

ASSEMBLY INSURANCE COMMITTEE
2013-2014
LEGISLATIVE SUMMARY

Assembly Bills

AB 37 (Perea) – Unemployment insurance: reporting requirements: status of funds.

This bill would have required the Employment Development Department, whenever the Unemployment Fund indicated a negative balance, to include in the status report on the Unemployment Fund the estimated cost impact of a negative fund balance on employers. The estimated cost impacts include any changes in federal tax credits and the estimated amount the state expects to pay in interest charges on any outstanding loan from the federal government.

Status: Ordered to inactive file at the request of Senator Cannella.

AB 152 (Yamada) – Unemployment: Self-Employment Assistance Program.

This bill would have required the Employment Development department to implement a Self-Employment Assistance Program (SEA) as part of California's unemployment insurance program. SEA programs provide unemployment insurance benefits to claimants while they start a new business. Federal law establishes the option for SEA programs.

Status: Held under submission on the Assembly Appropriations Committee suspense file.

AB 363 (Grove) – Unemployment Insurance Appeals Board: members.

This bill would have prohibited a former member of the Legislature from sitting on the Unemployment Insurance Appeals Board for 2 years after leaving the Legislature.

Status: Failed passage in the Assembly Insurance Committee.

AB 402 (Ammiano) – Disability income insurance: mental illness.

This bill requires every policy of disability income insurance that is of a short-term limited duration of 2 years or less, that is issued, amended, or renewed on or after July 1, 2014, and that provides disability income benefits to provide coverage for disability caused by severe mental illnesses.

Status: Chapter 550, Statutes of 2013.

AB 454 (Dickinson) – Workers' compensation benefits: prevailing wages.

Would have required the average weekly earnings for an employee employed on a public works project to be taken at wages actually paid or the prevailing wage that should have been paid for the work performed by the employee, whichever amount is greater. Would have provided that an appeals board determination of whether a project was a public work or of the applicable prevailing wage, or both, has no effect in any other judicial or administrative proceeding.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"I agree disability payments should be determined based on the lawful wages paid, or that should have been paid, to an injured worker. I am not convinced that this is not the existing practice. Further, requiring a claims administrator to make prevailing wage determinations as this measure proposes is a bad idea."

AB 584 (Perea) – Insurance: risk and solvency assessment.

Requires an insurer to conduct an "Own Risk and Solvency Assessment" (ORSA) at least annually and to submit to the commissioner, upon request and no more than once each year, an ORSA Summary Report. Exempts certain insurance companies from these requirements. Provides that the documents, materials, and other information in the possession or control of the Department of Insurance that are obtained by, created by, or disclosed to the commissioner or any other person pursuant to these provisions are confidential, are not subject to disclosure pursuant to the California Public Records Act, and are not subject to subpoena or discovery in a civil action.

Status: Chapter 238, Statutes of 2013.

AB 607 (Perea) – Workers' compensation: dependent children.

Eliminates the requirement that, in order to conclusively presume that children under 18, or certain adult children, are wholly dependent for support on the deceased employee-parent, there not be a surviving totally dependent parent. Makes conforming changes.

Status: Chapter 786, Statutes of 2013.

AB 615 (Bocanegra) – Unemployment insurance: classified employees.

Would have deleted the prohibition on the payment of unemployment benefits to education employees, other than teachers, researchers, and administrators, as specified, between 2 academic years and would make conforming changes, including deleting the notice of reasonable assurance of employment requirements regarding these employees and eliminating the provisions for payment of unemployment benefits to these employees at the specified schools.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 638 (Alejo) – Workers' compensation: proceedings: expedited hearings.

Would have additionally required that cases in which the employee has an illegally uninsured employer and the disputed issues are employment or injury be placed on the priority conference calendar established under existing law.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 773 (Hueso) – Bail agent licenses: qualifications.

Would have authorized a limited liability company (LLC) to be a licensee subject to the same requirements as corporations. Would have also exempted a corporation or a LLC from the requirements that 100% of the shares of the corporation or membership interest in the LLC be held by licensed bail agents, and all shareholders, officers, and directors of the corporation or members of the LLC be licensed bail agents, if the corporation or LLC is an admitted surety insurer or a subsidiary of an admitted surety insurer. Because a violation of the bill's provisions by an LLC would be a crime, the bill would have impose a state-mandated local program.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 821 (Yamada) – Insurance: motor vehicle insurance: cancellation: failure to renew.

Would have instead made a wilful violation of cancellation or failure to renew a motor vehicle insurance contract before the policy expiration to, among other things, deliver to or mail to the named insured, at the address shown on the policy, one of the following: (1) at least 20 days before expiration, a written or verbal offer of renewal of the policy, contingent upon payment of premium as stated in the offer, or (2) at least 30 days before expiration, a written notice of nonrenewal of the policy, including a required statement. A wilful violation of these provisions is a misdemeanor, punishable by a fine not exceeding \$1,000 per violation. The provisions would have been subject to an administrative penalty, enforceable by the Insurance Commissioner, not to exceed \$1,000.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 862 (Wieckowski) – Automobile insurance: underinsured motorist coverage.

Would have authorized an insurer to offer a separately rated underinsured motorist policy where the maximum liability to the insurer is the underinsured motorist coverage limit. Would have required, if an insurer elects to offer this policy to its insureds, the insurer to notify its insureds of this fact at the time it begins offering the policy.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 908 (Bonilla) – Unemployment insurance: use of information.

Requires the Director of Employment Development to permit the use of any information in his or her possession to provide any peace officer with the Investigations Division of the Department of Motor Vehicles information when the requesting peace officer has been designated by the Chief of Investigations Division and requests this information in the course of an investigation into identity theft, counterfeiting, document fraud, or consumer fraud, as provided. By requiring this information to be provided to peace officers with the Investigations Division of the Department of Motor Vehicles for these purposes, expands the crime of unauthorized access, use, or disclosure of this information, and would impose a state-mandated local program.

Status: Chapter 553, Statutes of 2013.

AB 1010 (Hueso) – Financial statements: workers' compensation insurers: publication.

Would have required that those annual and quarterly financial statements filed with the commissioner by workers' compensation insurers be published on the Department of Insurance's Internet Web site.

Status: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 1053 (Cooley) – Sacramento Metropolitan Fire District: return of improperly collected money.

Authorizes the Sacramento Metropolitan Fire District, until January 1, 2015, and notwithstanding any other law, to return money it improperly collected from payees due to a clerical error in the district's administration of a special tax levied from 2005 to 2012, inclusive. Makes legislative findings and declarations as to the public purpose served by this act.

Status: Chaptered 17, Statutes of 1014.

AB 1130 (Wilk) – Insurance: home protection contracts.

Provides that certain requirements for a home protection company license do not apply to a foreign applicant, including filing a financial statement certified by the applicant's home state regulatory official as a true and correct copy of the statement filed with that official, and holding a certificate of authority as an insurance company, only if the applicant stipulates that the applicant will provide financial reports in the same manner required of domestic home protection companies.

Status: Chapter 324, Statutes of 2014.

AB 1138 (Chau) – Workers' compensation: records.

Would have required the employer, commencing January 1, 2014, and January 1, 2015, to submit to its workers' compensation insurer specified reports that it is required to submit to the Employment Development Department, and the insurer would be required to include the names of all covered employees in the workers' compensation insurance policy. The employer would have also been required to make a list of all employees covered by its workers' compensation policy, which would include specified identifying information for each covered employee, to be available in written and electronic form, as specified, upon request, to specified governmental entities and the workers' compensation insurer. Also would have provided that these lists are not public records subject to the California Public Records Act.

Status: From committee without further action pursuant to Joint Rule 62(a).

AB 1234 (Levine) – Insurance: registration statements.

Makes information reported to the Insurance commissioner in the registration statement and information disclosed in the course of an examination or investigation of the registration statement exempt from public disclosure by the commissioner and not subject to discovery from the commissioner or admissible into evidence in any private civil action if obtained from the commissioner in any manner, except as specified.

Status: Chapter 448, Statutes of 2014.

AB 1236 (Hagman) -- Contractor: limited liability companies.

The Contractors' State License Law provides for the licensure and regulation of contractors by the Contractors' State License Board. Existing law authorizes the Contractors' State License Board to issue a contractor's license to a limited liability company, but requires, as a condition precedent to the issuance, reissuance, reinstatement, reactivation, renewal, or continued valid use of a limited liability company contractor's license, that the applicant or licensee file or have on file a surety bond for damages arising out of specified claims of employees. Existing law also requires the limited liability company to maintain a policy or policies of insurance against liability imposed on or against it for damages arising out of claims, as specified, as a condition of licensure. Under existing law, the policy or policies of insurance secured to satisfy these provisions are required to be written by an insurer or insurers duly licensed by this state.

This bill additionally permits those policies to be written by an eligible surplus line insurer.

Status: Chapter 114, Statutes of 2013.

AB 1309 (Perea) -- Workers' compensation: professional athletes.

Limits access to the California workers' compensation system for professional athletes employed by out-of-state teams. Exempts an employee hired outside of this state and his or her employer from the occupational disease and cumulative injury provisions of this state's workers' compensation laws if (1) the employee is a professional athlete, defined, for purposes of these provisions, to include an athlete who is employed at the minor or major league level in the sport of baseball, basketball, football, ice hockey, or soccer, (2) that professional athlete is temporarily within this state doing work for his or her employer, and (3) the employer has furnished workers' compensation insurance under the laws of the state other than California that covers the professional athlete's employment while in this state, except as specified. Deems a professional athlete to be temporarily within the state doing work for his or her employer if, during the 365 consecutive days immediately preceding the professional athlete's last day of work for the employer within the state, the professional athlete performs less than 20% of his or her duty days, as defined, in the state. Exempts a professional athlete and his or her employer from the occupational disease or cumulative injury provisions of this state's workers' compensation laws when all of the professional athlete's employers in his or her last year of work as a professional athlete are exempt from these provisions unless the professional athlete has, over the course of his or her professional athletic career, (1) worked for 2 or more seasons for a California-based team or teams, as defined, or worked 20% or more of his or her duty days in California or for a California-based team, and, (2) worked for fewer than 7 seasons for any team other than a California-based team. Also states that it is the intent of the Legislature that the decision of the Workers' Compensation Appeals Board in Wesley Carroll v. Cincinnati Bengals, et al. (2013) 78 Cal.Comp.Cases ____ (ADJ2295331) (WCAB En Banc) be limited to professional athletes, and would include other specified statements of legislative intent. *Status: Chapter 653, Statutes of 2013.*

AB 1373 (John A. Perez) – Workers' compensation: firefighters and peace officers.

Would have provided that certain proceedings related to the collection of death benefits of firefighters and peace officers may be commenced within, but no later than, 480 weeks from the date of injury and in no event more than one year after the date of death if all of the specified criteria are met, including, but not limited to, that the employee's death is the result of a specified injury.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"This measure is identical to the one I vetoed last year.

At that time, I outlined the information I wanted to see before I would be in a position to properly evaluate the implications of this bill. The information is still forth coming."

AB 1376 (Roger Hernandez) – Workers' compensation: medical treatment: interpreters.

Provides that the requirement that a person meet any requirements established by the administrative director in order to be a qualified interpreter commences on March 1, 2014. Makes technical, nonsubstantive changes.

Status: Chapter 793, Statutes of 2013.

AB 1391 (Committee on Insurance) – Insurance: omnibus.

This is the annual insurance omnibus bill, and makes a number of technical, clarifying, or minor modifications to the Insurance Code.

Status: Chapter 321, Statutes of 2013.

AB 1392 (Committee on Insurance) – Unemployment insurance: work sharing plans.

Limits the application of provisions to work sharing plans that become effective before July 1, 2014. Prohibits the renewal of those work sharing plans on or after July 1, 2014.

Revises and recast these provisions as applied to work sharing plans that become effective on or after July 1, 2014. Defines a work sharing plan as a plan submitted by an employer, for approval by the Director of Employment Development, pursuant to which the employer requests the payment of work sharing compensation to employees in an affected unit of the employer in lieu of layoffs and would establish other definitions in this regard. Requires that an employer wishing to participate in the work sharing program submit a signed written work sharing plan to the director for approval, and that the director develop an application form that fulfills specified requirements, and an approval process, and designate a work sharing administrator. The employer will be required to make a series of certifications and to provide for notification of employees. Establishes timelines for the approval or disapproval of a plan and authorize its modification pursuant to a specified process. Prescribes requirements for employees to be eligible for work sharing compensation. Requires that work sharing compensation be charged to employers' experience rating accounts in the same manner as unemployment compensation. Among other things, the bill would prohibit employees from being eligible to receive any benefits pursuant to these provisions unless their employer agrees, in writing, and their bargaining agent agrees, in writing, pursuant to any applicable collective bargaining agreement, to voluntarily participate in the work sharing program.

Status: Chapter 141, Statutes of 2013.

AB 1393 (Perea) – Personal income taxes: income exclusion: mortgage debt forgiveness.

Conforms to the federal extension, discharge indebtedness for related penalties and interest, and make legislative findings and declarations regarding the public purpose served by the bill. Declares that it is to take effect immediately as an urgency statute.

Status: Chapter 152, Statutes of 2014.

AB 1394 (Committee on Insurance) – State Compensation Insurance Fund: executive appointments.

Authorizes the board of directors of State Compensation Insurance Fund to appoint a chief medical officer, a chief actuarial officer, a chief claims operations officer, and a chief of internal affairs, and make those positions subject to the Milton Marks Post government Employment Restrictions Act of 1990.

Status: Chapter 309, Statutes of 2013.

AB 1395 (Perea) – Insurance: special assessments: Seismic Safety Account.

Raises the amount of the special purpose assessment to \$0.26, until January 1, 2016, and not exceeding \$0.26 thereafter. The law created the Seismic Safety Account as a special account within the Insurance Fund with the funds to be distributed, upon appropriation by the Legislature, to the Alfred E. Alquist Seismic Safety Commission for the support of the commission and to the department for the actual administrative costs incurred in collecting the assessments. In order to fund the account, an assessment, as specified, is imposed on each person who owns real property, commercial or residential, that is covered by a property insurance policy. Provides that the insurer is not required to refund any portion of an assessment because the policy or coverage is terminated prior to the expiration date of the policy or coverage.

Status: Chapter 407, Statutes of 2014.

AB 1553 (Yamada) – Long-term care insurance: premium basis.

Would have prohibited a long-term care insurance policy issued, amended, or renewed on or after January 1, 2015, from charging a different premium, price, or charge based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy. Would have prohibited insurers issuing, amending, or renewing long-term care insurance policies on or after January 1, 2015, from reducing or eliminating benefits or coverage based on the sex of the contracting party, potential contracting party, or a person reasonably expected to benefit from the policy as a result of implementing these provisions. The term “sex” would be defined for these purposes to mean a person’s gender, gender identity, and gender expression, as defined.

Status: Set first hearing. Held without recommendation.

AB 1556 (Perea) – Unemployment insurance.

Requires the Director of Employment Development to periodically review policies and practices used to determine eligibility for and the amount of benefits in the unemployment insurance program, as specified, and report to the Legislature the results of the first review on or before July 1, 2015.

Status: Chapter 377, Statutes of 2014.

AB 1631 (Chavez) – Identity theft: unemployment insurance base wage file.

Would have required the department to review, at least once each year, the information in its unemployment insurance base wage file, to identify if multiple names are associated with a single social security number. Would have required the department, whenever it discovers that 5 or more names are associated with a single social security number, to inform the Department of Justice of this, along with relevant supporting information, as a potential incidence of identity theft.

Status: Set, first hearing. Hearing canceled at the request of the author.

AB 1638 (Bocanegra) – Unemployment insurance: classified employees.

Would have deleted the prohibition on the payment of unemployment benefits to education employees of a public school, other than teachers, researchers, and administrators, as

specified, between 2 academic years and would make conforming changes, including eliminating the provisions for payment of unemployment benefits to these employees at the specified schools. Would have expanded the categories of people who could receive benefits from the Unemployment Insurance Fund, a continuously appropriated fund, it would make an appropriation.

Status: Held under submission.

AB 1663 (Hagman) – Identify theft: unemployment insurance base wage file.

Would have required the department to review, at least once each year, the information in its unemployment insurance base wage file, to identify if multiple names are associated with a single social security number. Would have required the department, whenever it discovers 10 or more names associated with a single social security number, to inform the Department of Justice of this fact, along with relevant supporting information, as a potential incidence of identity theft.

Status: Failed passage. Reconsideration granted.

AB 1704 (Hagman) – Underwritten title companies: escrow.

Would have authorized the commissioner to license an underwritten title company to engage in escrow business in all counties of this state with one application. Would have required an underwritten title company seeking to expand its escrow business to pay a one-time fee of \$449 or the reasonable regulatory cost, whichever is less.

Status: Set first hearing. Hearing canceled at the request of author.

AB 1746 (Alejo) – Workers' compensation: proceedings: expedited hearings.

Requires that cases in which the employee is or was employed by an illegally uninsured employer and the disputed issues are employment or injury, as specified, be placed on the priority conference calendar established under existing law.

Status: Chapter 156, Statutes of 2014.

AB 1749 (Hagman) – Workers' compensation: supplemental job displacement benefits.

Would have required the administrative director to report to the Assembly Committee on Insurance and the Senate Committee on Insurance, on or before January 1, 2016, the extent to which injured workers who obtained specific education or training with vouchers issued pursuant to the provisions described above obtained employment related to that education or training.

Status: Held in the Assembly Insurance Committee.

AB 1804 (Perea) – Insurance: notice of lapse.

Individual disability income insurance that are issued and take effect or that are renewed on or after January 1, 2016, requires an insurer to maintain a verifiable process or adopt a procedure that allows an applicant or policyholder to designate one additional person to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of a policy for nonpayment of premium, as specified. Prohibits an insurance policy from lapsing or being terminated for nonpayment of premium unless the insurer, at least 10 days prior to the effective date of the lapse, termination, expiration, nonrenewal, or cancellation, gives

notice, as provided, to the individual designated, if any, at the address provided by the policyholder for these purposes. Specifies that an individual designated by a policyholder does not have any rights, whether as an additional insured or otherwise, to any benefits under the policy, other than the right to receive the notice of lapse, termination, expiration, nonrenewal, or cancellation for nonpayment of premium.

Status: Chapter 380, Statutes of 2014 .

AB 2052 (Gonzalez) -- Workers' compensation.

Would have expanded the coverage of the workers' compensation to compensate an employee for injuries arising out of, and in the course of, his or her employment. Would have revised and recast the Labor Code section that governs hernia, pneumonia, and heart condition related presumptions of compensability. Would have excluded most part-time peace officers from receiving the benefits.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"Current workers' compensation law provides coverage to certain categories of peace officers and firefighters for presumed compensable injuries. These presumptions, which include cancer, heart disease, pneumonia, hernia, bio-chemical illness, tuberculosis, and meningitis, were enacted in response to the types of hazards which these workers face. Over the course of many decades, California has expanded both the diseases and the kinds of safety employees which these presumptions cover.

This measure seeks to expand coverage to dozens of additional categories of officers without real evidence that these officers confront the hazards that gave rise to the presumptions codified in existing law. Presumptions should be used rarely and only when justified by clear and convincing scientific evidence."

AB 2056 (Dababneh) -- Insurance: pet insurance.

Regulates pet insurance policies that are marketed, issued, amended, renewed, or delivered, whether or not in California, to a California resident, on or after July 1, 2015, regardless of the situs of the contract or master group policyholder, or the jurisdiction in which the contract was issued or delivered. Defines certain terms and specifies certain disclosures a pet insurer is required to make to consumers. Requires an insurer transacting pet insurance in this state to disclose, among other things, whether the policy excludes coverage because of a preexisting condition, a hereditary disorder, a congenital anomaly, or a chronic condition, and requires that pet insurance policies have a free look cancellation period of not less than 30 days. Authorizes the commissioner to hold a hearing to determine if an insurer is in violation of the provisions governing pet insurance and to assess a civil penalty, which is to be determined by the commissioner but not to exceed \$5,000 for each violation, or \$10,000 for a willful violation. The hearing will be required to be conducted pursuant to the Administrative Procedure Act and a person found to be in violation may

have the proceedings reviewed by means of any remedy pursuant to a specified statute or the Administrative Procedure Act. Authorizes the commissioner to adopt reasonable rules and regulations, as necessary, in accordance with the Administrative Procedure Act in order to implement these requirements.

Status: Chaptered 896, Statutes of 2014.

AB 2064 (Cooley) -- Earthquake insurance: mandatory offer.

Revises and recasts statutory notice requirements relating to the mandatory offer of earthquake insurance; revises and recasts the mandatory notice to California Earthquake Authority (CEA) policyholders; increases the cap on CEA operating expenses from 3% to 6% and includes all expenses in that cap except those expenditures specifically excluded, as specified; changes CEA loss assessment coverage for condominiums from mandatory to optional; and requires CEA participating insurers to send CEA marketing materials to homeowners' policyholders at least once a year.

Status: Chaptered 419, Statutes of 2014.

AB 2068 (Nazarian) -- Charter-party carriers of passengers.

Would have required the commission to develop a standard disclosure agreement with specified insurance disclosures, and would have required the agreement to be included in a written agreement between drivers and charter-party carriers of passengers that use an online-enabled application or platform to connect passengers with drivers, and to be signed by those drivers. Would have provided that the disclosure agreement records of a charter-party carrier of passengers are subject to review and audit by the commission.

Existing law provides that a violation of the provisions governing charter-party carriers of passengers and of associated regulations adopted by the commission is a crime.

Would have revised the definition of a crime, thereby imposing a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. Would have provided that no reimbursement is required by this act for a specified reason.

Status: Held in the Assembly Insurance Committee.

AB 2128 (Gordon) -- Insurer investments: community development.

Deletes the provisions requiring a biennial review by each insurer of its policy statement and the submission of a new policy statement if there is a revision or change.

Existing law requires the department, COIN, or any successor thereof, to require the CDFIs receiving specified tax credit investments to submit reports to the department, COIN, or any successor thereof, on their use of the program. Existing law authorizes the commissioner to establish and appoint a California Organized Investment Network Advisory Board. The term of each board member is 2 years and is staggered as provided. The board has certain powers and duties, including, but not limited to, advising COIN, or any successor thereof, on the best methods to increase the level of insurance industry capital in safe and sound investments while providing fair returns to investors and social benefits to underserved communities, meeting quarterly or as deemed necessary by the commissioner, and recommending programmatic guidelines, but not specific allocations of the tax credit amount, to the COIN program. The provisions regarding the board are in effect only until December 1, 2015, and are repealed as of that date. Deletes the board

members' staggered terms requirement. Deletes the quarterly meeting requirement, and would instead require a minimum of 3 or more meetings per year. Extends the repeal date to January 1, 2020.

Status: Chapter 384, Statutes of 2014.

AB 2169 (Cooley) -- Business and professions.

Would have recast and codified the provision relating to the interpretation and application of law on existing obligations of a real estate broker. Would have also stated findings and declarations and the intent of the Legislature to reiterate the application of existing law regarding the validity and enforceability of the election made by the parties to a real estate retention agreement to characterize their relationship as one of "independent contractor" or "employer and employee."

Status: Held in the Assembly Insurance Committee.

AB 2191 (Wagner) -- Unemployment benefits: employer contributions: payments.

Would have authorized an employer, with certain exceptions, to pay the quarterly employer contributions in an amount that is at least 25% of the estimated total annual contribution amount required. Would have required, upon annual reconciliation, if an amount paid in a quarter was less than 25% of the actual annual employer contribution amount required, the penalty and interest incurred to apply only to the difference of 25% of the actual total annual employer contribution amount required and the amounts paid.

Status: Held in the Assembly Insurance Committee.

AB 2196 (Fox) -- Title insurance: termination: exemption.

Would have required that coverage under a policy of title insurance continue to the transferee when title is transferred to a trustee of the insured's revocable living trust of which the insured is a beneficiary with the power to revoke, or, if the trustee of a trust is the insured under the policy, when title is transferred by the trustee to the trust's settlor in his or her individual capacity. Would have only applied to policies of title insurance issued on or after January 1, 2015.

Status: Held in the Assembly Insurance Committee.

AB 2230 (Cooley) – Insurance: Workers' Compensation Bond Fund assessments.

Allows the California Insurance Guarantee Association (CIGA), beginning January 1, 2015, to levy an assessment up to 2% of direct written premiums on insurers, unless there are outstanding bonds being used to pay claims and expenses, in which case the assessment may not exceed 1% for that category; and simplifies the "true-up" process and allows credit and debits due individual insurers for over or under payments on bond assessments to be applied against regular CIGA assessments.

Status: Chapter 76, Statutes of 2014.

AB 2279 (Hagman) – Insurance: life agents.

Increases from \$15,000 to \$20,000 the coverage amount that can be sold by limited-license life insurance agents for benefits designated to be used to cover funeral expenses.

Status: Chapter 108, Statutes of 2014.

AB 2293 (Bonilla) – Transportation network companies: insurance coverage.

Amends the Passenger Charter-party Carriers' Act to enact specified requirements for liability insurance coverage for transportation network companies, and their participating drivers. Requirements would become operative on July 1, 2015. Describes two distinct time periods and specifies the insurance requirements for each of those time periods and alternative methods of compliance with those requirements. Requires uninsured and underinsured motorist coverage to be provided for specified time periods. In the event a driver's insurance policy ceases to exist or has been canceled, or under certain other circumstances, require a transportation network company's insurance policy to provide the required coverage. Provides that a participating driver's or vehicle owner's personal automobile insurance policy does not provide coverage to the participating driver, vehicle owner, or any 3rd party unless the policy so provides. Beginning July 1, 2015, would require certain written disclosures by transportation network companies to their participating drivers on the insurance coverage provided by the company and to advise that the driver's personal automobile insurance policy will not provide coverage. Authorizes a personal automobile insurer to offer such coverage at its discretion to cover private vehicles, as specified. Requires participating drivers to carry proof of insurance coverage. Requires the commission and the Department of Insurance to collaborate on a study of transportation network company insurance, and would prohibit a transportation network company from disclosing the personally identifiable information of a passenger, except as specified.

Status: Chapter 389, Statutes of 2014.

AB 2342 (Dababneh) – Insurance: automobile insurance.

Would have an insurer that issues an automobile collision policy or a policy for comprehensive coverage for an automobile is prohibited from refusing to issue the policy of insurance, or the policy in combination with other coverages, when the refusal is based solely on the age of the automobile to be insured, if the market value of that automobile exceeds \$2,500. Would have increased that market value threshold to \$5,000.

Status: Held in the Assembly Insurance Committee.

AB 2347 (Gonzalez) – Insurance policies.

Beginning July 1, 2015, adds immediate annuities to the requirement that life insurance policies and annuity contracts delivered or issued to a senior citizen include a notice of the right to return or cancel the policy or contract within 30 days for a full refund. Clarifies that the 30-day free look period applies to group life insurance policies; and requires the notice of the 30-day right to return, and any surrender charges or penalties, be in 12-point bold print on the policy jacket or cover page, and makes other technical and clarifying changes to life insurance policies and annuity contracts.

Status: Chapter 166, Statutes of 2014.

AB 2362 (Grove) – Unemployment insurance benefits: disqualifications: convictions.

Expands code sections under which an unemployment insurance (UI) fraud-related conviction disqualifies an individual for UI benefits. Adds UI-related fraud convictions under Penal Code sections related to forgery, grand theft, and false claims, as well as

specified United States code sections. Requires courts to report UI-related convictions to EDD.

Status: Held in Senate Labor and Industrial Relations.

AB 2366 (Bocanegra) – Benefit and relief associations.

Would have authorized the commissioner to receive and investigate formal written complaints made against a holder of a certificate of authority and would have authorized the commissioner, after providing notice and an opportunity for a hearing, to suspend or rescind the certificate if a complaint cannot be resolved in a timely manner.

Status: Held in the Assembly Insurance Committee.

AB 2378 (Perea) – Workers' compensation: temporary disability payments.

Would have provided that the above-specified leaves of absence without loss of salary are payable in addition to the maximum aggregate disability payments for a single injury that is applicable to all workers. Would have made provisions applicable to all claims, regardless of the date of injury. Makes related findings and declarations.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"This bill provides that the right of certain fire and peace officers to a leave of absence for up to one year with full tax-free pay as a result of on-the-job disability would not offset or otherwise impinge on their right to up to 104 weeks of temporary disability benefits.

The bill provides a benefit increase for a limited class of employees. The special considerations supporting salary continuation for public safety employees do not correspondingly support the expectation that these employees will need substantially more time than other injured workers to recover from their injuries."

AB 2383 (Achadjian) – Workers' compensation: payments: public safety employees.

Would have deleted all references to the entitlement to a vocational rehabilitation maintenance allowance as an alternative to temporary disability. Existing law provides that, whenever a person in one of specified categories of local public safety employees, who is employed on a regular, full-time basis, is disabled, whether temporarily or permanently, by injury or illness arising out of and in the course of his or her duties, that person is entitled, regardless of his or her period of service, to a leave of absence while so disabled without a loss of salary in lieu of disability payments, or to a vocational rehabilitation maintenance allowance payments, if any, for the period of the disability, not exceeding one year. Would have specified that the above provisions apply with respect to a single injury only, and would delete the above reference to the entitlement to a vocational rehabilitation maintenance allowance as an alternative to temporary disability.

Status: Held in the Assembly Insurance Committee.

AB 2401 (Dababneh) – Insurance: public inspection.

Would have increased from 20 business days to 30 calendar days the number of days an insurer has to submit comments to the commissioner after transmittal of the adopted report. Would have also increased from 20 business days to 30 calendar days the number of days within which the commissioner is required to publish the adopted report and any comments submitted by the insurer.

Status: Held in the Assembly Insurance Committee.

AB 2410 (Dababneh) – Insurance: life and disability insurance.

Would have instead required insurers to contest or deny a claim and request reasonable additional information within 45 calendar days after receipt of the claim, and require providers to submit the requested additional information to the insurer within 21 calendar days. Would have required insurers to pay the greater of \$30 per year or interest, as specified, on a claim that is not contested or denied and that has not been delivered to the claimant within 45 working days after receipt.

Status: Held in the Assembly Insurance Committee.

AB 2482 (Wilk) – Workers' compensation: utilization review.

Would have prohibited employers that provide utilization review and entities that provide utilization review on behalf of an employer from requesting or accepting any compensation or other thing of value from any source that may create or creates a conflict with the duties of carrying out the utilization review process. Would have required the administrative director, in consultation with the Commission on Health and Safety and Workers' Compensation, to adopt regulations to implement these provisions.

Status: Held in the Assembly Insurance Committee.

AB 2578 (Dababneh) – Insurance: disability insurance: life insurance: accelerated death benefit.

Adds a condition or loss caused or substantially contributed to by engaging in civil aviation, other than as a fare paying passenger, to the list of allowable exclusions for supplemental or accelerated death benefits in a life insurance policy; requires the insurer to provide the policyholder a report no less than one month after payment of any accelerated death benefits; and makes other technical and clarifying changes.

Status: Chapter 360, Statutes of 2014.

AB 2604 (Brown) – Workers' compensation: proceedings: payment delay.

Would have instead required that when payment of compensation has been unreasonably delayed or refused, either prior to or subsequent to the issuance of an award, the amount of the unreasonably delayed or refused payment be increased up to 25% or up to \$10,000, whichever is more. In using its discretion to accomplish a fair balance and substantial justice between the parties, the appeals board would have been required to consider the amount of the original award, the reason for and length of the delay, and whether there were prior violations.

Status: Held in the Assembly Insurance Committee.

AB 2604 (Brown) – Workers' compensation: proceedings: payment delay.

Would have instead required that when payment of compensation has been unreasonably delayed or refused, either prior to or subsequent to the issuance of an award, the amount of the unreasonably delayed or refused payment be increased up to 25% or up to \$10,000, whichever is more. In using its discretion to accomplish a fair balance and substantial justice between the parties, the appeals board would be required to consider the amount of the original award, the reason for and length of the delay, and whether there were prior violations.

Status: Held in the Assembly Insurance Committee.

AB 2616 (Skinner) – Workers' compensation: hospital employers: compensation.

Would have extended to certain hospital employees who provide direct patient care the presumption that methicillin-resistant Staphylococcus aureus (MRSA) infections are presumed to be job related. Would have added the proposed new presumptive injuries to the list of existing presumptive injuries for which a treating physician is not required to apportion causation for disability purposes to either nonindustrial, or prior industrial, injuries.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"This bill would create a first of its kind private employer workers' compensation presumption for a specific staph infection -- methicillin-resistant Staphylococcus aureus (MRSA) -- for certain hospital employees.

California's no-fault system of worker's compensation insurance requires that claims must be "liberally construed" to extend benefits to injured workers whenever possible. The determination that an illness is work-related should be decided by the rules of that system and on the specific facts of each employee's situation. While I am aware that statutory presumptions have steadily expanded for certain public employees, I am not inclined to further this trend or to introduce it into the private sector.

Some have reported that hospitals have intimidated nurses from filing valid worker's compensation claims for a work-related MRSA infection. Any such conduct would be reprehensible. I am therefore directing the Department of Industrial Relations to investigate and take whatever action is needed."

AB 2663 (Dababneh) – Fraud prevention.

Would have adjusted civil penalties that prohibited knowingly employing runners, cappers, steerers, or other persons to procure clients or patients to perform or obtain services or benefits under workers' compensation coverage or to procure clients or patients to perform or obtain services or benefits under a contract of insurance or that will be the basis for a claim against an insured individual or his or her insurer. Existing law makes every person who violates these prohibitions liable for a civil penalty of not less than \$5,000 and not

more than \$10,000. Would have adjusted those civil penalties to not less than \$10,000 and not more than \$25,000.

Status: Held in the Assembly Insurance Committee.

AB 2665 (Dababneh) – Workers' compensation: enforcement.

Would have increased the amounts of these fines to not less than \$25,000 for the first offense and not less than \$75,000 for the 2nd and subsequent offenses.

Status: Held in the Assembly Insurance Committee.

AB 2689 (Quirk-Silva) – Identity theft: unemployment insurance base wage file.

Would have required the department to review, at least once each year, the information in its unemployment insurance base wage file, to identify if multiple names are associated with a single social security number. Would have required the department, whenever it discovers three or more names associated with a single social security number, to inform the Department of Justice of this, along with relevant supporting information, as a potential incidence of identity theft.

Status: Held in the Assembly Insurance Committee.

AB 2731 (Perea) – County of Fresno: maintenance of effort: streets and roads allocations.

Gives the County of Fresno until June 30, 2020, to meet that maintenance of effort requirement if it expends no less than \$5.5 million of funds to provide specialty medical services in conjunction with federally funded clinics to indigent individuals.

Status: Chapter 743, Statutes of 2014.

AB 2732 (Committee on Insurance) – Workers' compensation.

Contains several technical clean-up provisions to the workers' compensation reforms of 2012.

Status: Chapter 217, Statutes of 2014.

AB 2733 (Committee on Insurance) – Disability compensation: voluntary plans.

Repeals the sunset clause on the small business third-party administrator program for voluntary disability programs, streamlines the administration of multiple programs, and shifts financial security obligations from the employer to the administrator.

Status: Chapter 217, Statutes of 2014.

AB 2734 (Committee on Insurance) – Insurance: omnibus.

Assembly Insurance Committee's omnibus bill and contains numerous technical and noncontroversial provisions related to insurance law. Clarifies the definition of disabled veteran business enterprises for Department of Insurance reporting purposes and makes minor changes.

Status: Chapter 362, Statutes of 2014.

AB 2735 (Committee on Insurance) – Earthquake insurance.

Provides that if an insurer issues or causes to be issued a policy with earthquake coverages other than the specified coverages, but in accordance with an approved rate application, no further or other offer of earthquake coverage meeting the coverage and deductible

requirements and no further or other notice of noncoverage is required by the insurer if a renewal of that policy is offered, and a written notice is provided with that renewal regarding additional earthquake coverage that is available. Requires the form of that written notice to be approved by the Insurance Commissioner Makes additional conforming changes. Also incorporates additional changes in Section 10083 of the Insurance Code, as amended by Section 12 of Chapter 369 of the Statutes of 2013, proposed by AB 2064, to be operative if AB 2064 and this bill are both enacted and become effective on or before January 1, 2015, and this bill is enacted last. Incorporates additional changes in Section 10083 of the Insurance Code, as added by Section 13 of Chapter 369 of the Statutes of 2013, proposed by AB 2064, to be operative if AB 2064 and this bill are both enacted and become effective on or before January 1, 2015, and this bill is enacted last.

Status: Chapter 427, Statutes of 2014.

ASSEMBLY CONCURRENT RESOLUTION

ACR 79 (Bocanegra) – Classified school employees.

Would have recognized the important role that classified school employees play in California's public schools and community colleges, and that they deserve fair and consistent working conditions, including access to unemployment benefits.

Status: Held in the Assembly Insurance Committee.

ASSEMBLY JOINT RESOLUTION

AJR 34 (Cooley) – Terrorism risk insurance.

Urges the President and Congress of the United States to take action as soon as possible to extend the Terrorism Risk Insurance Program Reauthorization Act of 2007 to protect California and national economies.

Status: Chapter 28, Statutes of 2014.

SENATE BILLS

SB 36 (Hueso) -- Internet Web site: workers' compensation insurers: workers' compensation data.

Would have beginning July 1, 2014, require the Department of Insurance to include on its Internet Web site a dedicated Internet Web page that includes workers' compensation data, statistics, and reports covering insurers. Would have required the department to only use data already collected by the department or the Department of Industrial Relations, and authorize the department to provide on its Internet Web site direct links to relevant information on other Internet Web sites.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"The information required to be posted online by this bill is already available publicly, including online, through the California Department of Insurance, the Department of Industrial Relations, the Workers' Compensation Insurance Rating Bureau and the Commission of Health,

Safety and Workers' Compensation.

A new law is not required."

SB 146 (Lara) – Workers' compensation: medical treatment: billing.

Prohibits a copy of the prescription from being required with a request for payment of pharmacy services, unless the provider of services has entered into a written agreement, as provided, that requires a copy of a prescription for a pharmacy service, and would give any entity until March 31, 2014, to resubmit pharmacy bills for payment, originally submitted on or after January 1, 2013, where payment was denied because the bill did not include a copy of the prescription from the treating physician. Clarifies that an employer, insurer, pharmacy benefits manager, or 3rd-party claims administrator would not be precluded from requesting a copy of a prescription during a review of any records of prescription drugs dispensed by a pharmacy. Declares that it is to take effect immediately as an urgency statute.

Status: Chapter 129, Statutes of 2013.

SB 251 (Calderon) – Insurance: notice: electronic transmission.

Authorizes, until January 1, 2019, an insurer, with the consent of the policyholder, to transmit electronically, in lieu of mail, certain notices pertaining to workers' compensation insurance, the offer of renewal required for personal auto, real and personal property, and liability insurance policies; the notice of conditional renewal for commercial insurance policies, and the offer of renewal and certain disclosures related to earthquake insurance so long as the insurer complies with the specified provisions of the Uniform Electronic Transactions Act (UETA) and additional procedures and standards. Requires the Insurance Commissioner to submit a report, on or before January 1, 2018, to the Governor and specified committees of the Senate and Assembly regarding the impact and implementation of the authorization of the electronic transmission of certain insurance renewal offers, notices, or disclosures, as specified. Authorizes specified notices regarding workers' compensation to be provided by electronic transmission, clarifies provisions related to methods of electronic transmission and confirmation, adding reporting requirements to the Governor and Legislature. Sunset the bill on January 1, 2019.

Status: Chapter 369, Statutes of 2013.

SB 258 (Lieu) – Workers' compensation.

Would have clarified that recently enacted limitations on assignment of liens apply only to assignments occurring on or after January 1, 2013, Would have made technical clarifications to the 2012 workers' compensation reform statutes, and requires that Workers' Compensation Appeals Board (WCAB) members be attorneys.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"This measure clarifies the intent of last year's historic Workers' Compensation reform as it relates to assignment of medical liens and the prospective nature of the new requirements - - I agree with that.

Unfortunately, the bill also makes an unnecessary change to the qualifications for appointment to the Workers' Compensation Appeals Board.

The existing option to appoint qualified non-attorneys to two of the seven slots is reasonable. I see no reason to limit future Governors in their authority to appoint members of the Workers' Compensation Appeals Board.

I will work with the Legislature next year to make the clarification that assignment of medical liens was intended to be prospective under SB 863 (Chapter 363, Statutes of 2012). "

SB 281 (Calderon) – Life insurance: accelerated death benefits.

Authorizes the sale of life insurance with “accelerated death benefits.” These policies allow policy owners to access death benefits when they experience a catastrophic or chronic illness.

Status: Chapter 345, Statutes of 2013.

SB 375 (Committee on Labor) – Workers' compensation.

Prohibits an insurer, for purposes of long-term care insurance, from imposing a certification requirement of longer than 90 days. Authorizes the Insurance Commissioner to adopt reasonable rules and regulations necessary to administer and carry out the purposes of certain provisions relating to the required language in a provision or supplemental contract. Extends that authorization for the commissioner to adopt reasonable rules and regulations to those provisions relating to supplemental benefits that operate to safeguard life insurance contracts against lapse when the insured becomes totally disabled and those life insurance contracts with an accelerated death benefit. Authorizes provisions or supplemental contracts that operate to safeguard life insurance contracts against lapse, in which the insurer waives the premium or monthly deduction for a life insurance contract when the insured becomes totally disabled, and where the waiver continues until the end of the insured’s disability, or until the attainment of an age established by the insurer. Deletes the provision regarding attainment of age and would instead authorize the waiver of premiums to continue for a period of time specified in the supplemental benefit. Defines “accelerated death benefit” as a policy provision, endorsement, or rider added to a life insurance policy that provides for the advance payment of any part of the death proceeds, payable upon the occurrence of a qualifying event, as defined. Requires a life insurance policy with an accelerated death benefit provision to comply with and, if applicable, explain specified requirements, including payment of benefits, commissioner approval of forms and disclosures, and a free look period, and would place limits on advertising and marketing. Prohibits an insurer, broker, agent, or other person from causing a policyholder to unnecessarily replace a long-term care insurance policy with an accelerated death benefit policy, and provide certain notices when a life insurance policy or long-term care insurance policy would be replaced. Prohibits accelerated death benefits from limiting or excluding coverage by type of illness, treatment, medical condition, or accident, except as specified. Provides that an insurer that

fails to conform to the requirements of the above provisions would be subject to the provisions of existing law that provide for the imposition of a penalty against any person who engages in any unfair method of competition or any unfair or deceptive act or practice in the business of insurance, as provided, including civil penalties as well as a misdemeanor for an insurer intentionally advertising insurance that it will not sell. Because the bill would create a new crime, it would impose a state-mandated local program. Authorizes the commissioner to disapprove any advertising that does not meet the requirements of these provisions, as specified. Requires a policy, certificate, rider, or endorsement to include a provision giving the policyholder or certificate holder the right to appeal to the insurer a decision regarding benefit eligibility. Deletes obsolete provisions and make conforming changes. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. Provides that no reimbursement is required by this act for a specified reason.

Corrects erroneous cross-references and make technical, clarifying, and conforming changes with respect to these provisions

Status: Chapter 287, Statutes of 2013.

SB 476 (Steinberg) – Insurance: special assessments.

Eliminates the sunset dates for Auto Consumer Assessment, Organized Automobile Fraud Activity Interdiction Assessment, and the Life and Annuity Consumer Protection Fund, and lowers the maximum assessment of the Auto Consumer Assessment and expands application of the Life and Annuity Consumer Protection Fund to include life insurance and annuity products valued at less than \$15,000. Requires the Insurance Commissioner to prepare an annual report containing information pertaining to consumer complaints, investigations, and administrative and regulatory cases pertaining to automobile insurance. Requires the Insurance Commissioners annual report to contain specified information pertaining to consumer complaints, investigations, and administrative and regulatory cases, and total aggregate annual assessment revenue and expenditure pertaining to automobile insurance, and make technical changes.

Status: Chapter 347, Statutes of 2013.

SB 501 (Corbett) – Drivers' licenses: examinations: driving tests: proof of financial responsibility.

Would have required an applicant for an original driver's license to take an examination that includes an actual demonstration of the applicant's ability to exercise control of a motor vehicle by driving it under the supervision of an examining officer. Existing law allows the examining officer to request evidence of financial responsibility for the vehicle prior to supervising the driving portion of the examination. Would have allowed evidence of financial responsibility to be provided for the above purposes using a mobile electronic device.

Status: Held in the Assembly Insurance Committee.

SB 527 (Block) – Workers' compensation: public employees: leaves of absence.

Extends the leave of absence entitlement to lifeguards employed year round on a regular, full-time basis by the City of San Diego. Makes legislative findings and declarations as to the necessity of a special statute for these employees of the City of San Diego.

Status: Chapter 66, Statutes of 2013.

SB 770 (Jackson) – Unemployment compensation: disability benefits: paid family leave.

Beginning on July 1, 2014, expands the scope of the family temporary disability program to include time off to care for a seriously ill grandparent, grandchild, sibling, or parent-in-law, as defined. Conforms and clarifies changes in provisions relating to family temporary disability compensation.

Status: Chapter 350, Statutes of 2013.

SB 777 (Hernandez) – Unemployment compensation: disability benefits: paid family leave.

Reestablishes provisions in Horse Racing Law which sunsetted on January 1, 2014. The provisions required a Thoroughbred racing association, racing fair, quarter horse racing association or harness racing association that conducts a racing meeting to deduct a specified percentage of the total amount handled in exotic pari-mutuel pools on live races, to be distributed to a specified organization for the purpose of defraying costs of workers' compensation insurance for trainers and owners in connection with live horse racing

Status: Chapter 6, Statutes of 2014.

SB 1011 (Monning) – Nonprofit corporations: self-insurance.

Extends the provisions to authorize the establishment of an insurance pool to self-insure against the loss or damage to property of every kind, including, but not limited to, losses and expenses related to the loss of property. Requires that the pooling arrangement be organized as a nonprofit public benefit corporation, be in existence for purposes of covering tort liability for no less than 5 years, and have accumulated net assets of not less than \$5,000,000. Requires the pooling arrangement to include in every application form for membership and every risk pooling contract issued or renewed on or after January 1, 2016, in boldface 10-point type on the front page, a notice that states, among other things, that the risk pooling contract is not subject to all of the California insurance laws and is not subject to regulation by the Insurance Commissioner.

Status: Chapter 556, Statutes of 2014.

SB 1046 (Beall) – Insurance: mental illness: development disabilities: coverage: penalties.

Would have given the Insurance Commissioner the authority to assess administrative penalties for any violations of the above provisions, including any rules or orders adopted or issued based on violations of those provisions. Would have given the commissioner authority to assess a penalty for each patient harmed by a violation of the above provisions, including any rules or orders adopted or issued based on violations of those provisions, as a separate and distinct violation. The penalties would not exceed \$2,500 for each violation, or for an ongoing and continuous violation, the penalty would not exceed \$2,500 per day for as long as the violation continued.

Status: Vetoed by the Governor.

GOVERNOR'S VETO MESSAGE:

"This bill would give the Insurance Commissioner additional authority to penalize health insurers up to \$2,500 per person, per day, for each violation of the Mental Health Parity Act, in addition to any other penalties or remedies allowed by law.

The Insurance Commissioner already has broad penalty authority under the Unfair Insurances Practices Act. The scope of this existing authority is currently at issue in the courts. Until this matter is resolved, it would be premature to conclude what changes, if any, should be made to the Commissioner's broad statutory powers."

SB 1065 (Monning) – Health insurance fraud: annual special purpose assessments.

Would have authorized certain reports required to be submitted to a committee of the Legislature pursuant to the Insurance Code to be submitted electronically. Would have required any report that is required under the Insurance Code to be submitted to a committee of the Legislature to also be submitted as an electronic or printed copy to the Legislative Counsel.

Status: Ordered to inactive file on request of Assembly Member V. Manuel Perez.

SB 1141 (Hancock) – Unemployment insurance: use of information.

Requires the Director of Employment Development to permit the use of any information in his or her possession to enable the Department of Corrections and Rehabilitation to obtain quarterly wage data of former inmates who have been incarcerated within the prison system in order to assess the impact of rehabilitation services or the lack of these services on the employment and earnings of these former inmates. Requires this information to be provided to the Department of Corrections and Rehabilitation for these purposes, expands the crime of unauthorized access, use, or disclosure of this information, and would impose a state-mandated local program. Incorporates additional changes to Section 1095 of the Unemployment Insurance Code proposed by SB 1028 and AB 1792, to be operative if this bill and one or both of the other bills are enacted and become effective on or before January 1, 2006, and this bill is enacted last. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. Provides that no reimbursement is required by this act.

Status: Chapter 751, Statutes of 2014.

SB 1142 (Monning) – Health insurance fraud: annual special purpose assessments.

Requires that the annual special purpose assessment be paid for each person in this state covered under an individual or group policy regardless of the situs of the contract or master group policyholder, and regardless of whether the insured has been issued an individual certificate of coverage, including blanket insurance. Requires that the data supporting the special purpose assessment not be required to be submitted more often than once each

calendar year, except that responses to questions from the commissioner and clarifying information regarding the data would not be considered as additional submissions of data. Authorizes, for group and blanket insurance contracts, insurers to rely on information requested from and provided by the group policyholder after a reasonable effort to obtain timely and accurate information.

Status: Chapter 251, Statutes 2014.

SB 1205 (Monning) –Insurance.

Requires the curriculum board to additionally develop or recommend courses of study on commercial earthquake risk management.

Status: Chapter 252, Statutes of 2014.

SB 1273 (Lara) – Insurance: low-cost automobile insurance program.

Extends, until January 1, 2020, the sunset date on the Low-Cost Automobile Insurance Program (LCAP); expands eligibility criteria to include drivers with less than three years of continuous driving experience and assesses a surcharge on those drivers; and makes other changes designed to increase participation. Specifies requirements for rate payments, changes and increases after January 1, 2017, specify producer commissions, task the Insurance Commissioner (IC) and the California Automobile Assigned Risk Program (CAARP) Advisory Committee with various duties related to the administration of CAARP including the development of a consumer-friendly Internet Web site, and make conforming changes.

Status: Chapter 487, Statutes of 2014.

SB 1314 (Monning) – Unemployment insurance benefits: determination: appeals.

Extends the deadline for a reconsideration or for an appeal of rulings, determinations, and computations to 30 days, on or after July 1, 2015.

Status: Chapter 399, Statutes of 2014.

SENATE JOINT RESOLUTION

SJR 18 (Beall) – Emergency Unemployment Compensation: extension.

Proclaims the Legislature’s support for the extension of the Emergency Unemployment Compensation program and would memorialize the United States Congress to promptly renew the extension of unemployment benefits.

Status: Chapter 18, Statutes of 2014.

SJR 28 (Monning) – Earthquake insurance: affordability.

Memorializes the President of the United States and the Congress of the United States to enact the Earthquake Insurance Affordability Act.

Status: Chapter 92, Statutes of 2014.