1992. Makes arson committed in retaliation for eviction or other legal

action previously taken against the person a factor in aggravation in imposing felony punishment. (CHAPTER 602, STATS. of 1991.)

SB 110 (Robbins)

Agents and Brokers: Continuing Education; Risk Retention Act. Makes technical changes to the Risk Retention Act of 1990 and numerous other amendments to the prelicensing and continuing education requirements for insurance agents and brokers. Delays the prelicensing and continuing education requirements of insurance agents and brokers until the next license renewal date after 1992. (CHAPTER 1040, STATS. of 1991.)

SB 153 (Mello)

For-hire Vessels. Expands the law requiring for-hire vessel operators to obtain liability insurance and provide proof of insurance to the Public Utilities Commission. Requires for-hire vessel owners or operators to post proof of insurance, in the form of a current certificate of filing provided by the commission. Provides for a minimum penalty, and expands the grounds for imposition of a fine, from failure to provide proof of insurance, to any violation of the laws or commission rules governing for-hire vessels. (CHAPTER 405, STATS. of 1991.)

SB 1104 (Davis)

California Insurance Guarantee Association. Clarifies that claims covered by the California Insurance Guarantee Association are those made before policy coverage was terminated, authorizes the liquidator of an insurer to cancel policies, and permits claims of \$100 or less for unearned premium. Provides the Guarantee Association, for matters involving insolvent workers' compensation carriers, the same time periods within which to act as are provided to carriers in the Labor Code. (CHAPTER 537, STATS. of 1991.)

BILLS VETOED 1991

AB 248 (Nolan)

SDI for State Employees. Would have allowed a state employee to participate in the state disability insurance (SDI) program by direct election of his or her unit through its recognized employee organization. Also would have provided full nonindustrial disability insurance (NDI) and sick leave benefits to the extent that combined benefits do not exceed the employee's full regular weekly salary immediately prior to the onset of the disabling condition.

AB 621 (Bane)

Health Insurance: Benefit Limits. Would have prohibited a disability insurer from imposing any condition or limitation on the number of visits or total payments for any services covered unless the same restrictions applied to all specified practitioners authorized to perform those services.

AB 852 (Bronzan)

Health Insurance: Coverage for Mental Disorders. Would have provided that the coverage offered for specified mental disorders is subject to the same terms and conditions applied to other "disorders of the brain" and that insurers could reserve the right to confirm diagnoses and review treatment plans to ensure that coverage was provided only for medically necessary services. Also would have specified that the bill was not intended to impair specified rights to reimbursement for providers.

AB 933 (Umberg)

Workers' Compensation: Off-Duty Firefighters. Would have provided workers' compensation benefits to off-duty firefighters who die or are injured while proceeding to or engaging in fire suppression or rescue operations outside California. Current law provides such benefits to off-duty firefighters who die or are injured while engaged in such activities in California.

AB 1095 (Floyd)

Unemployment Insurance: Extended Benefit Trigger. Would have lowered the state "trigger" for automatically extending unemployment benefits to a 4 percent state uninsured unemployment rate.

AB 1184 (Floyd)

Unemployment Insurance: Commercial Fishermen. Would have provided that a commercial fisherman unemployed as a direct result of freezing weather conditions that occurred from December 19, 1990, to January 3, 1991, or the drought, or both, could elect to have unemployment benefits based on his or her highest base period earnings since January 1, 1988. Also would have extended the election of an alternate base period to any unemployed individual who operated, assisted in operating, or owned a commercial fishing vessel whose primary source of income for each of the last five years was derived from commercial fishing.

AB 1412 (Bronzan)

Health Insurance: Mental Health Benefits. Would have required health care plans and insurers to offer a model mental health benefit to their employers. The benefit would have included acute inpatient care for short term crises, long-term rehabilitative and residential care, and outpatient treatments. Plans would have been permitted to restrict lifetime mental health benefits to \$100,000.

AB 1421 (Alpert)

Health Insurance: PKU Coverage. Would have required health insurers to offer coverage for phenylketonuria (PKU), including medically necessary formulas and low protein food products.

SB 54 (Lockyer)

Workers' Compensation: Exposure to Bloodborne Pathogens. Would have established a rebuttable presumption that a health care worker who becomes infected with bloodborne pathogens such as hepatitis and human immunodeficiency virus (HIV) was injured on the job for purposes of workers' compensation. Would have required, as a condition of the

presumption, that the health care worker provide timely written documentation of the exposure and submit to specified testing. Except for compensation for prophylactic care, would have limited the presumption to 12 months after documented exposure.

SB 439 (C. Green)

Earthquake Insurance: Market Assistance Program. Would have permitted the Insurance Commissioner to form a Market Assistance Program to provide earthquake insurance for businesses if such insurance was not available in the voluntary market.

SB 837 (Torres)

Workers' Compensation: Carcinogen Exposure. Would have eliminated the requirement that a firefighter or peace officer demonstrate a reasonable link between the carcinogen to which he or she was exposed and the disabling cancer in order for the cancer to be presumed compensable under workers' compensation.

SB 838 (Torres)

Workers' Compensation: Cancer Presumption. Would have extended the cancer presumption under workers' compensation law to certain public safety employees (primarily lifeguards) with at least five years continuous employment.

SB 1035 (Mello)

Unemployment Insurance: Payments In Lieu of Layoff Notice. For purposes of determining unemployment compensation eligibility, would have provided that payments to an individual in lieu of any layoff notice required by the federal Worker Adjustment and Retraining Notification Act are not wages or compensation for personal services.