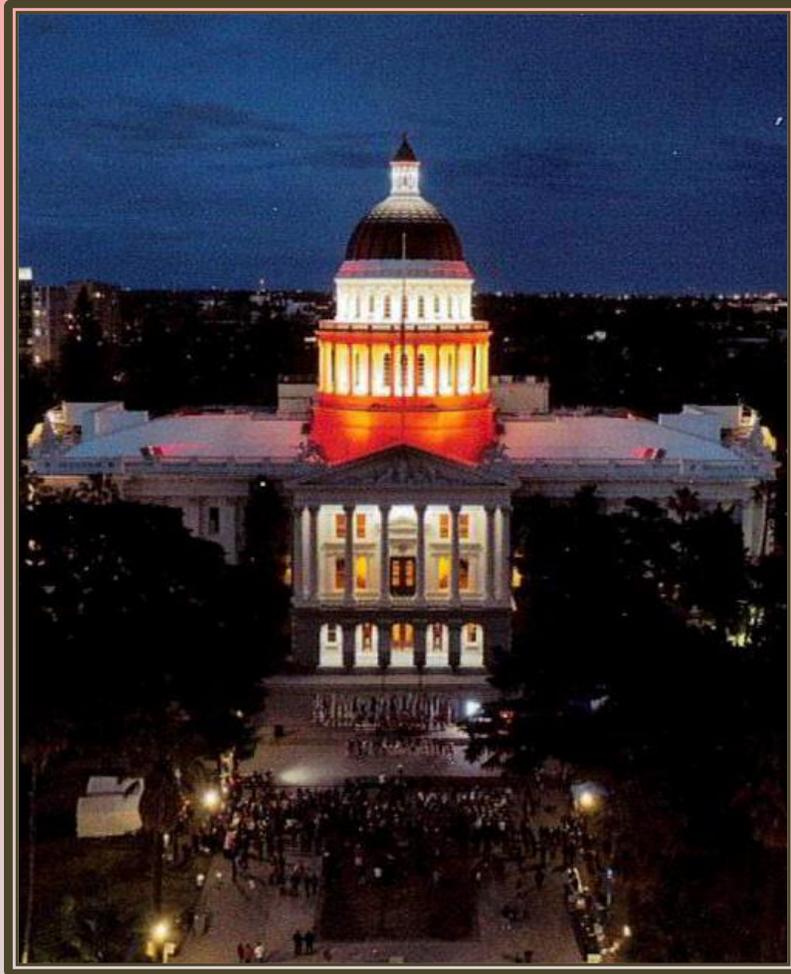


# California Legislature



**Assembly Committee on Health**

**2023**

**Legislative Summary**

# Assembly Committee on Health 2023

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## Alcohol/Drug Programs

Chaptered

### [AB-1233 \(Waldron\) - Substance abuse: Naloxone Distribution Project: tribal governments.](#)

Requires the Department of Health Care Services (DHCS) to conduct an outreach program to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride (naloxone) or another opioid antagonist through the DHCS' Naloxone Distribution Project (NDP). Requires DHCS to also provide technical assistance, if requested by the tribal government, to those tribal entities applying for naloxone kits through the NDP. Requires, beginning March 31, 2025, DHCS to report annually specified data to the Legislature and to the Assembly and Senate Health Committees on the results of the outreach program on or before March 31 of each year. Sunsets the provisions of this bill on March 31, 2027.

**Status:** Chapter 570, Statutes of 2023

### [AB-1360 \(McCarty\) - Hope California: Secured Residential Treatment Pilot Program.](#)

Authorizes the Counties of Sacramento and Yolo until July 1, 2029, to establish a pilot program to offer voluntary, secured residential treatment for qualifying individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes.

**Status:** Chapter 685, Statutes of 2023

Vetoed

### [AB-1060 \(Ortega\) - Health care coverage: naloxone hydrochloride.](#)

Would have required coverage of prescription or nonprescription naloxone hydrochloride under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration for treatment of an opioid overdose. Would have prohibited a health plan contract or health insurance policy from imposing any cost-sharing requirements.

**Status:** Vetoed

**AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.**

Would have prohibited a health plan and a health insurer from requiring prior authorization for a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines.

**Status:** Vetoed

**AB-1696 (Sanchez) - Sober Living Accountability Act.**

Would have required any government entity that contracts with a privately owned recovery residence (RR) to provide recovery services and would have required the RR to comply with specified requirements.

**Status:** Vetoed

## California Health Benefits Review Program (CHBRP)

Chaptered

### [AB-716 \(Boerner\) - Emergency ground medical transportation.](#)

Deletes the direct reimbursement requirement that allows medical transportation services providers to bill enrollees and insureds (for sums not paid by the health plan or insurer) and instead requires a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. Prohibits a noncontracting ground ambulance provider from billing or sending to collections a higher amount, and prohibits a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. Requires a plan or insurer to reimburse for ground ambulance services at a rate established or approved by a local government, at the rate established or approved by the governing board of the local government having jurisdiction for that area or subarea, including an exclusive operating area, as specified.

**Status:** Chapter 454, Statutes of 2023

### [AB-1048 \(Wicks\) - Dental benefits and rate review.](#)

Prohibits, on and after January 1, 2025, a health plan or health insurer that covers dental services, as specified, from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision or preexisting condition provision, as defined, upon an enrollee or insured. Specifies that waiting provisions apply to large group products only. Requires health plans and specialized health plans covering dental services or health insurers and specialized health insurers covering dental services to file with the Department of Managed Health Care or the Department of Insurance specified information, including, among other things, the type of plan or health insurer involved, the loss ratio, proposed and effective rates for all products, and any other factors affecting dental premium rates. Requires the health plan or health insurer, on or after January 1, 2025, to file with the respective departments the required information at least annually and to file 120 days before any change in the methodology, factors, or assumptions that would affect rates.

**Status:** Chapter 557, Statutes of 2023

### [SB-621 \(Caballero\) - Health care coverage: biosimilar drugs.](#)

Authorizes a plan, insurer, or utilization review organization to require an enrollee or insured to try a biosimilar, as defined in federal law, before providing coverage for the equivalent branded prescription drug. Clarifies that these provisions do not prohibit or

supersede a step therapy exception request as described in existing law. Adds a definition of interchangeable product as specified in existing law to be consistent with federal law.

**Status:** Chapter 495, Statutes of 2023

Vetoed

**AB-85 (Weber) - Social determinants of health: screening and outreach.**

Would have required a health plan contract or health insurance policy, as specified, to include coverage for screenings for social determinants of health (SDOH), as defined. Would have required a health plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health plan or health insurer has enrollees or insureds, as specified. Would have made SDOH a covered benefit for Medi-Cal beneficiaries and would have required the Department of Health Care Services to provide reimbursement for those screenings. Would have required the Department of Health Care Access and Information to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address SDOH. Would have required the working group, by January 1, 2025, to submit a report to the Legislature with recommendations on the topics addressed by the working group. Would have made the provisions of this bill subject upon appropriation by the Legislature.

**Status:** Vetoed

**AB-620 (Connolly) - Health care coverage for metabolic disorders.**

Would have expanded existing law requiring every health care plan contract or disability insurance to cover the testing and treatment of phenylketonuria to also cover the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, on or after January 1, 2024. Would have required coverage for treatment of chronic digestive diseases, including, but not limited to, Crohn's disease, and inherited metabolic disorders, to include those formulas that are part of a diet prescribed by a licensed physician and managed by a health care professional in consultation with a physician who specializes in the treatment of chronic digestive diseases and inherited metabolic disorders and who participates in or is authorized by the health plan or insurer, provided that the diet is deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of chronic digestive diseases and inherited metabolic disorders.

**Status:** Vetoed

**AB-907 (Lowenthal) - Coverage for PANDAS and PANS.**

Would have required a health plan contract or health insurance policy to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune

Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a provider. Would have prohibited coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. Would have prohibited a health plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name.

**Status:** Vetoed

**[AB-1060 \(Ortega\) - Health care coverage: naloxone hydrochloride.](#)**

Would have required coverage of prescription or nonprescription naloxone hydrochloride under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration for treatment of an opioid overdose. Would have prohibited a health plan contract or health insurance policy from imposing any cost-sharing requirements.

**Status:** Vetoed

**[AB-1288 \(Rendon\) - Health care coverage: Medication-assisted treatment.](#)**

Would have prohibited a health plan and a health insurer from requiring prior authorization for a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines.

**Status:** Vetoed

**[AB-1451 \(Jackson\) - Behavioral health crisis treatment.](#)**

Would have required a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health (MH) and substance use disorders (SUDs) to cover treatment for urgent or emergency MH and SUDs. Would have prohibited a health plan or insurer from requiring prior authorization for the treatment of urgent or emergency MH and SUDs. Would have required a health plan or insurer to provide reimbursement for services in compliance with the existing requirements for timely payment of claims. Would have provided that this bill be implemented upon appropriation by the Legislature.

**Status:** Vetoed

**[AB-1645 \(Zbur\) - Health care coverage: cost sharing.](#)**

Would have prohibited a group or individual health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Would have prohibited

health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Would have required a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates (unless otherwise agreed to by a nonparticipating essential community provider and the health plan or insurer, the greater of its average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar items or services in the general geographic region in which the items or services were rendered) for screening tests and integral items and services rendered, and would have prohibited the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.

**Status:** Vetoed

**[SB-90 \(Wiener\) - Health care coverage: insulin affordability.](#)**

Would have prohibited a health plan contract or disability insurance policy, from imposing a copayment on an insulin prescription drug that exceeds \$35 for a 30-day supply, and from imposing a deductible, coinsurance, or any other cost sharing.

**Status:** Vetoed

## Children's Health

Chaptered

### **AB-483 (Muratsuchi) - Local educational agency: Medi-Cal billing option.**

Revises the process by which the Department of Health Care Services (DHCS) audits claims submitted through the Local Education Agency Medi-Cal Billing Option Program (LEA BOP), a program that allows schools to claim reimbursement for a portion of the cost of delivering health services to Medi-Cal eligible students, and establishes related requirements for stakeholder engagement and reporting. Requires interim settlements or final settlements to be completed within 12 months, and requires audits to be completed within 18 months, of the annual March 1 due date for the Cost and Reimbursement Comparison Schedule. Requires DHCS to issue an updated program guide, as specified, by July 1, 2024. Amends LEA BOP financing provisions to specify that a maximum of 5% of funds can be withheld for LEA BOP program state administrative costs.

**Status:** Chapter 527, Statutes of 2023

### **AB-659 (Aguiar-Curry) - Cancer Prevention Act.**

Requires a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage without cost sharing for the human papillomavirus (HPV) vaccine, as approved by the United States Food and Drug Administration. Specifies that 1) pupils are advised to adhere to current immunization guidelines, as recommended by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians, regarding full HPV immunization before admission or advancement to the eighth grade level of any private or public elementary or secondary school; and, 2) students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as recommended, regarding full HPV immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. Requires, upon a pupil's admission or advancement to the 6th grade level, the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about the state's public policy on HPV and advising that the pupil adhere to current HPV guidelines. Specifies that the notification provisions do not apply to a pupil in a home-based private school.

**Status:** Chapter 809, Statutes of 2023

### **AB-847 (Luz Rivas) - Medi-Cal: pediatric palliative care services.**

Allows an individual determined eligible for hospice or palliative care services in the Medi-Cal program prior to 21 years of age to maintain eligibility for these services after 21 years of age, as specified. Conditions implementation on federal approval and the

availability of federal financial participation. States the Legislature's intent to investigate future legislation to make pediatric palliative and hospice care more accessible to families.

**Status:** Chapter 814, Statutes of 2023

**[AB-899 \(Muratsuchi\) - Food safety: infant formula and baby food.](#)**

Requires, beginning January 1, 2024, a manufacturer of baby food sold or distributed in this state to test a representative sample of each production aggregate of baby food product, at a proficient laboratory meeting specified criteria (including being accredited; using an analytical method; demonstrating proficiency), for toxic elements (meaning arsenic, cadmium, lead, and mercury).

Requires, for the final baby food products sold, manufactured, delivered, held, or offered for sale in the state or and after January 1, 2025, to disclose specified information to consumers, including making publicly available on its internet website the name and level of each toxic element present in each product aggregate of the final baby food product. Requires manufacturers to include on the product label a quick response code that links to a page on the manufacturer's internet website containing testing results for the toxic element and a link to related U.S. Food and Drug Administration (FDA) guidance, if a product tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by the FDA.

**Status:** Chapter 668, Statutes of 2023

**[AB-1701 \(Weber\) - Black infant health: California Perinatal Equity Initiative.](#)**

Expands the definition of local health jurisdictions eligible to apply for the California Perinatal Equity Initiative to include a city or city and county.

**Status:** Chapter 174, Statutes of 2023

**[SB-10 \(Cortese\) - Pupil health: opioid overdose prevention and treatment: Melanie's Law.](#)**

Establishes Melanie's Law which requires school safety plans of schools serving students in grades seven to 12 to include a protocol for responding to a student's opioid overdose; requires the Department of Education and the Health and Human Services Agency, subject to an appropriation for this purpose, to establish the State Working Group on Fentanyl Education in Schools, to promote public education, awareness, and prevention of fentanyl overdoses, through outreach to staff and students in schools; requires the working group to develop a School Resource Guide on Opioids and other informational materials on preventing opioid overdoses; and, requires local education agencies to provide these materials to staff, students, and parents.

**Status:** Chapter 856, Statutes of 2023

**SB-502 (Allen) - Medi-Cal: children: mobile optometric office.**

Requires the Department of Health Care Services to exercise the Health Services Initiative option made available under the State Children's Health Insurance Program to cover vision services provided to low-income children statewide through a mobile optometric office.

**Status:** Chapter 487, Statutes of 2023

Vetoed

**AB-1202 (Lackey) - Medi-Cal: time or distance standards: children's health care services.**

Would have required the Department of Health Care Services (DHCS) to produce a legislative report on Medi-Cal managed care plan network adequacy for pediatric primary care, disaggregated data on specified pediatric preventive care metrics, and steps DHCS has taken to hold managed care plans accountable for improving utilization of children's preventive services.

**Status:** Vetoed

**AB-1478 (Cervantes) - Maternal health: community-based comprehensive perinatal care: database of referral networks.**

Would have required, subject to an appropriation by the Legislature, the Department of Public Health to develop and maintain on its internet website a database of referral networks of community-based mental health providers and support services addressing, postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services and providing support groups to improve access to postpartum depression screening, referral, treatment, and support services as specified.

**Status:** Vetoed

**SB-694 (Eggman) - Medi-Cal: self-measured blood pressure devices and services.**

Would have required Medi-Cal to cover self-measured blood pressure devices and related services, as specified.

**Status:** Vetoed

## Chronic Health / Cancer

Chaptered

### [AB-659 \(Aquiari-Curry\) - Cancer Prevention Act.](#)

Requires a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage without cost sharing for the human papillomavirus (HPV) vaccine, as approved by the United States Food and Drug Administration. Specifies that 1) pupils are advised to adhere to current immunization guidelines, as recommended by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians, regarding full HPV immunization before admission or advancement to the eighth grade level of any private or public elementary or secondary school; and, 2) students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as recommended, regarding full HPV immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. Requires, upon a pupil's admission or advancement to the 6th grade level, the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about the state's public policy on HPV and advising that the pupil adhere to current HPV guidelines. Specifies that the notification provisions do not apply to a pupil in a home-based private school.

**Status:** Chapter 809, Statutes of 2023

### [AB-700 \(Grayson\) - California Firefighter Cancer Prevention and Research Program.](#)

Establishes the California Firefighter Cancer Prevention and Research Program (program), administered by the Department of Public Health to award grants to eligible institutions to conduct research on biomarkers of exposure that quantify chemical carcinogens absorbed and metabolized by firefighters, as specified, that ultimately lead to a cancer diagnosis.

**Status:** Chapter 268, Statutes of 2023

### [SB-302 \(Stern\) - Compassionate Access to Medical Cannabis Act.](#)

Expands existing law requiring health facilities to permit terminally ill patients to have access to medical cannabis to also require health facilities to permit patients who are over 65 years of age and have a chronic disease, to have access to medical cannabis. Prohibits home health agencies from withholding care to individuals utilizing cannabis for medical purposes. Defines a chronic disease to mean a condition that lasts one or more years and requires ongoing medical attention or limits the activities of daily living, or both.

**Status:** Chapter 484, Statutes of 2023

### **SB-344 (Rubio) - Ken Maddy California Cancer Registry.**

Makes changes to the Ken Maddy California Cancer Registry and requires a pathology laboratory diagnosing a reportable case of cancer to report cancer diagnoses to the Department of Public Health by electronic means. Permits broader disclosure of cancer registry information that does not contain individually identifiable data, as specified.

**Status:** Chapter 867, Statutes of 2023

### **SB-421 (Limón) - Health care coverage: cancer treatment.**

Makes permanent existing law provisions that prohibit an individual or group health plan contract or health insurance policy, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds \$250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified.

**Status:** Chapter 607, Statutes of 2023

### **SB-496 (Limón) - Biomarker testing.**

Requires a health plan contract or health insurance policy, as specified, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. Applies biomarker testing provisions to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Chapter 401, Statutes of 2023

Vetoed

### **AB-620 (Connolly) - Health care coverage for metabolic disorders.**

Would have expanded existing law requiring every health care plan contract or disability insurance to cover the testing and treatment of phenylketonuria to also cover the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, on or after January 1, 2024. Would have required coverage for treatment of chronic digestive diseases, including, but not limited to, Crohn's disease, and inherited metabolic disorders, to include those formulas that are part of a diet prescribed by a licensed physician and managed by a health care professional in consultation with a physician who specializes in the treatment of chronic digestive diseases and inherited metabolic disorders and who participates in or is authorized by the health plan or insurer, provided that the diet is deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of chronic digestive diseases and inherited metabolic disorders.

**Status:** Vetoed

**AB-632 (Gipson) - Health care coverage: prostate cancer screening.**

Would have prohibited a health plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is high risk, as determined by the attending or treating health care provider. Would have defined high risk to include a person with a prostate who is Black, has a family history of prostate cancer, has a genetic predisposition to prostate cancer, or is a veteran. Would have specified that for high deductible plans, this bill is subject to federal guidance on the preventive care safe harbor.

**Status:** Vetoed

**SB-635 (Menjivar) - Health care coverage: hearing aids.**

Would have required a health plan contract or health insurance policy to cover hearing aids for enrollees and insureds under 21 years of age, if medically necessary. Would have limited the maximum required coverage amount to \$3,000 per individual hearing aid, as specified.

**Status:** Vetoed

**SB-694 (Eggman) - Medi-Cal: self-measured blood pressure devices and services.**

Would have required Medi-Cal to cover self-measured blood pressure devices and related services, as specified.

**Status:** Vetoed

## Covered California (Exchange)

Chaptered

### **SB-595 (Roth) - Covered California: data sharing.**

Requires California's Health Benefit Exchange (Exchange or Covered California) to only request from the Employment Development Department (EDD), the minimum amount of information necessary to accomplish outreach and marketing. Requires a person or entity (such as Covered California marketing vendors) to take all necessary measures to safeguard the confidentiality of any information obtained from the Exchange and prohibits a person or entity from using or disclosing that information for any purpose other than to market and publicize the availability of health care coverage through the Exchange to individuals, as directed by the Exchange. Requires information received by the Exchange from the EDD to be destroyed in a manner that maintains confidentiality.

**Status:** Chapter 492, Statutes of 2023

## Emergency Medical Services

Chaptered

### [AB-40 \(Rodriguez\) - Emergency medical services.](#)

Requires the Emergency Medical Services Authority (EMSA) to develop a public education campaign related to the use of the 9-1-1 service, and to develop a system requirement for an electronic signature for use between the emergency department (ED) and an Emergency Medical Technician that captures the points in time when a hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time (APOT). Requires EMSA to develop a statewide standard not to exceed 30 minutes, 90% of the time for APOT. Requires a general acute care hospital with an ED, by June 1, 2024, to develop an APOT reduction protocol, that addresses specified factors. Requires EMSA, on or after March 1, 2024, to monitor APOT for each facility that is required to report.

**Status:** Chapter 793, Statutes of 2023

### [AB-70 \(Rodriguez\) - Emergency response: trauma kits.](#)

Applies the requirement for the placement of trauma kits in specified buildings to certain structures constructed prior to January 1, 2023, upon a modification, renovation, or tenant improvement.

**Status:** Chapter 515, Statutes of 2023

### [AB-716 \(Boerner\) - Emergency ground medical transportation.](#)

Deletes the direct reimbursement requirement that allows medical transportation services providers to bill enrollees and insureds (for sums not paid by the health plan or insurer) and instead requires a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. Prohibits a noncontracting ground ambulance provider from billing or sending to collections a higher amount, and prohibits a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. Requires a plan or insurer to reimburse for ground ambulance services at a rate established or approved by a local government, at the rate established or approved by the governing board of the local government having jurisdiction for that area or subarea, including an exclusive operating area, as specified.

**Status:** Chapter 454, Statutes of 2023

**AB-767 (Gipson) - Community Paramedicine or Triage to Alternate Destination Act.**

Adds short-term, post discharge follow-up for persons recently discharged from a hospital to the list of eligible community paramedicine services and requires the Emergency Medical Authority to amend existing regulations to include that service. Extends the sunset date of the community paramedicine program from January 1, 2024 to January 1, 2031.

**Status:** Chapter 270, Statutes of 2023

## End-of-Life

Chaptered

### **AB-847 (Luz Rivas) - Medi-Cal: pediatric palliative care services.**

Allows an individual determined eligible for hospice or palliative care services in the Medi-Cal program prior to 21 years of age to maintain eligibility for these services after 21 years of age, as specified. Conditions implementation on federal approval and the availability of federal financial participation. States the Legislature's intent to investigate future legislation to make pediatric palliative and hospice care more accessible to families.

**Status:** Chapter 814, Statutes of 2023

## Food Safety / Nutrition

Chaptered

### **AB-418 (Gabriel) - Food product safety.**

Prohibits a person or entity, commencing January 1, 2027, from manufacturing, selling, delivering, distributing, holding, or offering for sale, in commerce a food product for human consumption that contains any of the following substances:

- 1) Brominated vegetable oil;
- 2) Potassium bromate;
- 3) Propylparaben; or,
- 4) Red dye 3.

Makes a violation of these provisions punishable by a civil penalty not to exceed \$5,000 for a first violation and not to exceed \$10,000 for each subsequent violation, upon an action brought by the Attorney General, a city attorney, a county counsel, or a district attorney.

**Status:** Chapter 328, Statutes of 2023

### **AB-899 (Muratsuchi) - Food safety: infant formula and baby food.**

Requires, beginning January 1, 2024, a manufacturer of baby food sold or distributed in this state to test a representative sample of each production aggregate of baby food product, at a proficient laboratory meeting specified criteria (including being accredited; using an analytical method; demonstrating proficiency), for toxic elements (meaning arsenic, cadmium, lead, and mercury).

Requires, for the final baby food products sold, manufactured, delivered, held, or offered for sale in the state or and after January 1, 2025, to disclose specified information to consumers, including making publicly available on its internet website the name and level of each toxic element present in each product aggregate of the final baby food product. Requires manufacturers to include on the product label a quick response code that links to a page on the manufacturer's internet website containing testing results for the toxic element and a link to related U.S. Food and Drug Administration (FDA) guidance, if a product tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by the FDA.

**Status:** Chapter 668, Statutes of 2023

### **AB-1109 (Connolly) - Product sales: sodium nitrite.**

Makes it unlawful, on or after July 1, 2024, for a person, retailer, or online marketplace to sell sodium nitrite to a person under 18 years of age; and, makes it unlawful for a person, retailer, or online marketplace to sell sodium nitrite in concentrations greater than 10% to a person 18 years of age or older. Specifies it is a defense to a violation of selling to a minor to demonstrate that the purchaser acknowledged before purchase

they were at least 18 years of age and the person, retailer, or online marketplace complies with the California Age-Appropriate Design Code Act. Adds information regarding Tyler, the reason behind the bill, also known as “Tyler’s Law,” and makes other technical and clarifying changes.

**Status:** Chapter 462, Statutes of 2023

### **AB-1217 (Gabriel) - Business pandemic relief.**

Extends until January 1, 2026, the following COVID-19 pandemic authorizations: 1) allowing a permitted food facility to operate without obtaining a separate satellite service permit or submitting written operating procedures to prepare and serve food as a temporary satellite food service; 2) the requirement for a local jurisdiction that has not adopted an ordinance that provides relief from parking restrictions for expanded outdoor dining to reduce the number of required parking spaces for existing uses by the number of spaces that the local jurisdiction determines are needed to accommodate an expanded dining area to mitigate COVID-19 pandemic restrictions on indoor dining; and, 3) allowing licensees of the Department of Alcoholic Beverage Control to continue to exercise license privileges in an expanded license area, as authorized.

**Status:** Chapter 569, Statutes of 2023

### **AB-1325 (Waldron) - Microenterprise home kitchen operations.**

Increases from \$50,000 to \$100,000 the maximum verifiable gross annual sales for purposes of the microenterprise home kitchen operation (MEHKO). Increases the number of meals that a MEHKO can prepare for a week from 60 to 90 individual meals. Adds an urgency and defines meal as the amount or quantity of food that is intended to be consumed by one customer in one sitting. Defines meal to include one or more of any of the following: a main dish, appetizer, side dish, beverage, baked good and/or dessert. Makes other technical changes.

**Status:** Chapter 101, Statutes of 2023

## Health Care Facilities

Chaptered

### **AB-40 (Rodriguez) - Emergency medical services.**

Requires the Emergency Medical Services Authority (EMSA) to develop a public education campaign related to the use of the 9-1-1 service, and to develop a system requirement for an electronic signature for use between the emergency department (ED) and an Emergency Medical Technician that captures the points in time when a hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time (APOT). Requires EMSA to develop a statewide standard not to exceed 30 minutes, 90% of the time for APOT. Requires a general acute care hospital with an ED, by June 1, 2024, to develop an APOT reduction protocol, that addresses specified factors. Requires EMSA, on or after March 1, 2024, to monitor APOT for each facility that is required to report.

**Status:** Chapter 793, Statutes of 2023

### **AB-48 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2023.**

Creates the Nursing Facility Resident Informed Consent Protection Act of 2023 which requires a prescriber, prior to prescribing a psychotherapeutic drug for a resident of a skilled nursing facility or intermediate care facility, to personally examine and obtain the informed written consent of the resident or the resident's representative.

**Status:** Chapter 794, Statutes of 2023

### **AB-242 (Wood) - Critical access hospitals: employment.**

Deletes the prohibition on the corporate practice of medicine for federally certified critical access hospitals (CAHs) and the reporting requirements related to CAHs employing physicians.

**Status:** Chapter 641, Statutes of 2023

### **AB-839 (Addis) - Residential care facilities for the elderly: financing.**

Adds residential care facilities for the elderly to the list of facilities eligible to participate in financing and funding programs offered by the California Health Facilities Financing Authority.

**Status:** Chapter 667, Statutes of 2023

### **AB-1392 (Rodriguez) - Hospitals: procurement contracts.**

Requires the Department of Health Care Access and Information to require hospitals with operating expenses of \$50 million or more, and hospitals with operating expenses of \$25 million or more that are part of a hospital system, to annually submit a detailed and verifiable plan for creating procurement from minority, women, Lesbian, Gay, Bisexual, Transgender, and disabled veteran business enterprises.

**Status:** Chapter 840, Statutes of 2023

### **AB-1471 (Pellerin) - Hospitals: seismic compliance: O'Connor Hospital and Santa Clara Valley Medical Center.**

Extends the deadline for O'Connor Hospital (the hospital) or Santa Clara Valley Medical Center's (SCVMC) current plan for 2020 seismic compliance, and extends the dates for the hospital or SCVMC to report to the Department of Health Care Access and Information on their progress. Declares that this bill is to take effect immediately as an urgency statute.

**Status:** Chapter 304, Statutes of 2023

### **AB-1720 (Bauer-Kahan) - Clinics: prenatal screening.**

Limits the use of ultrasound, or similar medical imaging devices used for a medical, counseling, or diagnostic service to specified settings and medical professionals

**Status:** Chapter 259, Statutes of 2023

### **SB-302 (Stern) - Compassionate Access to Medical Cannabis Act.**

Expands existing law requiring health facilities to permit terminally ill patients to have access to medical cannabis to also require health facilities to permit patients who are over 65 years of age and have a chronic disease, to have access to medical cannabis. Prohibits home health agencies from withholding care to individuals utilizing cannabis for medical purposes. Defines a chronic disease to mean a condition that lasts one or more years and requires ongoing medical attention or limits the activities of daily living, or both.

**Status:** Chapter 484, Statutes of 2023

### **SB-779 (Stern) - Primary Care Clinic Data Modernization Act.**

Requires intermittent clinics to file an annual report with the Department of Health Care Access and Information (HCAI) containing specified information for the previous calendar year. Creates new reporting requirements for all primary care clinics, including intermittent clinics, to report various types of data to HCAI, including all mergers and acquisitions, a detailed labor report, a detailed workforce development report, and a report of quality and equity measures.

**Status:** Chapter 505, Statutes of 2023

**AB-1063 (Gabriel) - Nurse-to-patient staffing ratios: annual report.**

Would have required the Department of Public Health to conduct an annual review of its enforcement of the nurse-to-patient ratio regulations and submit a report to the Legislature on its findings.

**Status:** Vetoed

**AB-1612 (Pacheco) - Clinics: licensure.**

Would have authorized a licensed primary care clinic (PCC) with a license in good standing with the Department of Public Health (DPH) for the preceding five years to construct a new outpatient clinic, acquire ownership or control of an outpatient setting, or acquire ownership or control of a previously licensed PCC. Would have authorized a facility constructed or acquired by a licensed PCC under these provisions to be deemed compliant with the minimum construction standards of adequacy and safety required for the PCC constructing or acquiring the facility, and would have required DPH to immediately approve a license for these facilities without the necessity of first conducting an initial onsite survey upon receipt of a written notice, as specified.

**Status:** Vetoed

**AB-1696 (Sanchez) - Sober Living Accountability Act.**

Would have required any government entity that contracts with a privately owned recovery residence (RR) to provide recovery services and would have required the RR to comply with specified requirements.

**Status:** Vetoed

## Health Disparities

### Chaptered

#### **AB-1487 (Santiago) - Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund.**

Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experienced carceral systems.

**Status:** Chapter 845, Statutes of 2023

#### **AB-1701 (Weber) - Black infant health: California Perinatal Equity Initiative.**

Expands the definition of local health jurisdictions eligible to apply for the California Perinatal Equity Initiative to include a city or city and county.

**Status:** Chapter 174, Statutes of 2023

### Vetoed

#### **AB-85 (Weber) - Social determinants of health: screening and outreach.**

Would have required a health plan contract or health insurance policy, as specified, to include coverage for screenings for social determinants of health (SDOH), as defined. Would have required a health plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health plan or health insurer has enrollees or insureds, as specified. Would have made SDOH a covered benefit for Medi-Cal beneficiaries and would have required the Department of Health Care Services to provide reimbursement for those screenings. Would have required the Department of Health Care Access and Information to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address SDOH. Would have required the working group, by January 1, 2025, to submit a report to the Legislature with recommendations on the topics addressed by the working group. Would have made the provisions of this bill subject upon appropriation by the Legislature.

**Status:** Vetoed

**AB-1057 (Weber) - California Home Visiting Program.**

Would have codified the existing California Home Visiting Program administered by the Department of Public Health to support pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.

**Status:** Vetoed

# Health Information / Health Insurance Portability and Accountability Act (HIPAA)

Chaptered

## [AB-254 \(Bauer-Kahan\) - Confidentiality of Medical Information Act: reproductive or sexual health application information.](#)

Revises the Confidentiality of Medical Information Act to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity. Defines reproductive or sexual health digital service to mean a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer. Deems a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the individual's diagnosis, treatment, or management of a medical condition, to be a provider of health care, as specified.

**Status:** Chapter 254, Statutes of 2023

## [AB-352 \(Bauer-Kahan\) - Health information.](#)

Requires specified businesses that electronically store or maintain medical information on the provision of sensitive services, as specified, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. Prohibits a health care provider, health plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless authorized. Exempts a health care provider from legal liability for damages or from civil or enforcement actions, as specified. Excludes the exchange of abortion and abortion-related services health information from automatically being shared on the California Health and Human Services Data Exchange Framework.

**Status:** Chapter 255, Statutes of 2023

### **SB-595 (Roth) - Covered California: data sharing.**

Requires California's Health Benefit Exchange (Exchange or Covered California) to only request from the Employment Development Department (EDD), the minimum amount of information necessary to accomplish outreach and marketing. Requires a person or entity (such as Covered California marketing vendors) to take all necessary measures to safeguard the confidentiality of any information obtained from the Exchange and prohibits a person or entity from using or disclosing that information for any purpose other than to market and publicize the availability of health care coverage through the Exchange to individuals, as directed by the Exchange. Requires information received by the Exchange from the EDD to be destroyed in a manner that maintains confidentiality.

**Status:** Chapter 492, Statutes of 2023

Vetoed

### **SB-582 (Becker) - Health records: EHR vendors.**

Would have required Electronic Health Record (EHR) vendors, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, to execute the framework data sharing agreement (Framework). Would have required any fees charged by an EHR vendor to enable compliance with the Framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified. Would have authorized the California Health and Human Services Agency to establish administrative oversight and enforcement authority, including fines, if fees charged by EHR vendors to specified entities are not in compliance with federal standards.

**Status:** Vetoed

## Health Insurance / Health Plan

Chaptered

### [AB-317 \(Weber\) - Pharmacist service coverage.](#)

Requires, instead of permits, a health plan and specified disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health plan or insurer has an out-of-network pharmacy benefit.

**Status:** Chapter 322, Statutes of 2023

### [AB-494 \(Arambula\) - Robert F. Kennedy Farm Workers Medical Plan.](#)

Maintains the maximum reimbursement amount (up to \$3 million) from the Department of Health Care Services, to the Robert F. Kennedy Farm Workers Medical Plan (RFK Plan) for claim payments that exceed seventy thousand dollars (\$70,000) made by the RFK Plan on behalf of an eligible employee or dependent for a single episode of care. Extends the sunset of the RFK Plan to January 1, 2031.

**Status:** Chapter 333, Statutes of 2023

### [AB-716 \(Boerner\) - Emergency ground medical transportation.](#)

Deletes the direct reimbursement requirement that allows medical transportation services providers to bill enrollees and insureds (for sums not paid by the health plan or insurer) and instead requires a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. Prohibits a noncontracting ground ambulance provider from billing or sending to collections a higher amount, and prohibits a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. Requires a plan or insurer to reimburse for ground ambulance services at a rate established or approved by a local government, at the rate established or approved by the governing board of the local government having jurisdiction for that area or subarea, including an exclusive operating area, as specified.

**Status:** Chapter 454, Statutes of 2023

### [AB-904 \(Calderon\) - Health care coverage: doulas.](#)

Requires a health plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Authorizes the

Department of Managed Health Care and Department of Insurance to collect data and submit a report describing the doula coverage to the Legislature by January 1, 2027.

**Status:** Chapter 349, Statutes of 2023

#### **AB-948 (Berman) - Prescription drugs.**

Makes permanent existing law provisions that prohibit the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250 for a supply of up to 30 days or \$500 for bronze products, except as specified; and, requires a non-grandfathered individual or small group plan contract or insurance policy to use specified definitions for each tier of a drug formulary.

**Status:** Chapter 820, Statutes of 2023

#### **AB-952 (Wood) - Dental coverage disclosures.**

Requires a health plan or health insurer that issues, sells, renews, or offers a contract covering dental services, or a specialized health plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is "State Regulated" to assist a provider and to also make it available through the provider's portal, if available, or upon request, on or after January 1, 2025. Requires a health plan or insurer to include the statement "State Regulated" on an enrollee or insured's electronic or physical identification card, or both if available, on or after January 1, 2025.

**Status:** Chapter 125, Statutes of 2023

#### **AB-1048 (Wicks) - Dental benefits and rate review.**

Prohibits, on and after January 1, 2025, a health plan or health insurer that covers dental services, as specified, from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision or preexisting condition provision, as defined, upon an enrollee or insured. Specifies that waiting provisions apply to large group products only. Requires health plans and specialized health plans covering dental services or health insurers and specialized health insurers covering dental services to file with the Department of Managed Health Care or the Department of Insurance specified information, including, among other things, the type of plan or health insurer involved, the loss ratio, proposed and effective rates for all products, and any other factors affecting dental premium rates. Requires the health plan or health insurer, on or after January 1, 2025, to file with the respective departments the required information at least annually and to file 120 days before any change in the methodology, factors, or assumptions that would affect rates.

**Status:** Chapter 557, Statutes of 2023

#### **SB-421 (Limón) - Health care coverage: cancer treatment.**

Makes permanent existing law provisions that prohibit an individual or group health plan contract or health insurance policy, that provides coverage for prescribed, orally

administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds \$250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified.

**Status:** Chapter 607, Statutes of 2023

### **SB-487 (Atkins) - Abortion: provider protections.**

Establishes protections for health care providers who contract with health plans and insurers, or are enrolled as Medi-Cal providers, from adverse outcomes such as contract termination, discrimination, or suspension of enrollment, when such adverse action is based on adverse legal action or professional discipline in other states for conduct that is not prohibited in California (such as provision of abortion or gender-affirming care).

**Status:** Chapter 261, Statutes of 2023

### **SB-496 (Limón) - Biomarker testing.**

Requires a health plan contract or health insurance policy, as specified, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. Applies biomarker testing provisions to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Chapter 401, Statutes of 2023

### **SB-595 (Roth) - Covered California: data sharing.**

Requires California's Health Benefit Exchange (Exchange or Covered California) to only request from the Employment Development Department (EDD), the minimum amount of information necessary to accomplish outreach and marketing. Requires a person or entity (such as Covered California marketing vendors) to take all necessary measures to safeguard the confidentiality of any information obtained from the Exchange and prohibits a person or entity from using or disclosing that information for any purpose other than to market and publicize the availability of health care coverage through the Exchange to individuals, as directed by the Exchange. Requires information received by the Exchange from the EDD to be destroyed in a manner that maintains confidentiality.

**Status:** Chapter 492, Statutes of 2023

### **SB-621 (Caballero) - Health care coverage: biosimilar drugs.**

Authorizes a plan, insurer, or utilization review organization to require an enrollee or insured to try a biosimilar, as defined in federal law, before providing coverage for the equivalent branded prescription drug. Clarifies that these provisions do not prohibit or supersede a step therapy exception request as described in existing law. Adds a

definition of interchangeable product as specified in existing law to be consistent with federal law.

**Status:** Chapter 495, Statutes of 2023

**SB-805 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Expands the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. Requires these individuals to also meet specified criteria set forth in regulations adopted by the Department of Developmental Services (DDS). Requires DDS, on or before July 1, 2026, to adopt regulations to address the use of Behavioral Health Professionals in behavioral health treatment group practice, and to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide evidence-based behavioral intervention services, as specified.

**Status:** Chapter 635, Statutes of 2023

Vetoed

**AB-85 (Weber) - Social determinants of health: screening and outreach.**

Would have required a health plan contract or health insurance policy, as specified, to include coverage for screenings for social determinants of health (SDOH), as defined. Would have required a health plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health plan or health insurer has enrollees or insureds, as specified. Would have made SDOH a covered benefit for Medi-Cal beneficiaries and would have required the Department of Health Care Services to provide reimbursement for those screenings. Would have required the Department of Health Care Access and Information to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address SDOH. Would have required the working group, by January 1, 2025, to submit a report to the Legislature with recommendations on the topics addressed by the working group. Would have made the provisions of this bill subject upon appropriation by the Legislature.

**Status:** Vetoed

**AB-616 (Rodriguez) - Medical Group Financial Transparency Act.**

Would have established the Medical Group Financial Transparency Act and authorized the disclosure of audited financial reports and comprehensive financial statements of physician organizations of 50 or more physicians and physician organizations that are part of a fully integrated delivery system, collected by the Office of Health Care

Affordability, and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care.

**Status:** Vetoed

**AB-620 (Connolly) - Health care coverage for metabolic disorders.**

Would have expanded existing law requiring every health care plan contract or disability insurance to cover the testing and treatment of phenylketonuria to also cover the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, on or after January 1, 2024. Would have required coverage for treatment of chronic digestive diseases, including, but not limited to, Crohn's disease, and inherited metabolic disorders, to include those formulas that are part of a diet prescribed by a licensed physician and managed by a health care professional in consultation with a physician who specializes in the treatment of chronic digestive diseases and inherited metabolic disorders and who participates in or is authorized by the health plan or insurer, provided that the diet is deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of chronic digestive diseases and inherited metabolic disorders.

**Status:** Vetoed

**AB-632 (Gipson) - Health care coverage: prostate cancer screening.**

Would have prohibited a health plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is high risk, as determined by the attending or treating health care provider. Would have defined high risk to include a person with a prostate who is Black, has a family history of prostate cancer, has a genetic predisposition to prostate cancer, or is a veteran. Would have specified that for high deductible plans, this bill is subject to federal guidance on the preventive care safe harbor.

**Status:** Vetoed

### **AB-907 (Lowenthal) - Coverage for PANDAS and PANS.**

Would have required a health plan contract or health insurance policy to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a provider. Would have prohibited coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. Would have prohibited a health plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name.

**Status:** Vetoed

### **AB-931 (Irwin) - Prior authorization: physical therapy.**

Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Would have defined new episode of care to mean treatment for a new or recurring condition for which the enrollee or insured has not been treated by the provider within the previous 90 days and is not currently undergoing active treatment. Would have made various findings and declarations, including that recent practices by various health plans, health insurers, and their agents to limit the availability of physical therapy, including the use of computer-generated denials or modifications of treatment plans recommended by the patient's treating clinician, are interfering in the ongoing goal of timely, appropriate care.

**Status:** Vetoed

### **AB-1060 (Ortega) - Health care coverage: naloxone hydrochloride.**

Would have required coverage of prescription or nonprescription naloxone hydrochloride under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration for treatment of an opioid overdose. Would have prohibited a health plan contract or health insurance policy from imposing any cost-sharing requirements.

**Status:** Vetoed

### **AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.**

Would have prohibited a health plan and a health insurer from requiring prior authorization for a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines.

**Status:** Vetoed

### **AB-1432 (Wendy Carrillo) - Health care coverage.**

Would have subjected an out-of-state policy or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.

**Status:** Vetoed

### **AB-1451 (Jackson) - Behavioral health crisis treatment.**

Would have required a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health (MH) and substance use disorders (SUDs) to cover treatment for urgent or emergency MH and SUDs. Would have prohibited a health plan or insurer from requiring prior authorization for the treatment of urgent or emergency MH and SUDs. Would have required a health plan or insurer to provide reimbursement for services in compliance with the existing requirements for timely payment of claims. Would have provided that this bill be implemented upon appropriation by the Legislature.

**Status:** Vetoed

### **AB-1645 (Zbur) - Health care coverage: cost sharing.**

Would have prohibited a group or individual health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Would have prohibited health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Would have required a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates (unless otherwise agreed to by a nonparticipating essential community provider and the health plan or insurer, the greater of its average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar items or services in the general geographic region in which the items or services were rendered) for screening tests and integral items and services

rendered, and would have prohibited the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.

**Status:** Vetoed

**[SB-90 \(Wiener\) - Health care coverage: insulin affordability.](#)**

Would have prohibited a health plan contract or disability insurance policy, from imposing a copayment on an insulin prescription drug that exceeds \$35 for a 30-day supply, and from imposing a deductible, coinsurance, or any other cost sharing.

**Status:** Vetoed

**[SB-257 \(Portantino\) - Health care coverage: diagnostic imaging.](#)**

Would have required a health plan contract, a disability insurance policy that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan to provide coverage without cost-sharing for screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.

**Status:** Vetoed

**[SB-582 \(Becker\) - Health records: EHR vendors.](#)**

Would have required Electronic Health Record (EHR) vendors, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, to execute the framework data sharing agreement (Framework). Would have required any fees charged by an EHR vendor to enable compliance with the Framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified. Would have authorized the California Health and Human Services Agency to establish administrative oversight and enforcement authority, including fines, if fees charged by EHR vendors to specified entities are not in compliance with federal standards.

**Status:** Vetoed

**[SB-635 \(Menjivar\) - Health care coverage: hearing aids.](#)**

Would have required a health plan contract or health insurance policy to cover hearing aids for enrollees and insureds under 21 years of age, if medically necessary. Would have limited the maximum required coverage amount to \$3,000 per individual hearing aid, as specified.

**Status:** Vetoed

## Health Workforce

Chaptered

### **AB-242 (Wood) - Critical access hospitals: employment.**

Deletes the prohibition on the corporate practice of medicine for federally certified critical access hospitals (CAHs) and the reporting requirements related to CAHs employing physicians.

**Status:** Chapter 641, Statutes of 2023

### **AB-767 (Gipson) - Community Paramedicine or Triage to Alternate Destination Act.**

Adds short-term, post discharge follow-up for persons recently discharged from a hospital to the list of eligible community paramedicine services and requires the Emergency Medical Authority to amend existing regulations to include that service. Extends the sunset date of the community paramedicine program from January 1, 2024 to January 1, 2031.

**Status:** Chapter 270, Statutes of 2023

### **AB-904 (Calderon) - Health care coverage: doulas.**

Requires a health plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Authorizes the Department of Managed Health Care and Department of Insurance to collect data and submit a report describing the doula coverage to the Legislature by January 1, 2027.

**Status:** Chapter 349, Statutes of 2023

### **SB-476 (Limón) - Food safety: food handlers.**

Requires the Department of Public Health, by January 1, 2025 to post on its internet website a link to the internet website of an American National Standards Institute-accredited food handler training programs. Requires a local public health department to provide a link to that web page on its own internet website. Requires an employer to consider the time that it takes for the employee to complete the food handler training and the examination as compensable "hours worked," requiring the employer to pay according to existing Labor Code provisions, and to pay the employee for any necessary expenditures or losses associated with the employee obtaining a food handler card. Requires an employer to relieve an employee of all other work duties, while the employee is taking the training and examination.

**Status:** Chapter 610, Statutes of 2023

### **SB-779 (Stern) - Primary Care Clinic Data Modernization Act.**

Requires intermittent clinics to file an annual report with the Department of Health Care Access and Information (HCAI) containing specified information for the previous

calendar year. Creates new reporting requirements for all primary care clinics, including intermittent clinics, to report various types of data to HCAI, including all mergers and acquisitions, a detailed labor report, a detailed workforce development report, and a report of quality and equity measures.

**Status:** Chapter 505, Statutes of 2023

Vetoed

**AB-1063 (Gabriel) - Nurse-to-patient staffing ratios: annual report.**

Would have required the Department of Public Health to conduct an annual review of its enforcement of the nurse-to-patient ratio regulations and submit a report to the Legislature on its findings.

**Status:** Vetoed

## Labs / Clinical Labs

Chaptered

### **AB-269 (Berman) - Public health: COVID-19 testing and dispensing sites.**

Permits a person to perform an analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in a 1) clinical laboratory or, 2) in any city or county public health laboratory if they met federal regulatory requirements under the Clinical Laboratory Improvement Amendments, as specified, for high complexity testing. Permits an entity contracted with and approved by the Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 therapeutics at or from a designated site. Includes provisions relating to the dispensing, labeling, and recording of COVID-19 therapeutics. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

**Status:** Chapter 1, Statutes of 2023

### **AB-425 (Alvarez) - Medi-Cal: pharmacogenomic testing.**

Specifies that pharmacogenomic testing, as defined, is a covered benefit under Medi-Cal, subject to utilization controls. Conditions implementation on federal approval and the availability of federal financial participation, and allows Department of Health Care Services to implement the change through non-regulatory guidance.

**Status:** Chapter 329, Statutes of 2023

## Mental / Behavioral Health

Chaptered

### **AB-289 (Holden) - Mental health services: representation.**

Expands the list of required stakeholders for purposes of county development of a three-year plan and annual updates under the Mental Health Services Act to include youths or youth mental health organizations. Requires stakeholders to include sufficient participation of individuals representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in work with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities.

**Status:** Chapter 518, Statutes of 2023

### **AB-1462 (Jim Patterson) - Veteran overdose deaths.**

Requires the Department of Public Health to access existing data within the electronic death registration system to compile a report on veteran drug overdose deaths in California and to report specified data.

**Status:** Chapter 844, Statutes of 2023

### **SB-43 (Eggman) - Behavioral health.**

Expands the definition under the Lanterman-Petris-Short Act of “gravely disabled,” for purposes of involuntarily detaining an individual, to also include a condition in which a person, as a result of a mental health disorder or a substance use disorder (SUD), or both, is at substantial risk of serious harm, as defined, or is currently experiencing serious harm to their physical or mental health. Prohibits the existence of a mental health/SUD alone from establishing a substantial risk of serious harm, as specified. Deems statements of specified health practitioners, for purposes of an expert witness in a proceeding relating to the appointment or reappointment of a conservator, as not hearsay, as specified.

**Status:** Chapter 637, Statutes of 2023

### **SB-326 (Eggman) - The Behavioral Health Services Act.**

Reforms, if amendments to the MHSA are approved by voters at the March 5, 2024, primary election, the mental health system in California and in particular the Mental Health Services Act (MHSA), established by voter initiative in 2004 as a 1% personal income tax for those earning more than \$1 million a year. Recasts the MHSA by, among other provisions, renaming it the Behavioral Health Services Act, expanding it to include treatment of substance use disorders, changing the county planning process, increasing reporting, transparency and accountability, and expanding services for which counties and the state can use funds. Renames the Mental Health Services Oversight and Accountability Commission to the Behavioral Health Services Oversight and Accountability Commission and changes the composition and duties of the commission,

as specified. Revises the distribution of MHSA moneys, including allocating up to \$36 million to the California Health and Human Services Agency for behavioral health workforce funding. Authorizes the Department of Health Care Services to require a county to implement specific evidence-based practices. Deletes the provisions requiring innovative programs at the county level and requires counties to use up to 30% of their MHSA designated funds to provide housing interventions.

**Status:** Chapter 790, Statutes of 2023

### **SB-717 (Stern) - County mental health services.**

Requires a court to notify individuals who have been found incompetent to stand trial (IST), whose misdemeanor charge(s) have been dismissed by the court, and who are not receiving court directed services, of their need for mental health services as evidenced by their having been found IST.

**Status:** Chapter 883, Statutes of 2023

### **SB-805 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Expands the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. Requires these individuals to also meet specified criteria set forth in regulations adopted by the Department of Developmental Services (DDS). Requires DDS, on or before July 1, 2026, to adopt regulations to address the use of Behavioral Health Professionals in behavioral health treatment group practice, and to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide evidence-based behavioral intervention services, as specified.

**Status:** Chapter 635, Statutes of 2023

Vetoed

### **AB-1060 (Ortega) - Health care coverage: naloxone hydrochloride.**

Would have required coverage of prescription or nonprescription naloxone hydrochloride under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration for treatment of an opioid overdose. Would have prohibited a health plan contract or health insurance policy from imposing any cost-sharing requirements.

**Status:** Vetoed

### **AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.**

Would have prohibited a health plan and a health insurer from requiring prior authorization for a buprenorphine product, methadone, or long-acting injectable

naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines.

**Status:** Vetoed

**AB-1437 (Irwin) - Medi-Cal: serious mental illness.**

Would have required the Department of Health Care Services to automatically approve a prescription refill for a Medi-Cal covered drug prescribed for serious mental illness, as defined, for a period of 365 days after the initial prescription is dispensed, for individuals over 18 years of age and who are not within the transition jurisdiction of the juvenile court, as specified.

**Status:** Vetoed

**AB-1451 (Jackson) - Behavioral health crisis treatment.**

Would have required a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health (MH) and substance use disorders (SUDs) to cover treatment for urgent or emergency MH and SUDs. Would have prohibited a health plan or insurer from requiring prior authorization for the treatment of urgent or emergency MH and SUDs. Would have required a health plan or insurer to provide reimbursement for services in compliance with the existing requirements for timely payment of claims. Would have provided that this bill be implemented upon appropriation by the Legislature.

**Status:** Vetoed

## Opioids

Chaptered

### **AB-33 (Bains) - Fentanyl Addiction and Overdose Prevention Task Force.**

Establishes, subject to an appropriation by the Legislature, the Fentanyl Addiction and Overdose Prevention Task Force to undertake specified duties relating to fentanyl abuse.

**Status:** Chapter 887, Statutes of 2023

### **AB-1233 (Waldron) - Substance abuse: Naloxone Distribution Project: tribal governments.**

Requires the Department of Health Care Services (DHCS) to conduct an outreach program to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride (naloxone) or another opioid antagonist through the DHCS' Naloxone Distribution Project (NDP). Requires DHCS to also provide technical assistance, if requested by the tribal government, to those tribal entities applying for naloxone kits through the NDP. Requires, beginning March 31, 2025, DHCS to report annually specified data to the Legislature and to the Assembly and Senate Health Committees on the results of the outreach program on or before March 31 of each year. Sunsets the provisions of this bill on March 31, 2027.

**Status:** Chapter 570, Statutes of 2023

### **AB-1462 (Jim Patterson) - Veteran overdose deaths.**

Requires the Department of Public Health to access existing data within the electronic death registration system to compile a report on veteran drug overdose deaths in California and to report specified data.

**Status:** Chapter 844, Statutes of 2023

### **SB-10 (Cortese) - Pupil health: opioid overdose prevention and treatment: Melanie's Law.**

Establishes Melanie's Law which requires school safety plans of schools serving students in grades seven to 12 to include a protocol for responding to a student's opioid overdose; requires the Department of Education and the California Health and Human Services Agency, subject to an appropriation for this purpose, to establish the State Working Group on Fentanyl Education in Schools, to promote public education, awareness, and prevention of fentanyl overdoses, through outreach to staff and students in schools; requires the working group to develop a School Resource Guide on Opioids and other informational materials on preventing opioid overdoses; and, requires local education agencies to provide these materials to staff, students, and parents.

**Status:** Chapter 856, Statutes of 2023

**SB-19 (Seyarto) - Anti-Fentanyl Abuse Task Force.**

Establishes upon appropriation by the Legislature, the Anti-Fentanyl Abuse Task Force to evaluate the nature and extent of fentanyl abuse in the state and to develop policy recommendations for addressing it. Specifies task force membership and reporting requirements.

**Status:** Chapter 857, Statutes of 2023

**SB-234 (Portantino) - Opioid antagonists: schools, college campuses, stadiums, concert venues, and amusement parks.**

Requires each campus of a K-12 public school, California Community Colleges, the California State University, the University of California, an independent institution of higher education, and a private postsecondary educational institution, and each stadium, concert venue, and amusement park, to maintain unexpired doses of opioid antagonists on its premises and ensure that at least two employees are aware of the location of the opioid antagonists.

**Status:** Chapter 596, Statutes of 2023

Vetoed

**SB-641 (Roth) - Public health: alcohol and drug programs: naloxone.**

Would have required the Department of Health Care Services, as part of its Naloxone Distribution Project (NDP), to make all United States Food and Drug Administration approved formulations and dosage strengths of naloxone or another opioid antagonist that are indicated for the emergency treatment of known or suspected opioid overdose available to eligible NDP applicants to the extent that federal funding is not jeopardized.

**Status:** Vetoed

## Pharmaceuticals / Pharmacy / Biotech

Chaptered

### [AB-317 \(Weber\) - Pharmacist service coverage.](#)

Requires, instead of permits, a health plan and specified disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health plan or insurer has an out-of-network pharmacy benefit.

**Status:** Chapter 322, Statutes of 2023

### [AB-948 \(Berman\) - Prescription drugs.](#)

Makes permanent existing law provisions that prohibit the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250 for a supply of up to 30 days or \$500 for bronze products, except as specified; and, requires a non-grandfathered individual or small group plan contract or insurance policy to use specified definitions for each tier of a drug formulary.

**Status:** Chapter 820, Statutes of 2023

### [SB-496 \(Limón\) - Biomarker testing.](#)

Requires a health plan contract or health insurance policy, as specified, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. Applies biomarker testing provisions to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Chapter 401, Statutes of 2023

### [SB-621 \(Caballero\) - Health care coverage: biosimilar drugs.](#)

Authorizes a plan, insurer, or utilization review organization to require an enrollee or insured to try a biosimilar, as defined in federal law, before providing coverage for the equivalent branded prescription drug. Clarifies that these provisions do not prohibit or supersede a step therapy exception request as described in existing law. Adds a definition of interchangeable product as specified in existing law to be consistent with federal law.

**Status:** Chapter 495, Statutes of 2023

**SB-786 (Portantino) - Prescription drug pricing.**

Prohibits a pharmacy benefit manager from imposing any requirements, conditions, or exclusions that impact the discounts that covered entities or specified pharmacies participating in the federal 340B drug discount program receive.

**Status:** Chapter 414, Statutes of 2023

Vetoed

**AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.**

Would have prohibited a health plan and a health insurer from requiring prior authorization for a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines.

**Status:** Vetoed

## Public Health

Chaptered

### **AB-70 (Rodriguez) - Emergency response: trauma kits.**

Applies the requirement for the placement of trauma kits in specified buildings to certain structures constructed prior to January 1, 2023, upon a modification, renovation, or tenant improvement.

**Status:** Chapter 515, Statutes of 2023

### **AB-269 (Berman) - Public health: COVID-19 testing and dispensing sites.**

Permits a person to perform an analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in a 1) clinical laboratory or, 2) in any city or county public health laboratory if they met federal regulatory requirements under the Clinical Laboratory Improvement Amendments, as specified, for high complexity testing. Permits an entity contracted with and approved by the Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 therapeutics at or from a designated site. Includes provisions relating to the dispensing, labeling, and recording of COVID-19 therapeutics. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

**Status:** Chapter 1, Statutes of 2023

### **AB-418 (Gabriel) - Food product safety.**

Prohibits a person or entity, commencing January 1, 2027, from manufacturing, selling, delivering, distributing, holding, or offering for sale, in commerce a food product for human consumption that contains any of the following substances:

- 1) Brominated vegetable oil;
- 2) Potassium bromate;
- 3) Propylparaben; or,
- 4) Red dye 3.

Makes a violation of these provisions punishable by a civil penalty not to exceed \$5,000 for a first violation and not to exceed \$10,000 for each subsequent violation, upon an action brought by the Attorney General, a city attorney, a county counsel, or a district attorney.

**Status:** Chapter 328, Statutes of 2023

### **AB-424 (Bryan) - Neurodegenerative disease registry.**

Requires the Department of Public Health, as part of the system it will establish for the collection of information on the incidence and prevalence of neurodegenerative disease, to also collect information on amyotrophic lateral sclerosis disease (ALS/Lou Gehrig's disease). Makes a conforming change in the definition of neurodegenerative disease.

**Status:** Chapter 522, Statutes of 2023

### **AB-659 (Aguiar-Curry) - Cancer Prevention Act.**

Requires a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage without cost sharing for the human papillomavirus (HPV) vaccine, as approved by the United States Food and Drug Administration. Specifies that 1) pupils are advised to adhere to current immunization guidelines, as recommended by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians, regarding full HPV immunization before admission or advancement to the eighth grade level of any private or public elementary or secondary school; and, 2) students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as recommended, regarding full HPV immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. Requires, upon a pupil's admission or advancement to the 6th grade level, the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about the state's public policy on HPV and advising that the pupil adhere to current HPV guidelines. Specifies that the notification provisions do not apply to a pupil in a home-based private school.

**Status:** Chapter 809, Statutes of 2023

### **AB-700 (Grayson) - California Firefighter Cancer Prevention and Research Program.**

Establishes the California Firefighter Cancer Prevention and Research Program, administered by the Department of Public Health to award grants to eligible institutions to conduct research on biomarkers of exposure that quantify chemical carcinogens absorbed and metabolized by firefighters, as specified, that ultimately lead to a cancer diagnosis.

**Status:** Chapter 268, Statutes of 2023

### **AB-899 (Muratsuchi) - Food safety: infant formula and baby food.**

Requires, beginning January 1, 2024, a manufacturer of baby food sold or distributed in this state to test a representative sample of each production aggregate of baby food product, at a proficient laboratory meeting specified criteria (including being accredited; using an analytical method; demonstrating proficiency), for toxic elements (meaning arsenic, cadmium, lead, and mercury).

Requires, for the final baby food products sold, manufactured, delivered, held, or offered for sale in the state or and after January 1, 2025, to disclose specified information to consumers, including making publicly available on its internet website the name and level of each toxic element present in each product aggregate of the final baby food product. Requires manufacturers to include on the product label a quick response code that links to a page on the manufacturer's internet website containing testing results for

the toxic element and a link to related U.S. Food and Drug Administration (FDA) guidance, if a product tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by the FDA.

**Status:** Chapter 668, Statutes of 2023

### **AB-1109 (Connolly) - Product sales: sodium nitrite.**

Makes it unlawful, on or after July 1, 2024, for a person, retailer, or online marketplace to sell sodium nitrite to a person under 18 years of age; and, makes it unlawful for a person, retailer, or online marketplace to sell sodium nitrite in concentrations greater than 10% to a person 18 years of age or older. Specifies it is a defense to a violation of selling to a minor to demonstrate that the purchaser acknowledged before purchase they were at least 18 years of age and the person, retailer, or online marketplace complies with the California Age-Appropriate Design Code Act. Adds information regarding Tyler, the reason behind the bill, also known as “Tyler’s Law,” and makes other technical and clarifying changes.

**Status:** Chapter 462, Statutes of 2023

### **AB-1210 (Kalra) - Sodium nitrite.**

Prohibits a person or entity from selling or offering for sale in this state sodium nitrite at a purity level that exceeds 10% without specified warning labels on the immediate container and on the outside of the shipping package. Makes a violation of this bill subject to a civil penalty of \$10,000 for the first violation and at least \$50,000 and no more than \$100,000 for a second or subsequent violation.

**Status:** Chapter 469, Statutes of 2023

### **AB-1217 (Gabriel) - Business pandemic relief.**

Extends until January 1, 2026 the following COVID-19 pandemic authorizations: 1) allowing a permitted food facility to operate without obtaining a separate satellite service permit or submitting written operating procedures to prepare and serve food as a temporary satellite food service; 2) the requirement for a local jurisdiction that has not adopted an ordinance that provides relief from parking restrictions for expanded outdoor dining to reduce the number of required parking spaces for existing uses by the number of spaces that the local jurisdiction determines are needed to accommodate an expanded dining area to mitigate COVID-19 pandemic restrictions on indoor dining; and, 3) allowing licensees of the Department of Alcoholic Beverage Control to continue to exercise license privileges in an expanded license area, as authorized.

**Status:** Chapter 569, Statutes of 2023

### **AB-1325 (Waldron) - Microenterprise home kitchen operations.**

Increases from \$50,000 to \$100,000 the maximum verifiable gross annual sales for purposes of the microenterprise home kitchen operation (MEHKO). Increases the number of meals that a MEHKO can prepare for a week from 60 to 90 individual meals. Adds an urgency and defines meal as the amount or quantity of food that is intended to

be consumed by one customer in one sitting. Defines meal to include one or more of any of the following: a main dish, appetizer, side dish, beverage, baked good and/or dessert. Makes other technical changes.

**Status:** Chapter 101, Statutes of 2023

**[AB-1487 \(Santiago\) - Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund.](#)**

Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experienced carceral systems.

**Status:** Chapter 845, Statutes of 2023

**[ACR-67 \(Waldron\) - Atherosclerotic cardiovascular disease \(ASCVD\).](#)**

Urges the expansion of comprehensive cardiovascular screening programs and the creation of policies to decrease the number of deaths of Americans as a result of ASCVD.

**Status:** Chapter 127, Statutes of 2023

**[SB-67 \(Seyarto\) - Controlled substances: overdose reporting.](#)**

Requires coroners and medical examiners to report actual or suspected overdoses to the Emergency Medical Services Agency, which is then required to submit this data to the Overdose Detection Mapping Application Program.

**Status:** Chapter 859, Statutes of 2023

**[SB-344 \(Rubio\) - Ken Maddy California Cancer Registry.](#)**

Makes changes to the Ken Maddy California Cancer Registry and requires a pathology laboratory diagnosing a reportable case of cancer to report cancer diagnoses to the Department of Public Health by electronic means. Permits broader disclosure of cancer registry information that does not contain individually identifiable data, as specified.

**Status:** Chapter 867, Statutes of 2023

**[SB-476 \(Limón\) - Food safety: food handlers.](#)**

Requires the Department of Public Health, by January 1, 2025 to post on its internet website a link to the internet website of an American National Standards Institute-accredited food handler training programs. Requires a local public health department to provide a link to that web page on its own internet website. Requires an employer to consider the time that it takes for the employee to complete the food handler training and the examination as compensable "hours worked," requiring the employer to pay according to existing Labor Code provisions, and to pay the employee for any necessary expenditures or losses associated with the employee obtaining a food handler card. Requires an employer to relieve an employee of all other work duties, while the employee is taking the training and examination.

**Status:** Chapter 610, Statutes of 2023

Vetoed

**AB-1057 (Weber) - California Home Visiting Program.**

Would have codified the existing California Home Visiting Program administered by the Department of Public Health to support pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.

**Status:** Vetoed

**AB-1079 (Jackson) - Discrimination: Public engagement.**

Would have required the Department of Public Health, no later than July 1, 2025, to establish a Hate Crimes Intervention Unit to implement research-based community interventions in conjunction with community leaders and organizations in communities where a hate crime has been confirmed by the Department of Justice. Would have required the Civil Rights Department (formerly the Department of Fair Employment and Housing), no later than July 1, 2025, to establish the California Ad Council to create and implement a statewide media campaigns to discourage discrimination, as specified.

**Status:** Vetoed

**SB-541 (Menjivar) - Sexual health: contraceptives: immunization.**

Would have required all public high schools to make condoms available to students by the start of the 2024-25 school year, and would have required schools to provide information to students on the availability of condoms, as well as other sexual health information. Would have prohibited public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Would have prohibited retailers from restricting sales of nonprescription contraception on the basis of age.

**Status:** Vetoed

## Public Insurance / Medi-Cal / Medi-Cal Managed Care (MCMC)

Chaptered

### **AB-425 (Alvarez) - Medi-Cal: pharmacogenomic testing.**

Specifies that pharmacogenomic testing, as defined, is a covered benefit under Medi-Cal, subject to utilization controls. Conditions implementation on federal approval and the availability of federal financial participation, and allows Department of Health Care Services to implement the change through non-regulatory guidance.

**Status:** Chapter 329, Statutes of 2023

### **AB-483 (Muratsuchi) - Local educational agency: Medi-Cal billing option.**

Revises the process by which the Department of Health Care Services (DHCS) audits claims submitted through the Local Education Agency Medi-Cal Billing Option Program (LEA BOP), a program that allows schools to claim reimbursement for a portion of the cost of delivering health services to Medi-Cal eligible students, and establishes related requirements for stakeholder engagement and reporting. Requires interim settlements or final settlements to be completed within 12 months, and requires audits to be completed within 18 months, of the annual March 1 due date for the Cost and Reimbursement Comparison Schedule. Requires DHCS to issue an updated program guide, as specified, by July 1, 2024. Amends LEA BOP financing provisions to specify that a maximum of 5% of funds can be withheld for LEA BOP program state administrative costs.

**Status:** Chapter 527, Statutes of 2023

### **AB-614 (Wood) - Medi-Cal.**

Eliminates Department of Health Care Services' (DHCS) ability to implement Medi-Cal managed care contracting through entities that are not Knox-Keene Health Care Service Plan Act of 1975 licensed plans, except when licensure is not required by law (such as for county-administered plans, county organized health system plans and Program of All-Inclusive Care for the Elderly plans), requires stakeholder input prior to DHCS issuing a new request for proposal or entering into new contracts, and deletes obsolete references in existing law.

**Status:** Chapter 266, Statutes of 2023

### **[AB-847 \(Luz Rivas\) - Medi-Cal: pediatric palliative care services.](#)**

Allows an individual determined eligible for hospice or palliative care services in the Medi-Cal program prior to 21 years of age to maintain eligibility for these services after 21 years of age, as specified. Conditions implementation on federal approval and the availability of federal financial participation. States the Legislature's intent to investigate future legislation to make pediatric palliative and hospice care more accessible to families.

**Status:** Chapter 814, Statutes of 2023

### **[AB-1241 \(Weber\) - Medi-Cal: telehealth.](#)**

Clarifies provisions of current law requiring a provider furnishing services through video or audio telehealth to offer services in-person or facilitate in-person care, including clarifying that current law does not require a provider to schedule an appointment with a different provider on behalf of a patient.

**Status:** Chapter 172, Statutes of 2023

### **[AB-1481 \(Boerner\) - Medi-Cal: presumptive eligibility.](#)**

Requires the Department of Health Care Services, for a pregnant person covered under the Presumptive Eligibility for Pregnant Women (PE4PW) program who applies for full-scope Medi-Cal benefits in a specified time window, to ensure the pregnant person is covered under the PE4PW program until the pregnant person is either enrolled in full-scope Medi-Cal benefits or has received a written denial notice in response to their application for full-scope Medi-Cal benefits, and renames the program as Presumptive Eligibility for Pregnant People.

**Status:** Chapter 372, Statutes of 2023

### **[AJR-4 \(Schiavo\) - Medicare: ACO REACH Model.](#)**

Requests President Joseph Biden to end the Accountable Care Organization Realizing Equity, Access, and Community Health Model immediately.

**Status:** Chapter 172, Statutes of 2023

### **[SB-311 \(Eggman\) - Medi-Cal: Part A buy-in.](#)**

Requires the Department of Health Care Services (DHCS), effective on January 1, 2025, or a date designated by DHCS, to enter into a Medicare Part A buy-in agreement for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services, contingent on federal approval and federal financial participation.

**Status:** Chapter 707, Statutes of 2023

### **[SB-487 \(Atkins\) - Abortion: provider protections.](#)**

Establishes protections for health care providers who contract with health plans and insurers, or are enrolled as Medi-Cal providers, from adverse outcomes such as contract termination, discrimination, or suspension of enrollment, when such adverse action is based on adverse legal action or professional discipline in other states for

conduct that is not prohibited in California (such as provision of abortion or gender-affirming care).

**Status:** Chapter 261, Statutes of 2023

**[SB-496 \(Limón\) - Biomarker testing.](#)**

Requires a health plan contract or health insurance policy, as specified, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. Applies biomarker testing provisions to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Chapter 401, Statutes of 2023

**[SB-502 \(Allen\) - Medi-Cal: children: mobile optometric office.](#)**

Requires the Department of Health Care Services to exercise the Health Services Initiative option made available under the State Children's Health Insurance Program to cover vision services provided to low-income children statewide through a mobile optometric office.

**Status:** Chapter 487, Statutes of 2023

**[SB-595 \(Roth\) - Covered California: data sharing.](#)**

Requires California's Health Benefit Exchange (Exchange or Covered California) to only request from the Employment Development Department (EDD), the minimum amount of information necessary to accomplish outreach and marketing. Requires a person or entity (such as Covered California marketing vendors) to take all necessary measures to safeguard the confidentiality of any information obtained from the Exchange and prohibits a person or entity from using or disclosing that information for any purpose other than to market and publicize the availability of health care coverage through the Exchange to individuals, as directed by the Exchange. Requires information received by the Exchange from the EDD to be destroyed in a manner that maintains confidentiality.

**Status:** Chapter 492, Statutes of 2023

**[SB-770 \(Wiener\) - Health care: unified health care financing.](#)**

Requires the Secretary of the California Health and Human Services Agency (CHHSA) to research, develop and pursue discussions of a waiver framework in consultation with the federal government with the objective of creating a health care system that incorporates specified features and objectives. Requires the CHHSA Secretary, in developing the waiver framework, to engage stakeholders to provide input on topics related to discussions with the federal government and key system design issues identified by the Healthy California for All Commission for further analysis. Requires the stakeholder engagement to include representatives of consumers, patients and community-based health care services providers and other members. Specifies the key

design issues or topics that is part of the stakeholder engagement, including health care delivery, finance, operations, public administration, and the specifics of the transition to a unified health care financing system (UF) from the current system.

Requires the CHHSA Secretary, no later than January 1, 2025, to provide an interim report to the chairs of the Assembly and Senate Budget and Health Committees that details the agency's policy priorities and preliminary analysis of issues related to the federal discussions, as well as a summary of the input received date through the stakeholder engagement process. Requires the CHHSA Secretary, no later than January 1, 2025, to propose statutory language to the chairs of these committees authorizing the development and submission of application to the federal government for waivers necessary to implement the UF.

**Status:** Chapter 412, Statutes of 2023

Vetoed

### **AB-85 (Weber) - Social determinants of health: screening and outreach.**

Would have required a health plan contract or health insurance policy, as specified, to include coverage for screenings for social determinants of health (SDOH), as defined. Would have required a health plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health plan or health insurer has enrollees or insureds, as specified. Would have made SDOH a covered benefit for Medi-Cal beneficiaries and would have required the Department of Health Care Services to provide reimbursement for those screenings. Would have required the Department of Health Care Access and Information to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address SDOH. Would have required the working group, by January 1, 2025, to submit a report to the Legislature with recommendations on the topics addressed by the working group. Would have made the provisions of this bill subject upon appropriation by the Legislature.

**Status:** Vetoed

### **AB-576 (Weber) - Medi-Cal: reimbursement for abortion.**

Would have required the Department of Health Care Services, by March 1, 2024, to update coverage policies for medication abortion to align with current evidence-based clinical guidelines, and to make subsequent updates as needed. Would have specified the coverage policies should allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

**Status:** Vetoed

### **AB-608 (Schiavo) - Medi-Cal: comprehensive perinatal services.**

Would have expanded the postpartum services available under the Comprehensive Perinatal Services Program (CPSP) benefit in Medi-Cal, and would have expanded the settings and supervisors for non-licensed Comprehensive Perinatal Health Workers to provide CPSP services, as specified.

**Status:** Vetoed

### **AB-719 (Boerner Horvath) - Medi-Cal benefits.**

Would have required Medi-Cal managed care plans to contract with and reimburse public paratransit service operators for covered nonmedical and nonemergency medical transportation trips. Would have required the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the Department of Health Care Service's fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. Would have conditioned implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation

**Status:** Vetoed

### **AB-1085 (Maienschein) - Medi-Cal: housing support services.**

Would have added housing support services as a Medi-Cal benefit, as defined and subject to utilization controls, and established eligibility criteria for the benefit. Would have eliminated a requirement for an analysis of network adequacy for housing support services. Would have conditioned implementation on federal approval and the availability of federal financial participation, and allowed the Department of Health Care Services (DHCS) to implement the bill through non-regulatory guidance. Would have allowed DHCS to make modifications to the bill's provisions in order to gain federal approval of the benefit, consistent with the spirit and intent of the bill.

**Status:** Vetoed

### **AB-1202 (Lackey) - Medi-Cal: time or distance standards: children's health care services.**

Would have required the Department of Health Care Services (DHCS) to produce a legislative report on Medi-Cal managed care plan network adequacy for pediatric primary care, disaggregated data on specified pediatric preventive care metrics, and steps DHCS has taken to hold managed care plans accountable for improving utilization of children's preventive services.

**Status:** Vetoed

### **AB-1437 (Irwin) - Medi-Cal: serious mental illness.**

Would have required the Department of Health Care Services to automatically approve a prescription refill for a Medi-Cal covered drug prescribed for serious mental illness, as defined, for a period of 365 days after the initial prescription is dispensed, for individuals

over 18 years of age and who are not within the transition jurisdiction of the juvenile court, as specified.

**Status:** Vetoed

**SB-541 (Menjivar) - Sexual health: contraceptives: immunization.**

Would have required all public high schools to make condoms available to students by the start of the 2024-25 school year, and would have required schools to provide information to students on the availability of condoms, as well as other sexual health information. Would have prohibited public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Would have prohibited retailers from restricting sales of nonprescription contraception on the basis of age.

**Status:** Vetoed

**SB-694 (Eggman) - Medi-Cal: self-measured blood pressure devices and services.**

Would have required Medi-Cal to cover self-measured blood pressure devices and related services, as specified.

**Status:** Vetoed

## Reproductive Health

Chaptered

### **AB-254 (Bauer-Kahan) - Confidentiality of Medical Information Act: reproductive or sexual health application information.**

Revises the Confidentiality of Medical Information Act to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity. Defines reproductive or sexual health digital service to mean a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer. Deems a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the individual's diagnosis, treatment, or management of a medical condition, to be a provider of health care, as specified.

**Status:** Chapter 254, Statutes of 2023

### **AB-352 (Bauer-Kahan) - Health information.**

Requires specified businesses that electronically store or maintain medical information on the provision of sensitive services, as specified, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. Prohibits a health care provider, health plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless authorized. Exempts a health care provider from legal liability for damages or from civil or enforcement actions, as specified. Excludes the exchange of abortion and abortion-related services health information from automatically being shared on the California Health and Human Services Data Exchange Framework.

**Status:** Chapter 255, Statutes of 2023

**AB-904 (Calderon) - Health care coverage: doulas.**

Requires a health plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Authorizes the Department of Managed Health Care and Department of Insurance to collect data and submit a report describing the doula coverage to the Legislature by January 1, 2027.

**Status:** Chapter 349, Statutes of 2023

**AB-1487 (Santiago) - Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund.**

Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experienced carceral systems.

**Status:** Chapter 845, Statutes of 2023

**AB-1701 (Weber) - Black infant health: California Perinatal Equity Initiative.**

Expands the definition of local health jurisdictions eligible to apply for the California Perinatal Equity Initiative to include a city or city and county.

**Status:** Chapter 174, Statutes of 2023

**AB-1720 (Bauer-Kahan) - Clinics: prenatal screening.**

Limits the use of ultrasound, or similar medical imaging devices used for a medical, counseling, or diagnostic service to specified settings and medical professionals

**Status:** Chapter 259, Statutes of 2023

**SB-487 (Atkins) - Abortion: provider protections.**

Establishes protections for health care providers who contract with health plans and insurers, or are enrolled as Medi-Cal providers, from adverse outcomes such as contract termination, discrimination, or suspension of enrollment, when such adverse action is based on adverse legal action or professional discipline in other states for conduct that is not prohibited in California (such as provision of abortion or gender-affirming care).

**Status:** Chapter 261, Statutes of 2023

Vetoed

**AB-576 (Weber) - Medi-Cal: reimbursement for abortion.**

Would have required the Department of Health Care Services, by March 1, 2024, to update coverage policies for medication abortion to align with current evidence-based clinical guidelines, and to make subsequent updates as needed. Would have specified the coverage policies should allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

**Status:** Vetoed

**[AB-608 \(Schiavo\) - Medi-Cal: comprehensive perinatal services.](#)**

Would have expanded the postpartum services available under the Comprehensive Perinatal Services Program (CPSP) benefit in Medi-Cal, and would have expanded the settings and supervisors for non-licensed Comprehensive Perinatal Health Workers to provide CPSP services, as specified.

**Status:** Vetoed

**[AB-1432 \(Wendy Carrillo\) - Health care coverage.](#)**

Would have subjected an out-of-state policy or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.

**Status:** Vetoed

## Senior Health

Chaptered

### **AB-48 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2023.**

Creates the Nursing Facility Resident Informed Consent Protection Act of 2023 which requires a prescriber, prior to prescribing a psychotherapeutic drug for a resident of a skilled nursing facility or intermediate care facility to personally examine and obtain the informed written consent of the resident or the resident's representative.

**Status:** Chapter 794, Statutes of 2023

### **AB-839 (Addis) - Residential care facilities for the elderly: financing.**

Adds residential care facilities for the elderly to the list of facilities eligible to participate in financing and funding programs offered by the California Health Facilities Financing Authority.

**Status:** Chapter 667, Statutes of 2023

### **AJR-4 (Schiavo) - Medicare: ACO REACH Model.**

Requests President Joseph Biden to end the Accountable Care Organization Realizing Equity, Access, and Community Health Model immediately.

**Status:** Chapter 172, Statutes of 2023

### **SB-311 (Eggman) - Medi-Cal: Part A buy-in.**

Requires the Department of Health Care Services (DHCS), effective on January 1, 2025, or a date designated by DHCS, to enter into a Medicare Part A buy-in agreement for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services, contingent on federal approval and federal financial participation.

**Status:** Chapter 707, Statutes of 2023

## Tobacco

Chaptered

### **AB-935 (Connolly) - Tobacco sales: phased tobacco ban.**

Makes provisions of current law prohibiting a tobacco retailer, or any of the tobacco retailer's agents or employees, from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer, punishable by civil penalties in the same manner as the Stop Tobacco Access to Kids Enforcement Act.

**Status:** Chapter 351, Statutes of 2023

## Vital Statistics

Vetoed

### **AB-464 (Schiavo) - Public documents: identification and vital records.**

Would have exempted individuals meeting specified eligibility requirements for specified assistance programs from paying a fee for various vital records to the extent funding would have been provided. Would have, beginning July 1, 2027, exempted a homeless person from paying a fee for a driver's license to the extent that funding was provided. Would have required the determinations of eligibility to be made by a governmental or nonprofit entity.

**Status:** Vetoed

## Misc

### Chaptered

#### **[AB-1241 \(Weber\) - Medi-Cal: telehealth.](#)**

Clarifies provisions of existing law requiring a provider furnishing services through video or audio telehealth to offer services in-person or facilitate in-person care, including clarifying that current law does not require a provider to schedule an appointment with a different provider on behalf of a patient.

**Status:** Chapter 172, Statutes of 2023

#### **[SB-805 \(Portantino\) - Health care coverage: pervasive developmental disorders or autism.](#)**

Expands the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. Requires these individuals to also meet specified criteria set forth in regulations adopted by the Department of Developmental Services (DDS). Requires DDS, on or before July 1, 2026, to adopt regulations to address the use of Behavioral Health Professionals in behavioral health treatment group practice, and to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide evidence-based behavioral intervention services, as specified.

**Status:** Chapter 635, Statutes of 2023

### Vetoed

#### **[AB-1478 \(Cervantes\) - Maternal health: community-based comprehensive perinatal care: database of referral networks.](#)**

Would have required, subject to an appropriation by the Legislature, the Department of Public Health to develop and maintain on its internet website a database of referral networks of community-based mental health providers and support services addressing, postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services and providing support groups to improve access to postpartum depression screening, referral, treatment, and support services as specified.

**Status:** Vetoed

#### **[SB-58 \(Wiener\) - Controlled substances: decriminalization of certain hallucinogenic substances.](#)**

Would have decriminalized possessing, preparing, obtaining, transferring, as specified, or transporting of, specified quantities of psilocybin, psilocyn, dimethyltryptamine, ibogaine, and mescaline, for personal use or facilitated or supported use, as defined, by

and with persons 21 years of age or older. Would have delayed the implementation of those provisions with regard to facilitated or supported use until a framework governing the therapeutic use of those substances has been adopted. Would have provided penalties for possession of these substances on school grounds, or possession by, or transferring to, persons under 21 years of age.

**Status:** Vetoed

**SB-641 (Roth) - Public health: alcohol and drug programs: naloxone.**

Would have required the Department of Health Care Services, as part of its Naloxone Distribution Project (NDP), to make all United States Food and Drug Administration approved formulations and dosage strengths of naloxone or another opioid antagonist that are indicated for the emergency treatment of known or suspected opioid overdose available to eligible NDP applicants to the extent that federal funding is not jeopardized.

**Status:** Vetoed

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