

ASSEMBLY BILL

No. 2843

**Introduced by Assembly Member Petrie-Norris
(Coauthor: Assembly Member Addis)**

February 15, 2024

An act to add Section 1367.37 to the Health and Safety Code, and to add Section 10123.211 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2843, as introduced, Petrie-Norris. Health care coverage: rape and sexual assault.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

Existing law requires a victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault.

This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or

insured who is treated following a rape or sexual assault. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill by a health care service plan would be a crime, the bill would impose 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.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The Center for Disease Control and Prevention’s National
- 4 Intimate Partner and Sexual Violence Survey published in 2017
- 5 reported that one in four American women reported they were
- 6 subjected to a completed or attempted rape at least once in their
- 7 life. One in three women are injured during their assault. About 1
- 8 in 26 American men reported being subjected to a completed or
- 9 attempted rape in their lifetime.
- 10 (b) In 2022, the New England Journal of Medicine reported that
- 11 only 20 percent of sexual assault survivors seek medical care,
- 12 which includes the collection of forensic evidence via rape kits.
- 13 Survivors may not seek care or report because they know their
- 14 attacker and fear retribution, or because they may feel shame.
- 15 Many do not seek medical care because of the high cost of
- 16 emergency room visits, despite the fact that forensic evidence
- 17 collection and other services are provided without cost to the
- 18 survivor.
- 19 (c) Findings indicate that indigenous people are more likely to
- 20 experience rape or sexual assault. Findings also notes that
- 21 transgender students experience higher rates of rape or sexual
- 22 assault than nontransgender students.

1 (d) In 2022, the Journal of the American Medical Association
2 reported that sexual assault survivors from the lowest income
3 quartile by zip code were overrepresented in emergency department
4 visits. Survivors 18 to 25 years of age accounted for 41.2 percent
5 to 48.6 percent of emergency department visits following rapes
6 and sexual assaults.

7 (e) The average costs for medical care following a rape or sexual
8 assault is \$3,673. For pregnant survivors, those costs average closer
9 to \$4,500.

10 (f) Insured survivors pay about 14 percent of emergency room
11 costs out of pocket.

12 (g) High-cost medical care expenses not only discourage sexual
13 assault reporting, but the lack of reporting also prevents a survivor
14 from seeking justice and prevents law enforcement from obtaining
15 the evidence necessary to bring an assailant to justice.

16 (h) Moreover, without the evidentiary tools to remove sexual
17 predators from society, serial rapists are enabled to continue to
18 commit violent, traumatic crimes against individuals.

19 (i) According to the Rape, Assault and Incest National Network
20 (RAINN), only 25 perpetrators out of every 1000 rapes will serve
21 time for their crime.

22 SEC. 2. Section 1367.37 is added to the Health and Safety
23 Code, to read:

24 1367.37. (a) A health care service plan contract issued,
25 amended, or renewed on or after January 1, 2025, excluding a
26 specialized health care service plan contract, shall provide coverage
27 for emergency room medical care and follow-up health care
28 treatment for an enrollee who is treated following a rape or sexual
29 assault, as defined in Sections 261, 261.6, 263, 263.1, and 288.7
30 of the Penal Code, without imposing cost sharing, including
31 copayments and deductibles.

32 (b) A health care service plan shall not require any of the
33 following to provide coverage under this section:

34 (1) An enrollee to file a police report on the rape or sexual
35 assault.

36 (2) Charges to be brought against an assailant.

37 (3) An assailant to be convicted of an offense listed in
38 subdivision (a).

39 (c) (1) This section does not authorize an enrollee to receive
40 the services required to be covered by this section if those services

1 are furnished by a nonparticipating provider, except as specified
2 in paragraph (2).

3 (2) A plan shall arrange for the provision of services required
4 by this section from providers outside the plan’s network if those
5 services are unavailable within the network to ensure timely access
6 to covered health care services consistent with Section 1367.03.

7 (d) “Cost sharing” includes any copayment, coinsurance, or
8 deductible, or any other form of cost sharing paid by the enrollee
9 other than premium or share of premium.

10 SEC. 3. Section 10123.211 is added to the Insurance Code, to
11 read:

12 10123.211. (a) A health insurance policy that is issued,
13 amended, or renewed on or after January 1, 2025, excluding a
14 specialized health insurance policy, shall provide coverage for
15 emergency room medical care and follow-up health care treatment
16 for an insured who is treated following a rape or sexual assault, as
17 defined in Sections 261, 261.6, 263, 263.1, and 288.7 of the Penal
18 Code, without imposing cost sharing, including copayments and
19 deductibles.

20 (b) A health insurer shall not require any of the following to
21 provide coverage under this section:

22 (1) An insured to file a police report on the rape or sexual
23 assault.

24 (2) Charges to be brought against an assailant.

25 (3) An assailant to be convicted of an offense listed in
26 subdivision (a).

27 (c) (1) This section does not authorize an insured to receive the
28 services required to be covered by this section if those services
29 are furnished by a nonparticipating provider, except as specified
30 in paragraph (2).

31 (2) A health insurer shall arrange for the provision of services
32 required by this section from providers outside the insurer’s
33 network if those services are unavailable within the network to
34 ensure timely access to covered health care services consistent
35 with Section 10133.54.

36 (d) “Cost sharing” includes any copayment, coinsurance, or
37 deductible, or any other form of cost sharing paid by the insured
38 other than premium or share of premium.

39 (e) This section does not apply to specialized health insurance,
40 Medicare supplement insurance, CHAMPUS supplement insurance,

1 or TRI-CARE supplement insurance, or to hospital indemnity,
2 accident-only, or specified disease insurance.

3 SEC. 4. No reimbursement is required by this act pursuant to
4 Section 6 of Article XIII B of the California Constitution because
5 the only costs that may be incurred by a local agency or school
6 district will be incurred because this act creates a new crime or
7 infraction, eliminates a crime or infraction, or changes the penalty
8 for a crime or infraction, within the meaning of Section 17556 of
9 the Government Code, or changes the definition of a crime within
10 the meaning of Section 6 of Article XIII B of the California
11 Constitution.

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