

**State of California
Office of Administrative Law**

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections: 6466

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

**Government Code Sections 11349.1 and
11349.6(d)**

OAL Matter Number: 2023-0126-01

**OAL Matter Type: Certificate of Compliance
(C)**

This action by the California Health Benefits Exchange makes permanent an emergency regulation to implement the healthcare subsidy provision of Proposition 22 (November 3, 2020).

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: February 23, 2023



Dale P. Mentink
Assistant Chief Counsel

For: Kenneth J. Pogue
Director

Original: Jessica Altman, Executive
Director

Copy: Faviola Adams

CERT

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

For use by Secretary of State only

| | | | |
|------------------|---|---|------------------------------|
| OAL FILE NUMBERS | NOTICE FILE NUMBER Z- 2022-0524-4 | REGULATORY ACTION NUMBER 2023-0126-01 | EMERGENCY NUMBER C |
|------------------|---|---|------------------------------|

For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

FEB 23 2023

1:44 pm

OFFICE OF ADMIN. LAW
2023 JAN 26 PM3:56

| | |
|--------|-------------|
| NOTICE | REGULATIONS |
|--------|-------------|

AGENCY WITH RULEMAKING AUTHORITY
California Health Benefit Exchange

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

| | | | | |
|---|--|--|--|---|
| 1. SUBJECT OF NOTICE Average Statewide Monthly Premium | | TITLE(S) 10 | FIRST SECTION AFFECTED 6466 | 2. REQUESTED PUBLICATION DATE 6/03/22 |
| 3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other | | 4. AGENCY CONTACT PERSON Mariah Gonzales | | TELEPHONE NUMBER (916) 281-2471 |
| FAX NUMBER (Optional) | | NOTICE REGISTER NUMBER 2022, 22-2 | | PUBLICATION DATE 6/3/2022 |
| OAL USE ONLY | ACTION ON PROPOSED NOTICE | | | |
| | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Approved as Modified | <input type="checkbox"/> Disapproved/Withdrawn | |

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

| | | |
|---|----------------------|---|
| 1a. SUBJECT OF REGULATION(S) Average Statewide Monthly Premium | | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2021-0329-01 E |
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) | | |
| SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) | ADOPT 6466 | |
| | AMEND | |
| | REPEAL | |
| TITLE(S) 10 | | |

| | | |
|---|--|---|
| 3. TYPE OF FILING | | |
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) | <input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> File & Print |
| | | <input type="checkbox"/> Print Only |

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

| | | |
|---|---|--|
| 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) | | |
| <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input checked="" type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> \$100 Changes Without Regulatory Effect |
| | | <input type="checkbox"/> Effective other (Specify) |

| | | |
|--|--|---|
| 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY | | |
| <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input type="checkbox"/> Other (Specify) | | |

| | | | |
|---|---|-----------------------|--|
| 7. CONTACT PERSON Faviola Adams | TELEPHONE NUMBER (916) 228-8668 | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) faviola.ramirez-adams@covered. |
|---|---|-----------------------|--|

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

| | |
|--|------------------------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE Jessica K Altman <small>Digitally signed by Jessica K Altman Date: 2023.01.26 10:21:09 -0800</small> | DATE 1.26.23 |
| TYPED NAME AND TITLE OF SIGNATORY Jessica Altman, Executive Director | |

For use by Office of Administrative Law (OAL) only
ENDORSED APPROVED
FEB 23 2023
Office of Administrative Law

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 4. General Provisions

§ 6466. Average Statewide Monthly Premium.

(a) On or before each September 1, Covered California shall publish the average statewide monthly premium for an individual for the following calendar year for a Covered California bronze health insurance plan on its public website.

(b) For purposes of this section, the "average statewide monthly premium" published pursuant to subdivision (a) for the calendar year subsequent to each September 1, means the average statewide bronze premium calculated when determining California's Individual Shared Responsibility Penalty pursuant to section 61015, subdivision (a)(2) of the Revenue and Taxation Code multiplied by the average age rating factor for individuals enrolled in Covered California in the prior calendar year.

(c) For purposes of this section, "average age rating factor" means the age rating curve established by the federal Centers for Medicare and Medicaid Services pursuant to Section 2701(a)(3) of the federal Public Health Service Act (42 U.S.C. Sec. 300gg(a)(3)), weighted by the average age of all enrollees in Covered California qualified health plans in the individual market.

Note: Authority cited: Section 100504, Government Code; and Sections 7454 and 7466, Business and Professions Code. Reference: Sections 7454 and 7466, Business and Professions Code; and Section 61015, Revenue and Taxation Code.