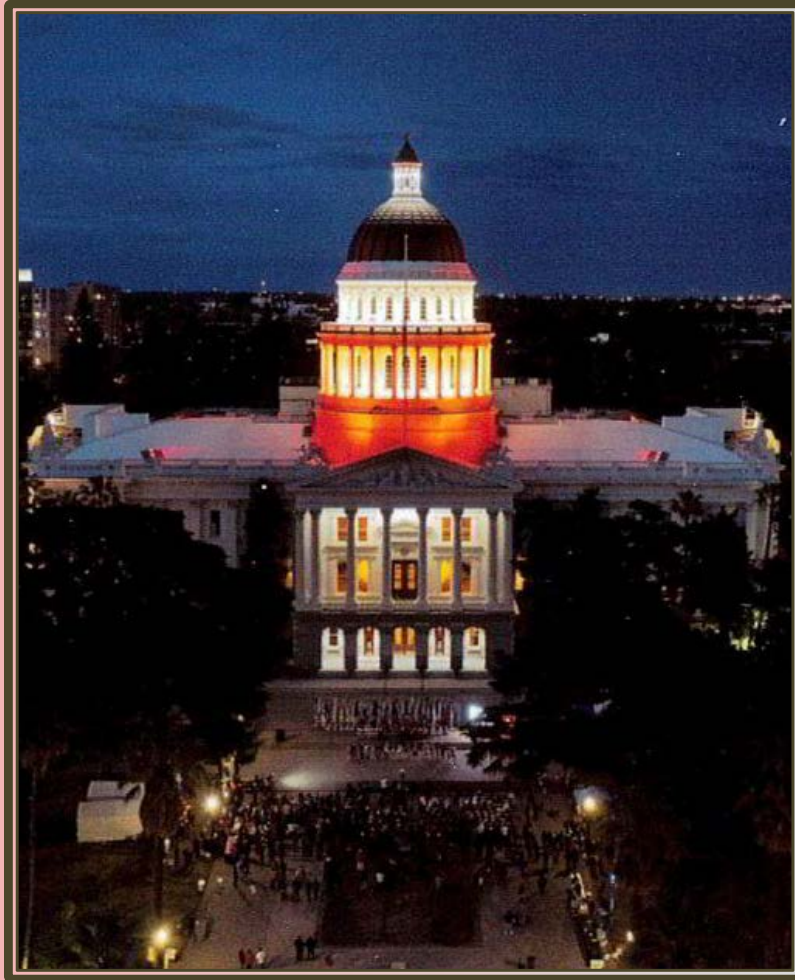


California Legislature



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2023-2024

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Alcohol/Drug Programs

[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 was 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-1094 \(Wicks\) - Drug and alcohol testing: informed consent.](#)

Would have prohibited medical personnel from performing a drug or alcohol test or screen on a pregnant person, perinatal person, or newborn without the prior written and verbal informed consent of the pregnant person, perinatal person, or person authorized to consent for a newborn, and would have required the test or screen to be medically necessary to provide care.

Status: Referred to but never set for hearing in Assembly Health

[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-1288 \(Reyes\) - 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-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

[AB-1477 \(Quirk-Silva\) - Alcohol and drug treatment programs: licensing and certification fee.](#)

Would have established a moratorium on fee increases for the licensing of nonprofit residential treatment facilities and certifying of nonprofit treatment programs that provide addiction treatment services to Medi-Cal beneficiaries to the rate last published in 2022 until 2031 at which time fee increases would continue at no more than 15% in a single year until the fee increases provide sufficient funding to cover licensing and certification program costs.

Status: Held on Suspense in Assembly Appropriations

[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

[AB-2081 \(Davies\) - Substance abuse: recovery and treatment programs.](#)

Requires an operator of a licensed alcoholism or drug abuse recovery or treatment facility (RTF) or certified alcohol or other drug (AOD) program to include on its internet website and intake form paperwork a disclosure that an individual may check the internet website of the Department of Health Care Services to confirm whether the RTF or AOD program has been placed in probationary status, been subject to a temporary suspension order, been revoked, or the operator has been given a notice of operation in violation of law.

Status: Chapter 376, Statutes of 2024

[AB-2115 \(Haney\) - Controlled substances: clinics.](#)

Authorizes nonprofit or free clinics to dispense methadone to relieve acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Eases restrictions on participation in narcotic treatment programs.

Status: Chapter 634, Statutes of 2024

AB-2121 (Dixon) - Substance use disorder treatment: licensing.

Would have required, as a qualification for licensure, an alcoholism or drug abuse recovery or treatment facility (RTF) to confirm that is located more than 300 feet from any other RTF or community care facility. Would have required the Department of Health Care Services to notify a city or county of the issuance of an RTF license.

Status: Referred to but never set for hearing in Assembly Health

AB-2376 (Bains) - Chemical dependency recovery hospitals.

Expands the definition of “chemical dependency recovery services (CDRS)” to include medications for addiction treatment and medically managed voluntary inpatient detoxification. Deletes the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide CDRS as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital. Deletes the requirements for chemical dependency services to be provided in a hospital building that provides only CDRS, or has been removed from general acute care use.

Status: Chapter 637, Statutes of 2024

AB-2574 (Valencia) - Alcoholism or drug abuse recovery or treatment facilities.

Requires a licensed alcoholism or drug abuse recovery or treatment facility or certified alcohol or other drug program to disclose to the Department of Health Care Services whether any of its agents, partners, directors, officers, or owners own or have a financial interest in a recovery residence and whether it has contractual relationships with unlicensed entities that provide recovery services.

Status: Chapter 410, Statutes of 2024

AB-2893 (Ward) - The Shared Recovery Housing Residency Program.

Would have required the Department of Health Care Services to establish a certification process for recovery homes and added a standard for recovery homes that meets the state’s Housing First requirements.

Status: Held on Suspense in Senate Appropriations

SB-1339 (Allen) - Step-down care.

Would have required the Department of Health Care Services, by January 1, 2027, in consultation with relevant state and county agencies and stakeholders to establish a voluntary certification program for “supportive community residences.” Would have required a referring entity, as defined, to provide information relating to the license or certification status of a step-down care facility when informing an individual of options for step-down care covered by the individual’s health insurance.

Status: Hearing canceled at the request of the author in Assembly Health

California Health Benefits Review Program

[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 screening 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 contingent 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-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-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-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

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 was 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-1157 (Ortega) - Rehabilitative and habilitative services: durable medical equipment and services.

Would have specified that coverage of rehabilitative and habilitative services and devices under a health plan contract or health insurance policy includes durable medical equipment (DME), services, and repairs if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. Would have defined DME to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury to help a person partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. Would have prohibited coverage of DME and services from being subject to financial or treatment limitations, as specified.

Status: Held on Suspense in Senate Appropriations

AB-1288 (Reyes) - 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 for 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

AB-2028 (Ortega) - Medical loss ratios.

Would have required a health plan or health insurer that issues, sells, renews, or offers a specialized dental health plan contract or specialized dental health insurance policy to comply with a minimum medical loss ratio of 85% and to provide a specified rebate to an enrollee or insured.

Status: Hearing canceled at the request of author in Assembly Health

AB-2467 (Bauer-Kahan) - Health care coverage for menopause.

Would have required health plan contract or insurance policy coverage for the evaluation and treatment options for perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management.

Status: Vetoed

AB-2668 (Berman) - Coverage for cranial prostheses.

Would have required health plan, insurer, and Medi-Cal coverage of cranial prosthesis (wigs) for individuals experiencing permanent or temporary medical hair loss. Would have limited coverage to \$750.

Status: Held on Suspense in Assembly Appropriations

AB-2843 (Petrie-Norris) - Health care coverage: rape and sexual assault.

Requires a health plan or insurer to provide coverage for emergency room medical care and followup treatment for an enrollee or insured who is treated following a rape or sexual assault without cost sharing for the first nine months after the enrollee or insured initiates treatment.

Status: Chapter 971, Statutes of 2024

AB-3059 (Weber) - Human milk.

Requires coverage of medically necessary pasteurized donor human milk under existing basic health care services, as specified. Exempts a general acute care hospital from tissue bank licensure by the Department of Public Health, for the storage or distribution of human milk that was obtained from a tissue bank. Requires hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license.

Status: Chapter 975, Statutes of 2024

AB-3245 (Joe Patterson) - Coverage for colorectal cancer screening.

Would have expanded existing law to require a health plan contract and insurance policy to provide coverage without cost sharing for a colorectal cancer (CRC) screening test assigned either a grade of "A" or a grade of "B" or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency approved by the California Health and Human Services Agency. Would have required the colonoscopy for a positive result on a test or procedure that is a CRC screening examination or laboratory test assigned either a grade of A or a grade of B, or equivalent in accordance with the most current recommendations established by another accredited or certified guideline agencies to also be provided without any cost sharing.

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-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to reimburse pharmacist services at 100% of the fee schedule for physician services. Includes PrEP

furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90 day course of PrEP, or beyond a 90 day course (existing law allows for a 60 day supply), if specified conditions are met.

Status: Chapter 1, Statutes of 2024

[SB-427 \(Portantino\) - Health care coverage: antiretroviral drugs, devices, and products.](#)

Would have prohibited a nongrandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products (ARVs) that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Would have prohibited a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, to prior authorization or step therapy, but would have authorized prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent ARV without cost sharing pursuant to an exception request.

Status: Returned to the Assembly from Senate Concurrence but never referred to a committee

[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-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

SB-729 (Menjivar) - Health care coverage: treatment for infertility and fertility services.

Requires large group health plan contracts and disability insurance policies, issued, amended, or renewed on or after July 1, 2025, to provide coverage for the diagnosis and treatment of infertility and fertility services. Revises the definition of infertility, and removes the exclusion of in vitro fertilization from coverage. Prohibits a health plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than applies to other conditions, as specified. Delays implementation of CalPERS contracts until July 1, 2027.

Status: Chapter 930, Statutes of 2024

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. Prohibits reimbursement rates adopted in this bill from exceeding the health plan or insurer's usual and customary charges for services rendered. Requires coverage of these programs under Medi-Cal, upon appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

Status: Chapter 884, Statutes of 2024

Children's Health

[AB-228 \(Wilson\) - Infant formula stockpile.](#)

Requires the Department of Public Health and the Office of Emergency Services, by January 1, 2025, in coordination with other state agencies as appropriate, to establish an infant formula stockpile, upon appropriation and as necessary.

Status: Held on Suspend in Assembly Appropriations

[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. 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-551 \(Bennett\) - Medi-Cal: specialty mental health services: foster children.](#)

Would have delayed, by one year, county implementation of changes that require a county of original jurisdiction to retain financial responsibility for providing or arranging for specialty mental health services for foster youth placed in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, with specified exceptions. This bill was later amended to an unrelated subject matter.

Status: Chapter 299, Statutes of 2024

[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 sixth 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-915 (Arambula) - Pupil health: drug education: opioid overdose certification and training program.

Would have required the Department of Public Health to develop an opioid overdose training program and program toolkit to be made available to public high schools for pupils to be trained on how to identify and respond to an opioid overdose, including by administering a federally approved opioid overdose reversal medication.

Status: Held on Suspense in Senate Appropriations

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 that includes an analysis of Medi-Cal managed care plan network adequacy for pediatric primary care, disaggregated data that includes an analysis of 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-1282 (Lowenthal) - Mental health: impacts of social media.

Requires the Department of Public Health, in consultation with the Behavioral Health Services Oversight and Accountability Commission on or before December 31, 2026, to report to the relevant policy committees of the Legislature a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth.

Status: Chapter 807, Statutes of 2024

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-1915 (Arambula) - Pupil health: drug education: opioid overdose training program.

Would have required the Department of Public Health to develop by July 1, 2026, a training program and toolkit for public school pupils in grades nine to 12, to gain skills in how to identify and respond to an opioid overdose, including the administering of a federally approved opioid overdose reversal medication.

Status: Held on Suspense in Assembly Appropriations

AB-2052 (Jones-Sawyer) - School-Based Health and Education Partnership Program.

Would have updated and expanded the Public School-Based Health Center Support Program, requiring the Department of Public Health, in collaboration with the Office of School-Based Health Programs, to provide technical assistance to school-based health centers (SBHCs). Additionally, would have increased funding for new and existing SBHC facilities, contingent upon an appropriation.

Status: Held on Suspense in Assembly Appropriations

AB-2340 (Bonta) - Medi-Cal: EPSDT services: informational materials.

Requires the Department of Health Care Services (DHCS) to take specified actions in DHCS's implementation of federal regulations requiring states to share informational materials about early and periodic screening, diagnostic, and treatment (EPSDT) services with Medi-Cal beneficiaries under 21 and their families. Requires DHCS to regularly review materials, in consultation with stakeholders, to ensure they are up to date; to produce and deliver materials designed specifically for Medi-Cal enrolled youth; and to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries.

Status: Chapter 564, Statutes of 2024

AB-2411 (Wendy Carrillo) - Local Youth Mental Health Boards.

Would have required each community mental health service to have a local youth mental health board, as specified, consisting of members between 15 and 23 years of age.

Status: Held on Suspense in Assembly Appropriations

AB-2446 (Ortega) - Medi-Cal: diapers.

Would have required Medi-Cal to cover diapers for children under 21 years of age, if necessary to correct or ameliorate a condition pursuant to federal Medicaid requirements, would have limited diapers to an appropriate supply based on the diagnosed condition and the age of the beneficiary, and would have made implementation contingent on a budget appropriation.

Status: Vetoed

AB-2563 (Essayli) - Newborn screening program.

Would have required the Department of Public Health to expand statewide screening of newborns to include screening for Duchenne Muscular Dystrophy. Would have expanded the purposes for which moneys from the Genetic Disease Testing Fund are expended.

Status: Held on Suspense in Assembly Appropriations

AB-2657 (Arambula) - Social Media Commission.

Would have established the Social Media Commission for the purpose of bringing together a diverse group of experts and invested stakeholders to provide a comprehensive report with formal recommendations for regulation of social media as it relates to child and adolescent mental health and well-being.

Status: Held on Suspense in Assembly Appropriations

AB-2998 (McKinnor) - Minors: consent to medical care.

Prohibits school districts, county offices of education, and charter schools from preventing a student 12 years of age or older from carrying or administering federally approved over-the-counter opioid reversal medication.

Status: Chapter 974, Statutes of 2024

AB-3059 (Weber) - Human milk.

Requires coverage of medically necessary pasteurized donor human milk under existing basic health care services, as specified. Exempts a general acute care hospital from tissue bank licensure by the Department of Public Health, for the storage or distribution of human milk that was obtained from a tissue bank. Requires hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license.

Status: Chapter 975, Statutes of 2024

AB-3271 (Joe Patterson) - Pupil health: opioid antagonists.

Would have required each public school operated by a school district, county office of education, or charter school that has chosen to permit school nurses or voluntarily trained personnel to use naloxone hydrochloride (NH) or another opioid antagonist to provide emergency medical aid to persons suffering from an opioid overdose, to maintain at least two units of NH or another opioid antagonist on its site.

Status: Held on Suspense in Assembly Appropriations

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-238 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as specified, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

SB-294 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or disability insurer that provides coverage for mental health (MH) or substance use disorders (SUDs) to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a MH or SUD for an enrollee or insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. Would have required a health plan or insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance to automatically submit within 24 hours a decision regarding a disputed health care service to the independent medical review System, if the decision is to deny, modify, or delay specified services relating to MH or SUD conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

SB-408 (Ashby) - Foster youth with complex needs: regional health teams.

Would have required the Department of Health Care Services, in consultation with the Department of Social Services, to establish up to 10 regional health teams to serve foster youth and youth who may be at risk of entering foster care, using the Medicaid Health Home Option established in federal law.

Status: Held on Suspense in Assembly Appropriations

SB-424 (Durazo) - Get Connected California Act of 2024.

Would have expanded the list of California Children's Services (CCS)-eligible medical conditions; required the Department of Health Care Services (DHCS) to regularly consider adding other conditions, as specified; required DHCS to provide grants to CCS providers and adjust CCS reimbursements, as specified; required DHCS to provide financial assistance for out-of-pocket costs not covered by the child's health care coverage, for children lacking financial eligibility for CCS; conditioned implementation of certain provisions on an appropriation, federal approval, and federal financial participation; prohibited expansion of the Whole Child Model; and indefinitely extended the prohibition on the inclusion of CCS-covered conditions into a Medi-Cal managed care contract. This bill was referred to the Assembly Health Committee but subsequently amended to a different subject matter.

Status: Held on Suspense in Assembly Appropriations

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-908 (Cortese) - Fentanyl: child deaths.

Requires the Department of Public Health to use best efforts to utilize all of its relevant data to monitor and identify current trends of fentanyl-related deaths of children up to five years of age.

Status: Chapter 867, Statutes of 2024

SB-954 (Menjivar) - Sexual health.

Would have required all public high schools to make condoms available to students by the start of the 2025-26 school year, and to provide information to students on the availability of condoms as well as other sexual health information; prohibits public schools from preventing a school-based health center from making condoms available and easily accessible to students; and would have prohibited retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age.

Status: Vetoed

SB-1112 (Menjivar) - Medi-Cal: families with subsidized childcare.

Would have required the Department of Health Care Services (DHCS) to authorize Medi-Cal managed care plans to enter into a memorandum of understanding with an alternative payment agency to facilitate enrollment of children in Medi-Cal and referral of children to developmental screenings administered by Medi-Cal managed care plans. Would have required DHCS to develop a model template for this purpose. This bill was later amended to address a similar issue by including the dissemination of information on developmental screenings as an allowable administrative cost for these agencies, and was chaptered in this amended form.

Status: Chapter 1016, Statutes of 2024

Chronic Health / Cancer

[AB-365 \(Aguiar-Curry\) - Medi-Cal: diabetes management.](#)

Would have added, in the Medi-Cal schedule of benefits, continuous glucose monitors and related supplies.

Status: Ordered to the inactive file in the Senate

[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-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 sixth 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-2942 \(Villapudua\) - Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program.](#)

Would have established the Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program to be administered by the State Treasurer for the purpose of providing funding for clinical trials of novel allogeneic adipose cell-based viral therapies for cancer treatment. Would have repealed these provisions on January 1, 2031.

Status: Held on Suspense in Assembly Appropriations

[AB-3245 \(Joe Patterson\) - Coverage for colorectal cancer screening.](#)

Would have expanded existing law to require a health plan contract and insurance policy to provide coverage without cost sharing for a colorectal cancer (CRC) screening test assigned either a grade of "A" or a grade of "B" or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency approved by the California Health and Human Services Agency. Would have required the colonoscopy for a positive result on a test or procedure that is a CRC screening examination or laboratory test assigned either a grade of A or a grade of B, or equivalent in accordance with the most current recommendations established by another accredited or certified guideline agencies to also be provided without any cost sharing.

Status: Vetoed

SB-70 (Wiener) - Prescription drug coverage.

Would have prohibited a health plan or insurer from limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. Would have prohibited a health plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

Status: Held on Suspense in Assembly Appropriations

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

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

SB-1213 (Atkins) - Health care programs: cancer.

Commencing no later than July 1, 2026, increases the income threshold for the state's breast and cervical cancer early detection and treatment programs from 200% to 250% of the federal poverty level.

Status: Vetoed

Covered California (Exchange)

[AB-4 \(Arambula\) - Covered California: expansion.](#)

Would have revised and recasted provisions in existing law relating to the California's Health Benefit Exchange (the Exchange or Covered California) waiver to allow individuals who are not eligible to purchase on the Exchange because of their immigration status. Would have required, contingent upon federal approval of the waiver, applicants eligible for the coverage under this bill to become operative on January 1, 2026, for coverage beginning January 1, 2028.

Status: Held on Suspense in Senate Appropriations

[AB-503 \(Juan Carrillo\) - Health care: organ donation enrollment.](#)

Would have added an option for an applicant applying electronically for health insurance affordability programs (including Medi-Cal and Covered California) to enroll as an organ donor in the Donate Life California Organ and Tissue Donor Registry.

Status: Held on Suspense in Assembly Appropriations

[AB-1208 \(Schiavo\) - California Health Benefit Exchange: Health Care Affordability Reserve Fund.](#)

Would have amended California's Health Benefit Exchange (Exchange or Covered California) Health Care Affordability program to annually update the proposed program design for cost-sharing reduction, as specified, and would have required Covered California, in developing benefit designs, to maximize the number of low- and middle-income Californians with zero deductibles. Would have required the affordability program to include subsidies for cost sharing and maximum out-of-pocket limits until January 1, 2029, if federal premium subsidies continue at the level for the 2023 coverage year.

Status: Held on Suspense in Assembly Appropriations

[AB-1331 \(Wood\) - California Health and Human Services Data Exchange Framework.](#)

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

AB-2435 (Maienschein) - California Health Benefit Exchange.

Extends California's Health Benefit Exchange authority to adopt necessary rules and regulations by emergency regulations in accordance with the Administrative Procedure Act from January 1, 2025 to 2030 and the authority of the Office of Administrative Law to approve more than two re-adoptions of emergency regulations from January 1, 2030 to 2035. Makes conforming changes to apply extensions to a regulation adopted before 2025.

Status: Chapter 236, Statutes of 2024

AB-2749 (Wood) - California Health Benefit Exchange: financial assistance.

Revises the criteria for a qualifying individual to receive financial assistance as a result of a labor dispute under California's Health Benefit Exchange (Covered California). Revises the effective date of coverage to be the first day of the month of application submission and plan selection or the first day of the following month, at the discretion of the qualified individual. Requires an employer or labor organization to notify Covered California before employer-provided coverage is affected by a strike, lockout, or labor dispute.

Status: Chapter 841, Statutes of 2024

AB-2914 (Bonta) - Health care coverage: essential health benefits.

Would have expressed the intent of the Legislature to review California's essential health benefits (EHB) benchmark plan and would have established a new EHB plan for the 2027 plan year. Would have limited the current benchmark to plan years on or before the 2027 plan year.

Status: Ordered to the inactive file in the Senate

SB-299 (Limón) - Medi-Cal eligibility: redetermination.

Would have removed loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination of an individual's Medi-Cal eligibility, and would have deleted a requirement for a county to terminate eligibility based on loss of contact with the beneficiary. This bill was later amended to an unrelated subject matter.

Status: Vetoed

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-1290 (Roth) - Health care coverage: essential health benefits.

Would have expressed the intent of the Legislature to review California's essential health benefits (EHBs) benchmark plan and establish a new EHB plan for the 2027 plan year. Would have limited the current benchmark to plan years on or before the 2027 plan year.

Status: Ordered to the inactive file in the Assembly

Denti-Cal / Oral Health

AB-2701 (Villapudua) - Medi-Cal: dental cleanings and examinations.

Would have required Medi-Cal dental coverage, when medically necessary, as specified in the Medi-Cal Dental Manual of Criteria, of one additional prophylaxis cleaning and periodic dental exam per year (for a total of two per year) for adults age 21 and over.

Status: Held on Suspense in Senate Appropriations

SB-980 (Wahab) - The Smile Act.

Would have required Medi-Cal Dental coverage of dental implants and aligned statute with current policy related to age criteria for coverage of laboratory-processed crowns and coverage of such crowns on anterior teeth.

Status: Held on Suspense in Assembly Appropriations

Emergency Medical Services

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-55 (Rodriguez) - Medi-Cal: workforce adjustment for ground ambulance transports.

Would have established a “workforce adjustment” supplemental Medi-Cal payment for emergency and non-emergency ambulance services, to establish overall payment for ambulance services at 100% of the Medicare rate, for ambulance services provided by private medical transportation providers who raise wages for several classes of employees. Would have specified the new payments were in addition to base Medi-Cal payments and “add-on” payments made through an existing supplemental payment program.

Status: Held on Suspense in Assembly Appropriations

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

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

Status: Chapter 515, Statutes of 2023

AB-482 (Wilson) - Air ambulance services.

Would have transferred and continuously appropriated \$8 million annually from the Aeronautics Account in the State Transportation Fund to the Emergency Medical Air Transportation and Children’s Coverage Fund to increase Medi-Cal reimbursement for emergency medical air transportation services.

Status: Hearing canceled at the request of the committee in Assembly Health

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

AB-1036 (Bryan) - Health care coverage: emergency medical transport.

Would have required a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. Would have required a health plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy if a physician has certified that emergency medical transportation services. Would have specified that the indication by a physician pursuant to bill is limited to an assessment of the medical necessity of the emergency medical transport services, and does not apply or otherwise impact provisions regarding coverage for care provided following completion of the emergency medical transport.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1164 (Lowenthal) - Hospitals: emergency departments: crowding score.

Required a licensed general acute care hospital (GACH) with an emergency department (ED) to determine the range of crowding scores that constitute each category of the crowding scale, as provided, for its ED. Required the GACH to calculate and record a crowding score at a minimum every four hours, except as specified, to assess the crowding condition of the GACH's ED. Required, by January 1, 2025, the GACH to develop and implement a full-capacity protocol for each of the categories of the crowding scale, and required the GACH to file its protocol with the Department of Health Care Access and Information and to annually report any revisions to its protocol.

Status: Held on Suspense in Assembly Appropriations

AB-1168 (Bennett) - Emergency medical services (EMS): prehospital EMS.

Would have required the City of Oxnard to be treated as if it had retained the right to administer or contract for prehospital ambulance emergency medical services (EMS) notwithstanding a court case that found that the City of Oxnard did not have the right to administer ambulance services. Established a process to determine who will provide prehospital EMS to the remaining portion of the exclusive operating area if the City of Oxnard exercised its right to provide prehospital EMS in the City, and clarified going forward that a city or fire district providing prehospital EMS that enters into a joint powers of authority agreement (JPA) with a county would have retained its rights to administer prehospital EMS if it withdrew from the JPA.

Status: Vetoed

AB-1180 (Rodriguez) - Emergency medical services.

Would have removed the requirement that the Director of the Emergency Medical Services Authority (EMSA) be a licensed physician and surgeon with substantial experience in the practice of emergency medicine and instead required the Director to have substantial experience in the practice of emergency preparedness, response, and recovery. Required EMSA to have a chief medical officer (CMO) appointed by the Governor upon nomination by the Secretary of California Health and Human Services Agency. Required the CMO to be a physician and surgeon who has substantial experience in the practice of emergency medicine. The contents of this bill were subsequently amended into a budget bill.

Status: Held on Suspense in Assembly Appropriations

AB-1276 (McKinnor) - Emergency response services: “911” call and dispatch data.

Would have required the University of California at Davis Health (UC Davis Health) to establish a program for the receipt and collection of “911” emergency call and dispatch data, in order to complete an analysis of the data for the purpose of improving emergency response services systems. Would have required UC Davis Health to adopt uniform statewide data standards for “911” call and dispatch data, as specified, and to create a data portal that catalogs the collected data, aggregated on a statewide level, excluding any personally identifiable information.

Status: Held on Suspense in Assembly Appropriations

AB-2348 (Rodriguez) - Emergency medical services.

Requires a local emergency medical services authority (LEMSA) to adopt policies and procedures for calculating and reporting ambulance patient offload times. Requires the Emergency Medical Services Authority, to develop a statewide standard methodology for the calculation and reporting by a LEMSAs, of response times for emergency ambulance services, and exemptions to those required times, provided in exclusive operating areas, as defined. This bill was subsequently amended to address an entirely different subject matter.

Status: Chapter 661, Statutes of 2024

AB-2490 (Petrie-Norris) - Reproductive Health Emergency Preparedness Program.

Would have established the Reproductive Health Emergency Preparedness Program (RHEPP), upon appropriation by the Legislature, to expand and improve access to reproductive and sexual health care in emergency departments. Would have required the Department of Health Care Access and Information to award grants and administer the RHEPP in collaboration with a California-based organization to serve as the grant administrator, trainer, and technical assistance provider.

Status: Vetoed

AB-2700 (Gabriel) - Emergency medical services: alternate destinations.

Would have required the state to survey and analyze the facilities in each county that could serve as an alternate destination facility. Would have required the Emergency Medical Services Authority to publish a report that provides each local emergency services agency (LEMSA) with the current number, capacity and type of alternate destination facilities. Would have required a LEMSAs, in consultation with the county, to develop an alternate destination facility plan with protocols for transporting an individual to an alternate destination facility instead of an emergency department.

Status: Held on Suspense in Assembly Appropriations

AB-2775 (Gipson) - Emergency medical services.

Would have authorized the Emergency Medical Services Authority (EMSA) to develop planning and implementation guidelines for the use of telehealth, within existing authority, in emergency medical services (EMS) systems. Would have authorized EMSA to develop guidelines for the collection of data regarding the use of telehealth in EMS systems and would have required EMSA to consider existing data collection systems, including the California Emergency Medical Services Information System.

Status: Held on Suspense in Assembly Appropriations

AB-2859 (Jim Patterson) - Emergency medical technicians: peer support.

Establishes the California Emergency Medical Services Peer Support and Crisis Referral Services program to permit an emergency medical services (EMS) provider to establish a peer support and crisis referral program. Provides that EMS personnel, whether or not a party to an action, have a right to refuse to disclose, and to prevent another from disclosing, a confidential communication between the EMS personnel and a peer support team member, crisis hotline, or crisis referral service, except under limited circumstances, including, if disclosure is reasonably believed to be necessary to prevent death, substantial bodily harm, or commission of a crime, or in a criminal proceeding

Status: Chapter 744, Statutes of 2024

AB-2973 (Hart) - Emergency services.

Would have required a county board of supervisors or the governing body of an entity or a local emergency services agency to adopt a written policy setting forth specified requirements for an emergency ambulance services provider in order to enter into a contract with a provider for emergency ambulance services, as specified.

Status: Hearing canceled at the request of the author in Assembly Health

AB-3226 (Wilson) - Emergency Medical Air Transportation Act.

Would have maintained in the State Treasury the Emergency Medical Air Transportation and Children's Coverage Fund, from which moneys could have been made available, upon appropriation, to fund emergency medical air transportation provider payments and children's health care coverage

Status: Referred to but never set for hearing in Assembly Health

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. Prohibits reimbursement rates adopted in this bill from exceeding the health plan or insurer's usual and customary charges for services rendered. Requires coverage of these programs under Medi-Cal, upon appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

Status: Chapter 884, Statutes of 2024

End-of-Life

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-1117 (Irwin) - Hospice agency licensure.

Would have required any hospice agency obtaining a license to obtain certification to participate in the federal Medicare program within 12 months of licensure, and to continuously serve patients, as validated by data submitted to the Department of Health Care Access and Information, or to forfeit its license.

Status: Referred to but never set for hearing in Senate Health

AB-2075 (Alvarez) - Resident Access Protection Act.

Would have required each resident of a long-term care facility, as defined, to have the right to in-person, onsite access to visitors and health care and social services providers during any public health emergency in which visitation rights of residents are curtailed by a state or local order.

Status: Held on Suspense in Senate Appropriations

AB-2549 (Gallagher) - Patient visitation.

Would have established the Patients' Visitation Rights Act, or Diane's Law, which made legislative findings regarding the benefits and value of hospital visitation, and requires a health facility, as defined, to allow specified persons to visit, including children and grandparents. Required health facilities to develop alternate visitation protocols if circumstances require restricted visitor access that allow visitation to the greatest extent possible, while maintaining patient, visitor, and staff health and safety. Prohibited a health facility from limiting in-person visitation in end-of-life situations unless the patient has indicated that they do not want a visitor.

Status: Vetoed

Food Safety / Nutrition

[AB-228 \(Wilson\) - Infant formula stockpile.](#)

Requires the Department of Public Health and the Office of Emergency Services, by January 1, 2025, in coordination with other state agencies as appropriate, to establish an infant formula stockpile, upon appropriation and as necessary.

Status: Held on Suspense in Assembly Appropriations

[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-660 \(Irwin\) - Food labeling: quality dates, safety dates, and sell by dates.](#)

Requires, on and after January 1, 2025, food manufacturers, processors, and retailers to label food products with the following quality and safety dates: “BEST if Used By” or “Best if Used or Frozen By” to indicate the quality date of a product; and/or “Use By” or “Use By or Freeze” to indicate the safety date of a product.

Status: Chapter 911, Statutes of 2024

[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 acknowledge 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.

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. Contains an urgency clause to ensure the provisions of this bill go into immediate effect 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-1644 (Bonta) - Medi-Cal: medically supportive food and nutrition services.

Would have maintained Medi-Cal coverage for medically supportive food and nutrition interventions by adding these interventions as covered Medi-Cal benefits (these benefits are currently covered through a time-limited waiver program called California Advancing and Innovating Medi-Cal (CalAIM)).

Status: Held on Suspense in Assembly Appropriations

AB-1830 (Arambula) - Corn masa flour: folic acid fortification.

Requires corn masa flour (CMF) to be fortified with folic acid, with some exceptions, and requires CMF and wet corn masa products, as defined, to include a declaration of folic acid on the nutrition label. Requires CMF and wet corn masa products packaged for retail sale that do not contain folic acid to include a declaration that the product does not contain folic acid.

Status: Chapter 912, Statutes of 2024

AB-1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.

Would have maintained Medi-Cal coverage for medically supportive food and nutrition interventions by adding these interventions as covered Medi-Cal benefits (these benefits are currently covered through a time-limited waiver program called California Advancing and Innovating Medi-Cal (CalAIM)).

Status: Vetoes

AB-2066 (Reyes) - The California Food Safety Act.

Would have required the Office of Environmental Health Hazard Assessment (OEHHA) to conduct a study on the health impacts of the consumption of methylene chloride, including in cases where elements of methylene chloride remain in decaffeinated coffee, and update the no “significant risk level” and “maximum allowable level” for methylene chloride.

Status: Held on Suspense in Assembly Appropriations

AB-2365 (Haney) - Public health: kratom.

Would have enacted the Kratom Consumer Protection Program to provide a regulatory structure for kratom products that requires manufacturers and distributors to register with the Department of Public Health (DPH), adhere to specified requirements, and prohibit the sale of kratom products to individuals under 21 years of age, and prohibit the sale and manufacture of a kratom product that is attractive to children or an inhalable kratom product. Would also have authorized DPH to take various enforcement actions, including executing interagency agreements for the implementation of these provisions, among others. Would have authorized a kratom processor who is operating

in conformance with these provisions and in good faith compliance with their responsibilities to manufacture or sell kratom or kratom products without authorization until April 1, 2025. Would have required, commencing February 1, 2026, and every February 1 thereafter, DPH to report to the Legislature, as specified.

Status: Held on Suspense in Senate Appropriations

AB-2550 (Gabriel) - Business establishments: building standards: retail food safety.

Would have enacted the Neighborhood Restaurant Relief act to require the Building Standards Commission to adopt building standards to permit restaurants to have more flexibility with restroom and drinking fountain requirements and other building standards, and modified requirements pertaining to grease traps and pass-through windows in restaurants.

Status: Held on Suspense in Senate Appropriations

AJR-10 (Irwin) - Food date labeling.

Urges the President and Congress of the United States to enact the federal Food Date Labeling Act of 2023.

Status: Chapter 157, Statutes of 2024

SB-1266 (Limón) - Product safety: bisphenol.

Prohibits, beginning January 1, 2026, a person from manufacturing, selling, or distributing in commerce a juvenile's product, as specified, that contains any form of bisphenol, as defined, above the practical quantitation limit, to be determined by the Department of Toxic Substances Control (DTSC). Authorizes DTSC to enforce the provisions of this bill. Imposes administrative or civil penalties, for violations of the provisions of this bill.

Status: Chapter 790, Statutes of 2024

Health Care Facilities

[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-403 \(Arambula\) - Health systems: community benefits plan.](#)

Would have redefined the term "community benefit" to include the unreimbursed cost of services as reported in a specified federal tax filing, would have required a hospital to annually submit a copy of that completed tax filing, and would have required a community benefits plan to include community benefits reported by category consistent with that filing. Would have increased the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and specified that the community benefits plan should address the community needs identified by the community needs assessment.

Status: Hearing canceled at the request of the Committee in Assembly Health

AB-412 (Soria) - Distressed Hospital Loan Program.

Established the Distressed Hospital Loan Program (DHLP), until January 1, 2032, which would have provided interest free cashflow loans to not-for-profit hospitals and public hospitals, as defined, and in significant financial distress, or to governmental entities representing a closed hospital. Required the Department of Health Care Access and Information to administer the DHLP and to enter into an interagency agreement with the California Health Facilities Financing Authority to implement the DHLP. The contents of this bill were subsequently amended into a budget bill, AB 112.

Status: Referred to but never set for hearing in Senate Health

AB-486 (Kalra) - Long-term health facilities: citation appeals.

Would have removed the ability of a long-term care facility, as defined, to adjudicate the validity of a citation issued by the Department of Public Health in a county superior court, and instead required all citation appeals to be made through an administrative law judge (ALJ). Would have authorizes an ALJ to affirm, modify, or dismiss a citation, the class of a citation, or the proposed penalty. Would have authorized a licensee to seek judicial review of an ALJ's decision.

Status: Hearing canceled at the request of the author in Senate Judiciary

AB-666 (Arambula) - Health systems: community benefits plans.

This bill would have required the Department of Health Care Access and Information to define the term “community” by regulation within certain parameters, and would have redefined the term “community benefit” to mean services rendered to those eligible for, but not enrolled in Medi-Cal, Medicare, the California Children's Services Program, or county indigent programs. This bill would have redefined the term “vulnerable populations” to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. Would have required that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coordination with a local health department, and require that it be updated at least once every two years. Would have required that a community benefits plan demonstrate alignment with the State Health Improvement Plan and the Community Health Improvement Plan, include the proportion and amount of community benefit spending on vulnerable populations, and include measurable objectives that outline equity benchmarks.

Status: Hearing canceled at the request of the Committee in Assembly Health

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-869 (Wood) - Hospitals: seismic safety compliance.

Authorizes a Distressed Hospital Loan Program (DHLP) recipient, a small hospital, a rural hospital, a critical access hospital, or a health care district hospital, as defined, except as specified, to seek approval from the Department of Health Care Access and Information (HCAI) for a delay of the January 1, 2030 seismic compliance deadline of up to three years. Requires hospitals seeking a delay to submit a seismic compliance plan and if necessary a Nonstructural Performance Category-5 evaluation report. Requires hospitals and HCAI to identify milestones relating to the compliance plan that will be used to determine whether a hospital is making progress toward meeting seismic compliance. Requires HCAI to approve or deny a compliance plan and any delay within 120 days. Authorizes HCAI to grant an additional two-year delay, up to a maximum of January 1, 2035, for hospitals that continue to experience financial distress or other issues beyond the hospital's control. Imposes a fine of \$5,000 per calendar day for a hospital's failure to comply with a revised construction schedule or to meet any major milestone. Requires HCAI to support a hospital requesting a delay in exploring opportunities under the Small and Rural Hospital Relief Program to assist with seismic compliance.

Status: Chapter 801, Statutes of 2024

AB-940 (Villapudua) - Health care: eating disorders.

Would have expanded the types of facilities approved for inpatient treatment of eating disorders to include psychiatric health facilities.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1001 (Haney) - Health facilities: behavioral health emergency services.

Would have required General Acute Care Hospitals to adopt policies to respond to a patient with a mental health or substance use crisis and required those protocols to meet standards established by the Department of Public Health and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training. Would have created the Behavioral Health Response and Training Fund to provide grants to fund new programs or support existing programs that increases the staffing of direct care personnel who are trained in behavioral health care and behavioral health services response or intervention, in specified hospitals.

Status: Hearing canceled at the request of the author in Senate Health

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-1091 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2023.

Would have established the Health Care Consolidation and Contracting Fairness Act of 2023, which would have prohibited a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. Would have required a medical group, hospital or hospital system, specified health facility, health care service plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General at the same time as another state or federal agency is notified or otherwise at least 90 days before entering an agreement or transaction to make a specified material change with a value of \$15,000,000 or more.

Status: Referred to but never set for hearing in Assembly Health

AB-1117 (Irwin) - Hospice agency licensure.

Would have required any hospice agency obtaining a license to obtain certification to participate in the federal Medicare program within 12 months of licensure, and to continuously serve patients, as validated by data submitted to the Department of Health Care Access and Information, or to forfeit its license.

Status: Hearing canceled at the request of the author in Senate Health

AB-1131 (Garcia) - Health care: Hospitals First Revolving Fund.

Would have established the Hospitals First Revolving Fund, administered by the Department of Health Care Access and Information, to offer grants and low-cost loans to hospitals in rural and medically underserved communities to prevent the closure of a hospital or facilitate the reopening of a closed hospital.

Status: Held on Suspense in Assembly Appropriations

AB-1164 (Lowenthal) - Hospitals: emergency departments: crowding score.

Required a licensed general acute care hospital (GACH) with an emergency department (ED) to determine the range of crowding scores that constitute each category of the crowding scale, as provided, for its ED. Required the GACH to calculate and record a crowding score at a minimum every four hours, except as specified, to assess the crowding condition of the GACH's ED. Required, by January 1, 2025, the GACH to develop and implement a full-capacity protocol for each of the categories of the crowding scale, and required the GACH to file its protocol with the Department of Health Care Access and Information and to annually report any revisions to its protocol.

Status: Held on Suspense in Assembly Appropriations

AB-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of "psychiatric emergency medical condition" to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation and crisis intervention, or placement for evaluation or treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to treat an emergency medical condition, including post-stabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits.

Status: Chapter 632, Statutes of 2024

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

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-1537 (Wood) - Skilled nursing facilities: direct care spending requirement.

This bill would have established a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on those reports, required 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Required a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. Required, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities (SNFs), with certain exceptions. Would have required that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined.

Status: Ordered to the inactive file on the Senate Floor

AB-1577 (Low) - General acute care hospitals: clinical placements: nursing.

Requires health facilities and clinics to meet with a community college or California State University with an approved school or nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical placement slots to accommodate the nursing program. Requires the health facility or clinic, if unable to provide additional clinical placement slots, to provide the Department of Health Care Access and Information with a written justification of its lack of capability or capacity within 30 days of the meeting, subject to a \$1,000 fine for failure to provide the justification.

Status: Chapter 680, Statutes of 2024

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

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

AB-1895 (Weber) - Public health: maternity ward closures.

Would have required a general acute care hospital that operates a perinatal unit and determines those services are at risk of closing in the next six months to report specified information to the Department of Health Care Access and Information (HCAI). Required HCAI, the Department of Public Health, and the Department of Health Care Services to assess the potential impact to the community and develop recommendations for how to resolve the perinatal units' challenges.

Status: Vetoed

AB-2075 (Alvarez) - Resident Access Protection Act.

Would have required each resident of a long-term care facility, as defined, to have the right to in-person, onsite access to visitors and health care and social services providers during any public health emergency in which visitation rights of residents are curtailed by a state or local order.

Status: Held on Suspense in Senate Appropriations

AB-2098 (Garcia) - California Health Facilities Financing Authority Act: nondesignated hospitals: loan repayment.

Would have extended the repayment requirements for nondesignated public hospitals participating in a California Health Facilities Financing Authority loan program to require monthly repayments on the loan 24 months after the date of that loan.

Status: Vetoed

AB-2132 (Low) - Health care services.

Requires an adult patient receiving primary care services in specified health care settings, to be offered a tuberculosis (TB) risk assessment and TB screening test, if certain conditions apply.

Status: Chapter 951, Statutes of 2024

AB-2154 (Berman) - Mental health: involuntary treatment.

Requires a health facility to provide a family member, as defined, of any person involuntarily detained for assessment, evaluation or treatment under the Lanterman-Petris-Short Act with a copy of the Department of Health Care Service's patients' rights handbook.

Status: Chapter 635, Statutes of 2024

AB-2175 (Lowenthal) - Hospital specialties database.

Would have required a general acute care hospital (hospital) to report to the Department of Health Care Access and Information (HCAI) every type of specialty listed on the hospital's call panel, whether each specialty is available seven days per week and 24 hours per day, and the telephone number for interfacility transfers. Would have required HCAI to develop and maintain a searchable database of hospitals by location and available specialties.

Status: Held on Suspense in Assembly Appropriations

AB-2271 (Ortega) - St. Rose Hospital.

Would have required the Department of Health Care Access and Information to approve the forgiveness of a Distressed Hospital Loan Program loan for the St. Rose Hospital (SRH) in the City of Hayward, subject to review and approval by the Department of Finance.

Status: Vetoed

AB-2297 (Friedman) - Hospital and Emergency Physician Fair Pricing Policies.

Authorizes an emergency physician to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level. Prohibits a hospital from considering the monetary assets of the patient when determining eligibility for both charity care and discount payment policies. Prohibits a hospital or emergency physician from using liens on any real property as a means of collecting unpaid hospital or emergency physician bills, and prohibits a collection agency from conducting a sale of any real property owned by a patient, or placing a lien on any real property as a means of collecting unpaid hospital or emergency physician bills.

Status: Chapter 511, Statutes of 2024

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Expands the types of health care providers and health facility employees who must participate in implicit bias training pursuant to the California Dignity in Pregnancy and Childbirth Act (the Act.) Requires initial basic training on implicit bias to be completed by June 1, 2025 for current health care providers and health facility employees, and within six months of their start date for new health care providers and health facility employees. Requires facilities subject to the provisions of the Act, commencing in 2026, to provide the Attorney General with proof of compliance by February 1 of each year.

Status: Chapter 621, Statutes of 2024

AB-2342 (Lowenthal) - Medi-Cal: critical access hospitals: islands.

Would have required the Department of Health Care Services to provide an annual supplemental payment, for services covered under the Medi-Cal program, to each hospital designated by the department as a critical access hospital, more than 10 miles offshore of the mainland coast of the state but is still within the jurisdiction of the state (Catalina Island Health).

Status: Referred to but never set for hearing in Assembly Health

AB-2376 (Bains) - Chemical dependency recovery hospitals.

Expands the definition of “chemical dependency recovery services (CDRS)” to include medications for addiction treatment and medically managed voluntary inpatient detoxification. Deletes the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide CDRS as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital. Deletes the requirements for chemical dependency services to be provided in a hospital building that provides only CDRS, or has been removed from general acute care use.

Status: Chapter 637, Statutes of 2024

AB-2490 (Petrie-Norris) - Reproductive Health Emergency Preparedness Program.

Would have established the Reproductive Health Emergency Preparedness Program (RHEPP), upon appropriation by the Legislature, to expand and improve access to reproductive and sexual health care in emergency departments. Would have required the Department of Health Care Access and Information to award grants and administer the RHEPP in collaboration with a California-based organization to serve as the grant administrator, trainer, and technical assistance provider.

Status: Vetoed

AB-2549 (Gallagher) - Patient visitation.

Would have established the Patients’ Visitation Rights Act, or Diane’s Law, which made legislative findings regarding the benefits and value of hospital visitation, and requires a health facility, as defined, to allow specified persons to visit, including children and grandparents. Required health facilities to develop alternate visitation protocols if circumstances require restricted visitor access that allow visitation to the greatest extent possible, while maintaining patient, visitor, and staff health and safety. Prohibited a health facility from limiting in-person visitation in end-of-life situations unless the patient has indicated that they do not want a visitor.

Status: Vetoed

AB-2637 (Schiavo) - Health Facilities Financing Authority Act.

Would have deleted the provision of law requiring a private nonprofit corporation or association to repay and discharge a loan for working capital within 24 months.

Status: Vetoed

AB-2650 (Zbur) - Licensed adult residential facilities and residential care facilities for the elderly: data collection.

Would have required the Department of Social Services to collect demographic information, as specified, from licensed residential care facilities for the elderly and licensed adult residential care facilities.

Status: Held on Suspense in Assembly Appropriations

AB-2653 (Lackey) - Communicable disease: prevention and control.

Would have required the Department of Public Health (DPH) to aggregate data related to overall vaccine coverage rates in skilled nursing facilities serving veterans and seniors and the preparedness of those facilities to respond to viral illnesses, as defined, and related post-viral illnesses. Would have required DPH to use existing data, reports, and studies in meeting these data aggregation requirements, and to submit a report to the Assembly and Senate Committees on Health that outlines the preparedness of skilled nursing facilities that serve veterans and seniors to respond to viral illnesses and related post-viral illnesses, the financial impact of these conditions on individuals and the state, and health data trends of demographic groups and geographic areas of the state experiencing the highest levels of viral illness.

Status: Hearing canceled at the request of the author in Assembly Health

AB-2893 (Ward) - The Shared Recovery Housing Residency Program.

Would have required the Department of Health Care Services to establish a certification process for recovery homes and added a standard for recovery homes that meets the state's Housing First requirements.

Status: Held on Suspense in Senate Appropriations

AB-2899 (Gabriel) - General acute care hospitals: licensed nurse-to-patient ratios.

Would have required the Department of Public Health, when transmitting the action to be taken on a substantiated violation of Nurse-to-Patient Ratios to a general acute care hospital, to simultaneously transmit the same information to the person who filed the claim of violation and their collective bargaining agent or representative if any.

Status: Vetoed

AB-2960 (Lee) - Sexually transmitted diseases: testing.

Would have required a licensed primary care clinic or hospital emergency department to offer a syphilis test at least once per year to all patients who can become pregnant. Would have prohibited a violation of these provisions from being a crime. Would have made findings and declarations regarding the alarming increase of syphilis cases, rising 287% in the last 10 years of Department of Public Health data.

Status: Held on Suspense in Assembly Appropriations

AB-3059 (Weber) - Human milk.

Requires coverage of medically necessary pasteurized donor human milk under existing basic health care services, as specified. Exempts a general acute care hospital from tissue bank licensure by the Department of Public Health, for the storage or distribution of human milk that was obtained from a tissue bank. Requires hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license.

Status: Chapter 975, Statutes of 2024

AB-3129 (Wood) - Health care system consolidation.

Would have required a private equity group or hedge fund to provide written notice to, and obtain the written consent of, the Attorney General (AG) prior to a transaction with a health care facility, except for hospitals, provider groups except dermatology, or, a provider if the private equity group or hedge fund has been involved in a transaction within the last seven years with a health care facility, provider group or provider.

Prohibited a private equity group or hedge fund involved in any manner with a physician, psychiatric, or dental practice doing business in this state, including as an investor, or as an investor or owner of the assets, from interfering with the professional judgment of physicians, psychiatrists, or dentists in making health care decisions; or, exercising control over, or be delegated the power to do other activities, as specified.

Status: Vetoes

AB-3161 (Bonta) - Health and care facilities: patient safety and antidiscrimination.

Requires hospital patient safety plans to include demographic data on injured patients in order to address racism and discrimination in health care, including procedures for staff to anonymously report instances of racial bias.

Status: Chapter 757, Statutes of 2024

SB-45 (Roth) - California Acute Care Psychiatric Hospital Loan Fund.

Would have established the California Acute Care Psychiatric Hospital Loan Fund to be used by the California Health Facilities Financing Authority to provide loans to qualifying county or city and county applicants to build or renovate acute care psychiatric hospitals, psychiatric health facilities, or psychiatric units in general acute care hospitals.

Status: Held on Suspense in Assembly Appropriations

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-363 (Eggman) - Facilities for inpatient and residential mental health and substance use disorder: database.

Would have required the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a real-time, internet-based database, to be operational by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities to identify the availability of inpatient and residential mental health or substance use disorder treatment.

Status: Held on Suspense in Assembly Appropriations

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

SB-819 (Eggman) - Medi-Cal: certification.

Clarifies that existing law exempts intermittent clinic sites and affiliated mobile health care units that are operated by a license-exempt clinic operated by a governmental entity, including a county, from the requirement to enroll in the Medi-Cal program as a separate provider.

Status: Chapter 448, Statutes of 2024

SB-963 (Ashby) - Health facilities: self-identifying human trafficking system.

Requires all general acute care hospitals with an emergency department (ED) to adopt and implement policies and procedures to facilitate the self-identification of an ED patient as a victim of human trafficking or domestic violence to hospital personnel.

Status: Chapter 616, Statutes of 2024

SB-1042 (Roth) - Health facilities and clinics: clinical placements: nursing.

Would have required health facilities and clinics to report data regarding the availability of clinical placements for nursing students to the Department of Health Care Access and Information (HCAI), and required nursing schools to report data regarding their clinical placement needs to the Board of Registered Nursing (BRN). Would have required HCAI to use both sources of data in a manner that allowed for the information received by health facilities and clinics to be cross-referenced against the information received by the BRN. Would have required health facilities and clinics to meet with nursing schools upon request to discuss clinical placement needs and to work in good faith to meet the demands of the school. Would have permitted the BRN to assist in finding clinical placement slots to meet the needs of schools, and to prioritize requests for assistance from community colleges and California State University campuses when doing so.

Status: Held on Suspense in Assembly Appropriations

SB-1061 (Limón) - Consumer debt: medical debt.

Prohibits a consumer credit reporting agency or an investigative consumer reporting agency from making a consumer credit report or an investigative consumer report containing information about medical debt, as defined. Prohibits a person who uses a consumer credit report in connection with a credit transaction from using medical debt listed on the report as a negative factor when making a credit decision. Requires a hospital to maintain all records relating to money owed to the hospital by a patient or a patient's guarantor, as specified. Requires a health insurer to send notices, with specified information, to an insured and provider if the insurer sends payment directly to the insured and not to the provider for services provided. Authorizes the insurer's share of cost in possession of the insured that has not been paid to the provider to be reported to a credit reporting agency as medical debt if the provider does not receive the payment from the insured within 60 days of the notice to the insured, or within one year after initial billing for the service, whichever is later.

Status: Chapter 520, Statutes of 2024

SB-1119 (Newman) - Hospitals: seismic compliance.

Would have authorized the Department of Health Care Access and Information (HCAI) to extend the dates by which four hospitals owned by Providence are required to comply with specified (pre-2030) seismic safety standards: two hospitals on a consolidated license in Eureka, one hospital in Fullerton, and one hospital in Tarzana. Would have specified dates for the hospitals to report to HCAI on their progress, and authorized HCAI to grant no more time than is necessary for a hospital to fully comply with the standards. Imposes a fine of \$5,000 per day if a hospital fails to demonstrate adequate progress. Contained an urgency clause that would have ensured the provisions of this bill go into immediate effect upon enactment.

Status: Vetoed

SB-1238 (Eggman) - Lanterman-Petris-Short Act: designated facilities.

Expands the definition of “designated facility” or “facility designated by the county for evaluation or treatment” for purposes of an involuntary hold.

Status: Chapter 644, Statutes of 2024

SB-1300 (Cortese) - Health facility closure: public notice: inpatient psychiatric and maternity services.

Requires a health facility to provide public notice of the proposed elimination of either an inpatient psychiatric unit or perinatal unit. Requires a health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of a unit and to accept public comment. Requires a health facility to post the public hearing notice and the agenda along with the public notice, and to notify the board of supervisors (BoS) of the county in which the health facility is located when a public hearing is scheduled and to invite the BoS to provide testimony on the impacts of the elimination of the services to the county and community health systems.

Status: Chapter 894, Statutes of 2024

SB-1319 (Wahab) - Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Would have permitted a skilled nursing facility (SNF), applying to provide therapeutic behavioral health programs in a physically separate unit of a SNF and required to receive approvals from multiple departments, to apply simultaneously to those departments, and required those departments to work jointly to develop processes to allow applications to be reviewed simultaneously to minimize the total approval time for all departments.

Status: Vetoed

SB-1339 (Allen) - Step-down care.

Would have required the Department of Health Care Services, by January 1, 2027, in consultation with relevant state and county agencies and stakeholders to establish a voluntary certification program for “supportive community residences.” Would have required a referring entity, as defined, to provide information relating to the license or certification status of a step-down care facility when informing an individual of options for step-down care covered by the individual’s health insurance.

Status: Hearing canceled at the request of the author in Assembly Health

SB-1354 (Wahab) - Long-term health care facilities: payment source and resident census.

Imposes requirements to increase accountability for and compliance with existing law, regulation, and policy related to nondiscrimination of payer source for admissions to, discharges from, and transfers within or from long-term health care facilities. Specifies nondiscrimination requirements are declaratory of existing law and provider requirements, and not considered a new state mandate for rate-setting or other purposes.

Status: Chapter 339, Statutes of 2024

SB-1432 (Caballero) - Health facilities: seismic standards.

Would have authorized a hospital owner or operator to submit an application to the Department of Health Care Access and Information (HCAI) for an extension of the deadline for compliance with the 2030 seismic safety regulations or standards, up to January 1, 2035. Would have required the application to contain a seismic compliance plan, a specified evaluation report, a financial plan, and an attestation that the governing board of the hospital is aware of the requirement for compliance with the seismic safety standards. Would have required HCAI to approve or deny a compliance plan within 120 days. Would have required the hospital and HCAI to identify milestones to be used to determine whether the hospital is making progress toward meeting the compliance deadline. Would have authorized HCAI to assess a fine of up to five thousand dollars per calendar day per hospital until the milestones are met.

Status: Vetoed

SB-1447 (Durazo) - Hospitals: seismic compliance: Children's Hospital Los Angeles.

Authorizes Children's Hospital Los Angeles (CHLA) to seek approval from the Department of Health Care Access and Information (HCAI) for a delay of up to three years of the January 1, 2030 seismic safety compliance standard. Authorizes CHLA to submit a compliance plan, and, if necessary, a Nonstructural Performance Category-5 evaluation. Requires CHLA and HCAI to identify at least two major milestones relating to the compliance plan to be used to determine if CHLA is making adequate progress toward meeting the seismic deadline. Requires HCAI to approve or deny the compliance plan and any extension within 120 days. Authorizes HCAI to adjust the extension or milestones in order to deal with contractor, labor, or material delays, acts of God, governmental entitlements, or other circumstances beyond the hospitals control. Imposes a fine of \$5,000 per calendar day for the hospital's failure to comply with a revised construction schedule or to meet a milestone.

Status: Chapter 896, Statutes of 2024

SB-1464 (Ashby) - Health facilities: cardiac catheterization laboratory services.

Makes clarifying and conforming changes regarding the Elective Percutaneous Coronary Intervention Program by deleting an outdated reference to hospitals that are licensed to provide "urgent and emergent" cardiac catheterization services, and by deleting language limiting cardiac catheterization laboratory services to only diagnostic services when the hospital is not approved to provide cardiac surgery services.

Status: Chapter 136, Statutes of 2024

SB-1511 (Committee on Health) - Health omnibus.

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC) and the Welfare and Institutions Code (WIC).

Status: Chapter 492, Statutes of 2024

Health Disparities

[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 screening 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 contingent upon appropriation by the Legislature.

Status: Vetoed

[AB-403 \(Arambula\) - Health systems: community benefits plan.](#)

Would have redefined the term “community benefit” to include the unreimbursed cost of services as reported in a specified federal tax filing, would have required a hospital to annually submit a copy of that completed tax filing, and would have required a community benefits plan to include community benefits reported by category consistent with that filing. Would have increased the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and specified that the community benefits plan should address the community needs identified by the community needs assessment.

Status: Hearing canceled at the request of the Committee in Assembly Health

[AB-583 \(Wicks\) - Birthing Justice for California Families Pilot Project.](#)

Would have established the Birthing Justice for California Families Pilot Project, administered by the Department of Public Health to, upon appropriation by the Legislature, include a three-year grant program to fund community-based doula groups, local public health departments, and other organizations to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people.

Status: Held on Suspense in Assembly Appropriations

AB-666 (Arambula) - Health systems: community benefits plans.

This bill would have required the Department of Health Care Access and Information to define the term “community” by regulation within certain parameters, and would have redefined the term “community benefit” to mean services rendered to those eligible for, but not enrolled in Medi-Cal, Medicare, the California Children's Services Program, or county indigent programs. This bill would have redefined the term “vulnerable populations” to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. Would have required that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coordination with a local health department, and require that it be updated at least once every two years. Would have required that a community benefits plan demonstrate alignment with the State Health Improvement Plan and the Community Health Improvement Plan, include the proportion and amount of community benefit spending on vulnerable populations, and include measurable objectives that outline equity benchmarks.

Status: Hearing canceled at the request of the Committee in Assembly Health

AB-974 (McKinnor) - Incarcerated persons: certified record of live birth.

Required a local registrar, county recorder, or the State Registrar to issue, without a fee, a certified record of live birth to any person who demonstrates that they are currently incarcerated in prison or a county correctional facility.

Status: Held on Suspense in Assembly Appropriations

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-1276 (McKinnor) - Emergency response services: “911” call and dispatch data.

Would have required the University of California at Davis Health (UC Davis Health) to establish a program for the receipt and collection of “911” emergency call and dispatch data, in order to complete an analysis of the data for the purpose of improving emergency response services systems. Would have required UC Davis Health to adopt uniform statewide data standards for “911” call and dispatch data, as specified, and to create a data portal that catalogs the collected data, aggregated on a statewide level, excluding any personally identifiable information.

Status: Held on Suspense in Assembly Appropriations

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

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-1502 (Schiavo) - Health care coverage: discrimination.

Would have prohibited a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decisionmaking.

Status: Referred to but never set for hearing in Assembly Health

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-1799 (Jackson) - Public health: annual state of public health in California.

Would have required the State Public Health Officer to include the impact of racism, if any, on the information and data submitted in their written report to the Governor and the Legislature on the State of Public Health in California. Senate amendments deleted the prior contents of this bill and focused its provisions on a different subject matter.

Status: Referred pursuant to Assembly Rule 77.2 but never set for hearing in Assembly Public Safety

AB-1965 (Blanca Rubio) - Public health: Office of Tribal Affairs.

Would have established the Office of Tribal Affairs (OTA) within the Department of Public Health (DPH) to assist in addressing the public health disparities impacting tribal communities. Would have required the State Public Health Officer to appoint and regularly consult with a Tribal Health Liaison to lead the OTA.

Status: Held on Suspense in Senate Appropriations

AB-2058 (Weber) - Automated decision systems.

Would have required a device, commencing January 1, 2027, that collects or analyzes medical information, and is not subject to regulation under federal law or regulations to have a legible disclosure that includes limitations known by the manufacturer on the effectiveness of the device for the device's intended population because of certain characteristics of the patient using the device, including age, color, disability, ethnicity, gender, or race.

Status: Vetoed

AB-2131 (Valencia) - Certified nurse assistant training programs.

Requires the Department of Public Health (DPH) to prepare, maintain, and publish at least twice a year, an updated list on its internet website of approved training programs for nurse assistant certification, aggregated by the language in which the test was taken. Requires DPH, no later than December 31, 2025, to make available the option to take the written and oral competency examination of a nurse assistant certification examination in Spanish. Requires DPH to contract with an approved testing vendor to translate the examination into Spanish.

Status: Chapter 380, Statutes of 2024

AB-2250 (Weber) - Social determinants of health: screening and outreach.

Would have required a health plan, health insurer, and Medi-Cal to provide coverage for, and provider reimbursement of, social determinants of health (SDOH) screenings. Would have required a health plan or insurer to provide to physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers, as defined. Would have provided for reimbursement of SDOH screenings at the Medi-Cal fee-for-service rate for federally qualified health centers and rural health clinics.

Status: Vetoed

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Expands the types of health care providers and health facility employees who must participate in implicit bias training pursuant to the California Dignity in Pregnancy and Childbirth Act (the Act.) Requires initial basic training on implicit bias to be completed by June 1, 2025 for current health care providers and health facility employees, and within six months of their start date for new health care providers and health facility employees. Requires facilities subject to the provisions of the Act, commencing in 2026, to provide the Attorney General with proof of compliance by February 1 of each year.

Status: Chapter 621, Statutes of 2024

AB-3161 (Bonta) - Health and care facilities: patient safety and antidiscrimination.

Requires hospital patient safety plans to include demographic data on injured patients in order to address racism and discrimination in health care, including procedures for staff to anonymously report instances of racial bias.

Status: Chapter 757, Statutes of 2024

SB-957 (Wiener) - Data collection: sexual orientation and gender identity.

Requires, rather than permits, the Department of Public Health (DPH) to collect demographic data, including sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC) data, from third parties on any forms or electronic data systems, unless prohibited by federal or state law, as specified. Adds SOGISC to the information reported for the purpose of statewide or local immunization information systems. Adds the adult patient's or client's SOGISC and sex assigned at birth to the list of information subject to disclosure under the provisions of this bill. Clarifies that the provisions of this bill do not require DPH to collect demographic data from an individual under 18 years of age who is applying for or participating in the Supplemental Nutrition Program for Women, Infants, and Children. Specifies that this bill does not require health care providers or other third parties to collect, disclose, or report information that is not voluntarily provided self-identification information pertaining to SOGISC. Prohibits an adult patient's or client's SOGISC and sex assigned at birth

from being shared beyond the parties specified by the provisions of this bill. Requires DPH to prepare an annual report concerning SOGISC data. Requires DPH, for purposes of data collected by DPH on SOGISC, to comply with provisions of this bill as early as possible, but no later than March 28, 2029.

Status: Chapter 868, Statutes of 2024

SB-959 (Menjivar) - Trans-inclusive care: resources and support services.

Would have required the California Health and Human Services Agency to establish a website where the public can access specified information about trans-inclusive health care and related support services for transgender, gender diverse, and intersex individuals in California.

Status: Ordered to the inactive file on the Assembly Floor

SB-1016 (Gonzalez) - Latino and Indigenous Disparities Reduction Act.

Commencing January 1, 2028, requires the Department of Public Health, whenever collecting demographic data as to the ancestry or ethnic origin of California residents for specified reports, to use separate collection and tabulation categories for each major Latino group, Mesoamerican Indigenous nation, and Mesoamerican Indigenous language group, as specified.

Status: Chapter 873, Statutes of 2024

SB-1078 (Min) - Language access.

Would have established the Office of Language Access within the California Health and Human Services Agency (CalHHS) to lead the development, monitoring, and updating of department Language Access Plans, maintain a website with language access information and resources, and submit a report to the Legislature on language access issues within CalHHS departments.

Status: Held on Suspense in Assembly Appropriations

Health Information / Health Insurance Portability and Accountability Act

[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-1094 (Wicks) - Drug and alcohol testing: informed consent.

Would have prohibited medical personnel from performing a drug or alcohol test or screen on a pregnant person, perinatal person, or newborn without the prior written and verbal informed consent of the pregnant person, perinatal person, or person authorized to consent for a newborn, and would require the test or screen to be medically necessary to provide care.

Status: Referred to but never set for hearing in Assembly Health

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

AB-3030 (Calderon) - Health care services: artificial intelligence.

Requires specified health care providers to disclose the use of a generative artificial intelligence (GenAI) tool when it is used to generate communications to a patient pertaining to patient clinical information, as defined, requires such a communication to include clear instructions permitting a patient to communicate with a human health care provider or other appropriate person, as specified, and exempts from disclosure written communications that are generated by GenAI and reviewed by a licensed or certified health care provider.

Status: Chapter 848, Statutes of 2024

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-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-1120 (Becker) - Health care coverage: utilization review.

Requires health plans and disability insurers, including specialized plans and insurers, that uses artificial intelligence (AI), and other software tools used for utilization review or utilization management decisions to comply with specified requirements, including that it be based on an enrollee or insured's medical history and individual clinical circumstances, and be fairly and equitably applied. Prohibits the AI, algorithm, or other software tool from denying, delaying, or modifying health care services based, in whole or in part, on medical necessity and requires such determinations to be made only by a licensed physician or a licensed health care professional, as specified.

Status: Chapter 879, Statutes of 2024

Health insurance / Health plan

[AB-47 \(Boerner\) - Pelvic floor physical therapy coverage.](#)

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy.

Status: Hearing canceled at the request of the author in Assembly Health

[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 screening 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 contingent upon appropriation by the Legislature.

Status: Vetoed

[AB-236 \(Holden\) - Health care coverage: provider directories.](#)

Would have required a health care service plan (health plan) or insurer to annually audit and delete inaccurate listings from its provider directories, and required a provider directory to be 60% accurate on January 1, 2024 and 95% accurate on or before January 1, 2027. Would have subjected a health plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. Would have required the health plan or insurer to delete the provider from its directory beginning July 1, 2024, if a plan or insurer has not financially compensated a provider in the prior year unless specified criteria applies. Would have required a health plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and limited the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

Status: Held on Suspense in Senate Appropriations

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-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-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-815 (Wood) - Health care coverage: provider credentials.

Would have required the California Health and Human Services Agency to create and maintain a provider credentialing board (board), with specified membership, and would have required the board, on or before July 1, 2027, to develop a standardized credentialing form to be used by all health plans and insurers.

Status: Held on Suspense in Senate Appropriations

AB-874 (Weber) - Health care coverage: out-of-pocket expenses.

Would have required a health plan or health insurance policy that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health plan, health insurance policy, or other health care coverage.

Status: Hearing canceled at the request of the committee in Assembly Health

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-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-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-1036 (Bryan) - Health care coverage: emergency medical transport.

Would have required a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. Would have required a health plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy if a physician has certified that emergency medical transportation services. Would have specified that the indication by a physician pursuant to bill is limited to an assessment of the medical necessity of the emergency medical transport services, and does not apply or otherwise impact provisions regarding coverage for care provided following completion of the emergency medical transport.

Status: Hearing canceled at the request of the author in Assembly Health

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

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 was 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-1091 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2023.

Would have established the Health Care Consolidation and Contracting Fairness Act of 2023, which would have prohibited a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. Would have required a medical group, hospital or hospital system, specified health facility, health care service plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General at the same time as another state or federal agency is notified or otherwise at least 90 days before entering an agreement or transaction to make a specified material change with a value of \$15,000,000 or more.

Status: Referred to but never set for hearing in Assembly Health

AB-1092 (Wood) - Health care service plans: consolidation.

Would have required a health plan that intends to acquire or obtain control of an entity, to give notice to, and secure prior approval from, the Department of Managed Health Care (DMHC) Director. Would have authorized the DMHC Director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and requires the DMHC Director to provide information related to competition to the Attorney General. Would have prohibited the DMHC Director from waiving, or delaying implementation of specified provisions of this bill.

Status: Held on Suspense in Senate Appropriations

AB-1124 (Low) - Department of Managed Health Care: employee assistance programs.

Would have required the Department of Managed Health Care (DMHC) to create a report that examines and analyzes limitations to employee access to employee assistance programs (EAPs); how consumers who receive EAP services are connected through their health plan; and, how EAPs can provide notice to purchasers that EAP benefits are in addition to existing health plan requirements. Would have required DMHC to issue the report to specified members and committees of the Legislature and to post the report on the DMHC's website no later than June 30, 2024.

Status: Held on Suspense in Assembly Appropriations

AB-1157 (Ortega) - Rehabilitative and habilitative services: durable medical equipment and services.

Would have specified that coverage of rehabilitative and habilitative services and devices under a health plan contract or health insurance policy includes durable medical equipment (DME), services, and repairs if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. Would have defined DME to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury to help a person partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. Would have prohibited coverage of DME and services from being subject to financial or treatment limitations, as specified.

Status: Held on Suspense in Senate Appropriations

AB-1288 (Reyes) - 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-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

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-1502 (Schiavo) - Health care coverage: discrimination.

Would have prohibited a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decisionmaking.

Status: Referred to but never set for hearing in Assembly Health

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 for 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

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group or individual health plan or health insurer to provide coverage without prior authorization or step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of four specified categories.

Status: Chapter 633, Statutes of 2024

AB-1926 (Connolly) - Health care coverage: regional enteritis.

Would have required health plan contracts or disability insurance policies to provide coverage for dietary enteral formulas, as defined, for the treatment of regional enteritis. Would have defined dietary enteral formula as an enteral formula or enteral formulas that may be taken orally at home that are prescribed by a physician or nurse practitioner, or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments, as medically necessary for the treatment of regional enteritis.

Status: Held on Suspense in Senate Appropriations

AB-1936 (Cervantes) - Maternal mental health screenings.

Requires a health plan or insurer's existing maternal mental health (MMH) program to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the treating provider's judgement.

Status: Chapter 815, Statutes of 2024

AB-1977 (Ta) - Health care coverage: behavioral diagnoses.

Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025 from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder (PDD) or autism to be reevaluated or review a new behavioral diagnosis to maintain coverage for behavioral health treatment for PDD or autism. Would have clarified that this bill does not prohibit a treating provider from reevaluating an enrollee or insured for purposes of determining the appropriate treatment.

Status: Vetoed

AB-2028 (Ortega) - Medical loss ratios.

Would have required a health plan or health insurer that issues, sells, renews, or offers a specialized dental health plan contract or specialized dental health insurance policy to comply with a minimum medical loss ratio of 85% and to provide a specified rebate to an enrollee or insured.

Status: Hearing canceled at the request of the author in Assembly Health

AB-2063 (Maienschein) - Health care coverage.

Extends the sunset for a pilot program authorized by the Department of Managed Health Care (DMHC) to operate from December 31, 2025 to December 31, 2027. Existing law authorizes 2 pilot programs, one in northern California and one in southern California, under which providers approved by the DMHC may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than January 1, 2022, to December 31, 2025, if certain criteria are met. Extends the deadline for DMHC to report the pilot program findings to the Legislature from January 1, 2027 to January 1, 2029.

Status: Chapter 818, Statutes of 2024

AB-2072 (Weber) - Group health care coverage: biomedical industry.

Extends the sunset in existing law to January 1, 2030, for the authorization of an association of employers to offer a large group health plan or insurance policy to small group employer members of the association consistent with the federal Employee Retirement Income Security Act of 1974, including that the association is a sponsor of a multiple employer welfare arrangements (MEWAs), and who are employed by an association member in the biomedical industry with operations in California. Requires the Department of Managed Health Care or Department of Insurance to conduct an analysis of the impacts on the small employer health insurance market in California of health insurers currently issuing large group policies to small employers through MEWAs.

Status: Chapter 374, Statutes of 2024

AB-2105 (Lowenthal) - Coverage for PANDAS and PANS.

Requires 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 and Pediatric Acute-onset Neuropsychiatric Syndrome as prescribed or ordered by the treating physician and surgeon and is medically necessary, as defined by current nationally recognized clinical practice guidelines by expert treating physicians published in peer-reviewed medical literature.

Status: Chapter 822, Statutes of 2024

AB-2129 (Petrie-Norris) - Immediate postpartum contraception.

Authorizes a health care provider, in a contract between a health plan or insurer, to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. Prohibits the provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure.

Status: Chapter 950, Statutes of 2024

AB-2169 (Bauer-Kahan) - Prescription drug coverage: dose adjustments.

Would have authorized a licensed health care professional to request, and to be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured's chronic medical condition or cancer treatment without prior authorization or subsequent utilization management under specified conditions.

Status: Held on Suspense in Senate Appropriations

AB-2180 (Weber) - Health care coverage: cost sharing.

Would have required a health plan, insurer, or pharmacy benefit manager to apply any amounts paid by the enrollee, insured, or third party patient assistance program towards the enrollee or insured's cost sharing requirement for those who have a chronic disease or terminal illness.

Status: Held on Suspense in Assembly Appropriations

AB-2198 (Flora) - Health information.

Requires the Department of Managed Health Care (DMHC) and Department of Insurance (CDI), commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health plans and insurers to establish and maintain patient access application programming interfaces (API), provider access API, payer-to-payer API, and prior authorization API. Authorizes DMHC and CDI, until January 1, 2027, to issue guidance not subject to the Administrative Procedure Act.

Status: Chapter 386, Statutes of 2024

AB-2200 (Kalra) - Guaranteed Health Care for All.

Would have created the California Guaranteed Health Care for All Act. Would have established in state government the California Guaranteed Health Care for All program, or CalCare, to be governed by the CalCare Board (board). Would have specified that every state resident is eligible and entitled to enroll as a CalCare member. Would have prohibited a member from being required to pay a fee, payment, or other charge for enrolling in or being a CalCare member. Would have entitled individuals enrolled for CalCare benefits to have payments made by CalCare to a participating provider for the health care items and services if medically necessary or appropriate for the

maintenance of health or for the prevention, diagnosis, treatment, or rehabilitation of a health condition. Would have provided that a health care provider or entity is qualified to participate as a CalCare provider, as specified. Would have required the board to adopt regulations regarding contracting for, and establishing payment methodologies for, covered health care items and services. Would have required CalCare to establish a single standard of care, therapeutic, and effective care for all state residents. Would have authorized the board to seek all federal waivers and other federal approvals and arrangements and submit state plan amendments as necessary to operate CalCare.

Status: Held on Suspense in Assembly Appropriations

[AB-2250 \(Weber\) - Social determinants of health: screening and outreach.](#)

Would have required a health plan, health insurer, and Medi-Cal to provide coverage for, and provider reimbursement of, social determinants of health (SDOH) screenings. Would have required a health plan or insurer to provide to physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers, as defined. Would have provided for reimbursement of SDOH screenings at the Medi-Cal fee-for-service rate for federally qualified health centers and rural health clinics.

Status: Vetoed

[AB-2258 \(Zbur\) - Health care coverage: cost sharing.](#)

Prohibits a group or individual nongrandfathered health plan contract or insurance policy from imposing a cost-sharing requirement for items or services integral to the provision of specified preventative care services and screenings.

Status: Chapter 708, Statutes of 2024

[AB-2434 \(Grayson\) - Health care coverage: multiple employer welfare arrangements.](#)

Authorizes an association of employers to offer a large group health plan contract or health insurance policy to small group employer members of the association, consistent with Employee Retirement Income Security Act of 1974, if certain requirements are met, including that the association was established before January 1, 1966, and is the sponsor of a multiple employer welfare arrangement, and that the contract or policy includes coverage of employees of an association member in the engineering, surveying, or design industry. Requires the Department of Managed Health Care to conduct an analysis of the impacts on the small employer health insurance market in California. Sunsets provisions of this bill on January 1, 2030.

Status: Chapter 398, Statutes of 2024

AB-2449 (Ta) - Health care coverage: qualified autism service providers.

Would have expanded the definition of qualified autism service provider to also mean a person who is certified by a national entity, such as the Qualified Applied Behavioral Analysis Credentialing Board, with a certification that is accredited by another national accrediting entity approved by the California Health and Human Services Agency Secretary, as it relates to the coverage of behavioral health treatment for pervasive developmental disorder or autism.

Status: Held on Suspense in Senate Appropriations

AB-2467 (Bauer-Kahan) - Health care coverage for menopause.

Would have required health plan contract or insurance policy coverage for the evaluation and treatment options for perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management.

Status: Vetoed

AB-2556 (Jackson) - Behavioral health and wellness screenings: notice.

Requires a health plan or insurer to provide annual notices to enrollees or insureds regarding the benefits of a behavioral health and wellness screening for children and adolescents eight to 18 years of age. Exempts Medi-Cal managed care contracts from the provision of this bill.

Status: Chapter 200, Statutes of 2024

AB-2668 (Berman) - Coverage for cranial prostheses.

Would have required health plan, insurer, and Medi-Cal coverage of cranial prosthesis (wigs) for individuals experiencing permanent or temporary medical hair loss. Would have limited coverage to \$750.

Status: Held on Suspense in Assembly Appropriations

AB-2753 (Ortega) - Rehabilitative and habilitative services: durable medical equipment and services.

Would have included durable medical equipment (DME), as specified, under essential health benefits coverage of rehabilitative and habilitative services and devices. Would have defined DME to mean devices, including replacement devices, that are designed for repeated use and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living.

Status: Held on Suspense in Assembly Appropriations

AB-2767 (Santiago) - Financial Solvency Standards Board: membership.

Expands the Department of Managed Health Care (DMHC) Financial Solvency Standards Board members from seven to 10 members. Authorizes the DMHC to appoint health care consumer advocates and representatives of organized labor unions representing health care workers, and individuals with experience in large group health insurance purchasing.

Status: Chapter 116, Statutes of 2024

AB-2843 (Petrie-Norris) - Health care coverage: rape and sexual assault.

Requires a health plan or insurer to provide coverage for emergency room medical care and followup treatment for an enrollee or insured who is treated following a rape or sexual assault without cost sharing for the first nine months after the enrollee or insured initiates treatment.

Status: Chapter 971, Statutes of 2024

AB-2914 (Bonta) - Health care coverage: essential health benefits.

Would have expressed the intent of the Legislature to review California's essential health benefits (EHB) benchmark plan and would have established a new EHB plan for the 2027 plan year. Would have limited the current benchmark to plan years on or before the 2027 plan year.

Status: Ordered to the inactive file on the Senate Floor

AB-3059 (Weber) - Human milk.

Requires coverage of medically necessary pasteurized donor human milk under existing basic health care services, as specified. Exempts a general acute care hospital from tissue bank licensure by the Department of Public Health, for the storage or distribution of human milk that was obtained from a tissue bank. Requires hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license.

Status: Chapter 975, Statutes of 2024

AB-3221 (Pellerin) - Department of Managed Health Care: review of records.

Requires the records, books, and papers of a health plan and other specified entities to be open to inspection by the Department of Managed Health Care Director, including through electronic means.

Status: Chapter 760, Statutes of 2024

AB-3245 (Joe Patterson) - Coverage for colorectal cancer screening.

Would have expanded existing law to require a health plan contract and insurance policy to provide coverage without cost sharing for a colorectal cancer (CRC) screening test assigned either a grade of "A" or a grade of "B" or equivalent, in accordance with the most current recommendations established by another accredited or certified

guideline agency approved by the California Health and Human Services Agency. Would have required the colonoscopy for a positive result on a test or procedure that is a CRC screening examination or laboratory test assigned either a grade of A or a grade of B, or equivalent in accordance with the most current recommendations established by another accredited or certified guideline agencies to also be provided without any cost sharing.

Status: Vetoed

[AB-3260 \(Pellerin\) - Health care coverage: reviews and grievances.](#)

Would have required a determination of urgency by a health care provider, with respect to a decision to approve a health care service for prior authorization, to be binding on the health plan. Would have entitled an enrollee to automatically proceed with a grievance, if the health plan fails to make a decision to approve, modify, or deny the request for authorization within the specified timeframes in existing law. Would have made a determination of urgency by an enrollee's health care provider to be binding on a health plan, for grievances.

Status: Held on Suspense in Senate Appropriations

[AB-3275 \(Soria\) - Health care coverage: claim reimbursement.](#)

Requires a health plan, including a Medi-Cal managed care plan, or a health insurer, including specialized health plans or insurers, commencing January 1, 2026, to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for a complete claim or portion thereof, to notify the claimant as soon as practicable, but no later than 30 calendar days that the claim is contested or denied. Authorizes the Department of Managed Health Care or Department of Insurance to issue guidance and regulations related to this bill. Requires a complaint made by an enrollee to a health plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process.

Status: Chapter 763, Statutes of 2024

[SB-70 \(Wiener\) - Prescription drug coverage.](#)

Would have prohibited a health plan or insurer from limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. Would have prohibited a health plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

Status: Held on Suspense in Assembly Appropriations

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-238 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as specified, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

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-294 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or disability insurer that provides coverage for mental health (MH) or substance use disorders (SUDs) to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a MH or SUD for an enrollee or insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. Would have required a health plan or insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance to automatically submit within 24 hours a decision regarding a disputed health care service to the independent medical review System, if the decision is to deny, modify, or delay specified services relating to MH or SUD conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

SB-324 (Limón) - Health care coverage: endometriosis.

Would have prohibited a health plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review (UR) for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Would have required Medi-Cal coverage of clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, without prior authorization or other UR.

Status: Held on Suspense in Assembly Appropriations

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to reimburse pharmacist services at 100% of the fee schedule for physician services. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90 day course of PrEP, or beyond a 90 day course (existing law allows for a 60 day supply), if specified conditions are met.

Status: Chapter 1, Statutes of 2024

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-427 (Portantino) - Health care coverage: antiretroviral drugs, devices, and products.

Would have prohibited a nongrandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products (ARVs) that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS). Would have prohibited a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention of

HIV/AIDS, to prior authorization or step therapy, but would have authorized prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent ARV without cost sharing pursuant to an exception request.

Status: Passed the Senate but never referred to a committee in the Assembly

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-516 (Skinner) - Health care coverage: prior authorization.

Would have required the Department of Managed Health Care (DMHC) and the Department of Insurance (CDI), by July 1, 2025, to issue instructions, including a standard reporting template, to health plans and insurers to report specified information, including all covered health care services, items, and supplies subject to prior authorization. Would have required health plans and insurers to report that information to the DMHC or CDI by December 31, 2025, and would have required the DMHC and CDI to evaluate the reports received from the health plans and insurers. Would have required DMHC or CDI, after evaluating the reports, to identify, and by December 31, 2026, to publish a list of, the most frequently approved or modified services, items, and supplies no longer subject to prior authorization, and how a health plan and insurers could reinstate prior authorization upon a showing of good cause. Would have required the DMHC and CDI, within four years from the end date of the prior authorization requirements, to publish a report of those requirements. Would have authorized DMHC and CDI to contract with a consultant with expertise in prior authorization procedures to

assist with implementation of this bill. Would have sunset the provisions of this bill on January 1, 2032.

Status: Hearing canceled at the request of the author in Assembly Health

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-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-598 (Skinner) - Health care coverage: prior authorization.

Would have prohibited a health plan or health insurer, on or after January 1, 2025, from requiring a contracted health professional to complete or obtain a prior authorization (PA) for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the PA requests they submitted in the most recent one-year contracted period (PA exemption). Would have set standards for this exemption and its denial, rescission, and appeal. Would have authorized a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and authorized a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. Would have required a plan or insurer to provide an electronic PA process. Would have required a plan or insurer to have a process for annually monitoring PA approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time.

Status: Held on Suspense in Assembly Appropriations

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-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-729 (Menjivar) - Health care coverage: treatment for infertility and fertility services.

Requires large group health plan contracts and disability insurance policies, issued, amended, or renewed on or after July 1, 2025, to provide coverage for the diagnosis and treatment of infertility and fertility services. Revises the definition of infertility, and removes the exclusion of in vitro fertilization from coverage. Prohibits a health plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than applies to other conditions, as specified. Delays implementation of CalPERS contracts until July 1, 2027.

Status: Chapter 930, Statutes of 2024

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

SB-873 (Bradford) - Prescription drugs: cost sharing.

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale (POS) based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug, no later than January 1, 2025. Would have required a health plan or health insurer to, among other things, pass through to each enrollee or insured at the POS a good faith estimate of the enrollee's or insured's decrease in cost sharing. Would have sunset the provisions of this bill on January 1, 2027.

Status: Held on Suspense in Assembly Appropriations

SB-966 (Wiener) - Pharmacy benefits.

Would have established licensure and regulation requirements for pharmacy benefit managers (PBMs) under the Department of Insurance. Would have required initial license and renewal fees to be collected into the PBM Account in the Insurance Fund. Would have added reporting requirements to existing prescription drug data reporting, including the aggregate amount of rebates received by the PBM for each drug.

Status: Vetoed

SB-999 (Cortese) - Health coverage: mental health and substance use disorders.

Would have established the California Mental Health (MH) and Substance Use Disorder (SUD) Treatment Patient Safety and Fairness Act. Would have required a health plan or disability insurer to comply with utilization review determination requirements related to MH and SUD treatment.

Status: Held on Suspense in Assembly Appropriations

SB-1061 (Limón) - Consumer debt: medical debt.

Prohibits a consumer credit reporting agency or an investigative consumer reporting agency from making a consumer credit report or an investigative consumer report containing information about medical debt, as defined. Prohibits a person who uses a consumer credit report in connection with a credit transaction from using medical debt listed on the report as a negative factor when making a credit decision. Requires a hospital to maintain all records relating to money owed to the hospital by a patient or a patient's guarantor, as specified. Requires a health insurer to send notices, with specified information, to an insured and provider if the insurer sends payment directly to the insured and not to the provider for services provided. Authorizes the insurer's share of cost in possession of the insured that has not been paid to the provider to be reported to a credit reporting agency as medical debt if the provider does not receive the payment from the insured within 60 days of the notice to the insured, or within one year after initial billing for the service, whichever is later.

Status: Chapter 520, Statutes of 2024

SB-1120 (Becker) - Health care coverage: utilization review.

Requires health plans and disability insurers, including specialized plans and insurers, that uses artificial intelligence (AI), and other software tools used for utilization review or utilization management decisions to comply with specified requirements, including that it be based on an enrollee or insured's medical history and individual clinical circumstances, and be fairly and equitably applied. Prohibits the AI, algorithm, or other software tool from denying, delaying, or modifying health care services based, in whole or in part, on medical necessity and requires such determinations to be made only by a licensed physician or a licensed health care professional, as specified.

Status: Chapter 879, Statutes of 2024

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. Prohibits reimbursement rates adopted in this bill from exceeding the health plan or insurer's usual and customary charges for services rendered. Requires coverage of these programs under Medi-Cal, upon appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

Status: Chapter 884, Statutes of 2024

SB-1290 (Roth) - Health care coverage: essential health benefits.

Would have expressed the intent of the Legislature to review California's essential health benefits (EHBs) benchmark plan and establish a new EHB plan for the 2027 plan year. Would have limited the current benchmark to plan years on or before the 2027 plan year.

Status: Ordered to the inactive file on the Assembly Floor

SB-1320 (Wahab) - Mental health and substance use disorder treatment.

Requires a health plan or insurer to, for services provided to an enrollee or insured under a health plan contract or insurance policy issued, amended, or renewed on or after July 1, 2025, establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services. Authorizes the reimbursement process required under this bill to be based upon federal rules or guidance issued for the Medicare program.

Status: Chapter 135, Statutes of 2024

SB-1369 (Limón) - Dental providers: fee-based payments.

Would have required a health plan contract or insurance policy that provides payment directly, or through a contracted vendor, to a dental provider, to have a non-fee-based default method of payment. Would have required a health plan or insurer or its contracted vendor to obtain a signed authorization or an electronic signature from a

dental provider opting in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider.

Status: Vetoed

[SB-1397 \(Eggman\) - Behavioral health services coverage.](#)

Would have required a health plan contract or health insurance policy to comply with specified requirements for services delivered by a county behavioral health agency covered under the Full Service Partnership Service Category, including utilization review and reimbursement.

Status: Held on Suspense in Assembly Appropriations

[SB-1511 \(Committee on Health\) - Health omnibus.](#)

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC) and the Welfare and Institutions Code (WIC).

Status: Chapter 492, Statutes of 2024

Health Workforce

[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-517 \(Soria\) - Health Professions Career Opportunity Program.](#)

Would have required the Department of Health Care Access and Information to provide the Legislature with a spending report of the Health Professions Career Opportunity Program for the 2021–22 and 2022–23 fiscal years.

Status: Referred to but never set for hearing in Senate Health

[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

[AB-921 \(Bonta\) - Mental health: workforce.](#)

Would have required the Department of Health Care Access and Information (HCAI) to establish a mentorship program to connect eligible students enrolled in a relevant undergraduate program or in an HCAI-approved behavioral health certification program with concrete resources and mentorship that will convert the educational experience to sustained employment.

Status: Held on Suspense in Assembly Appropriations

AB-1001 (Haney) - Health facilities: behavioral health emergency services.

Would have required General Acute Care Hospitals to adopt policies to respond to a patient with a mental health or substance use crisis and required those protocols to meet standards established by the Department of Public Health and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training. Would have created the Behavioral Health Response and Training Fund to provide grants to fund new programs or support existing programs that increases the staffing of direct care personnel who are trained in behavioral health care and behavioral health services response or intervention, in specified hospitals.

Status: Hearing canceled at the request of the author in Senate Health

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-1069 (Chen) - Radiologic technologists: venipuncture: supervision.

Would have authorized a radiologic technologist certified under the Radiologic Technology Act is authorized to perform venipuncture in an upper extremity to administer contrast materials, manually or by utilizing a mechanical injector, when under the general supervision of a physician and surgeon. Would have defined "general supervision" to mean under the direction of a licensed physician and surgeon who is either physically present within the facility and available within the facility where the procedures are performed or is available by telephone.

Status: Referred to but never set for hearing in Assembly Health

AB-1577 (Low) - General acute care hospitals: clinical placements: nursing.

Requires health facilities and clinics to meet with a community college or California State University with an approved school or nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical placement slots to accommodate the nursing program. Requires the health facility or clinic, if unable to provide additional clinical placement slots, to provide the Department of Health Care Access and Information with a written justification of its lack of capability or capacity within 30 days of the meeting, subject to a \$1,000 fine for failure to provide the justification.

Status: Chapter 680, Statutes of 2024

AB-1970 (Jackson) - Mental Health: Black Mental Health Navigator Certification.

Would have required the Department of Health Care Access and Information to develop, upon appropriation and as a component of an existing Community Health Worker certificate program, criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, and report related program data.

Status: Held on Suspense in Senate Appropriations

AB-2131 (Valencia) - Certified nurse assistant training programs.

Requires the Department of Public Health (DPH) to prepare, maintain, and publish at least twice a year, an updated list on its internet website of approved training programs for nurse assistant certification, aggregated by the language in which the test was taken. Requires DPH, no later than December 31, 2025, to make available the option to take the written and oral competency examination of a nurse assistant certification examination in Spanish. Requires DPH to contract with an approved testing vendor to translate the examination into Spanish.

Status: Chapter 380, Statutes of 2024

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Expands the types of health care providers and health facility employees who must participate in implicit bias training pursuant to the California Dignity in Pregnancy and Childbirth Act (the Act.) Requires initial basic training on implicit bias to be completed by June 1, 2025 for current health care providers and health facility employees, and within six months of their start date for new health care providers and health facility employees. Requires facilities subject to the provisions of the Act, commencing in 2026, to provide the Attorney General with proof of compliance by February 1 of each year.

Status: Chapter 621, Statutes of 2024

SB-26 (Umberg) - Mental health professions: CARE Scholarship Program.

Would have established, upon appropriation, the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program. Would have required the Department of Health Care Access and Information to administer an annual scholarship for purposes of increasing the number of culturally competent licensed marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists, and required scholarship recipients to agree to work for county behavioral health agencies in meeting its needs and obligations to implement the CARE Act for a minimum of three years upon completion of their degree.

Status: Vetoed

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

SB-909 (Umberg) - Steven M. Thompson Physician Corps Loan Repayment Program.

Makes changes to the parameters of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) including: Removing the requirement for the Department of Health Care Access and Information (HCAI) to establish an advisory committee for the STLRP and updating the definition of the practice setting in which a physician can practice. Decreases the service obligation to two years in a medically underserved area (MUA). Authorizes HCAI to award up to 20% of the funds established with the Medically Underserved Account for Physician (Account) for applicants from specialties outside of the primary specialties, and authorizes HCAI to create additional positions, not using funds from the Account. Removes the maximum limit for loan repayments per individual physician who has completed three consecutive years of services in an MUA.

Status: Chapter 594, Statutes of 2024

SB-1042 (Roth) - Health facilities and clinics: clinical placements: nursing.

Would have required health facilities and clinics to report data regarding the availability of clinical placements for nursing students to the Department of Health Care Access and Information (HCAI), and required nursing schools to report data regarding their clinical placement needs to the Board of Registered Nursing (BRN). Would have required HCAI to use both sources of data in a manner that allowed for the information received by health facilities and clinics to be cross-referenced against the information received by the BRN. Would have required health facilities and clinics to meet with nursing schools upon request to discuss clinical placement needs and to work in good faith to meet the demands of the school. Would have permitted the BRN to assist in finding clinical placement slots to meet the needs of schools, and to prioritize requests for assistance from community colleges and California State University campuses when doing so.

Status: Held on Suspense in Assembly Appropriations

Labs / Clinical Labs

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

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

AB-2942 (Villapudua) - Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program.

Would have established the Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program to be administered by the State Treasurer for the purpose of providing funding for clinical trials of novel allogeneic adipose cell-based viral therapies for cancer treatment. Would have repealed these provisions on January 1, 2031.

Status: Held on Suspense in Assembly Appropriations

SB-570 (Becker) - Prenatal screening program.

Prohibits the Department of Public Health, by way of a rule, regulation, contract, or any other manner, from prohibiting a laboratory that has both a current Clinical Laboratory Improvement Amendments certificate of accreditation and a current state clinical or public health laboratory license from offering all noninvasive prenatal tests, as ordered by a prenatal care provider, or otherwise limiting the number of tests that the laboratory may provide, including, but not limited to, testing for autosomal trisomies (trisomies 21, 18, and 13), microdeletions (small missing piece of chromosome), and fetal sex, to a pregnant person who has an order from a prenatal care provider.

Status: Held on Suspense in Assembly Appropriations

Marijuana / Medical Marijuana

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-1511 (Committee on Health) - Health omnibus.

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC) and the Welfare and Institutions Code (WIC).

Status: Chapter 492, Statutes of 2024

Mental / Behavioral Health

[AB-283 \(Jim Patterson\) - Mental Health Services Oversight and Accountability Commission.](#)

Would have urged the Governor, when making appointments to the Mental Health Services Oversight and Accountability Commission, to consider ensuring geographic representations among the 10 geographic regions of California as defined by the 2020 census.

Status: Ordered to the inactive file on the Senate Floor

[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-459 \(Haney\) - California Behavioral Health Outcomes and Accountability Review.](#)

Would have required the California Health and Human Services Agency to establish, by July 1, 2026, the California Behavioral Health Outcomes and Accountability Review to facilitate an accountability system that fosters continuous quality improvement in county and commercial behavioral health services and in the collection and dissemination of best practices in service delivery.

Status: Held on Suspense in Senate Appropriations

[AB-492 \(Pellerin\) - Medi-Cal: reproductive and behavioral health integration pilot programs.](#)

Would have required the Department of Health Care Services to establish two pilot programs to provide or increase capacity to provide behavioral health services by offering grants or other financial support to Medi-Cal managed care plans and to family planning and abortion care providers.

Status: Referred to but never set for hearing in Senate Health

AB-551 (Bennett) - Medi-Cal: specialty mental health services: foster children.

Would have delayed, by one year, county implementation of changes that require a county of original jurisdiction to retain financial responsibility for providing or arranging for specialty mental health services for foster youth placed in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, with specified exceptions. This bill was later amended to an unrelated subject matter.

Status: Chapter 299, Statutes of 2024

AB-845 (Alvarez) - Behavioral health: older adults.

Would have established within the Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults.

Status: Held on Suspense in Assembly Appropriations

AB-921 (Bonta) - Mental health: workforce.

Would have required the Department of Health Care Access and Information (HCAI) to establish a mentorship program to connect eligible students enrolled in a relevant undergraduate program or in an HCAI-approved behavioral health certification program with concrete resources and mentorship that will convert the educational experience to sustained employment.

Status: Held on Suspense in Assembly Appropriations

AB-940 (Villapudua) - Health care: eating disorders.

Would have expanded the types of facilities approved for inpatient treatment of eating disorders to include psychiatric health facilities.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1001 (Haney) - Health facilities: behavioral health emergency services.

Would have required General Acute Care Hospitals to adopt policies to respond to a patient with a mental health or substance use crisis and required those protocols to meet standards established by the Department of Public Health and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training. Would have created the Behavioral Health Response and Training Fund to provide grants to fund new programs or support existing programs that increase the staffing of direct care personnel who are trained in behavioral health care and behavioral health services response or intervention, in specified hospitals.

Status: Hearing canceled at the request of the author in Senate Health

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 was 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-1282 (Lowenthal) - Mental health: impacts of social media.

Requires the Department of Public Health, in consultation with the Behavioral Health Services Oversight and Accountability Commission on or before December 31, 2026, to report to the relevant policy committees of the Legislature a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth.

Status: Chapter 807, Statutes of 2024

AB-1288 (Reyes) - 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-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of “psychiatric emergency medical condition” to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation and crisis intervention, or placement for evaluation or treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to treat an emergency medical condition, including post-stabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits.

Status: Chapter 632, Statutes of 2024

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

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

AB-1470 (Quirk-Silva) - Medi-Cal: behavioral health services: documentation standards.

Would have required the Department of Health Care Services to adopt and require the use of standardized forms for purposes of provider billing for Medi-Cal behavioral health services, including county-administered specialty mental health and substance use services, as well as non-specialty mental health services provided by Medi-Cal managed care plans.

Status: Vetoed

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group or individual health plan or health insurer to provide coverage without prior authorization or step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of four specified categories.

Status: Chapter 633, Statutes of 2024

AB-1936 (Cervantes) - Maternal mental health screenings.

Requires a health plan or insurer's existing maternal mental health (MMH) program to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the treating provider's judgement.

Status: Chapter 815, Statutes of 2024

AB-1977 (Ta) - Health care coverage: behavioral diagnoses.

Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025 from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder (PDD) or autism to be reevaluated or review a new behavioral diagnosis to maintain coverage for behavioral health treatment for PDD or autism. Would have clarified that this bill does not prohibit a treating provider from reevaluating an enrollee or insured for purposes of determining the appropriate treatment.

Status: Vetoed

AB-2119 (Weber) - Mental health.

Strikes outdated terminology from existing law in relation to mental health and replaces with person-first terminology.

Status: Chapter 948, Statutes of 2024

AB-2154 (Berman) - Mental health: involuntary treatment.

Requires a health facility to provide a family member, as defined, of any person involuntarily detained for assessment, evaluation or treatment under the Lanterman-Petris-Short Act with a copy of the Department of Health Care Service's patients' rights handbook.

Status: Chapter 635, Statutes of 2024

AB-2161 (Arambula) - The Early Psychosis Intervention Plus Program.

Would have required the Behavioral Health Services Oversight and Accountability Commission to consult with the Department of Health Care Services (DHCS) and related departments to create a strategic plan on psychosis. Would have required DHCS to seek to partner with the University of California to develop a plan to establish the Center for Mental Health Wellness and Innovations.

Status: Held on Suspense in Senate Appropriations

AB-2237 (Aguir-Curry) - Children and youth: transfer of specialty mental health services.

Would have streamlined the provision of Medi-Cal county-based specialty mental health services (SMHS) when a child or youth moves to a new county by requiring the new county to continue to provide SMHS to the child or youth, and required the Department of Health Care Services to collect specified data.

Status: Vetoed

AB-2352 (Irwin) - Behavioral health and psychiatric advance directives.

Would have specified the requirements for formation of a written or digital psychiatric advance directive (PAD) and how a PAD may be used in numerous healthcare and legal settings.

Status: Hearing canceled at the request of the committee in Senate Judiciary

AB-2390 (Arambula) - Social Media Harm Reduction Pilot Program.

Would have established the Social Media Harm Reduction Pilot Program, which would have designated a nonprofit organization to manage a program related to pupils and social media use.

Status: Held on Suspense in Assembly Appropriations

AB-2411 (Wendy Carrillo) - Local Youth Mental Health Boards.

Would have required each community mental health service to have a local youth mental health board, as specified, consisting of members between 15 and 23 years of age.

Status: Held on Suspense in Assembly Appropriations

AB-2449 (Ta) - Health care coverage: qualified autism service providers.

Would have expanded the definition of qualified autism service provider to also mean a person who is certified by a national entity, such as the Qualified Applied Behavioral Analysis Credentialing Board, with a certification that is accredited by another national accrediting entity approved by the California Health and Human Services Agency Secretary, as it relates to the coverage of behavioral health treatment for pervasive developmental disorder or autism.

Status: Held on Suspense in Senate Appropriations

AB-2556 (Jackson) - Behavioral health and wellness screenings: notice.

Requires a health plan or insurer to provide annual notices to enrollees or insureds regarding the benefits of a behavioral health and wellness screening for children and adolescents eight to 18 years of age. Exempts Medi-Cal managed care contracts from the provision of this bill.

Status: Chapter 200, Statutes of 2024

AB-2650 (Zbur) - Licensed adult residential facilities and residential care facilities for the elderly: data collection.

Would have required the Department of Social Services to collect demographic information, as specified, from licensed residential care facilities for the elderly and licensed adult residential care facilities.

Status: Held on Suspense in Assembly Appropriations

AB-2657 (Arambula) - Social Media Commission.

Would have established the Social Media Commission for the purpose of bringing together a diverse group of experts and invested stakeholders to provide a comprehensive report with formal recommendations for regulation of social media as it relates to child and adolescent mental health and well-being.

Status: Held on Suspense in Assembly Appropriations

AB-2700 (Gabriel) - Emergency medical services: alternate destinations.

Would have required the state to survey and analyze the facilities in each county that could serve as an alternate destination facility. Would have required the Emergency Medical Services Authority to publish a report that provides each local emergency services agency (LEMSA) with the current number, capacity and type of alternate destination facilities. Would have required a LEMSAs, in consultation with the county, to develop an alternate destination facility plan with protocols for transporting an individual to an alternate destination facility instead of an emergency department.

Status: Held on Suspense in Assembly Appropriations

AB-2703 (Aguiar-Curry) - Federally qualified health centers and rural health clinics: psychological associates.

Permits federally qualified health centers and rural health clinics to bill Medi-Cal for a visit provided by a licensed professional clinical counselor, associate professional clinical counselor, or psychological associate, subject to existing supervision and billing requirements, and makes minor technical changes to correct code references.

Status: Chapter 638, Statutes of 2024

AB-2841 (Waldron) - Controlled substances: Research Advisory Panel: meetings.

Permits the Research Advisory Panel to hold closed sessions for the purpose of discussing, reviewing, and approving research projects concerning cannabis and hallucinogenic drugs in California, as specified.

Status: Chapter 156, Statutes of 2024

AB-2859 (Jim Patterson) - Emergency medical technicians: peer support.

Establishes the California Emergency Medical Services Peer Support and Crisis Referral Services program to permit an emergency medical services (EMS) provider to establish a peer support and crisis referral program. Provides that EMS personnel, whether or not a party to an action, have a right to refuse to disclose, and to prevent another from disclosing, a confidential communication between the EMS personnel and a peer support team member, crisis hotline, or crisis referral service, except under limited circumstances, including, if disclosure is reasonably believed to be necessary to prevent death, substantial bodily harm, or commission of a crime, or in a criminal proceeding

Status: Chapter 744, Statutes of 2024

AB-2995 (Jackson) - Public health: alcohol and drug programs: definitions.

Strikes outdated terminology from existing law in relation to substance use disorder and replaces with person-first terminology.

Status: Chapter 847, Statutes of 2024

HR-105 (Dixon) - Opioid Abuse Awareness.

Requests the Governor, the California Health and Human Services Agency, the Department of Health Care Services (DHCS), Department of Corrections and Rehabilitation, and other relevant state entities to further prioritize increasing public and provider awareness of the health risks associated with opioid abuse. Requests DHCS to increase public and provider awareness of non-opioid pharmacological therapies to treat pain. Encourages the health care community to educate themselves and their patients as to the societal, fiscal, and health benefits of non-opioid therapies to treat pain. Encourages state agencies, within existing resources, to pursue opportunities and collaborate to protect access to non-opioid alternatives for people or entities providing, assisting, seeking, or obtaining such non-opioid alternatives for the treatment of pain in California. Makes findings and declarations including that the opioid crisis has devastated communities within California, that the federal Centers for Disease Control and Prevention issued updated guidance emphasizing that non-opioid therapies are at least as effective as opioids for many common types of pain, and that awareness of and access to non-opioid pharmacological treatments for pain are vitally important to California's efforts to combat the opioid crisis, and use of these treatments should be considered by doctors when addressing a patient's pain.

Status: Adopted

HR-107 (Waldron) - Behavioral Health Care.

Urges the state of California to address established practices and investments by creating a statewide minimum standard for behavioral health (BH) care that emphasizes prevention and early intervention. Proposes this minimum standard of care to give equal access to a variety of interrelated elements of prevention and care, regardless of where individuals reside and who insures them. States that to be successful in addressing the BH crisis, strategies must mirror those made in primary health care, where the goal is prevent BH conditions and detect early warning signs as soon as possible. States the concept of "flipping the triangle" in mental health (MH) care seeks to invert the existing model, by prioritizing early prevention rather than crisis management, establishing a baseline for prevention and early intervention, identifying gaps in service, and ensuring equitable access and consistent quality of care across counties and across plans. Resolves that the Assembly recognizes the importance of "flipping the triangle" in the MH care model. Makes findings and declarations about the prevalence of BH conditions in California and California's investment in reactive responses to BH challenges rather than prevention and intervention.

Status: Adopted

SB-11 (Menjivar) - California State University: mental health counseling.

Would have required California State University campuses to have one full-time equivalent mental health counselor per 1,500 students. Would have required the Department of Health Care Access and Information to administer a noncompetitive grant program to provide qualifying students with grants to incentivize them to become mental health counselors.

Status: Hearing cancelled at the request of the author in Assembly Appropriations

SB-26 (Umberg) - Mental health professions: CARE Scholarship Program.

Would have established, upon appropriation, the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program. Would have required the Department of Health Care Access and Information to administer an annual scholarship for purposes of increasing the number of culturally competent licensed marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists, and required scholarship recipients to agree to work for county behavioral health agencies in meeting its needs and obligations to implement the CARE Act for a minimum of three years upon completion of their degree.

Status: Vetoed

SB-35 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Amends the Community Assistance, Recovery, and Empowerment Act to require county behavioral health agencies to provide health information necessary to support the determinations, conclusions, and recommendations in court filings.

Status: Chapter 283, 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-45 (Roth) - California Acute Care Psychiatric Hospital Loan Fund.

Would have established the California Acute Care Psychiatric Hospital Loan Fund to be used by the California Health Facilities Financing Authority to provide loans to qualifying county or city and county applicants to build or renovate acute care psychiatric hospitals, psychiatric health facilities, or psychiatric units in general acute care hospitals.

Status: Held on Suspense in Assembly Appropriations

SB-238 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as specified, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

SB-294 (Wiener) - Health care coverage: independent medical review.

Would have required a health plan or disability insurer that provides coverage for mental health (MH) or substance use disorders (SUDs) to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a MH or SUD for an enrollee or insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. Would have required a health plan or insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance to automatically submit within 24 hours a decision regarding a disputed health care service to the independent medical review System, if the decision is to deny, modify, or delay specified services relating to MH or SUD conditions for an enrollee or insured up to 26 years of age.

Status: Held on Suspense in Assembly Appropriations

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

Reforms, as approved by voters in 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-363 (Eggman) - Facilities for inpatient and residential mental health and substance use disorder: database.

Would have required the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a real-time, internet-based database, to be operational by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities to identify the availability of inpatient and residential mental health or substance use disorder treatment.

Status: Held on Suspense in Assembly Appropriations

SB-402 (Wahab) - Involuntary commitment.

Would have added licensed mental health professionals to the list of those authorized to initiate involuntary holds for those who are found to be a danger to self or others, or gravely disabled.

Status: Held on Suspense in Assembly Appropriations

SB-551 (Portantino) - Mental health boards.

Would have imposed additional membership requirements for local mental health boards. This bill was subsequently amended to address a different subject matter.

Status: Chapter 983, Statutes of 2024

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-803 (Becker) - Heal Our Heroes Act.

Would have created the Heal our Heroes Act which would have established the Psychedelic-Assisted Facilitation Pilot Program in the City and County of San Francisco, the County of San Diego, and the County of Santa Cruz.

Status: Hearing canceled at the request of the author in Assembly Health

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

SB-999 (Cortese) - Health coverage: mental health and substance use disorders.

Would have established the California Mental Health (MH) and Substance Use Disorder (SUD) Treatment Patient Safety and Fairness Act. Would have required a health plan or disability insurer to comply with utilization review determination requirements related to MH and SUD treatment.

Status: Held on Suspense in Assembly Appropriations

SB-1184 (Eggman) - Mental health: involuntary treatment: antipsychotic medication.

Permits, in “exigent circumstances,” an order for involuntary treatment with antipsychotic medication that applied during the prior detention period to continue until a new hearing for a determination of the person’s capacity to refuse treatment occurs; requires the capacity hearing to be held on an expedited basis; and requires a facility where such an extension of involuntary treatment occurs to report specified data to the county behavioral health director in the county in which they operate. Sunsets the provisions of this bill on January 1, 2030.

Status: Chapter 643, Statutes of 2024

SB-1238 (Eggman) - Lanterman-Petris-Short Act: designated facilities.

Expands the definition of “designated facility” or “facility designated by the county for evaluation or treatment” for purposes of an involuntary hold.

Status: Chapter 644, Statutes of 2024

SB-1319 (Wahab) - Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Would have permitted a skilled nursing facility (SNF), applying to provide therapeutic behavioral health programs in a physically separate unit of a SNF and required to receive approvals from multiple departments, to apply simultaneously to those departments, and required those departments to work jointly to develop processes to allow applications to be reviewed simultaneously to minimize the total approval time for all departments.

Status: Vetoed

SB-1320 (Wahab) - Mental health and substance use disorder treatment.

Requires a health plan or insurer to, for services provided to an enrollee or insured under a health plan contract or insurance policy issued, amended, or renewed on or after July 1, 2025, establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services. Authorizes the reimbursement process required under this bill to be based upon federal rules or guidance issued for the Medicare program.

Status: Chapter 135, Statutes of 2024

SB-1397 (Eggman) - Behavioral health services coverage.

Would have required a health plan contract or health insurance policy to comply with specified requirements for services delivered by a county behavioral health agency covered under the Full Service Partnership Service Category, including utilization review and reimbursement.

Status: Held on Suspense in Assembly Appropriations

Miscellaneous

[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

[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

[AB-1670 \(Gipson\) - Medical referral services: treatment referrals.](#)

Increases from \$5,000 to \$10,000 the penalty for referring or recommending, for profit, a person to a physician, hospital, health-related facility, or dispensary for any form of medical care or treatment of any ailment or physical condition.

Status: Held on Suspense in Assembly Appropriations

[AB-2064 \(Jones-Sawyer\) - Community Violence Interdiction Grant Program.](#)

Would have redirected money saved by closing prisons to provide funding to community violence interdiction programs.

Status: Held on Suspense in Senate Appropriations

[AB-2613 \(Zbur\) - Jaqueline Marie Zbur Rare Disease Advisory Council.](#)

Establishes within the California Health and Human Services Agency, until January 1, 2029, the Jacqueline Marie Zbur Rare Disease Advisory Council (RDAC). Requires the RDAC to act as the advisory body on rare diseases to the Legislature, consult with experts on rare diseases to develop recommendations to improve patient access to needed services, apply for and accept grants, and report its activities and findings on its webpage, among other duties.

Status: Chapter 726, Statutes of 2024

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

Opioids

AB-24 (Haney) - Emergency response: opioid antagonist kits.

Would have required a person or entity that owns or is responsible for a designated facility, defined as a bar, gas station, public library, or residential hotel, in a county that is experiencing an opioid overdose crisis to acquire and post an opioid antagonist kit, which included an instructional poster and opioid antagonist nasal spray, in areas that are readily accessible only by employees, including, but not limited to, a break room.

Status: Held on Suspense in Assembly Appropriations

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 (Task Force) to undertake specified duties relating to fentanyl abuse.

Status: Chapter 887, Statutes of 2023

AB-915 (Arambula) - Pupil health: drug education: opioid overdose certification and training program.

Would have required the Department of Public Health to develop an opioid overdose training program and program toolkit to be made available to public high schools for pupils to be trained on how to identify and respond to an opioid overdose, including by administering a federally approved opioid overdose reversal medication.

Status: Held on Suspense in Senate Appropriations

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

AB-1751 (Gipson) - Opioid prescriptions: information: nonpharmacological treatments for pain.

Would have extended existing requirement that applies only to minors to all patients that require a prescriber, before directly dispensing or issuing the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information. Would have removed the exception for a patient who is being treated for a diagnosis of chronic intractable pain, as specified and instead made an exception in the case of a patient who is currently receiving hospice care. Would have required the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined. Would have required the prescriber, after discussing the information, to obtain consent from the patient, a minor patient's parent or guardian, or another authorized adult, as specified.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group or individual health plan or health insurer to provide coverage without prior authorization or step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of four specified categories.

Status: Chapter 633, Statutes of 2024

AB-1915 (Arambula) - Pupil health: drug education: opioid overdose training program.

Would have required the Department of Public Health to develop by July 1, 2026, a training program and toolkit for public school pupils in grades nine to 12, to gain skills in how to identify and respond to an opioid overdose, including the administering of a federally approved opioid overdose reversal medication.

Status: Held on Suspense in Assembly Appropriations

AB-1996 (Alanis) - Opioid antagonists: stadiums, concert venues, and amusement parks: overdose training.

Requires stadiums, concert venues, and amusement parks to ensure that naloxone hydrochloride or another opioid antagonist on site is easily accessible and its location is widely known.

Status: Chapter 199, Statutes of 2024

AB-2115 (Haney) - Controlled substances: clinics.

Authorizes nonprofit or free clinics to dispense methadone to relieve acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Eases restrictions on participation in narcotic treatment programs.

Status: Chapter 634, Statutes of 2024

AB-2841 (Waldron) - Controlled substances: Research Advisory Panel: meetings.

Permits the Research Advisory Panel to hold closed sessions for the purpose of discussing, reviewing, and approving research projects concerning cannabis and hallucinogenic drugs in California, as specified.

Status: Chapter 156, Statutes of 2024

AB-2871 (Maienschein) - Overdose fatality review teams.

Authorizes a county to establish an interagency overdose fatality review team to assist local agencies in identifying and reviewing overdose fatalities, facilitate communication among persons and agencies involved in overdose fatalities, and integrate local overdose prevention efforts through strategic planning, data dissemination, and community collaboration.

Status: Chapter 639, Statutes of 2024

AB-2998 (McKinnor) - Minors: consent to medical care.

Prohibits school districts, county offices of education, and charter schools from preventing a student 12 years of age or older from carrying or administering federally approved over-the-counter opioid reversal medication.

Status: Chapter 974, Statutes of 2024

AB-3271 (Joe Patterson) - Pupil health: opioid antagonists.

Would have required each public school operated by a school district, county office of education, or charter school that has chosen to permit school nurses or voluntarily trained personnel to use naloxone hydrochloride (NH) or another opioid antagonist to provide emergency medical aid to persons suffering from an opioid overdose, to maintain at least two units of NH or another opioid antagonist on its site.

Status: Held on Suspense in Assembly Appropriations

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

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

SB-908 (Cortese) - Fentanyl: child deaths.

Requires the Department of Public Health to use best efforts to utilize all of its relevant data to monitor and identify current trends of fentanyl-related deaths of children up to five years of age.

Status: Chapter 867, Statutes of 2024

SB-1442 (Ochoa Bogh) - Point-of-care tests for fentanyl.

Would have permitted the California Health and Human Services Agency to enter into partnerships for the manufacture or purchase of any federally approved point-of-care fentanyl tests, as specified.

Status: Held on Suspense in Assembly Appropriations

Pharmaceuticals / Pharmacy / Biotech

[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-874 \(Weber\) - Health care coverage: out-of-pocket expenses.](#)

Would have required a health plan or health insurance policy that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health plan, health insurance policy, or other health care coverage.

Status: Hearing canceled at the request of the committee in Assembly Health

[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-1288 \(Reyes\) - 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-1751 (Gipson) - Opioid prescriptions: information: nonpharmacological treatments for pain.

Would have extended existing requirement that applies only to minors to all patients that require a prescriber, before directly dispensing or issuing the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information. Would have removed the exception for a patient who is being treated for a diagnosis of chronic intractable pain, as specified and instead made an exception in the case of a patient who is currently receiving hospice care. Would have required the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined. Would have required the prescriber, after discussing the information, to obtain consent from the patient, a minor patient's parent or guardian, or another authorized adult, as specified.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1944 (Waldron) - Individualized investigational treatment.

Would have permitted the manufacturer of an individualized investigational treatment, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. Would have authorized, but not required, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions. Would have prohibited a state regulatory board from taking any action against a health care provider's license solely on a provider's recommendation of or providing access to an individualized investigational treatment. Would have prohibited a state agency from altering any recommendation made to the federal Centers for Medicare and Medicaid Services regarding a health care provider's certification to participate in the Medicare or Medicaid program based solely on the recommendation from an individual health care provider that a patient have access to an individualized investigational treatment.

Status: Referred to but never set for hearing in Assembly Health

AB-2058 (Weber) - Automated decision systems.

Would have required a device, commencing January 1, 2027, that collects or analyzes medical information, and is not subject to regulation under federal law or regulations to have a legible disclosure that includes limitations known by the manufacturer on the effectiveness of the device for the device's intended population because of certain characteristics of the patient using the device, including age, color, disability, ethnicity, gender, or race.

Status: Vetoed

AB-2300 (Wilson) - Medical devices: Di-(2-ethylhexyl) phthalate (DEHP).

Prohibits, beginning January 1, 2030, a person or entity from manufacturing, selling, or distributing into commerce in the State of California intravenous solution (IV) containers made with intentionally added di-(2-ethylhexyl) phthalate (DEHP). Additionally prohibits, beginning January 1, 2035, a person or entity from manufacturing, selling or distributing into commerce IV tubing made with intentionally added DEHP. Prohibits an IV solution container or IV tubing product from having unintentionally added DEHP present at a quantity at or above 0.1%. Exempts from the provisions of this bill human blood collection and storage bags and apheresis and cell therapy blood kits and bags, including integral tubing.

Status: Chapter 562, Statutes of 2024

AB-2942 (Villapudua) - Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program.

Would have established the Novel Allogeneic Adipose Cell-Based Viral Therapies Clinical Trials Grant Program to be administered by the State Treasurer for the purpose of providing funding for clinical trials of novel allogeneic adipose cell-based viral therapies for cancer treatment. Would have repealed these provisions on January 1, 2031.

Status: Held on Suspense in Assembly Appropriations

HR-58 (Jackson) - Access to care.

Urges the California Health and Human Services Agency to: 1) hold pharmaceutical companies, distributors, and pharmacies accountable for the current attention deficit hyperactivity disorder (ADHD) medication shortage and develop initiatives for the prevention and management of further shortages of ADHD medications; and, 2) meet with United States Department of Health and Human Services, and the federal Drug Enforcement Agency (DEA) regarding modification of any insufficiently justified quotas on the supply of ingredients to manufacturers of critical ADHD medications. Makes declarations including that reliable and safe access to medical care includes reliable access to psychiatric medications. Makes findings including that increased recognition, diagnosis, and need for treatment of ADHD has led to a shortage of ADHD medications and that irreparable harm from a lack of access to ADHD medications accrues to children who regress behaviorally and academically, adults who are now unable to perform in their jobs and function in other areas of life, and communities that are experiencing increased illicit substance distribution, car accidents, and prevalence of depression, anxiety, and other comorbidities of untreated ADHD.

Status: Adopted

SB-70 (Wiener) - Prescription drug coverage.

Would have prohibited a health plan or insurer from limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. Would have prohibited a health plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

Status: Held on Suspense in Assembly Appropriations

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to reimburse pharmacist services at 100% of the fee schedule for physician services. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90 day course of PrEP, or beyond a 90 day course (existing law allows for a 60 day supply), if specified conditions are met.

Status: Chapter 1, Statutes of 2024

SB-427 (Portantino) - Health care coverage: antiretroviral drugs, devices, and products.

Would have prohibited a nongrandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products (ARVs) that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS). Would have prohibited a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, to prior authorization or step therapy, but would have authorized prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent ARV without cost sharing pursuant to an exception request.

Status: Passed the Senate but never referred in the Assembly

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

SB-873 (Bradford) - Prescription drugs: cost sharing.

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale (POS) based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug, no later than January 1, 2025. Would have required a health plan or health insurer to, among other things, pass through to each enrollee or insured at the POS a good faith estimate of the enrollee's or insured's decrease in cost sharing. Would have sunset the provisions of this bill on January 1, 2027.

Status: Held on Suspense in Assembly Appropriations

SB-966 (Wiener) - Pharmacy benefits.

Would have established licensure and regulation requirements for pharmacy benefit managers (PBMs) under the Department of Insurance. Would have required initial license and renewal fees to be collected into the PBM Account in the Insurance Fund. Would have added reporting requirements to existing prescription drug data reporting, including the aggregate amount of rebates received by the PBM for each drug.

Status: Vetoed

SB-1442 (Ochoa Bogh) - Point-of-care tests for fentanyl.

Would have permitted the California Health and Human Services Agency to enter into partnerships for the manufacture or purchase of any federally approved point-of-care fentanyl tests, as specified.

Status: Held on Suspend in Assembly Appropriations

Public Health

AB-29 (Gabriel) - Firearms: California Do Not Sell List.

Would have required the Department of Justice to develop and launch a secure Internet-based platform to allow a person who resides in California to voluntarily add their own name to the California Do Not Sell List (the registry) for firearms, which would have prohibited an individual from purchasing a firearm. Would have required the Department of Public Health to create and distribute informational materials about the registry to general acute care hospitals (GACHs), acute psychiatric hospitals (APHs) and suicide hotlines, and encouraged GACHs, APHs, and suicide hotlines to provide those informational materials to a person who is at a substantially elevated risk of suicide.

Status: Held on Suspense in Assembly Appropriations

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

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

Status: Chapter 515, Statutes of 2023

AB-82 (Weber) - Dietary supplements for weight loss and over-the-counter diet pills.

Would have prohibited a retail establishment from selling, transferring, or otherwise furnishing dietary supplements for weight loss or over-the-counter (OTC) diet pills, as defined, to any person under 18 years of age without a prescription. Would have required the Department of Public Health to develop a notice stating that certain dietary supplements for weight loss or OTC diet pills may contribute to specified health conditions or death and required retail establishments to post it. Would have specified a civil penalty of no more than \$1,000 for each violation and exempted a retail clerk from any civil penalties, or disciplinary action or discharge by the retail establishment, for a violation of these provisions, except as specified. Would have made the provisions of this bill operative on July 1, 2024, and included a severability clause.

Status: Held on Suspense in Senate Appropriations

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-385 (Ta) - Alzheimer's disease: public awareness campaign.

Would have required the Department of Public Health (DPH) to provide a public awareness campaign to educate health care providers, unpaid caregivers, family and friends who provide care to someone with Alzheimer's disease or dementia. Would have required DPH to be informed by its latest edition of the California Alzheimer's Clinical Care Guideline.

Status: Held on Suspense in Assembly Appropriations

AB-387 (Aguilar-Curry) - Alzheimer's disease.

Would have increased the membership of the Alzheimer's disease and Related Disorders Advisory Committee within the California Health and Human Services Agency from 14 to at least 21, but no more than 25, members.

Status: Held on Suspense in Senate Appropriations

AB-403 (Arambula) - Health systems: community benefits plan.

Would have redefined the term "community benefit" to include the unreimbursed cost of services as reported in a specified federal tax filing, would have required a hospital to annually submit a copy of that completed tax filing, and would have required a community benefits plan to include community benefits reported by category consistent with that filing. Would have increased the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and specified that the community benefits plan should address the community needs identified by the community needs assessment.

Status: Hearing canceled at the request of the Committee in Assembly Health

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 (Aguar-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 sixth 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-660 (Irwin) - Food labeling: quality dates, safety dates, and sell by dates.

Requires, on and after January 1, 2025, food manufacturers, processors, and retailers to label food products with the following quality and safety dates: “BEST if Used By” or “Best if Used or Frozen By” to indicate the quality date of a product; and/or “Use By” or “Use By or Freeze” to indicate the safety date of a product.

Status: Chapter 911, Statutes of 2024

AB-666 (Arambula) - Health systems: community benefits plans.

This bill would have required the Department of Health Care Access and Information to define the term “community” by regulation within certain parameters, and would have redefined the term “community benefit” to mean services rendered to those eligible for, but not enrolled in Medi-Cal, Medicare, the California Children's Services Program, or county indigent programs. This bill would have redefined the term “vulnerable populations” to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. Would have required that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coordination with a local health department, and require that it be updated at least once every two years. Would have required that a community benefits plan demonstrate alignment with the State Health Improvement Plan and the Community Health Improvement Plan, include the proportion and amount of community benefit spending on vulnerable populations, and include measurable objectives that outline equity benchmarks.

Status: Hearing canceled at the request of the Committee in Assembly Health

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-710 (Schiavo) - State Department of Public Health: pregnancy care and abortion services awareness campaign.

Would have required the Department of Public Health to conduct an awareness campaign to communicate with local health departments, health care providers, and the public, regarding facilities that provide health care services, including, but not limited to, primary care and specialty clinics.

Status: Held on Suspense in Assembly Appropriations

AB-798 (Weber) - Female genital mutilation.

Would have required the Department of Public Health, on or before January 1, 2027, to establish and implement appropriate education, preventative, and outreach activities, regarding the health risks and emotional trauma associated with the practice of female genital mutilation (FGM). Would have redefined FGM and prevented an individual from using religion, custom, or consent as a defense for crimes arising from the practice of FGM.

Status: Held on Suspense in Senate Appropriations

AB-827 (Garcia) - Public health: pulmonary health: Salton Sea region.

Would have required the Department of Public Health to conduct a study of the pulmonary health of communities in the Salton Sea region.

Status: Held on Suspense in Assembly Appropriations

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-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

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 acknowledge 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.

Status: Chapter 462, Statutes of 2023

AB-1110 (Arambula) - Public health: adverse childhood experiences.

Would have required the California Office of Surgeon General, subject to an appropriation in the annual Budget Act, to review literature on adverse childhood experiences (ACEs); develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods; and to submit a report to the Legislature on best practices for data disaggregation.

Status: Held on Suspense in Senate Appropriations

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. Contains an urgency clause to ensure the provisions of this bill go into immediate effect 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-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

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-1799 \(Jackson\) - Public health: annual state of public health in California.](#)

Would have required the State Public Health Officer to include the impact of racism, if any, on the information and data submitted in their written report to the Governor and the Legislature on the State of Public Health in California. Senate amendments deleted the prior contents of this bill and focused its provisions on a different subject matter.

Status: Referred pursuant to Assembly Rule 77.2 but never set for hearing in Assembly Public Safety

[AB-1830 \(Arambula\) - Corn masa flour: folic acid fortification.](#)

Requires corn masa flour (CMF) to be fortified with folic acid, with some exceptions, and requires CMF and wet corn masa products, as defined, to include a declaration of folic acid on the nutrition label. Requires CMF and wet corn masa products packaged for retail sale that do not contain folic acid to include a declaration that the product does not contain folic acid.

Status: Chapter 912, Statutes of 2024

[AB-1965 \(Blanca Rubio\) - Public health: Office of Tribal Affairs.](#)

Would have established the Office of Tribal Affairs (OTA) within the Department of Public Health (DPH) to assist in addressing the public health disparities impacting tribal communities. Would have required the State Public Health Officer to appoint and regularly consult with a Tribal Health Liaison to lead the OTA.

Status: Held on Suspense in Senate Appropriations

[AB-2052 \(Jones-Sawyer\) - School-Based Health and Education Partnership Program.](#)

Would have updated and expanded the Public School-Based Health Center Support Program, requiring the Department of Public Health, in collaboration with the Office of School-Based Health Programs, to provide technical assistance to school-based health centers (SBHCs). Additionally, would have increased funding for new and existing SBHC facilities, contingent upon an appropriation.

Status: Held on Suspense in Assembly Appropriations

[AB-2101 \(Rodriguez\) - Statewide strategic stockpile.](#)

Would have required the Department of Public Health, in coordination with the Office of Emergency Services, medical health operational area coordinators, regional disaster medical and health coordinators, and other state agencies, to establish a statewide strategic stockpile, as specified.

Status: Held on Suspense in Assembly Appropriations

AB-2132 (Low) - Health care services.

Requires an adult patient receiving primary care services in specified health care settings, to be offered a tuberculosis (TB) risk assessment and TB screening test, if certain conditions apply.

Status: Chapter 951, Statutes of 2024

AB-2300 (Wilson) - Medical devices: Di-(2-ethylhexyl) phthalate (DEHP).

Prohibits, beginning January 1, 2030, a person or entity from manufacturing, selling, or distributing into commerce in the State of California intravenous solution (IV) containers made with intentionally added di-(2-ethylhexyl) phthalate (DEHP). Additionally prohibits, beginning January 1, 2035, a person or entity from manufacturing, selling or distributing into commerce IV tubing made with intentionally added DEHP. Prohibits an IV solution container or IV tubing product from having unintentionally added DEHP present at a quantity at or above 0.1%. Exempts from the provisions of this bill human blood collection and storage bags and apheresis and cell therapy blood kits and bags, including integral tubing.

Status: Chapter 562, Statutes of 2024

AB-2365 (Haney) - Public health: kratom.

Would have enacted the Kratom Consumer Protection Program to provide a regulatory structure for kratom products that requires manufacturers and distributors to register with the Department of Public Health (DPH), adhere to specified requirements, and prohibit the sale of kratom products to individuals under 21 years of age, and prohibit the sale and manufacture of a kratom product that is attractive to children or an inhalable kratom product. Would also have authorized the DPH to take various enforcement actions, including executing interagency agreements for the implementation of these provisions, among others. Would have also authorized a kratom processor who is operating in conformance with these provisions and in good faith compliance with their responsibilities to manufacture or sell kratom or kratom products without authorization until April 1, 2025. Would have required, commencing February 1, 2026, and every February 1 thereafter, DPH to report to the Legislature, as specified.

Status: Held on Suspense in Senate Appropriations

AB-2384 (Wilson) - Public swimming pools.

Would have required a public swimming pool constructed on or after January 1, 2025, to comply with the standards and requirements of the federal Virginia Graeme Baker Pool and Spa Safety Act (act). Would have required an existing public swimming pool to be retrofitted to comply with the act whenever a construction permit is issued to alter the public swimming pool. Under this bill, to the extent that the above-described existing requirements for public wading pools and public swimming pools conflict with the act,

the requirements of the act would prevail. Would have required a person or entity that owns or maintains a public swimming pool, as defined, to ensure that there is an operating telephone on or adjacent to the pool deck, available for emergency use, at all times.

Status: Hearing canceled at the request of the author in Assembly Health

[AB-2402 \(Lowenthal\) - Drink spiking.](#)

Requires the Department of Alcoholic Beverage Control, by January 1, 2027, to include in Responsible Beverage Service training courses best practices to protect a person from drink spiking and best practices if the person believes they have, or someone they know has, been drugged as a result of drink spiking. Defines “drink spiking”, for the purposes of this bill, to mean putting alcohol or drugs into another person’s drink without their knowing and express consent, also known as roofying.

Status: Chapter 829, Statutes of 2024

[AB-2523 \(Joe Patterson\) - Needle and syringe exchange services.](#)

Would have prohibited the Department of Public Health from authorizing a clean needle and syringe exchange project without the approval of a city, county, or city and county.

Status: Referred to but never set for hearing in Assembly Health

[AB-2550 \(Gabriel\) - Business establishments: building standards: retail food safety.](#)

Would have enacted the Neighborhood Restaurant Relief act to require the Building Standards Commission to adopt building standards to permit restaurants to have more flexibility with restroom and drinking fountain requirements and other buildings standards, and modified requirements pertaining to grease traps and pass-through windows in restaurants.

Status: Held on Suspense in Senate Appropriations

[AB-2563 \(Essayli\) - Newborn screening program.](#)

Would have required the Department of Public Health to expand statewide screening of newborns to include screening for Duchenne Muscular Dystrophy. Would have expanded the purposes for which moneys from the Genetic Disease Testing Fund are expended.

Status: Held on Suspense in Assembly Appropriations

[AB-2653 \(Lackey\) - Communicable disease: prevention and control.](#)

Would have required the Department of Public Health (DPH) to aggregate data related to overall vaccine coverage rates in skilled nursing facilities serving veterans and seniors and the preparedness of those facilities to respond to viral illnesses, as defined, and related post-viral illnesses. Would have required DPH to use existing data, reports, and studies in meeting these data aggregation requirements, and to submit a report to

the Assembly and Senate Committees on Health that outlines the preparedness of skilled nursing facilities that serve veterans and seniors to respond to viral illnesses and related post-viral illnesses, the financial impact of these conditions on individuals and the state, and health data trends of demographic groups and geographic areas of the state experiencing the highest levels of viral illness.

Status: Hearing canceled at the request of the author in Assembly Health

[AB-2670 \(Schiavo\) - Awareness campaign: abortion services.](#)

Would have required the Department of Public Health to develop an awareness campaign to publicize the internet website “abortion.ca.gov” to the general public, health care providers, health care professional associations and societies, health care employers, and local public health officers and health departments to combat the delays and impairments to timely abortion and reproductive services that individuals face when they are misled by certain pregnancy clinics.

Status: Vetoed

[AB-2680 \(Aguilar-Curry\) - Alzheimer’s disease.](#)

Makes several changes to the Alzheimer’s Disease and Related Disorders Advisory Committee in the California Health and Human Services Agency, including renaming the advisory committee to the Alzheimer’s Disease and Related Conditions Advisory Committee, and expanding the number of members serving on the Committee from 14 to at least 16, but not more than 20, members, as specified, and revising references to Alzheimer’s disease to also reference related conditions, among other clarifying changes to the law governing the Committee.

Status: Chapter 335, Statutes of 2024

[AB-2786 \(Bonta\) - Mobile farmers’ markets.](#)

Establishes certified mobile farmers’ markets (CMFMs) in state law, as specified. Requires the Department of Public Health (DPH) to include criteria in the next state plan submission to the Food and Nutrition Service of the US Department of Agriculture to authorize CMFMs to participate in the Farmers Market Nutrition Program of the Special Supplemental Nutrition Plan for Women, Infants and Children. Requires, if the state plan is approved, DPH to establish the criteria for authorization of CMFMs to participate in the program, as specified.

Status: Chapter 915, Statutes of 2024

AB-2789 (Wallis) - Marriage: change of name.

Would have required the Department of Public Health (DPH) to create and maintain an internet website that contains instructional information regarding how a person can change their name after they get married and a list of all agencies that need to be notified of a name change that occurs after a marriage.

Status: Held on Suspense in Assembly Appropriations

AB-2866 (Pellerin) - Pool safety: State Department of Social Services regulated facilities.

Requires a licensed child care facility, either a family daycare home or a child day care center, with a swimming pool on the premises to have at least two safety features specified in the Swimming Pool Safety Act.

Status: Chapter 745, Statutes of 2024

AB-2960 (Lee) - Sexually transmitted diseases: testing.

Would have required a licensed primary care clinic or hospital emergency department to offer a syphilis test at least once per year to all patients who can become pregnant. Would have prohibited a violation of these provisions from being a crime. Would have made findings and declarations regarding the alarming increase of syphilis cases, rising 287% in the last 10 years of Department of 2384 data.

Status: Held on Suspense in Assembly Appropriations

AB-3218 (Wood) - Unflavored Tobacco List.

Requires the Attorney General (AG), no later than December 31, 2025, to establish and maintain on the AG's website, a list of tobacco product brand styles that lack a characterizing flavor, to be known as the Unflavored Tobacco List. Requires each manufacturer or importer of tobacco products to submit to the AG a list of all brand styles, as defined, of tobacco products that they manufacture or import for sale or distribution in or into California. Requires a manufacturer or importer that submits a product to, under penalty of perjury, describe each brand style, brand, and product category, and describe, for each brand style, if a formal authorization, approval, or order from the United States Food and Drug Administration has been sought and its status, and certify that each brand style lacks a characterizing flavor. Authorizes the AG to charge a fee for each submission and renewal of a brand style.

Status: Chapter 849, Statutes of 2024

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

AJR-16 (Low) - Sunscreen: ingredients and filters.

Urges the United States (U.S.) Congress to explore policy options to improve the timeliness of the U.S. Food and Drug Administration's approval pathways for sunscreen ingredients and filters.

Status: Chapter 199, Statutes of 2024

SB-59 (Skinner) - Menstrual Product Accessibility Act.

Would have enacted the Menstrual Product Accessibility Act, which would require all women's restrooms, all all-gender restrooms, and at least one men's restroom in a building owned by the state or in the portion of a building where the state rents or leases office space, a building owned by a local government where a specified state-funded safety net program is administered, or in a hospital that receives state funds, as specified, to be stocked with menstrual products, as defined, available and accessible to employees and the public, free of cost, at all times. Senate amendments deleted the prior contents of this bill and focused its provisions on a different subject matter.

Status: Chapter 765, Statutes of 2024

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-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to reimburse pharmacist services at 100% of the fee schedule for physician services. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90 day course of PrEP, or beyond a 90 day course (existing law allows for a 60 day supply), if specified conditions are met.

Status: Chapter 1, Statutes of 2024

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

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

Would have required all public high schools to make condoms available to students by the start of the 2024-25 school year, and 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-570 (Becker) - Prenatal screening program.

Prohibits the Department of Public Health, by way of a rule, regulation, contract, or any other manner, from prohibiting a laboratory that has both a current Clinical Laboratory Improvement Amendments certificate of accreditation and a current state clinical or public health laboratory license from offering all noninvasive prenatal tests, as ordered by a prenatal care provider, or otherwise limiting the number of tests that the laboratory may provide, including, but not limited to, testing for autosomal trisomies (trisomies 21, 18, and 13), microdeletions (small missing piece of chromosome), and fetal sex, to a pregnant person who has an order from a prenatal care provider

Status: Held on Suspense in Assembly Appropriations

SB-639 (Limón) - Alzheimer's disease.

Renames existing diagnostic and treatment centers as “diagnostic hubs” (hubs) and modifies the functions of these hubs for their work on Alzheimer’s disease and related dementia.

Status: Chapter 336, Statutes of 2024

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

SB-954 (Menjivar) - Sexual health.

Would have required all public high schools to make condoms available to students by the start of the 2025-26 school year, and to provide information to students on the availability of condoms as well as other sexual health information; prohibits public schools from preventing a school-based health center from making condoms available and easily accessible to students; and would have prohibited retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age.

Status: Vetoed

SB-957 (Wiener) - Data collection: sexual orientation and gender identity.

Requires, rather than permits, the Department of Public Health (DPH) to collect demographic data, including sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC) data, from third parties on any forms or electronic data systems, unless prohibited by federal or state law, as specified. Adds SOGISC to the information reported for the purpose of statewide or local immunization information systems. Adds the adult patient's or client's SOGISC and sex assigned at birth to the list of information subject to disclosure under the provisions of this bill. Clarifies that the provisions of this bill do not require DPH to collect demographic data from an individual under 18 years of age who is applying for or participating in the Supplemental Nutrition Program for Women, Infants, and Children. Specifies that this bill does not require health care providers or other third parties to collect, disclose, or report information that is not voluntarily provided self-identification information pertaining to SOGISC. Prohibits an adult patient's or client's SOGISC and sex assigned at birth from being shared beyond the parties specified by the provisions of this bill. Requires DPH to prepare an annual report concerning SOGISC data. Requires DPH, for purposes of data collected by DPH on SOGISC, to comply with provisions of this bill as early as possible, but no later than March 28, 2029.

Status: Chapter 868, Statutes of 2024

SB-1016 (Gonzalez) - Latino and Indigenous Disparities Reduction Act.

Commencing January 1, 2028, requires the Department of Public Health, whenever collecting demographic data as to the ancestry or ethnic origin of California residents for specified reports, to use separate collection and tabulation categories for each major Latino group, Mesoamerican Indigenous nation, and Mesoamerican Indigenous language group, as specified.

Status: Chapter 873, Statutes of 2024

SB-1078 (Min) - Language access.

Would have established the Office of Language Access within the California Health and Human Services Agency (CalHHS) to lead the development, monitoring, and updating of department Language Access Plans, maintain a website with language access information and resources, and submit a report to the Legislature on language access issues within CalHHS departments.

Status: Held on Suspense in Assembly Appropriations

[SB-1099 \(Nguyen\) - Newborn screening: genetic diseases: blood samples collected.](#)

Requires the Department of Public Health (DPH), commencing July 1, 2026, and each July 1 thereafter until five annual reports have been submitted, to provide a report to the Legislature that includes specified information regarding the collection of residual screening specimens stored by the California Biobank Program. Requires DPH to make the report available on its website, and would require to report to be posted even after the aforementioned fifth report has been submitted. Requires specified fee revenue to fund DPH's reporting requirements.

Status: Chapter 598, Statutes of 2024

[SB-1132 \(Durazo\) - County health officers.](#)

Clarifies that "private detention facilities," as defined under existing law, are subject to inspection by local health officers.

Status: Chapter 183, Statutes of 2024

[SB-1147 \(Portantino\) - Drinking water: bottled water: microplastics levels.](#)

Requires the Office of Environmental Health Hazard Assessment (OEHHA) to study the health effects of microplastics in drinking water and bottled water, and authorizes the State Water Resources Control Board, after OEHHA's study is complete, to request that OEHHA develop a public health goal for microplastics in drinking water.

Status: Chapter 881, Statutes of 2024

[SB-1213 \(Atkins\) - Health care programs: cancer.](#)

Commencing no later than July 1, 2026, increases the income threshold for the state's breast and cervical cancer early detection and treatment programs from 200% to 250% of the federal poverty level.

Status: Vetoed

[SB-1230 \(Rubio\) - Strengthen Tobacco Oversight Programs \(STOP\) and Seize Illegal Tobacco Products Act.](#)

Authorizes the Department of Tax and Fee Administration to seize flavored tobacco products or product flavor enhancers being sold in violation of existing law. Increases civil penalties for violations of the Stop Tobacco Access to Kids Enforcement Act, and requires flavored tobacco products and flavor enhancers forfeited to the state to be destroyed. Repeals (to conform with federal law) the provision authorizing the sale of tobacco products to active duty military personnel who are at least 18 years of age.

Status: Chapter 462, Statutes of 2024

SB-1300 (Cortese) - Health facility closure: public notice: inpatient psychiatric and maternity services.

Requires a health facility to provide public notice of the proposed elimination of either an inpatient psychiatric unit or perinatal unit. Requires a health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of a unit and to accept public comment. Requires a health facility to post the public hearing notice and the agenda along with the public notice, and to notify the board of supervisors (BoS) of the county in which the health facility is located when a public hearing is scheduled and to invite the BoS to provide testimony on the impacts of the elimination of the services to the county and community health systems.

Status: Chapter 894, Statutes of 2024

SB-1333 (Eggman) - Communicable diseases: HIV reporting.

Revises and recasts existing law to permit the Department of Public Health (DPH) and local health departments (LHDs) to disclose personally identifying information in public health records for the coordination of, linkage to, or reengagement in care, as determined by DPH or an LHD.

Status: Chapter 472, Statutes of 2024

SB-1511 (Committee on Health) - Health omnibus.

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC) and the Welfare and Institutions Code (WIC).

Status: Chapter 492, Statutes of 2024

Public Insurance / Medi-Cal / Medi-Cal Managed Care

[AB-55 \(Rodriguez\) - Medi-Cal: workforce adjustment for ground ambulance transports.](#)

Would have established a “workforce adjustment” supplemental Medi-Cal payment for emergency and non-emergency ambulance services, to establish overall payment for ambulance services at 100% of the Medicare rate, for ambulance services provided by private medical transportation providers who raise wages for several classes of employees. Would have specified the new payments were in addition to base Medi-Cal payments and “add-on” payments made through an existing supplemental payment program.

Status: Held on Suspense in Assembly Appropriations

[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 screening 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 contingent upon appropriation by the Legislature.

Status: Vetoed

[AB-90 \(Petrie-Norris\) - Family PACT Program: contraceptive device coverage.](#)

Would have specified that inpatient services related to the placement or insertion of a contraceptive device are a covered benefit in the Family Planning, Access, Care, and Treatment (Family PACT) Program.

Status: Referred to but never set for hearing in Senate Health

AB-365 (Aguiar-Curry) - Medi-Cal: diabetes management.

Would have added, in the Medi-Cal schedule of benefits, continuous glucose monitors and related supplies.

Status: Ordered to the inactive file on the Senate Floor

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 the Department of Health Care Services to implement the change through non-regulatory guidance.

Status: Chapter 329, Statutes of 2023

AB-482 (Wilson) - Air ambulance services.

Would have transferred and continuously appropriated \$8 million annually from the Aeronautics Account in the State Transportation Fund to the Emergency Medical Air Transportation and Children's Coverage Fund to increase Medi-Cal reimbursement for emergency medical air transportation services.

Status: Hearing canceled at the request of the committee in Assembly Health

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. 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-488 (Stephanie Nguyen) - Medi-Cal: skilled nursing facilities: vision loss.

Would have changed the basis for Medi-Cal directed payments to skilled nursing facilities, by including measures and milestones related to actions the facility takes to address the needs of skilled nursing facility residents with vision loss.

Status: Hearing canceled at the request of the author in Assembly Health

AB-492 (Pellerin) - Medi-Cal: reproductive and behavioral health integration pilot programs.

Would have required the Department of Health Care Services to establish two pilot programs to provide or increase capacity to provide behavioral health services by offering grants or other financial support to Medi-Cal managed care plans and to family planning and abortion care providers.

Status: Referred to but never set for hearing in Senate Health

AB-503 (Juan Carrillo) - Health care: organ donation enrollment.

Would have added an option for an applicant applying electronically for health insurance affordability programs (including Medi-Cal and Covered California) to enroll as an organ donor in the Donate Life California Organ and Tissue Donor Registry.

Status: Held on Suspense in Assembly Appropriations

AB-551 (Bennett) - Medi-Cal: specialty mental health services: foster children.

Would have delayed, by one year, county implementation of changes that require a county of original jurisdiction to retain financial responsibility for providing or arranging for specialty mental health services for foster youth placed in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, with specified exceptions. This bill was later amended to an unrelated subject matter.

Status: Chapter 299, Statutes of 2024

AB-564 (Villapudua) - Medi-Cal: claim or remittance forms: signature.

Would have required the Department of Health Care Services to allow applicants or providers to submit electronic signatures for all enrollment forms, including, but not limited to, claims and remit forms, in the Medi-Cal program.

Status: Referred to but never set for hearing in Senate Health

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

Would have required the Department of Health Care Services 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 that 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-586 (Calderon) - Medi-Cal: community supports: climate change or environmental remediation devices.

Would have established “climate change or environmental remediation devices,” as specified, as an allowable Community Support that the Department of Health Care Services can approve and a Medi-Cal managed care plan can elect to cover, through the California Advancing and Innovating Medi-Cal (CalAIM) Medi-Cal demonstration project.

Status: Held on Suspense in Assembly Appropriations

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-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 (PACE) 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-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-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-1022 (Mathis) - Medi-Cal: Program of All-Inclusive Care for the Elderly.

Would have allowed Medi-Cal Program of All-Inclusive Care for the Elderly (PACE) plans to conduct all federally required assessments through telehealth.

Status: Referred to but never set for hearing in Assembly Health

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 this bill through non-regulatory guidance. Would have allowed DHCS to make modifications to this bill's provisions in order to gain federal approval of the benefit, consistent with the spirit and intent of this bill.

Status: Vetoed

AB-1122 (Bains) - Medi-Cal provider applications.

Would have created, for purposes of provider enrollment in Medi-Cal, new flexibilities for providers applying for new or continued enrollment, including the ability to submit alternative source documentation and the ability to submit an application for enrollment up to 30 days before having an established place of business.

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 that includes an analysis of Medi-Cal managed care plan network adequacy for pediatric primary care, disaggregated data that includes an analysis of 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-1223 (Hoover) - Medi-Cal: audit of PACE organizations.

Would have required Department of Health Care Services to perform program audits of the Program for All-Inclusive Care for the Elderly (PACE) and specify protocols and rules for such audits.

Status: Referred to but never set for hearing in Assembly Health

AB-1230 (Valencia) - Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans.

Would have required the Department of Health Care Services to, by 2025, offer contracts to health care service plans for Highly Integrated Dual Eligible Special Needs Plans (SNPs) and Fully Integrated Dual Eligible SNPs, to provide care to beneficiaries dually eligible for Medicare and Medi-Cal.

Status: Hearing canceled at the request of the author in Assembly Health

AB-1239 (Calderon) - Incarcerated persons: Family Planning, Access, Care, and Treatment Program.

Requires, no later than September 1, 2025, the Department of Health Care Services to issue a list of Family Planning, Access, Care, and Treatment (Family PACT) Program providers and clinics to entities designated by the Department of Corrections and Rehabilitation and county jails for voluntary partnership to assist a prison inmate with continuing reproductive health services, upon their release.

Status: Chapter 806, Statutes of 2024

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

AB-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of “psychiatric emergency medical condition” to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation and crisis intervention, or placement for evaluation or treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to treat an emergency medical condition, including post-stabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits.

Status: Chapter 632, Statutes of 2024

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Would have required the Center for Data Insights and Innovation (Center) to take over the establishment, implementation, and all the functions related to the California Health and Human Services Agency (CHHSA) Data Exchange Framework (Framework) subject to an appropriation in the annual Budget Act. Would have required the Center to establish the CHHSA Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Framework data sharing agreement.

Status: Held on Suspense in Senate Appropriations

AB-1338 (Petrie-Norris) - Medi-Cal: community supports.

Would have authorized the Department of Health Care Services to approve and a Medi-Cal managed care plan to elect to cover “fitness, physical activity, recreational sports, and mental wellness memberships,” as an allowable Community Support through the California Advancing and Innovating Medi-Cal (CalAIM) demonstration project.

Status: Held on Suspense in Assembly Appropriations

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-1470 (Quirk-Silva) - Medi-Cal: behavioral health services: documentation standards.

Would have required the Department of Health Care Services to adopt and require the use of standardized forms for purposes of provider billing for Medi-Cal behavioral health services, including county-administered specialty mental health and substance use services, as well as non-specialty mental health services provided by Medi-Cal managed care plans.

Status: Vetoed

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

AB-1537 (Wood) - Skilled nursing facilities: direct care spending requirement.

This bill would have established a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on those reports, required 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Required a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. Required, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities (SNFs), with certain exceptions. Would have required that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined.

Status: Ordered to the inactive file on the Senate Floor

AB-1549 (Wendy Carrillo) - Medi-Cal: federally qualified health centers and rural health clinics.

Would have modified several provisions related to rate-setting for the prospective payment system (PPS) per-visit rate for Medi-Cal services provided by Federally Qualified Health Centers and Rural Health Centers. Would have broadened and redefined "change in scope of services," a process by which a health center may seek a recalculation of their PPS rate.

Status: Held on Suspense in Assembly Appropriations

AB-1608 (Joe Patterson) - Medi-Cal: managed care plans.

Would have exempted Medi-Cal eligible individuals who receive services from a regional center and use a Medi-Cal fee-for-service delivery system as a secondary form of health coverage from mandatory enrollment in Medi-Cal managed care.

Status: Hearing canceled at the request of the author in Assembly Health

[AB-1644 \(Bonta\) - Medi-Cal: medically supportive food and nutrition services.](#)

Would have maintained Medi-Cal coverage for medically supportive food and nutrition interventions by adding these interventions as covered Medi-Cal benefits (these benefits are currently covered through a time-limited waiver program called California Advancing and Innovating Medi-Cal (CalAIM)).

Status: Held on Suspense in Assembly Appropriations

[AB-1943 \(Weber\) - Health information.](#)

Would have required the Department of Health Care Services, in collaboration with the California Health and Human Services Agency, to collect specified data on telehealth access and individual and population health outcomes, and use the data to measure the health outcomes of populations using a specified list of determinants.

Status: Held on Suspense in Senate Appropriations

[AB-1975 \(Bonta\) - Medi-Cal: medically supportive food and nutrition interventions.](#)

Would have maintained Medi-Cal coverage for medically supportive food and nutrition interventions by adding these interventions as covered Medi-Cal benefits (these benefits are currently covered through a time-limited waiver program called California Advancing and Innovating Medi-Cal (CalAIM)).

Status: Vetoed

[AB-2043 \(Boerner\) - Medi-Cal: nonmedical and nonemergency medical transportation.](#)

Would have required the Department of Health Care Services (DHCS) to ensure the fiscal burden of transporting Medi-Cal beneficiaries is not unfairly placed on public paratransit service operators (public transit operators or transit agencies) by requiring DHCS to engage with public transit operators and provide updated guidance to Medi-Cal managed care plans on this issue. Would have allowed DHCS to implement this requirement by ensuring a minimum fee schedule for transit operators.

Status: Held on Suspense in Senate Appropriations

[AB-2110 \(Arambula\) - Medi-Cal: Adverse Childhood Experiences trauma screenings: providers.](#)

Would have allowed doulas, as well as community-based organizations and local health jurisdictions that provide health services through community health workers, to provide Adverse Childhood Experiences trauma screenings (ACEs screening) and makes them eligible for Medi-Cal reimbursement for the screening.

Status: Held on Suspense in Assembly Appropriations

AB-2200 (Kalra) - Guaranteed Health Care for All.

Would have created the California Guaranteed Health Care for All Act. Would have established in state government the California Guaranteed Health Care for All program, or CalCare, to be governed by the CalCare Board (board). Would have specified that every state resident is eligible and entitled to enroll as a CalCare member. Would have prohibited a member from being required to pay a fee, payment, or other charge for enrolling in or being a CalCare member. Would have entitled individuals enrolled for CalCare benefits to have payments made by CalCare to a participating provider for the health care items and services if medically necessary or appropriate for the maintenance of health or for the prevention, diagnosis, treatment, or rehabilitation of a health condition. Would have provided that a health care provider or entity is qualified to participate as a CalCare provider, as specified. Would have required the CalCare board to adopt regulations regarding contracting for, and establishing payment methodologies for, covered health care items and services. Would have required CalCare to establish a single standard of care, therapeutic, and effective care for all state residents. Would have authorized the CalCare board to seek all federal waivers and other federal approvals and arrangements and submit state plan amendments as necessary to operate CalCare.

Status: Held on Suspense in Assembly Appropriations

AB-2237 (Aguilar-Curry) - Children and youth: transfer of specialty mental health services.

Would have streamlined the provision of Medi-Cal county-based specialty mental health services (SMHS) when a child or youth moves to a new county by requiring the new county to continue to provide SMHS to the child or youth, and required the Department of Health Care Services to collect specified data.

Status: Vetoed

AB-2250 (Weber) - Social determinants of health: screening and outreach.

Would have required a health plan, health insurer, and Medi-Cal to provide coverage for, and provider reimbursement of, social determinants of health (SDOH) screenings. Would have required a health plan or insurer to provide to physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers, as defined. Would have provided for reimbursement of SDOH screenings at the Medi-Cal fee-for-service rate for federally qualified health centers and rural health clinics.

Status: Vetoed

AB-2303 (Juan Carrillo) - Health and care facilities: prospective payment system rate increase.

Would have required the Department of Health Care Services to develop and apply a minimum wage add-on as an alternative payment methodology to increase rates of payment for specified clinics, to account for the costs of complying with health care minimum wage requirements.

Status: Hearing canceled at the request of the author in Assembly Health

AB-2339 (Aguiar-Curry) - Medi-Cal: telehealth.

Would have expanded the situations in which health care providers can be reimbursed by Medi-Cal for services rendered to patients through asynchronous store and forward telehealth.

Status: Vetoed

AB-2340 (Bonta) - Medi-Cal: EPSDT services: informational materials.

Requires the Department of Health Care Services (DHCS) to take specified actions in DHCS's implementation of federal regulations requiring states to share informational materials about early and periodic screening, diagnostic, and treatment (EPSDT) services with Medi-Cal beneficiaries under 21 and their families. Requires DHCS to regularly review materials, in consultation with stakeholders, to ensure they are up to date; to produce and deliver materials designed specifically for Medi-Cal enrolled youth; and to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries.

Status: Chapter 564, Statutes of 2024

AB-2342 (Lowenthal) - Medi-Cal: critical access hospitals: islands.

Would have required the Department of Health Care Services to provide an annual supplemental payment, for services covered under the Medi-Cal program, to each hospital designated by the department as a critical access hospital, more than 10 miles offshore of the mainland coast of the state but is still within the jurisdiction of the state (Catalina Island Health).

Status: Referred to but never set for hearing in Assembly Health

AB-2356 (Wallis) - Medi-Cal: monthly maintenance amount: personal and incidental needs.

Would have increased the personal needs allowance amount, which is the amount of money a Medi-Cal beneficiary in a medical institution, nursing facility, or receiving services from a Program of All-Inclusive Care for Elderly (PACE) is allowed to retain, from \$35 to \$50 per month.

Status: Held on Suspense in Assembly Appropriations

AB-2383 (Wendy Carrillo) - State Department of Developmental Services: services for children with developmental disabilities: training programs.

Would have required the Department of Developmental Services, in consultation with the Department of Health Care Services, to develop or contract for the development of, and to implement by July 1, 2025, required training programs for specified hospital and regional center care management professionals on Medi-Cal home- and community-based services waivers.

Status: Held on Suspense in Senate Appropriations

AB-2428 (Calderon) - Medi-Cal: Community-Based Adult Services.

Would have required Medi-Cal managed care plans to reimburse Community-Based Adult Services (CBAS) providers for CBAS services at a level equal to or greater than the fee-for-service Medi-Cal rate for the service.

Status: Vetoed

AB-2446 (Ortega) - Medi-Cal: diapers.

Would have required Medi-Cal to cover diapers for children under 21 years of age, if necessary to correct or ameliorate a condition pursuant to federal Medicaid requirements, would have limited diapers to an appropriate supply based on the diagnosed condition and the age of the beneficiary, and would have made implementation contingent on a budget appropriation.

Status: Vetoed

AB-2466 (Wendy Carrillo) - Medi-Cal managed care: network adequacy standards.

Would have implemented a number of recommendations from a state audit related to improving monitoring and oversight of the accuracy of provider networks and timely access to care in Medi-Cal managed care.

Status: Held on Suspense in Assembly Appropriations

AB-2701 (Villapudua) - Medi-Cal: dental cleanings and examinations.

Would have required Medi-Cal dental coverage, when medically necessary, as specified in the Medi-Cal Dental Manual of Criteria, of one additional prophylaxis cleaning and periodic dental exam per year (for a total of two per year) for adults age 21 and over.

Status: Held on Suspense in Senate Appropriations

AB-2703 (Aguiar-Curry) - Federally qualified health centers and rural health clinics: psychological associates.

Permits federally qualified health centers and rural health clinics to bill Medi-Cal for a visit provided by a licensed professional clinical counselor, associate professional clinical counselor, or psychological associate, subject to existing supervision and billing requirements, and makes minor technical changes to correct code references.

Status: Chapter 638, Statutes of 2024

AB-2726 (Flora) - Specialty care network: telehealth and other virtual services.

Would have required the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and Department of Health Care Services, to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers, as specified.

Status: Held on Suspense in Assembly Appropriations

AB-2956 (Boerner) - Medi-Cal eligibility: redetermination.

Would have extended numerous temporary federally allowable processes (federal flexibilities) related to the redetermination of Medi-Cal eligibility and established 12-month continuous Medi-Cal eligibility for adults. Federal flexibilities were put into place as part of a resumption of eligibility redeterminations, following a pause in redeterminations during the COVID-19 Public Health Emergency (the resumption of redeterminations and related processes are referred to as the “PHE unwinding”).

Status: Held on Suspense in Assembly Appropriations

AB-3149 (Garcia) - Promotores Advisory and Oversight Workgroup.

Would have required the Department of Health Care Services to convene the Promotores Advisory and Oversight Workgroup to provide perspective and guidance to changes in the health and human services delivery system, including, but not limited to, the Medi-Cal program.

Status: Held on Suspense in Assembly Appropriations

AB-3156 (Joe Patterson) - Medi-Cal managed care plans: exemption from mandatory enrollment.

Would have implemented several changes intended to help beneficiaries who use Medi-Cal as a payer of last resort to maintain their providers when they transition from fee-for-service Medi-Cal to Medi-Cal managed care, including limiting administrative and contracting requirements for providers when billing Medi-Cal managed care plans and stating intent that Department of Health Care Services (DHCS) provide enrollee educational materials upon request. Would have required DHCS to report on this bill's implementation and take enforcement actions it deems necessary.

Status: Vetoed

AB-3226 (Wilson) - Emergency Medical Air Transportation Act.

Would have maintained in the State Treasury the Emergency Medical Air Transportation and Children's Coverage Fund, from which moneys could have been made available, upon appropriation, to fund emergency medical air transportation provider payments and children's health care coverage

Status: Referred to but never set for hearing in Assembly Health

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-282 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics.

Would have authorized federally qualified health centers and rural health centers to receive Medi-Cal reimbursement under the prospective payment system (PPS) methodology for two visits on the same day at the same location if the patient has a mental health or dental visit on the same day as a medical visit, as specified, and codifies other current billing rules.

Status: Held on Suspense in Assembly Appropriations

SB-299 (Limón) - Medi-Cal eligibility: redetermination.

Would have removed loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination of an individual's Medi-Cal eligibility, and would have deleted a requirement for a county to terminate eligibility based on loss of contact with the beneficiary. This bill was later amended to an unrelated subject matter.

Status: Vetoed

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-340 (Eggman) - Medi-Cal: eyeglasses: Prison Industry Authority.

Would have established the “Better Access to Better Vision Act,” which would have permitted a Medi-Cal provider to obtain eyeglasses from a private entity, as an alternative to eyeglasses purchased from the California Prison Industry Authority.

Status: Hearing canceled at the request of the author in Assembly Health

SB-408 (Ashby) - Foster youth with complex needs: regional health teams.

Would have required the Department of Health Care Services, in consultation with the Department of Social Services, to establish up to 10 regional health teams to serve foster youth and youth who may be at risk of entering foster care, using the Medicaid Health Home Option established in federal law.

Status: Held on Suspense in Assembly Appropriations

SB-424 (Durazo) - Get Connected California Act of 2024.

Would have expanded the list of California Children's Services (CCS)-eligible medical conditions; required the Department of Health Care Services (DHCS) to regularly consider adding other conditions, as specified; required DHCS to provide grants to CCS providers and adjust CCS reimbursements, as specified; required DHCS to provide financial assistance for out-of-pocket costs not covered by the child's health care coverage, for children lacking financial eligibility for CCS; conditioned implementation of certain provisions on an appropriation, federal approval, and federal financial participation; prohibited expansion of the Whole Child Model; and indefinitely extended the prohibition on the inclusion of CCS-covered conditions into a Medi-Cal managed care contract. This bill was referred to the Assembly Health Committee but subsequently amended to a different subject matter.

Status: Held on Suspense in Assembly Appropriations

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-598 (Skinner) - Health care coverage: prior authorization.

Would have prohibited a health plan or health insurer, on or after January 1, 2025, from requiring a contracted health professional to complete or obtain a prior authorization (PA) for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the PA requests they submitted in the most recent one-year contracted period (PA exemption). Would have set standards for this exemption and its denial, rescission, and appeal. Would have authorized a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and authorized a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. Would have required a plan or insurer to provide an electronic PA process. Would have required a plan or insurer to have a process for annually monitoring PA approval, modification, appeal, and denial rates to

identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time.

Status: Held on Suspense in Assembly Appropriations

[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

[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

[SB-819 \(Eggman\) - Medi-Cal: certification.](#)

Clarifies that existing law exempts intermittent clinic sites and affiliated mobile health care units that are operated by a license-exempt clinic operated by a governmental entity, including a county, from the requirement to enroll in the Medi-Cal program as a separate provider.

Status: Chapter 448, Statutes of 2024

SB-980 (Wahab) - The Smile Act.

Would have required Medi-Cal Dental coverage of dental implants and aligned statute with current policy related to age criteria for coverage of laboratory-processed crowns and coverage of such crowns on anterior teeth.

Status: Held on Suspense in Assembly Appropriations

SB-1033 (Menjivar) - Medi-Cal cost reporting: private duty nursing and congregate living health facilities.

Would have required the Department of Health Care Services to develop and submit to the Legislature, by January 10, 2026, a study of the costs of operating a congregate living health facility, and an estimate of the cost of increasing Medi-Cal rates of private duty nursing services to pediatric patients to 87% and 100%, of the corresponding Medicare rate.

Status: Hearing canceled at the request of the author in Assembly Health

SB-1112 (Menjivar) - Medi-Cal: families with subsidized childcare.

Would have required the Department of Health Care Services to authorize Medi-Cal managed care plans to enter into a memorandum of understanding with an alternative payment agency to facilitate enrollment of children in Medi-Cal and referral of children to developmental screenings administered by Medi-Cal managed care plans. Would have required DHCS to develop a model template for this purpose. This bill was later amended to address a similar issue by including the dissemination of information on developmental screenings as an allowable administrative cost for these agencies, and was chaptered in this amended form.

Status: Chapter 1016, Statutes of 2024

SB-1131 (Gonzalez) - Medi-Cal providers: family planning.

Allows additional flexibility for clinics providing Family Planning, Access, Care and Treatment (Family PACT) services to identify a "site certifier" at the clinic level, requires Department of Health Care Services to comply with specified requirements related to orientation and training of site certifiers, and excludes a clinic providing Family PACT services from disenrollment in the program for conduct that is not deemed to be unprofessional conduct under California law.

Status: Chapter 880, Statutes of 2024

[SB-1180 \(Ashby\) - Health care coverage: emergency medical services.](#)

Requires a health plan contract or health insurance policy to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. Prohibits reimbursement rates adopted in this bill from exceeding the health plan or insurer's usual and customary charges for services rendered. Requires coverage of these programs under Medi-Cal, upon appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

Status: Chapter 884, Statutes of 2024

[SB-1257 \(Blakespear\) - Geographic Managed Care Pilot Project: County of San Diego: advisory board.](#)

Updates the structure of boards that advise the County of San Diego on the implementation of Medi-Cal managed care in the county, including allowing advisory board members who are Medi-Cal recipients to be reimbursed by the county for their service and, consistent with current practice, combining two advisory boards into a single board.

Status: Chapter 134, Statutes of 2024

[SB-1258 \(Dahle\) - Medi-Cal: unrecovered payments: interest rate.](#)

Would have allowed the Department of Health Care Services (DHCS) to waive the interest that would otherwise accrue when DHCS seeks to recover an overpayment made to a Medi-Cal provider, under specified circumstances.

Status: Held on Suspend in Assembly Appropriations

[SB-1289 \(Roth\) - Medi-Cal: call centers: standards and data.](#)

Requires Department of Health Care Services to collect data and publish a quarterly report with specified metrics, such as average wait time, for county-administered customer service call centers that process Medi-Cal eligibility and enrollment.

Status: Chapter 792, Statutes of 2024

[SB-1354 \(Wahab\) - Long-term health care facilities: payment source and resident census.](#)

Imposes requirements to increase accountability for and compliance with existing law, regulation, and policy related to nondiscrimination of payer source for admissions to, discharges from, and transfers within or from long-term health care facilities. Specifies nondiscrimination requirements are declaratory of existing law and provider requirements, and not considered a new state mandate for rate-setting or other purposes.

Status: Chapter 339, Statutes of 2024

SB-1385 (Roth) - Medi-Cal: community health workers: supervising providers.

Clarifies that hospitals can bill Medi-Cal for community health worker services delivered in emergency departments and in the course of related outpatient follow-up care, and requires the development of related policies and procedures.

Status: Chapter 164, Statutes of 2024

SB-1397 (Eggman) - Behavioral health services coverage.

Would have required a health plan contract or health insurance policy to comply with specified requirements for services delivered by a county behavioral health agency covered under the Full Service Partnership Service Category, including utilization review and reimbursement.

Status: Held on Suspense in Assembly Appropriations

SB-1423 (Dahle) - Medi-Cal: critical access hospitals.

Would have required the Department of Health Care Services to convene a Rural Hospital Technical Advisory Group, consisting of representatives, as specified, to discuss and provide recommendations on Medi-Cal reimbursement and other issues related to the financial viability of small, rural, or critical access hospitals.

Status: Vetoed

SB-1511 (Committee on Health) - Health omnibus.

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC) and the Welfare and Institutions Code (WIC).

Status: Chapter 492, Statutes of 2024

Reproductive health

[AB-90 \(Petrie-Norris\) - Family PACT Program: contraceptive device coverage.](#)

Would have specified that inpatient services related to the placement or insertion of a contraceptive device are a covered benefit in the Family Planning, Access, Care, and Treatment (Family PACT) Program.

Status: Referred to but never set for hearing in Senate Health

[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-492 \(Pellerin\) - Medi-Cal: reproductive and behavioral health integration pilot programs.](#)

Would have required the Department of Health Care Services to establish two pilot programs to provide or increase capacity to provide behavioral health services by offering grants or other financial support to Medi-Cal managed care plans and to family planning and abortion care providers.

Status: Referred to but never set for hearing in Senate Health

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

Would have required the Department of Health Care Services 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 that 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-583 (Wicks) - Birthing Justice for California Families Pilot Project.

Would have established the Birthing Justice for California Families Pilot Project, administered by the Department of Public Health to, upon appropriation by the Legislature, include a three-year grant program to fund community-based doula groups, local public health departments, and other organizations to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people.

Status: Held on Suspense in Assembly Appropriations

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-710 (Schiavo) - State Department of Public Health: pregnancy care and abortion services awareness campaign.

Would have required the Department of Public Health to conduct an awareness campaign to communicate with local health departments, health care providers, and the public, regarding facilities that provide health care services, including, but not limited to, primary care and specialty clinics.

Status: Held on Suspense in Assembly Appropriations

AB-798 (Weber) - Female genital mutilation.

Would have required the Department of Public Health, on or before January 1, 2027, to establish and implement appropriate education, preventative, and outreach activities, regarding the health risks and emotional trauma associated with the practice of female genital mutilation (FGM). Would have redefined FGM and prevented an individual from using religion, custom, or consent as a defense for crimes arising from the practice of FGM.

Status: Held on Suspense in Senate Appropriations

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-1094 (Wicks) - Drug and alcohol testing: informed consent.

Would have prohibited medical personnel from performing a drug or alcohol test or screen on a pregnant person, perinatal person, or newborn without the prior written and verbal informed consent of the pregnant person, perinatal person, or person authorized to consent for a newborn, and would require the test or screen to be medically necessary to provide care.

Status: Referred to but never set for hearing in Assembly Health

AB-1239 (Calderon) - Incarcerated persons: Family Planning, Access, Care, and Treatment Program.

Requires, no later than September 1, 2025, the Department of Health Care Services to issue a list of Family Planning, Access, Care, and Treatment (Family PACT) Program providers and clinics to entities designated by the Department of Corrections and Rehabilitation and county jails for voluntary partnership to assist a prison inmate with continuing reproductive health services, upon their release.

Status: Chapter 806, Statutes of 2024

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-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

AB-2129 (Petrie-Norris) - Immediate postpartum contraception.

Authorizes a health care provider, in a contract between a health plan or insurer, to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. Prohibits the provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure.

Status: Chapter 950, Statutes of 2024

AB-2670 (Schiavo) - Awareness campaign: abortion services.

Would have required the Department of Public Health to develop an awareness campaign to publicize the internet website “abortion.ca.gov” to the general public, health care providers, health care professional associations and societies, health care employers, and local public health officers and health departments to combat the delays and impairments to timely abortion and reproductive services that individuals face when they are misled by certain pregnancy clinics.

Status: Vetoed

AB-2756 (Boerner) - Pelvic Floor and Core Conditioning Pilot Program.

Authorizes the County of San Diego, commencing January 1, 2026, until January 1, 2029, to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their six-to-12-week postpartum window.

Status: Chapter 202, Statutes of 2024

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to reimburse pharmacist services at 100% of the fee schedule for physician services. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90 day course of PrEP, or beyond a 90 day course (existing law allows for a 60 day supply), if specified conditions are met.

Status: Chapter 1, Statutes of 2024

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-541 (Menjivar) - Sexual health: contraceptives.

Would have required all public high schools to make condoms available to students by the start of the 2024-25 school year, and 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-570 (Becker) - Prenatal screening program.

Prohibits the Department of Public Health, by way of a rule, regulation, contract, or any other manner, from prohibiting a laboratory that has both a current Clinical Laboratory Improvement Amendments certificate of accreditation and a current state clinical or public health laboratory license from offering all noninvasive prenatal tests, as ordered by a prenatal care provider, or otherwise limiting the number of tests that the laboratory may provide, including, but not limited to, testing for autosomal trisomies (trisomies 21, 18, and 13), microdeletions (small missing piece of chromosome), and fetal sex, to a pregnant person who has an order from a prenatal care provider

Status: Held on Suspense in Assembly Appropriations

SB-954 (Menjivar) - Sexual health.

Would have required all public high schools to make condoms available to students by the start of the 2025-26 school year, and to provide information to students on the availability of condoms as well as other sexual health information; prohibits public schools from preventing a school-based health center from making condoms available and easily accessible to students; and would have prohibited retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age.

Status: Vetoed

SB-1131 (Gonzalez) - Medi-Cal providers: family planning.

Allows additional flexibility for clinics providing Family Planning, Access, Care and Treatment (Family PACT) services to identify a "site certifier" at the clinic level, requires Department of Health Care Services to comply with specified requirements related to orientation and training of site certifiers, and excludes a clinic providing Family PACT services from disenrollment in the program for conduct that is not deemed to be unprofessional conduct under California law.

Status: Chapter 880, Statutes of 2024

SB-1428 (Atkins) - Reproductive health: mifepristone and other medication.

Would have prohibited a person, in exercising their individual rights under the California Constitution and the Reproductive Privacy Act, from being subject to civil or criminal liability or penalty, or otherwise deprived of their rights, for using, receiving, possessing, or storing brand or generic mifepristone or any drug used for medication abortion. Prohibited a person who aids or assists a pregnant person in exercising their rights under those provisions from being subject to liability or penalty or deprivation of rights based solely on their actions to aid or assist a pregnant person in accessing any of those drugs, and declared those actions as being lawful under the laws of California.

Status: Hearing canceled at the request of the author in Assembly Health

Senior Health

[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-385 \(Ta\) - Alzheimer's disease: public awareness campaign.](#)

Would have required the Department of Public Health (DPH) to provide a public awareness campaign to educate health care providers, unpaid caregivers, family and friends who provide care to someone with Alzheimer's disease or dementia. Would have required DPH to be informed by its latest edition of the California Alzheimer's Clinical Care Guideline.

Status: Held on Suspense in Assembly Appropriations

[AB-387 \(Aguiar-Curry\) - Alzheimer's disease.](#)

Would have increased the membership of the Alzheimer's disease and Related Disorders Advisory Committee within the California Health and Human Services Agency from 14 to at least 21, but no more than 25, members.

Status: Held on Suspense in Senate Appropriations

[AB-486 \(Kalra\) - Long-term health facilities: citation appeals.](#)

Would have removed the ability of a long-term care facility, as defined, to adjudicate the validity of a citation issued by the Department of Public Health in a county superior court, and instead required all citation appeals to be made through an administrative law judge (ALJ). Would have authorized an ALJ to affirm, modify, or dismiss a citation, the class of a citation, or the proposed penalty. Would have authorized a licensee to seek judicial review of an ALJ's decision.

Status: Hearing canceled at the request of the author in Senate Judiciary

[AB-488 \(Stephanie Nguyen\) - Medi-Cal: skilled nursing facilities: vision loss.](#)

Would have changed the basis for Medi-Cal directed payments to skilled nursing facilities, by including measures and milestones related to actions the facility takes to address the needs of skilled nursing facility residents with vision loss.

Status: Hearing canceled at the request of the author in Assembly Health

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-845 (Alvarez) - Behavioral health: older adults.

Would have established within the Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults.

Status: Held on Suspense in Assembly Appropriations

AB-1022 (Mathis) - Medi-Cal: Program of All-Inclusive Care for the Elderly.

Would have allowed Medi-Cal Program of All-Inclusive Care for the Elderly (PACE) plans to conduct all federally required assessments through telehealth.

Status: Referred to but never set for hearing in Assembly Health

AB-1223 (Hoover) - Medi-Cal: audit of PACE organizations.

Would have required Department of Health Care Services to perform program audits of the Program for All-Inclusive Care for the Elderly (PACE) and specify protocols and rules for such audits.

Status: Referred to but never set for hearing in Assembly Health

AB-1230 (Valencia) - Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans.

Would have required the Department of Health Care Services to, by 2025, offer contracts to health care service plans for Highly Integrated Dual Eligible Special Needs Plans (SNPs) and Fully Integrated Dual Eligible SNPs, to provide care to beneficiaries dually eligible for Medicare and Medi-Cal.

Status: Hearing canceled at the request of the author in Assembly Health

AB-2680 (Aguir-Curry) - Alzheimer's disease.

Makes several changes to the Alzheimer's Disease and Related Disorders Advisory Committee in the California Health and Human Services Agency, including renaming the advisory committee to the Alzheimer's Disease and Related Conditions Advisory Committee, and expanding the number of members serving on the Committee from 14 to at least 16, but not more than 20, members, as specified, and revising references to Alzheimer's disease to also reference related conditions, among other clarifying changes to the law governing the Committee.

Status: Chapter 335, Statutes of 2024

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-639 (Limón) - Alzheimer's disease.

Renames existing diagnostic and treatment centers as “diagnostic hubs” (hubs) and modifies the functions of these hubs for their work on Alzheimer’s disease and related dementia.

Status: Chapter 336, Statutes of 2024

SB-1354 (Wahab) - Long-term health care facilities: payment source and resident census.

Imposes requirements to increase accountability for and compliance with existing law, regulation, and policy related to nondiscrimination of payer source for admissions to, discharges from, and transfers within or from long-term health care facilities. Specifies nondiscrimination requirements are declaratory of existing law and provider requirements, and not considered a new state mandate for rate-setting or other purposes.

Status: Chapter 339, Statutes of 2024

Tobacco

[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

[AB-2386 \(Lee\) - Tobacco: retailer disclosures.](#)

Would have required licensed preowned vehicle retailers, whether part of a franchise or an independent dealership, to provide customers with a tobacco residue disclosure at the point of sale and prior to transfer of ownership.

Status: Hearing canceled at the request of the author in Assembly Health

[AB-3218 \(Wood\) - Unflavored Tobacco List.](#)

Requires the Attorney General (AG), no later than December 31, 2025, to establish and maintain on the AG's website, a list of tobacco product brand styles that lack a characterizing flavor, to be known as the Unflavored Tobacco List. Requires each manufacturer or importer of tobacco products to submit to the AG a list of all brand styles, as defined, of tobacco products that they manufacture or import for sale or distribution in or into California. Requires a manufacturer or importer that submits a product to, under penalty of perjury, describe each brand style, brand, and product category, and describe, for each brand style, if a formal authorization, approval, or order from the United States Food and Drug Administration has been sought and its status, and certify that each brand style lacks a characterizing flavor. Authorizes the AG to charge a fee for each submission and renewal of a brand style.

Status: Chapter 849, Statutes of 2024

[SB-1230 \(Rubio\) - Strengthen Tobacco Oversight Programs \(STOP\) and Seize Illegal Tobacco Products Act.](#)

Authorizes the Department of Tax and Fee Administration to seize flavored tobacco products or product flavor enhancers being sold in violation of existing law. Increases civil penalties for violations of the Stop Tobacco Access to Kids Enforcement Act, and requires flavored tobacco products and flavor enhancers forfeited to the state to be destroyed. Repeals (to conform with federal law) the provision authorizing the sale of tobacco products to active duty military personnel who are at least 18 years of age.

Status: Chapter 462, Statutes of 2024

Vital Statistics

[AB-77 \(Pacheco\) - Vital records: diacritical marks.](#)

Would have required the State Registrar of Vital Statistics to require a diacritical mark on an English letter to be properly recorded on a certificate of live birth, fetal death, or death, and a marriage license.

Status: Held on Suspense in Assembly Appropriations

[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

[AB-974 \(McKinnor\) - Incarcerated persons: certified record of live birth.](#)

Would have required a local registrar, county recorder, or the State Registrar to issue, without a fee, a certified record of live birth to any person who demonstrated that they were currently incarcerated in prison or a county correctional facility.

Status: Held on Suspense in Assembly Appropriations

[AB-1302 \(Lackey\) - Vital records: adopted persons and original birth certificates.](#)

Would have required a superior court, beginning January 1, 2025, to grant a petition and require the State Registrar to provide a copy of the original unredacted birth certificate of an adopted person upon receipt of a verified petition filed by that adopted person who is 18 years of age or older and was the subject of an adoption occurring before January 1, 2025. Would have required the State Registrar, for adoptions occurring on or after January 1, 2025, upon receiving notice that adoption proceedings have been completed, to provide notice to each birth parent named on the original birth certificate of an adopted person who is the subject of adoption proceedings informing each birth parent that the adopted person may request a copy of the original and unredacted birth certificate.

Status: Hearing canceled at the request of the author in Assembly Health

[AB-2156 \(Pacheco\) - Vital records: diacritical marks.](#)

Would have required, beginning January 1, 2027, the State Registrar of Vital Statistics to require a diacritical mark on an English letter within a name to be properly recorded on a certificate of live birth, fetal death, or death, and a marriage license, as specified.

Status: Held on Suspense in Assembly Appropriations

AB-3045 (Ta) - Birth certificate: decorative Asian Zodiac heirloom birth certificate.

Would have required the State Registrar to, upon request and payment of a fee, provide an applicant a decorative Asian Zodiac heirloom certificate.

Status: Vetoed

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