

**State of California
Office of Administrative Law**

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections: 6858

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION**

**Government Code Sections 11346.1, 11349.6,
and 100504(a)(6)**

OAL Matter Number: 2016-0518-03

OAL Matter Type: Emergency Readopt (EE)

The California Health Benefit Exchange submitted this emergency action to amend one of ten sections in title 10, chapter 12 of the California Code of Regulations that were adopted in OAL file number 2015-0625-02E. The proposed action amends section 6858(e) of the emergency regulations by eliminating a provision that required applicants to pay the cost of background checks after 6/30/2016, leaving intact a provision the HBEX will pay the cost of background checks.

OAL approves this emergency regulatory action pursuant to sections 11346.1, 11349.6, and 100504(a)(6) of the Government Code.

This emergency regulatory action is effective on 5/26/2016 and will expire on 7/9/2018. The Certificate of Compliance for this action is due no later than 7/6/2018.

Date: May 26, 2016



Richard L. Smith
Senior Attorney

For: Debra M. Cornez
Director

Original: Peter Lee
Copy: Brian Kearns

STD. 400 (REV. 01-2013)

EMERGENCY

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2016-0518-03EE
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For use by Office of Administrative Law (OAL) only

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

MAY 26 2016

1:41 PM

2016 MAY 18 P 3:41

OFFICE OF
ADMINISTRATIVE LAW

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		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Certified Application Counselors	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0625-02
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 6850, 6852, 6854, 6856, 6858, 6860, 6862, 6864, 6866 and 6868 per agency request
	AMEND
	REPEAL
TITLE(S) 10	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input 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 checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) per agency request	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) per agency request	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input checked="" type="checkbox"/> Emergency (Gov. Code §11346.1(b)) request		<input type="checkbox"/> Other (Specify) _____	

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) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input 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 Brian Kearns	TELEPHONE NUMBER 916-228-8843	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) brian.kearns@covered.ca.gov
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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 <i>Kathleen Keeshen</i>	DATE 05-17-16
TYPED NAME AND TITLE OF SIGNATORY Kathleen Keeshen, General Counsel	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 26 2016

Office of Administrative Law

§ 6858. Certified Application Counselor Fingerprinting and Criminal Record Checks.

(a) ...

(e) Costs. Background check costs for individuals seeking certification under this Article shall be paid by the Exchange.

~~(1) Background check costs for individuals seeking certification under this Article shall be paid by the Exchange prior to and including June 30, 2016.~~

~~(2) After June 30, 2016, background check costs for individuals seeking certification under this Article shall be paid by the applicant.~~

Note: Authority cited: Sections 1043 and 100504, Government Code. Reference: Section 100502, Government Code; Section 11105, Penal Code; and 45 C.F.R. §§ 155.225 and 155.260.