

CALIFORNIA LEGISLATURE



Assembly Committee on Health
2025
Legislative Bill Summary

Assembly Committee on Health

2025

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Table of Contents

Alcohol/Drug Programs.....	9
Chaptered	9
AB-309 (Zbur) - Hypodermic needles and syringes.	9
AB-424 (Davies) - Alcohol and other drug programs: complaints.....	9
AB-492 (Valencia) - Alcohol and drug programs: licensing.	9
AB-1037 (Elhawary) - Public health: substance use disorder.....	9
AB-1356 (Dixon) - Alcohol and other drug programs.	9
SB-83 (Umberg) - State Department of Health Care Services: substance abuse treatment: disclosures.	10
Vetoed.....	10
AB-255 (Haney) - The Supportive-Recovery Residence Program.	10
California Health Benefits Review Program (CHBRP)	11
Chaptered	11
SB-40 (Wiener) - Health care coverage: insulin.	11
SB-439 (Weber Pierson) - California Health Benefit Review Program: extension.	11
Vetoed.....	11
AB-432 (Bauer-Kahan) - Menopause.	11
AB-546 (Caloza) - Health care coverage: portable HEPA purifiers and filters.	11
AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.	12
AB-1032 (Harabedian) - Coverage for behavioral health visits.	12
SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.	13
SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.	13
Children's Health.....	14
Vetoed.....	14
SB-764 (Weber Pierson) - Chain restaurants: children's meals.	14
Chronic Health / Cancer	15
Vetoed.....	15
SB-717 (Richardson) - Ken Maddy California Cancer Registry.....	15

Covered California (Exchange)	16
Chaptered	16
AB-224 (Bonta) - Health care coverage: essential health benefits.	16
SB-62 (Menjivar) - Health care coverage: essential health benefits.	16
Vetoed.....	16
SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.	16
Denti-Cal / Oral Health	17
Chaptered	17
SB-386 (Limón) - Dental providers: fee-based payments.....	17
Emergency Medical Services	18
Chaptered	18
AB-463 (Michelle Rodriguez) - Emergency medical services: dogs and cats.	18
AB-645 (Carrillo) - Emergency medical services: dispatch.....	18
End-of-Life.....	19
Chaptered	19
SB-403 (Blakespear) - End of Life Option Act: sunset.	19
Food Safety / Nutrition	20
Chaptered	20
AB-592 (Gabriel) - Business: retail food.....	20
SB-68 (Menjivar) - Major food allergens.	20
SB-646 (Weber Pierson) - Prenatal multivitamins.....	20
Vetoed.....	21
SB-764 (Weber Pierson) - Chain restaurants: children's meals.	21
Health Care Facilities	22
Chaptered	22
AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.	22
AB-627 (Stefani) - California Health Facilities Financing Authority Act.	22
AB-849 (Soria) - Health providers: medical chaperones.	22
AB-894 (Carrillo) - General acute care hospitals: patient directories.....	22
AB-960 (Garcia) - Patient visitation.....	22
AB-1312 (Schiavo) - Hospital pricing.	23
SB-81 (Arreguín) - Health and care facilities: information sharing.....	23

SB-582 (Stern) - Health and care facilities: licensing during emergencies or disasters.....	24
SB-596 (Menjivar) - Health facilities: administrative penalties.....	24
SB-669 (McGuire) - Rural hospitals: standby perinatal medical services.....	24
Health Disparities.....	26
Chaptered	26
AB-447 (Mark González) - Emergency room patient prescriptions.....	26
AB-960 (Garcia) - Patient visitation.....	26
AB-1487 (Addis) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.....	26
SB-338 (Becker) - Virtual Health Hub for Rural Communities Pilot Program.....	26
Health Information / Health Insurance Portability and Accountability Act (HIPAA).....	28
Chaptered	28
AB-894 (Carrillo) - General acute care hospitals: patient directories.....	28
SB-81 (Arreguín) - Health and care facilities: information sharing.....	28
SB-660 (Menjivar) - California Health and Human Services Data Exchange Framework.....	28
Health Insurance / Health Plans.....	30
Chaptered	30
AB-224 (Bonta) - Health care coverage: essential health benefits.....	30
AB-260 (Aguiar-Curry) - Sexual and reproductive health care.....	30
AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.....	30
AB-594 (Solache) - Student health insurance.....	30
AB-951 (Ta) - Health care coverage: behavioral diagnoses.....	31
AB-1041 (Bennett) - Health care coverage: physician and provider credentials.....	31
AB-1418 (Schiavo) - Department of Health Care Access and Information.....	32
SB-40 (Wiener) - Health care coverage: insulin.....	32
SB-41 (Wiener) - Pharmacy benefits.....	32
SB-62 (Menjivar) - Health care coverage: essential health benefits.....	32
SB-306 (Becker) - Health care coverage: prior authorizations.....	33
SB-386 (Limón) - Dental providers: fee-based payments.....	33
SB-402 (Valladares) - Health care coverage: autism.....	33
SB-530 (Richardson) - Medi-Cal: time and distance standards.....	33
Vetoed.....	34
AB-432 (Bauer-Kahan) - Menopause.....	34

AB-512 (Harabedian) - Health care coverage: prior authorization.....	34
AB-546 (Caloza) - Health care coverage: portable HEPA purifiers and filters.	34
AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.....	34
AB-574 (Mark González) - Prior authorization: physical therapy.....	35
AB-682 (Ortega) - Health care coverage reporting.....	35
AB-843 (Garcia) - Health care coverage: language access.	35
AB-1032 (Harabedian) - Coverage for behavioral health visits.	36
SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.	36
SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.	36
Health Workforce	38
Chaptered	38
AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.	38
AB-260 (Aguiar-Curry) - Sexual and reproductive health care.	38
AB-463 (Michelle Rodriguez) - Emergency medical services: dogs and cats.....	38
AB-645 (Carrillo) - Emergency medical services: dispatch.....	39
AB-836 (Stefani) - Midwifery Workforce Training Act.	39
AB-1288 (Addis) - Registered environmental health specialists.	39
AB-1418 (Schiavo) - Department of Health Care Access and Information.	39
AB-1495 (Valencia) - Home health aides: training and certification.....	39
SB-246 (Grove) - Medi-Cal: graduate medical education payments.	40
SB-520 (Caballero) - Nurse-midwifery education program.....	40
SB-596 (Menjivar) - Health facilities: administrative penalties.	40
Mental / Behavioral Health	41
Chaptered	41
AB-348 (Krell) - Full-service partnerships.	41
AB-416 (Krell) - Involuntary commitment.	41
AB-440 (Ramos) - Suicide prevention.....	41
SB-27 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.	41
Vetoed.....	42
AB-1032 (Harabedian) - Coverage for behavioral health visits.	42

Miscellaneous.....	43
Chaptered	43
AB-460 (Chen) - Radiologic technologists: venipuncture: direct supervision.....	43
AB-583 (Pellerin) - Death certificates.....	43
AB-1103 (Ward) - Controlled substances: research.....	43
AB-1415 (Bonta) - California Health Care Quality and Affordability Act.....	43
SB-862 (Committee on Health) - Health.	44
Pharmaceuticals / Pharmacy / Biotech	45
Chaptered	45
AB-447 (Mark González) - Emergency room patient prescriptions.....	45
AB-1037 (Elhawary) - Public health: substance use disorder.....	45
SB-40 (Wiener) - Health care coverage: insulin.	45
SB-41 (Wiener) - Pharmacy benefits.	45
Vetoed.....	46
SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.	46
Public Health	47
Chaptered	47
AB-309 (Zbur) - Hypodermic needles and syringes.	47
AB-440 (Ramos) - Suicide prevention.....	47
AB-1003 (Calderon) - Public health: emergency plans and wildfire research.	47
AB-1037 (Elhawary) - Public health: substance use disorder.....	47
AB-1103 (Ward) - Controlled substances: research.....	47
AB-1288 (Addis) - Registered environmental health specialists.....	48
AB-1487 (Addis) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.	48
SB-278 (Cabaldon) - Health data: HIV test results.....	48
SB-338 (Becker) - Virtual Health Hub for Rural Communities Pilot Program.....	48
SB-504 (Laird) - Communicable diseases: HIV reporting.....	49
Vetoed.....	49
AB-1326 (Ahrens) - Masks: individual or public health.....	49
SB-317 (Hurtado) - Wastewater surveillance.....	49
SB-717 (Richardson) - Ken Maddy California Cancer Registry.....	49

SB-764 (Weber Pierson) - Chain restaurants: children's meals.	50
Public Insurance / Medi-Cal / Medi-Cal Managed Care (MCMC)	51
Chaptered	51
AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.	51
AB-543 (Mark González) - Medi-Cal: street medicine.	51
AB-688 (Mark González) - Telehealth for All Act of 2025.	51
AB-870 (Hadwick) - California Children's Services Program: county designation.	51
SB-246 (Grove) - Medi-Cal: graduate medical education payments.	52
SB-250 (Ochoa Bogh) - Medi-Cal: provider directory: skilled nursing facilities.	52
SB-278 (Cabaldon) - Health data: HIV test results.	52
SB-530 (Richardson) - Medi-Cal: time and distance standards.	52
Reproductive Health.....	53
Chaptered	53
AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.	53
AB-260 (Aguiar-Curry) - Sexual and reproductive health care.	53
Senior Health.....	54
AB-829 (Sharp-Collins) - Parkinson's disease research grant program: Parkinson's Disease Research Voluntary Tax Contribution Fund.	54
Tobacco	55
Chaptered	55
AB-573 (Rogers) - Cigarette and tobacco products: licensing and enforcement.	55
Vital Statistics.....	56
Chaptered	56
AB-64 (Pacheco) - Vital records: diacritical marks.	56
AB-1084 (Zbur) - Change of name and gender and sex identifier.	56
SB-313 (Cervantes) - Vital records: birth certificates.	56

Alcohol/Drug Programs

Chaptered

AB-309 (Zbur) - Hypodermic needles and syringes.

Deletes the January 1, 2026 sunset on existing law which permits physicians and pharmacists to furnish hypodermic needles and syringes without a prescription or a permit, for human use to a person 18 years or older. Authorizes a person 18 years or older, without a prescription or license, to obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

Status: Chapter 685, Statutes of 2025

AB-424 (Davies) - Alcohol and other drug programs: complaints.

Requires the State Department of Health Care Services (DHCS), when it receives a complaint against a licensed alcohol or other drug recovery or treatment facility, or a complaint alleging that a facility is unlawfully operating without a license, to provide the complainant with a notice that the complaint has been received within 10 days of receipt and provide them notice that the complaint has been closed, including whether DHCS found the facility to be in violation of relevant laws or regulations.

Status: Chapter 261, Statutes of 2025

AB-492 (Valencia) - Alcohol and drug programs: licensing.

Requires the State Department of Health Care Services, upon issuing an initial license to an alcohol or other drug recovery or treatment facility, to notify the city or county in which the facility is located of the license and provide them with the name and mailing address of the licensee and the location of the facility.

Status: Chapter 368, Statutes of 2025

AB-1037 (Elhawary) - Public health: substance use disorder.

Expands those authorized to receive opioid antagonists and eliminates the requirement that they receive training, requires the State Department of Health Care Services to offer a combined application for entities to be licensed as an alcohol or other drug (AOD) recovery or treatment facility and to provide incidental medical services, and removes AOD program language in statute requiring "no lawful use" messaging.

Status: Chapter 569, Statutes of 2025

AB-1356 (Dixon) - Alcohol and other drug programs.

Requires a licensed alcohol or other drug recovery or treatment facility to submit to the Department of Health Care Services (DHCS), within 30 days of an incident involving the death of a resident, any relevant information that was not previously provided to DHCS

in the initial report, and requires DHCS to issue a deficiency if it identifies any violations of specified licensing provisions during its investigation of a resident's death.

Status: Chapter 189, Statutes of 2025

SB-83 (Umberg) - State Department of Health Care Services: substance abuse treatment: disclosures.

Requires the State Department of Health Care Services (DHCS) to post on its website an identification and summary of each violation issued for licensed adult residential alcohol or other drug (AOD) recovery or treatment facilities (RTFs) and certified AOD programs included on the Probationary Status, Temporary Suspension Order, Revoked and Notice of Operation in Violation of Law Program List. Requires DHCS to indicate recovery residences (also known as sober living homes), if found to be providing treatment without first obtaining DHCS licensure as an RTF, are not included in this list.

Status: Chapter 402, Statutes of 2025

Vetoed

AB-255 (Haney) - The Supportive-Recovery Residence Program.

Would have created a process for abstinence-based housing for people experiencing homelessness to comply with the Core Components of Housing First and receive up to 10% of state homelessness funding.

Status: Vetoed

California Health Benefits Review Program (CHBRP)

Chaptered

SB-40 (Wiener) - Health care coverage: insulin.

Prohibits health plans, health insurers and high-deductible health plan contracts and policies from imposing a copayment, coinsurance, deductible, or any other cost sharing on an insulin prescription drug that exceeds \$35 for a 30-day supply, on a phased-in basis and subject to limitations in the individual and small group market. Implements the \$35 cap in high-deductible health plan and health insurance contracts and policies unless applying the cap conflicts with federal requirements for these plans. Prohibits health plans and health insurers from imposing step therapy as a prerequisite to authorizing coverage of insulin, except if at least one insulin in each drug type is covered without step therapy.

Status: Chapter 737, Statutes of 2025

SB-439 (Weber Pierson) - California Health Benefit Review Program: extension.

Extends the operation of the University of California-administered California Health Benefit Review Program (CHBRP) and the Health Care Benefits Fund (the fund for CHBRP) through July 1, 2033. Extends the continued assessment of the annual charge on health plans and health insurers for the purpose of funding CHBRP for the 2026–27 to 2032–33 fiscal years, inclusive. Increases the maximum allowable total annual assessment on health plans and health insurers from \$2.2 million to \$3.2 million. Deletes an obsolete reference to the Healthy Families Program.

Status: Chapter 318, Statutes of 2025

Vetoed

AB-432 (Bauer-Kahan) - Menopause.

Would have required health care service plan contracts and health insurance policies to cover the evaluation and treatment of perimenopause and menopause, as specified. Would have authorized qualifying physicians and surgeons to earn double credit for menopause-related continuing education.

Status: Vetoed

AB-546 (Caloza) - Health care coverage: portable HEPA purifiers and filters.

Would have required a large group health plan or group health insurance policy to include coverage for one portable, high-efficiency particulate air (HEPA) purifiers of up to \$500 for an enrollee or insured who is pregnant or diagnosed with asthma or chronic obstructive pulmonary disease, who is residing in or displaced from a county where a local or state emergency has been declared due to wildfires and the HEPA filter is

prescribed by the enrollee's health care provider. Would have required the provisions of this bill to apply to a health care benefit plan or contract entered into with the Board of Administration of the California Public Employees' Retirement System under the Public Employees' Medical and Hospital Care Act and members of the State Teachers' Retirement System.

Status: Vetoed

AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.

Would have required a nongrandfathered health plan contract or health insurance policy to provide coverage, without any cost-sharing, for antiretroviral (ARV) drugs, devices, or products that are approved by the United States Food and Drug Administration for preexposure prophylaxis (PrEP). Would have prohibited a health plan or health insurer from subjecting ARV drug devices or drug products that are medically necessary for the prevention of HIV/AIDS to prior authorization or step therapy, but would have allowed prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy. Would have prohibited a health plan or insurer from imposing cost sharing on a nonformulary ARV drug, drug device, or drug product covered pursuant to an exception request if the nonformulary ARV drug, drug device, or drug product is therapeutically equivalent to a formulary ARV drug, drug device, or drug product that is covered by the health plan or insurer without cost sharing.

Status: Vetoed

AB-1032 (Harabedian) - Coverage for behavioral health visits.

Would have required a large group health care service plan or health insurer to cover or reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health (BH) provider if the enrollee or insured is in a county or counties where a local or state emergency has been declared due to wildfires. Would have prohibited the 12 visits from being subject to utilization review, and would have required the visits to apply regardless of the network status of the BH provider. Would have prohibited an enrollee or insured from paying more than the same cost sharing that the individual would pay for the same covered services received from an in-network provider. Would have required the benefits in this bill to apply to a health care benefit plan or contract entered into with the Board of Administration of the California Public Employees' Retirement System pursuant to the Public Employees Medical and Hospital Care Act, and to members of the State Teachers' Retirement System.

Status: Vetoed

SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.

Would have expanded existing law provisions regarding triggering events for a special enrollment period in the individual health insurance market by requiring health plans and health insurers to allow pregnant individuals to enroll in or change benefits.

Status: Vetoed

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.

Would have required a health plan contract or a health insurance policy that provides outpatient prescription drug benefits and the Medi-Cal program to cover up to a 12-month supply of a Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice. Would have prohibited a health plan or health insurance subscriber, enrollee or policyholder from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health plan or health insurer on the basis of race, color, national origin, age, disability, or sex. Would have defined "discrimination on the basis of sex" to include, but not be limited to, discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and, sex stereotypes. Would have required a pharmacist to dispense, at a patient's request, up to a 12-month supply of an FDA-approved prescription hormone therapy pursuant to a valid prescription that specifies an initial quantity followed by periodic refills, unless the patient requested a smaller supply, the prescribing provider instructed that the patient have a smaller supply, the prescribing provider temporarily limited refills to a 90-day supply due to an acute dispensing shortage, or the prescription hormone therapy was a controlled substance, in which case the pharmacist would have been required to dispense the maximum amount allowed under federal or state law to be obtained at one time by the patient.

Status: Vetoed

Children's Health

Vetoed

[SB-764 \(Weber Pierson\) - Chain restaurants: children's meals.](#)

Would have required a chain restaurant, as defined, that sells a children's meal to offer at least one children's meal that meets specified minimum nutrition standards, including, among others, that the meal not contain more than 550 calories and that the meal include at least two servings of specified types and quantities of food. Would have required the chain restaurant to include an icon or symbol on the menu to identify the children's meal that meets those requirements. Would have required a chain restaurant that sells a children's meal, on or before July 1, 2026, to include information to its employees on how to comply with those requirements.

Status: Vetoed

Chronic Health / Cancer

Vetoed

SB-717 (Richardson) - Ken Maddy California Cancer Registry.

Would have required the California Department of Public Health (DPH) to maintain statewide and regional infrastructures and systems for collecting and reporting cancer data through regional cancer registries, and would have deleted obsolete dates regarding the establishment timeline. Would have required DPH to submit an implementation and funding schedule to the Legislature on or before January 1, 2027, and to partner with the state's regional cancer registries to maximize the use of available federal funds.

Status: Vetoed

Covered California (Exchange)

Chaptered

AB-224 (Bonta) - Health care coverage: essential health benefits.

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan for health insurers to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits, as specified.

Status: Chapter 680, Statutes of 2025

SB-62 (Menjivar) - Health care coverage: essential health benefits.

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan for health care service plans to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits, as specified.

Status: Chapter 739, Statutes of 2025

Vetoed

SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.

Would have expanded existing law provisions regarding triggering events for a special enrollment period in the individual health insurance market by requiring health plans and health insurers to allow pregnant individuals to enroll in or change benefits.

Status: Vetoed

Denti-Cal / Oral Health

Chaptered

[SB-386 \(Limón\) - Dental providers: fee-based payments.](#)

Requires a health plan and health insurer covering dental services that provides payment directly to a dental provider to have a default method of payment that does not require the dental provider to incur a fee to access payment. Requires a health plan and health insurer to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider. Delays implementation of these provisions until April 1, 2026.

Status: Chapter 219, Statutes of 2025

Emergency Medical Services

Chaptered

AB-463 (Michelle Rodriguez) - Emergency medical services: dogs and cats.

Authorizes a private ambulance owner, or a person who operates ambulances owned or operated by a fire department of a federally recognized Indian tribe, to transport a police canine, or a search and rescue dog, as defined, that is injured in the line of duty to a veterinary clinic or similar facility if there is no other person requiring medical attention or transport at that time. Permits an emergency responder to provide basic first aid to a police canine or search and rescue dog while the dog is being transported. Provides emergency responders with immunity from criminal or civil liability for any injury to the canine that occurs during the transportation or administration of medical care.

Status: Chapter 98, Statutes of 2025

AB-645 (Carrillo) - Emergency medical services: dispatch.

Requires a public safety agency that processes 911 calls for emergency medical response, commencing January 1, 2027, to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including airway and choking instructions, automatic external defibrillator and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine auto-injectors, and administration of naloxone for suspected overdoses. Requires pre-arrival medical instructions to be approved by the medical director of the local emergency medical services agency.

Status: Chapter 273, Statutes of 2025

End-of-Life

Chaptered

SB-403 (Blakespear) - End of Life Option Act: sunset.

Repeals the January 1, 2031 expiration date of the End of Life Option Act (EOLOA), extending the operation of EOLOA indefinitely. The EOLOA allows terminally ill adults living in California to obtain and self-administer aid-in-dying drugs.

Status: Chapter 315, Statutes of 2025

Food Safety / Nutrition

Chaptered

AB-592 (Gabriel) - Business: retail food.

Extends until January 1, 2029, the authority of the Department of Alcoholic Beverage Control (ABC) to permit licensees to exercise license privileges in an expanded license area authorized pursuant to a COVID-19 Temporary Catering Authorization (COVID-19 TCA) approved in accordance with the Fourth Notice of Regulatory Relief issued by ABC on May 15, 2020. Additionally authorizes a food facility to operate using windows, folding doors, or non-fixed store fronts during hours of operation if the restaurant develops, and submits to the enforcement agency for approval, an integrated pest management and food safety risk mitigation plan and meets certain requirements, as specified.

Status: Chapter 469, Statutes of 2025

SB-68 (Menjivar) - Major food allergens.

Adds sesame to the list of major food allergens in California Retail Food Code (CRFC) and requires, commencing July 1, 2026, a food facility that is subject to federal menu labeling requirements to provide written notification of the major food allergens that the food facility knows or reasonably should know are contained in each menu item.

Status: Chapter 741, Statutes of 2025

SB-646 (Weber Pierson) - Prenatal multivitamins.

Commencing January 1, 2027, under the state's Sherman Food, Drug, and Cosmetic Law (Sherman Law), requires manufacturers of prenatal multivitamins to test their products for arsenic, cadmium, lead, and mercury (heavy metals). Commencing January 1, 2027, requires brand owners to disclose specified information to the public on their websites, including the levels of heavy metals in their prenatal multivitamins, nutrient information, and a statement about the varying levels of heavy metals. Requires, for a product sold in a retailer store that is shipped to retailers on or after January 1, 2027, the outermost package of packaged prenatal vitamin products sold in a retail store to include a statement regarding heavy metal testing. Requires, for a product sold online or directly to consumers on or after January 1, 2027, the product details page on an internet website where the product is sold, to include a statement regarding heavy metals and link to the website where information required to be disclosed by brand owners pursuant to this bill can be found. Prohibits a person from selling in the state or manufacturing, delivering, holding, or offering for the sale a prenatal multivitamin that does not comply with these provisions. Prohibits, on or after January 1, 2030, a person from selling in the state or manufacturing, delivering, holding,

or offering for the sale a prenatal multivitamin that does not include the packaging or online statements specified by this bill.

Status: Chapter 602, Statutes of 2025

Vetoed

SB-764 (Weber Pierson) - Chain restaurants: children's meals.

Would have required a chain restaurant, as defined, that sells a children's meal to offer at least one children's meal that meets specified minimum nutrition standards, including, among others, that the meal not contain more than 550 calories and that the meal include at least two servings of specified types and quantities of food. Would have required the chain restaurant to include an icon or symbol on the menu to identify the children's meal that meets those requirements. Would have required a chain restaurant that sells a children's meal, on or before July 1, 2026, to include information to its employees on how to comply with those requirements.

Status: Vetoed

Health Care Facilities

Chaptered

[AB-55 \(Bonta\) - Alternative birth centers: licensing and Medi-Cal reimbursement.](#)

Repeals the requirement that licensed alternative birth centers (ABCs) be certified as a Comprehensive Perinatal Services Provider, and the requirement that the ABC be located within 30 minutes of a hospital with the capacity for the management of obstetrical and neonatal emergencies, and instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital.

Status: Chapter 595, Statutes of 2025

[AB-627 \(Stefani\) - California Health Facilities Financing Authority Act.](#)

Repeals the requirement that working capital loans made by the California Health Facilities Financing Authority to health facilities be repaid within two years.

Status: Chapter 377, Statutes of 2025

[AB-849 \(Soria\) - Health providers: medical chaperones.](#)

Requires, as of January 1, 2027, a provider, as defined, that offers a sensitive examination, to provide notice to patients that a medical chaperone will be made available, upon request, to assist or observe the examination. Specifies that "provider" does not include any facility owned or operated by the Department of Corrections and Rehabilitation.

Status: Chapter 442, Statutes of 2025

[AB-894 \(Carrillo\) - General acute care hospitals: patient directories.](#)

Requires a hospital to inform a patient, at the time of admission, that the patient may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory by having hospital personnel verbally inform the patient, and by using a separate paper or digital document that includes a check box for the patient to mark to restrict or prohibit the use of their information in the hospital's patient directory.

Status: Chapter 384, Statutes of 2025

[AB-960 \(Garcia\) - Patient visitation.](#)

Requires a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities; cognitive impairment, including dementia; or another disability, to have a family or friend caregiver with them as needed unless the hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of the visitor, a patient, a member of the hospital staff, or other visitor to the hospital, or would significantly disrupt the operations of the facility. Clarifies that if

circumstances require a hospital to restrict visitor access due to health or safety concerns, the hospitals' alternative visitation protocols allow visitation to the greatest extent possible to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital.

Status: Chapter 172, Statutes of 2025

AB-1312 (Schiavo) - Hospital pricing.

Requires a hospital, beginning on July 1, 2027, to presumptively determine that a patient is eligible for charity care or discounted payment policies if the patient is experiencing homelessness or is already enrolled in a means-tested program, as specified, and also requires a hospital to screen patients in other categories that might indicate they could qualify for charity care or discounted payment policies and make a determination if the patient is eligible before sending that patient a bill for hospital services.

Status: Chapter 450, Statutes of 2025

SB-81 (Arreguín) - Health and care facilities: information sharing.

Prohibits, unless required by state and federal law, a health care provider entity and its personnel, from allowing any person access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. Requires health care provider entity personnel, if a request is made to access a health care provider entity site or patient for immigration enforcement, including to obtain information about a patient or their family, to direct such request to the designated health care provider entity management, administrator, or legal counsel. Requires, for purposes of the Confidentiality of Medical Information Act (CMIA), if individually identifying information regarding immigration status is collected or known, that information to be treated as medical information for purposes of CMIA. Prohibits health care providers, health plans and contractors from being required to comply with court orders that constitute a foreign subpoena, absent a court order meeting a specified provision of California law, and conditions compliance with a search warrant from another state so long as the other state's law does not interfere with California law, including the Reproductive Privacy Act. Prohibits a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement, except to the extent expressly authorized by a patient, enrollee, or subscriber, and except where required or allowed under existing law. Contains a severability clause, and contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

Status: Chapter 123, Statutes of 2025

SB-582 (Stern) - Health and care facilities: licensing during emergencies or disasters.

Provides various licensing and payment flexibilities for specified facilities affected by a fire or other disaster as follows: 1) Requires the State Department of Public Health (DPH) or the State Department of Social Services (DSS), as applicable, to allow certain facilities, when nonoperational due to their destruction, significant damage, or prolonged closure, to request a disaster suspension of their active license if the entity notifies the appropriate department that it intends to become operational again, by being rebuilt or reopening, in the same location; 2) Authorizes DPH to suspend a facilities' beds, services, or license to assist facilities that have been rendered nonoperational due to a declared disaster; 3) Authorizes alcohol or drug recovery or treatment facilities and alcohol or other drug programs to request the Department of Health Care Services (DHCS) to place its license or certification on inactive status as the result of an emergency or disaster and prohibits a facility or program from providing services while its license or certification is inactive; 4) Requires DHCS to require Medi-Cal managed care plans to presume that conditions are met for Emergency Remote Services in Community-Based Adult Services programs for purposes of an entity made nonoperational as described above; and, 5) Requires DSS to waive in-person or daily attendance requirements for childcare programs for purposes of an entity made nonoperational due to their destruction or significant damage.

Status: Chapter 546, Statutes of 2025

SB-596 (Menjivar) - Health facilities: administrative penalties.

Revises a provision of law exempting a hospital from financial penalties for nurse-to-patient ratio violations if the hospital immediately used and exhausted its on-call list of nurses, by defining an "on-call list" as being comprised of nurses who are scheduled to be on call for the shift and unit where an alleged violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units. Requires violations of the nurse to patient ratios on separate days to be treated as separate violations.

Status: Chapter 773, Statutes of 2025

SB-669 (McGuire) - Rural hospitals: standby perinatal medical services.

Requires the State Department of Public Health (DPH), by July 1, 2026, in consultation with stakeholders, to establish a ten-year pilot project to allow up to five critical access hospitals to establish standby perinatal medical services. Requires the first three hospitals selected to be nonprofit hospitals located in Humboldt and Plumas County, if they qualify. Requires the hospitals, in order to qualify for the pilot project, to meet specific requirements regarding the equipment and services that must be available, define the responsibilities of the medical staff, and develop a quality improvement program, among other things. Requires DPH to develop a monitoring plan and reporting

template to collect and evaluate data on safety, outcomes, utilization, and populations served, and submit an evaluation to the Legislature. Requires a physician to have overall responsibility for the pilot program.

Status: Chapter 603, Statutes of 2025

Health Disparities

Chaptered

[AB-447 \(Mark González\) - Emergency room patient prescriptions.](#)

Permits a prescriber in an emergency room to dispense the unused portion of a drug upon discharge if the drug is not a controlled substance and the drug was administered from single patient use, multi-dose packaging and can be self-administered by the patient.

Status: Chapter 363, Statutes of 2025

[AB-960 \(Garcia\) - Patient visitation.](#)

Requires a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities; cognitive impairment, including dementia; or another disability, to have a family or friend caregiver with them as needed unless the hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of the visitor, a patient, a member of the hospital staff, or other visitor to the hospital, or would significantly disrupt the operations of the facility. Clarifies that if circumstances require a hospital to restrict visitor access due to health or safety concerns, the hospitals' alternative visitation protocols allow visitation to the greatest extent possible to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital.

Status: Chapter 172, Statutes of 2025

[AB-1487 \(Addis\) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.](#)

Renames the Transgender, Gender Nonconforming, and Intersex (TGI) Wellness and Equity Fund as the Two-Spirit (2TGI) Wellness and Equity Fund, expands the purpose for which grants can be awarded from the 2TGI Fund, and expands the requirements for grant fund availability for 2TGI individuals to include providing workforce development training, resettlement and social integration programs for asylees and immigrants, and for diversion programs for, and outreach to, transitional age 2TGI youth. Expands the definition of "health care" for purposes of the 2TGI Fund and the grants from the 2TGI fund. Defines "Two-Spirit" as a term referring to unique indigenous cultural roles that intersect with diverse sexual orientations and gender embodiments.

Status: Chapter 732, Statutes of 2025

[SB-338 \(Becker\) - Virtual Health Hub for Rural Communities Pilot Program.](#)

Establishes the Virtual Health Hub for Rural Communities (VHRC) Pilot Program, and authorizes the State Department of Public Health (DPH) to administer the VHRC Pilot Program to expand access to health services for farmworkers in rural communities. Requires DPH to fund grants to two separate community-based organizations to

establish and deploy virtual health hubs, as defined, and to administer the program and provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program. Creates the Virtual Health Hub Fund and conditions implementation of this bill on no General Fund moneys being used.

Status: Chapter 311, Statutes of 2025

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

Chaptered

AB-894 (Carrillo) - General acute care hospitals: patient directories.

Requires a hospital to inform a patient, at the time of admission, that the patient may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory by having hospital personnel verbally inform the patient, and by using a separate paper or digital document that includes a check box for the patient to mark to restrict or prohibit the use of their information in the hospital's patient directory.

Status: Chapter 384, Statutes of 2025

SB-81 (Arrequín) - Health and care facilities: information sharing.

Prohibits, unless required by state and federal law, a health care provider entity and its personnel, from allowing any person access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. Requires health care provider entity personnel, if a request is made to access a health care provider entity site or patient for immigration enforcement, including to obtain information about a patient or their family, to direct such request to the designated health care provider entity management, administrator, or legal counsel. Requires, for purposes of the Confidentiality of Medical Information Act (CMIA), if individually identifying information regarding immigration status is collected or known, that information to be treated as medical information for purposes of CMIA. Prohibits health care providers, health plans and contractors from being required to comply with court orders that constitute a foreign subpoena, absent a court order meeting a specified provision of California law, and conditions compliance with a search warrant from another state so long as the other state's law does not interfere with California law, including the Reproductive Privacy Act. Prohibits a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement, except to the extent expressly authorized by a patient, enrollee, or subscriber, and except where required or allowed under existing law. Contains a severability clause, and contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

Status: Chapter 123, Statutes of 2025

SB-660 (Menjivar) - California Health and Human Services Data Exchange Framework.

Shifts responsibility for the Data Exchange Framework (DxF) from the California Health and Human Services Agency (CalHHS) to the Department of Health Care Access and

Information (HCAI). Makes changes to, and requires HCAI to oversee, an existing stakeholder advisory group, and specifies the group's duties. Prohibits the stakeholder advisory group from exceeding 17 members and requires the group to maintain a balance of perspectives with no more than 50% of voting members who are signatories to the data-sharing agreement. Requires the stakeholder advisory group, on or before January 1, 2027, to develop recommendations about demographic and health related social needs data. Modifies a number of provisions related to data exchange requirements, adds emergency medical services as a required entity to execute the data sharing agreement, and clarifies which physician organizations and medical groups are subject to the data-sharing agreement, as specified. Requires health care providers and plans to comply with DxF as a condition for contracting with or providing services through state health care programs. Exempts specified information from data-sharing requirements. Authorizes HCAI to update the framework and establishes public notice requirements for such updates. Authorizes HCAI to adopt enforcement actions and enforce compliance with DxF. Requires HCAI to publish a report on compliance with DxF and other specified assessments and evaluations, including an evaluation of the need for an independent governing board to oversee DxF. Requires HCAI to establish a process to designate qualified health information organizations as data-sharing intermediaries that have demonstrated their ability to meet the requirements of the DxF.

Status: Chapter 325, Statutes of 2025

Health Insurance / Health Plans

Chaptered

AB-224 (Bonta) - Health care coverage: essential health benefits.

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan for health insurers to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits, as specified.

Status: Chapter 680, Statutes of 2025

AB-260 (Aguiar-Curry) - Sexual and reproductive health care.

Repeals unconstitutional, and deletes obsolete, provisions of current law relating to criminal abortion penalties. Authorizes the California Department of Public Health (DPH) to adopt regulations specific to mifepristone and other medication abortion drugs, including exempting those drugs from certain requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA). Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Prohibits DPH from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for manufacturing, transporting, or engaging in certain acts relating to mifepristone or other medication abortion drugs. Prohibits a health care service plan contract or a group or individual disability insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs.

Status: Chapter 136, Statutes of 2025

AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.

Decreases, from \$70,000 to \$50,000, the minimum claim payment that the Department of Health Care Services (DHCS) is required to reimburse to the Robert F. Kennedy Farm Workers Medical Plan (RFK Plan) for a single episode of care on behalf of an eligible employee or dependent. Maintains the annual reimbursement cap of \$3,000,000 from DHCS to the RFK Plan.

Status: Chapter 370, Statutes of 2025

AB-594 (Solache) - Student health insurance.

Requires, when a student certificate holder (a student who purchases student health insurance), or a dependent of a student, chooses to terminate their student health insurance coverage during the policy year, the student to only pay the premium through the date of their termination of coverage. Prohibits a student or dependent of a student

from being liable for a premium payment during the time that they are not enrolled in student health insurance coverage. Requires, in the case of premium paid in full for an academic term, the student to be refunded pro rata for any time they are not enrolled in student health insurance coverage, and requires notice of the ability to terminate coverage to be provided in the student health insurance enrollment materials provided to a student or a dependent of a student. Requires a student or dependent of a student to also be notified of premium liability to the student or dependent of the student, if any, if a student or dependent of a student chooses not to terminate coverage. Requires a student that obtains or maintains health coverage that is minimum essential coverage and who requests a waiver to be granted a waiver from obtaining student health insurance coverage from their institution of higher education and prohibits the student from being required to pay a fee or premium for student health insurance coverage. Requires the above-described provisions to commence July 1, 2026.

Status: Chapter 272, Statutes of 2025

AB-951 (Ta) - Health care coverage: behavioral diagnoses.

Prohibits a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive arediagnosis to maintain coverage for behavioral health treatment for their condition.

Status: Chapter 84, Statutes of 2025

AB-1041 (Bennett) - Health care coverage: physician and provider credentials.

Requires a full service health care service plan (health plan), a health insurer or its delegate to subscribe to and use the most recent version of the Council for Affordable Quality Healthcare (CAQH) credentialing form, and to comply with the CAQH credentialing processes on or after January 1, 2028. Requires a health plan, health insurer or its delegate to only request additional information from a provider to clarify and confirm information that is provided on the CAQH credentialing form, including verification of information not specifically disclosed on the provider's application.

Requires, effective one year from the operative date of this bill, a health plan, health insurer, or its delegate that credentials health care providers for its networks to make a determination regarding the credentials of a health care provider within 90 days after receiving a completed provider credentialing application, including all required third-party verifications. Requires the 90-day timeline to apply only to the credentialing process and not the completion of contracting.

Status: Chapter 630, Statutes of 2025

AB-1418 (Schiavo) - Department of Health Care Access and Information.

Requires, commencing on January 1, 2027, health facilities, clinics, home health agencies, and hospices to annually report to the Department of Health Care Access and Information on whether all of their health care employees eligible for employer-sponsored health care coverage are eligible to receive coverage at the commencement of employment without a waiting period. Requires, if not all health care employees eligible for employer-sponsored health care coverage are eligible without a waiting period, the health facilities, clinics, home health agencies, and hospices to additionally report the length of the waiting period, broken down by employee classification and waiting period timeframe.

Status: Chapter 398, Statutes of 2025

SB-40 (Wiener) - Health care coverage: insulin.

Prohibits health plans, health insurers and high-deductible health plan contracts and policies from imposing a copayment, coinsurance, deductible, or any other cost sharing on an insulin prescription drug that exceeds \$35 for a 30-day supply, on a phased-in basis and subject to limitations in the individual and small group market. Implements the \$35 cap in high-deductible health plan and health insurance contracts and policies unless applying the cap conflicts with federal requirements for these plans. Prohibits health plans and health insurers from imposing step therapy as a prerequisite to authorizing coverage of insulin, except if at least one insulin in each drug type is covered without step therapy.

Status: Chapter 737, Statutes of 2025

SB-41 (Wiener) - Pharmacy benefits.

Prohibits a pharmacy benefit manager (PBM) from deriving income from pharmacy benefit management services provided to a health plan or health insurer, except for a "pharmacy benefit management fee." Requires a PBM to use a pass-through pricing model. Prohibits a PBM from retaining the difference in payment to a pharmacy compared to the amount paid by the health plan or insurer (spread pricing). Requires a PBM to direct 100% of all prescription drug manufacturer rebates to health plans and insurers for the sole purpose of offsetting cost-sharing, deductibles, and coinsurance contributions and reducing premiums. Prohibits numerous PBM activities affecting pharmacies.

Status: Chapter 605, Statutes of 2025

SB-62 (Menjivar) - Health care coverage: essential health benefits.

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB

benchmark plan for health care service plans to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits, as specified.

Status: Chapter 739, Statutes of 2025

SB-306 (Becker) - Health care coverage: prior authorizations.

Prohibits a health plan or health insurer, as of January 1, 2028, from imposing prior authorization (PA) on any covered health care service that has been approved by the plan or insurer 90% or more times as determined by the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI). Requires health plans and health insurers, by December 31, 2026, to report to DMHC and CDI the covered health care services subject to PA, including the percentage rate at which they are approved or modified. Continues to allow health plans and insurers to impose PA for certain covered health care services, such as outpatient prescription drugs in tier three and four of a plan or insurer's formulary, a drug or medical device prescribed or recommended for a use that is different from the use for which the drug or medical device has been cleared or approved for marketing by the federal Food and Drug Administration, and a covered service requested, ordered, prescribed, delivered, furnished or dispensed by an out-of-network or non-contracting provider. Requires DMHC and CDI, no later than four years after the date determined by DMHC and CDI for cessation of PA requirements under this bill, to publish a report regarding the impacts of the cessation of PA requirements. Sunsets the provisions of this bill on January 1, 2034.

Status: Chapter 408, Statutes of 2025

SB-386 (Limón) - Dental providers: fee-based payments.

Requires a health plan and health insurer covering dental services that provides payment directly to a dental provider to have a default method of payment that does not require the dental provider to incur a fee to access payment. Requires a health plan and health insurer to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider. Delays implementation of these provisions until April 1, 2026.

Status: Chapter 219, Statutes of 2025

SB-402 (Valladares) - Health care coverage: autism.

Repeals the definition of qualified autism service provider, qualified autism service professional, and qualified autism service paraprofessional in the Health and Safety Code and Insurance Code and recasts them in the Business and Professions Code.

Status: Chapter 413, Statutes of 2025

SB-530 (Richardson) - Medi-Cal: time and distance standards.

Extends the operation of the existing Medi-Cal managed care plan network adequacy standards for three years, and adds new requirements regarding subcontractors,

telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy.

Status: Chapter 418, Statutes of 2025

Vetoed

AB-432 (Bauer-Kahan) - Menopause.

Would have required health care service plan contracts and health insurance policies to cover the evaluation and treatment of perimenopause and menopause, as specified. Would have authorized qualifying physicians and surgeons to earn double credit for menopause-related continuing education.

Status: Vetoed

AB-512 (Harabedian) - Health care coverage: prior authorization.

Would have shortened the decision timeline for prior or concurrent authorization requests for health plans and health insurers to be no longer than three business days for standard requests (instead of five days in existing law) if the request is made by electronic submission, and 24 hours for urgent requests involving an imminent and serious threat to the enrollee's health if the request is made by electronic submission or 48 hours (instead of 72 hours in existing law). Would have required Medi-Cal managed care plan contracts with the Department of Health Care Services to meet the prior and concurrent authorization timeframes under existing law, rather than the faster turnaround timeframes required by this bill.

Status: Vetoed

AB-546 (Caloza) - Health care coverage: portable HEPA purifiers and filters.

Would have required a large group health plan or group health insurance policy to include coverage for one portable, high-efficiency particulate air (HEPA) purifiers of up to \$500 for an enrollee or insured who is pregnant or diagnosed with asthma or chronic obstructive pulmonary disease, who is residing in or displaced from a county where a local or state emergency has been declared due to wildfires and the HEPA filter is prescribed by the enrollee's health care provider. Would have required the provisions of this bill to apply to a health care benefit plan or contract entered into with the Board of Administration of the California Public Employees' Retirement System under the Public Employees' Medical and Hospital Care Act and members of the State Teachers' Retirement System.

Status: Vetoed

AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.

Would have required a nongrandfathered health plan contract or health insurance policy to provide coverage, without any cost-sharing, for antiretroviral (ARV) drugs, devices, or

products that are approved by the United States Food and Drug Administration for preexposure prophylaxis (PrEP). Would have prohibited a health plan or health insurer from subjecting ARV drug devices or drug products that are medically necessary for the prevention of HIV/AIDS to prior authorization or step therapy, but would have allowed prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy. Would have prohibited a health plan or insurer from imposing cost sharing on a nonformulary ARV drug, drug device, or drug product covered pursuant to an exception request if the nonformulary ARV drug, drug device, or drug product is therapeutically equivalent to a formulary ARV drug, drug device, or drug product that is covered by the health plan or insurer without cost sharing.

Status: Vetoed

AB-574 (Mark González) - Prior authorization: physical therapy.

Would have prohibited a health care service plan (health plan) or health insurer that provides coverage for physical therapy from requiring prior authorization (PA) for the initial 12 physical therapy treatment visits for a new condition. Would have permitted a health plan and health insurer, for a recurring condition, to impose PA if the individual seeks care within 180 days of their last physical therapy intervention for that condition.

Status: Vetoed

AB-682 (Ortega) - Health care coverage reporting.

Would have required health plans and insurers that impose prior authorization (PA) to annually report publicly on their internet website specified data on PA including items and services that require PA, PA approval and denial percentages for standard and expedited requests, and average and median PA processing timeframes. Would have required a health plan and health insurer to report to the Department of Managed Health Care or the California Department of Insurance information on the number of claims processed or adjudicated, including the number and total cost of claims denied, adjusted, or contested, in total and broken down by in-network and out-of-network and the number and total cost of claims from an enrollee denied, adjusted, or contested, disaggregated by various reasons.

Status: Vetoed

AB-843 (Garcia) - Health care coverage: language access.

Would have required a health care service plan or health insurer to take reasonable steps to provide meaningful access to each individual with limited English proficiency (LEP), including companions with LEP, eligible to receive services or likely to be directly affected by the plan or insurer's programs and activities.

Status: Vetoed

AB-1032 (Harabedian) - Coverage for behavioral health visits.

Would have required a large group health care service plan or health insurer to cover or reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health (BH) provider if the enrollee or insured is in a county or counties where a local or state emergency has been declared due to wildfires. Would have prohibited the 12 visits from being subject to utilization review, and would have required the visits to apply regardless of the network status of the BH provider. Would have prohibited an enrollee or insured from paying more than the same cost sharing that the individual would pay for the same covered services received from an in-network provider. Would have required the benefits in this bill to apply to a health care benefit plan or contract entered into with the Board of Administration of the California Public Employees' Retirement System pursuant to the Public Employees Medical and Hospital Care Act, and to members of the State Teachers' Retirement System.

Status: Vetoed

SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.

Would have expanded existing law provisions regarding triggering events for a special enrollment period in the individual health insurance market by requiring health plans and health insurers to allow pregnant individuals to enroll in or change benefits.

Status: Vetoed

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.

Would have required a health plan contract or a health insurance policy that provides outpatient prescription drug benefits and the Medi-Cal program to cover up to a 12-month supply of a Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice. Would have prohibited a health plan or health insurance subscriber, enrollee or policyholder from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health plan or health insurer on the basis of race, color, national origin, age, disability, or sex. Would have defined "discrimination on the basis of sex" to include, but not be limited to, discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and, sex stereotypes. Would have required a pharmacist to dispense, at a patient's request, up to a 12-month supply of an FDA-approved prescription hormone therapy pursuant to a valid prescription that specifies an initial quantity followed by periodic refills, unless the patient requested a smaller supply, the prescribing provider instructed that the patient have a smaller supply, the prescribing provider temporarily limited refills to a 90-day supply due to an acute dispensing shortage, or the prescription hormone therapy was a

controlled substance, in which case the pharmacist would have been required to dispense the maximum amount allowed under federal or state law to be obtained at one time by the patient.

Status: Vetoed

Health Workforce

Chaptered

[AB-55 \(Bonta\) - Alternative birth centers: licensing and Medi-Cal reimbursement.](#)

Repeals the requirement that licensed alternative birth centers (ABCs) be certified as a Comprehensive Perinatal Services Provider, and the requirement that the ABC be located within 30 minutes of a hospital with the capacity for the management of obstetrical and neonatal emergencies, and instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital.

Status: Chapter 595, Statutes of 2025

[AB-260 \(Aquier-Curry\) - Sexual and reproductive health care.](#)

Repeals unconstitutional, and deletes obsolete, provisions of current law relating to criminal abortion penalties. Authorizes the California Department of Public Health (DPH) to adopt regulations specific to mifepristone and other medication abortion drugs, including exempting those drugs from certain requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA). Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Prohibits DPH from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for manufacturing, transporting, or engaging in certain acts relating to mifepristone or other medication abortion drugs. Prohibits a health care service plan contract or a group or individual disability insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs.

Status: Chapter 136, Statutes of 2025

[AB-463 \(Michelle Rodriguez\) - Emergency medical services: dogs and cats.](#)

Authorizes a private ambulance owner, or a person who operates ambulances owned or operated by a fire department of a federally recognized Indian tribe, to transport a police canine, or a search and rescue dog, as defined, that is injured in the line of duty to a veterinary clinic or similar facility if there is no other person requiring medical attention or transport at that time. Permits an emergency responder to provide basic first aid to a police canine or search and rescue dog while the dog is being transported. Provides emergency responders with immunity from criminal or civil liability for any injury to the canine that occurs during the transportation or administration of medical care.

Status: Chapter 98, Statutes of 2025

AB-645 (Carrillo) - Emergency medical services: dispatch.

Requires a public safety agency that processes 911 calls for emergency medical response, commencing January 1, 2027, to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including airway and choking instructions, automatic external defibrillator and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine auto-injectors, and administration of naloxone for suspected overdoses. Requires pre-arrival medical instructions to be approved by the medical director of the local emergency medical services agency.

Status: Chapter 273, Statutes of 2025

AB-836 (Stefani) - Midwifery Workforce Training Act.

Requires the Department of Health Care Access and Information (HCAI), upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education. Requires the study to be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California that would, among other things, identify viable education programs that can serve both rural and urban geographic areas.

Status: Chapter 597, Statutes of 2025

AB-1288 (Addis) - Registered environmental health specialists.

Makes various changes to the scope, education, training, and examination of registered environmental health specialists and environmental health specialist trainees, as well as to the Environmental Health Specialist Registration Committee.

Status: Chapter 297, Statutes of 2025

AB-1418 (Schiavo) - Department of Health Care Access and Information.

Requires, commencing on January 1, 2027, health facilities, clinics, home health agencies, and hospices to annually report to the Department of Health Care Access and Information on whether all of their health care employees eligible for employer-sponsored health care coverage are eligible to receive coverage at the commencement of employment without a waiting period. Requires, if not all health care employees eligible for employer-sponsored health care coverage are eligible without a waiting period, the health facilities, clinics, home health agencies, and hospices to additionally report the length of the waiting period, broken down by employee classification and waiting period timeframe.

Status: Chapter 398, Statutes of 2025

AB-1495 (Valencia) - Home health aides: training and certification.

Requires that either a registered nurse or a licensed vocational nurse provide the classroom or supervised practical training required for qualification as a certified home health aide (HHA). Requires an online or distance learning training program for HHA certification or in-service training for certified HHAs to include specific requirements,

including, among others, requiring a trainee to sign an affidavit attesting under penalty of perjury to confirm their identity while completing the program.

Status: Chapter 400, Statutes of 2025

SB-246 (Grove) - Medi-Cal: graduate medical education payments.

Requires the Department of Health Care Services to implement a program to allow district and municipal hospitals to draw down federal Medicaid funding for graduate medical education costs.

Status: Chapter 308, Statutes of 2025

SB-520 (Caballero) - Nurse-midwifery education program.

Creates the California Nurse-Midwifery Education Fund in the Department of Health Care Access and Information (HCAI) for the purpose of establishing California-based, master's level nurse-midwifery education programs. Requires HCAI to administer the fund, which will receive money from the General Fund upon appropriation.

Status: Chapter 601, Statutes of 2025

SB-596 (Menjivar) - Health facilities: administrative penalties.

Revises a provision of law exempting a hospital from financial penalties for nurse-to-patient ratio violations if the hospital immediately used and exhausted its on-call list of nurses, by defining an "on-call list" as being comprised of nurses who are scheduled to be on call for the shift and unit where an alleged violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units. Requires violations of the nurse to patient ratios on separate days to be treated as separate violations.

Status: Chapter 773, Statutes of 2025

Mental / Behavioral Health

Chaptered

AB-348 (Krell) - Full-service partnerships.

Establishes, beginning January 1, 2027, specific criteria that would make a person with a serious mental illness (SMI) presumptively eligible for a full-service partnership (FSP), including the person is transitioning to the community after six months or more in a state prison or county jail, has been detained five or more times as a danger to themselves or others, or gravely disabled, over the last five years, or is currently experiencing unsheltered homelessness. Specifies that a county is not required to enroll an individual if doing so would conflict with contractual Medi-Cal obligations or court orders, or would exceed county FSP capacity or funding.

Status: Chapter 688, Statutes of 2025

AB-416 (Krell) - Involuntary commitment.

Requires counties to include emergency physicians (EP), as defined, as one of the practice disciplines who are eligible to be designated by the county to cause a person to be taken into custody for assessment, evaluation, and treatment for 72 hours if the person is a danger to themselves or others, or is gravely disabled, provided the EP completes the county's training, application, and approval process that applies to all professionals who are eligible to be designated by the county. Adds a person designated by the county and responsible for the detainment of a person to existing civil and criminal liability protections for any action by a person released at or before the end of their detainment period.

Status: Chapter 691, Statutes of 2025

AB-440 (Ramos) - Suicide prevention.

Requires the Department of Transportation (CalTrans), on or before July 1, 2028, to identify best practices for the implementation of suicide countermeasures designed to deter suicide attempts on bridges and overpasses. Requires CalTrans to consider feedback from local jurisdictions and other stakeholders in evaluating appropriate physical infrastructure, design features, and related deterrent measures. Requires CalTrans to consult with the State Department of Public Health, behavioral health experts, and other relevant stakeholders in implementation.

Status: Chapter 262, Statutes of 2025

SB-27 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Adds bipolar I disorder with psychotic features, except for psychosis related to current intoxication, to the disorders eligible under the CARE Act, and adds nurse practitioners and physician assistants in the Act's definition of "licensed behavioral health

professional," specifically for the purpose of filing an affidavit as part of a CARE petition. Defines the phrase "clinically stabilized in ongoing voluntary treatment," which is a status considered when determining eligibility for the CARE Act. Authorizes a court to refer an individual from felony proceedings to the CARE Act program and authorizes a CARE court to consider a referral as a petition for participation in the CARE program if certain requirements are met. Revises additional court processes relative to the CARE Act.

Status: Chapter 528, Statutes of 2025

Vetoed

AB-1032 (Harabedian) - Coverage for behavioral health visits.

Would have required a large group health care service plan or health insurer to cover or reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health (BH) provider if the enrollee or insured is in a county or counties where a local or state emergency has been declared due to wildfires. Would have prohibited the 12 visits from being subject to utilization review, and would have required the visits to apply regardless of the network status of the BH provider. Would have prohibited an enrollee or insured from paying more than the same cost sharing that the individual would pay for the same covered services received from an in-network provider. Would have required the benefits in this bill to apply to a health care benefit plan or contract entered into with the Board of Administration of the California Public Employees' Retirement System pursuant to the Public Employees Medical and Hospital Care Act, and to members of the State Teachers' Retirement System.

Status: Vetoed

Miscellaneous

Chaptered

[AB-460 \(Chen\) - Radiologic technologists: venipuncture: direct supervision.](#)

Authorizes remote supervision for radiologic technologists (RTs). Revises the definition of "direct supervision" to authorize a supervising physician for RTs to be available immediately via audio and video communication with access to the patient's medical imaging records and have the ability to intervene by directing other onsite personnel. Requires the facility to have safety protocols and personnel onsite who have the appropriate license to respond to adverse events at the supervising physician's direction.

Status: Chapter 435, Statutes of 2025

[AB-583 \(Pellerin\) - Death certificates.](#)

Adds nurse practitioners (NPs) to the list of health care practitioners last in attendance who are required to complete and attest to the medical and health section and time of death on a death certificate in specified facilities, and imposes the same requirements on NPs that are currently placed on physicians and physician assistants for the purpose of reporting deaths. Requires NPs to notify the coroner when they have knowledge of a death under certain specified circumstances.

Status: Chapter 271, Statutes of 2025

[AB-1103 \(Ward\) - Controlled substances: research.](#)

Authorizes, until January 1, 2028, the Research Advisory Panel (RAPC) to expedite review of projects that have sought or received certain federal approvals and have proof of independent peer review of the study. Authorizes the chairperson of RAPC to assign two or more panel members to conduct an expedited review of eligible research applications and approve them on behalf of the panel, and authorizes individual panel members to communicate and consult asynchronously with other individual panel members with complementary core competencies outside of full panel meetings to conduct their individual reviews. Extends RAPC's existing exemption from the Bagley-Keene Open Meeting Act to January 1, 2028. Makes Legislative findings about the need to limit public access to the meetings of RAPC.

Status: Chapter 571, Statutes of 2025

[AB-1415 \(Bonta\) - California Health Care Quality and Affordability Act.](#)

Adds private equity groups, hedge funds, and "management services organizations" (MSOs) to the types of entities required to report to the Office of Health Care

Affordability (OHCA) on pending health care transactions. Authorizes OHCA to collect data from MSOs as necessary to carry out its functions.

Status: Chapter 641, Statutes of 2025

SB-862 (Committee on Health) - Health.

Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code, the Education Code, the Insurance Code, and the Welfare and Institutions Code.

Status: Chapter 243, Statutes of 2025

Pharmaceuticals / Pharmacy / Biotech

Chaptered

[AB-447 \(Mark González\) - Emergency room patient prescriptions.](#)

Permits a prescriber in an emergency room to dispense the unused portion of a drug upon discharge if the drug is not a controlled substance and the drug was administered from single patient use, multi-dose packaging and can be self-administered by the patient.

Status: Chapter 363, Statutes of 2025

[AB-1037 \(Elhawary\) - Public health: substance use disorder.](#)

Expands those authorized to receive opioid antagonists and eliminates the requirement that they receive training, requires the State Department of Health Care Services to offer a combined application for entities to be licensed as an alcohol or other drug (AOD) recovery or treatment facility and to provide incidental medical services, and removes AOD program language in statute requiring "no lawful use" messaging.

Status: Chapter 569, Statutes of 2025

[SB-40 \(Wiener\) - Health care coverage: insulin.](#)

Prohibits health plans, health insurers and high-deductible health plan contracts and policies from imposing a copayment, coinsurance, deductible, or any other cost sharing on an insulin prescription drug that exceeds \$35 for a 30-day supply, on a phased-in basis and subject to limitations in the individual and small group market. Implements the \$35 cap in high-deductible health plan and health insurance contracts and policies unless applying the cap conflicts with federal requirements for these plans. Prohibits health plans and health insurers from imposing step therapy as a prerequisite to authorizing coverage of insulin, except if at least one insulin in each drug type is covered without step therapy.

Status: Chapter 737, Statutes of 2025

[SB-41 \(Wiener\) - Pharmacy benefits.](#)

Prohibits a pharmacy benefit manager (PBM) from deriving income from pharmacy benefit management services provided to a health plan or health insurer, except for a "pharmacy benefit management fee." Requires a PBM to use a pass-through pricing model. Prohibits a PBM from retaining the difference in payment to a pharmacy compared to the amount paid by the health plan or insurer (spread pricing). Requires a PBM to direct 100% of all prescription drug manufacturer rebates to health plans and insurers for the sole purpose of offsetting cost-sharing, deductibles, and coinsurance contributions and reducing premiums. Prohibits numerous PBM activities affecting pharmacies.

Status: Chapter 605, Statutes of 2025

Vetoed

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.

Would have required a health plan contract or a health insurance policy that provides outpatient prescription drug benefits and the Medi-Cal program to cover up to a 12-month supply of a Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice. Would have prohibited a health plan or health insurance subscriber, enrollee or policyholder from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health plan or health insurer on the basis of race, color, national origin, age, disability, or sex. Would have defined "discrimination on the basis of sex" to include, but not be limited to, discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and, sex stereotypes. Would have required a pharmacist to dispense, at a patient's request, up to a 12-month supply of an FDA-approved prescription hormone therapy pursuant to a valid prescription that specifies an initial quantity followed by periodic refills, unless the patient requested a smaller supply, the prescribing provider instructed that the patient have a smaller supply, the prescribing provider temporarily limited refills to a 90-day supply due to an acute dispensing shortage, or the prescription hormone therapy was a controlled substance, in which case the pharmacist would have been required to dispense the maximum amount allowed under federal or state law to be obtained at one time by the patient.

Status: Vetoed

Public Health

Chaptered

AB-309 (Zbur) - Hypodermic needles and syringes.

Deletes the January 1, 2026 sunset on existing law which permits physicians and pharmacists to furnish hypodermic needles and syringes without a prescription or a permit, for human use to a person 18 years or older. Authorizes a person 18 years or older, without a prescription or license, to obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

Status: Chapter 685, Statutes of 2025

AB-440 (Ramos) - Suicide prevention.

Requires the Department of Transportation (CalTrans), on or before July 1, 2028, to identify best practices for the implementation of suicide countermeasures designed to deter suicide attempts on bridges and overpasses. Requires CalTrans to consider feedback from local jurisdictions and other stakeholders in evaluating appropriate physical infrastructure, design features, and related deterrent measures. Requires CalTrans to consult with the State Department of Public Health, behavioral health experts, and other relevant stakeholders in implementation.

Status: Chapter 262, Statutes of 2025

AB-1003 (Calderon) - Public health: emergency plans and wildfire research.

Requires the State Department of Public Health (DPH) to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event, as provided in existing law, on or before June 30, 2027. Requires county-specific plans developed pursuant to existing law to additionally incorporate a process to conduct outreach and communicate to the public and with key stakeholders about the plan, as specified.

Status: Chapter 537, Statutes of 2025

AB-1037 (Elhawary) - Public health: substance use disorder.

Expands those authorized to receive opioid antagonists and eliminates the requirement that they receive training, requires the State Department of Health Care Services to offer a combined application for entities to be licensed as an alcohol or other drug (AOD) recovery or treatment facility and to provide incidental medical services, and removes AOD program language in statute requiring "no lawful use" messaging.

Status: Chapter 569, Statutes of 2025

AB-1103 (Ward) - Controlled substances: research.

Authorizes, until January 1, 2028, the Research Advisory Panel (RAPC) to expedite review of projects that have sought or received certain federal approvals and have proof

of independent peer review of the study. Authorizes the chairperson of RAPC to assign two or more panel members to conduct an expedited review of eligible research applications and approve them on behalf of the panel, and authorizes individual panel members to communicate and consult asynchronously with other individual panel members with complementary core competencies outside of full panel meetings to conduct their individual reviews. Extends RAPC's existing exemption from the Bagley-Keene Open Meeting Act to January 1, 2028. Makes Legislative findings about the need to limit public access to the meetings of RAPC.

Status: Chapter 571, Statutes of 2025

AB-1288 (Addis) - Registered environmental health specialists.

Makes various changes to the scope, education, training, and examination of registered environmental health specialists and environmental health specialist trainees, as well as to the Environmental Health Specialist Registration Committee.

Status: Chapter 297, Statutes of 2025

AB-1487 (Addis) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.

Renames the Transgender, Gender Nonconforming, and Intersex (TGI) Wellness and Equity Fund as the Two-Spirit (2TGI) Wellness and Equity Fund, expands the purpose for which grants can be awarded from the 2TGI Fund, and expands the requirements for grant fund availability for 2TGI individuals to include providing workforce development training, resettlement and social integration programs for asylees and immigrants, and for diversion programs for, and outreach to, transitional age 2TGI youth. Expands the definition of "health care" for purposes of the 2TGI Fund and the grants from the 2TGI fund. Defines "Two-Spirit" as a term referring to unique indigenous cultural roles that intersect with diverse sexual orientations and gender embodiments.

Status: Chapter 732, Statutes of 2025

SB-278 (Cabaldon) - Health data: HIV test results.

Expands the circumstances under which personally identifying Human Immunodeficiency Virus (HIV) test results may be shared without specific consent from a patient, to allow a provider to share HIV test results with a Medi-Cal managed care plan or an external quality review organization contracted with the Department of Health Care Services, for purposes of implementing quality improvement programs designed to improve HIV care for Medi-Cal beneficiaries.

Status: Chapter 748, Statutes of 2025

SB-338 (Becker) - Virtual Health Hub for Rural Communities Pilot Program.

Establishes the Virtual Health Hub for Rural Communities (VHRC) Pilot Program, and authorizes the State Department of Public Health (DPH) to administer the VHRC Pilot Program to expand access to health services for farmworkers in rural communities.

Requires DPH to fund grants to two separate community-based organizations to establish and deploy virtual health hubs, as defined, and to administer the program and provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program. Creates the Virtual Health Hub Fund and conditions implementation of this bill on no General Fund moneys being used.

Status: Chapter 311, Statutes of 2025

SB-504 (Laird) - Communicable diseases: HIV reporting.

Authorizes, notwithstanding the Confidentiality of Medical Information Act (CMIA), a health care provider of a patient with a human immunodeficiency virus (HIV) infection that has already been reported to a local health officer (LHO) to communicate with an LHO or the Department of Public Health (DPH) to provide identifying information in order to complete or supplement an HIV case report or carry out the LHO or DPH's duties in the investigation, control or surveillance of disease, or the coordination, linkage to and reengagement in case for a person, as determined by the health care provider, the local health jurisdiction, or DPH.

Status: Chapter 766, Statutes of 2025

Vetoed

AB-1326 (Ahrens) - Masks: individual or public health.

Would have stated that an individual has the right to wear a health mask, as defined, on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors. Would have provided that the right to wear a health mask would not be construed as limiting or otherwise modifying the application or implementation of certain requirements for the removal of a mask relating to, among other contexts, security protocols to identify an individual, essential functions in the workplace, or emergency health care protocols, as specified.

Status: Vetoed

SB-317 (Hurtado) - Wastewater surveillance.

Would have codified the existing California Surveillance of Wastewaters network by requiring the California Department of Public Health, in consultation with participating wastewater treatment facilities, local health departments, and other subject matter experts, to maintain the network to test, as appropriate for public health use, for pathogens, toxins, or other public health indicators in wastewater.

Status: Vetoed

SB-717 (Richardson) - Ken Maddy California Cancer Registry.

Would have required the California Department of Public Health (DPH) to maintain statewide and regional infrastructures and systems for collecting and reporting cancer

data through regional cancer registries, and would have deleted obsolete dates regarding the establishment timeline. Would have required DPH to submit an implementation and funding schedule to the Legislature on or before January 1, 2027, and to partner with the state's regional cancer registries to maximize the use of available federal funds.

Status: Vetoed

SB-764 (Weber Pierson) - Chain restaurants: children's meals.

Would have required a chain restaurant, as defined, that sells a children's meal to offer at least one children's meal that meets specified minimum nutrition standards, including, among others, that the meal not contain more than 550 calories and that the meal include at least two servings of specified types and quantities of food. Would have required the chain restaurant to include an icon or symbol on the menu to identify the children's meal that meets those requirements. Would have required a chain restaurant that sells a children's meal, on or before July 1, 2026, to include information to its employees on how to comply with those requirements.

Status: Vetoed

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

Chaptered

AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.

Decreases, from \$70,000 to \$50,000, the minimum claim payment that the Department of Health Care Services (DHCS) is required to reimburse to the Robert F. Kennedy Farm Workers Medical Plan (RFK Plan) for a single episode of care on behalf of an eligible employee or dependent. Maintains the annual reimbursement cap of \$3,000,000 from DHCS to the RFK Plan.

Status: Chapter 370, Statutes of 2025

AB-543 (Mark González) - Medi-Cal: street medicine.

Authorizes a Medi-Cal managed care plan (plan) to elect to offer Medi-Cal covered services through an in-network, contracted field medicine provider. Requires a plan that elects to offer services in this manner to allow a Medi-Cal beneficiary who is a person experiencing homelessness (PEH) to receive services directly from a field medicine provider, regardless of the beneficiary's network assignment. Requires a plan to allow a field medicine provider enrolled in the Medi-Cal program to directly refer a Medi-Cal beneficiary who is a PEH for covered services, including specialist or diagnostic services, medications, durable medical equipment, transportation, or other medically necessary covered services, within the appropriate network of the plan or independent practice association. Requires the Department of Health Care Services, by January 1, 2027, to include in the application for insurance affordability programs an optional question to allow the applicant to indicate if they are experiencing homelessness at the time of application.

Status: Chapter 374, Statutes of 2025

AB-688 (Mark González) - Telehealth for All Act of 2025.

Requires the Department of Health Care Services (DHCS), commencing in 2028 and every two years thereafter, to use Medi-Cal data and other data sources available to DHCS to produce analyses in a publicly available Medi-Cal telehealth utilization report, as specified. States it is the intent of the Legislature to advance the use of telehealth and increase access to health care by establishing state policy that optimizes the use of telehealth to improve health, as specified.

Status: Chapter 437, Statutes of 2025

AB-870 (Hadwick) - California Children's Services Program: county designation.

Authorizes a county with a total population under 2,000 persons (Alpine County) to designate another county to administer the California Children's Services (CCS) program, if that other county agrees and otherwise meets the standards set forth by the

Department of Health Care Services, and neither county is a "Whole Child Model" county (a county where CCS services are provided through managed care plans).

Status: Chapter 167, Statutes of 2025

SB-246 (Grove) - Medi-Cal: graduate medical education payments.

Requires the Department of Health Care Services to implement a program to allow district and municipal hospitals to draw down federal Medicaid funding for graduate medical education costs.

Status: Chapter 308, Statutes of 2025

SB-250 (Ochoa Bogh) - Medi-Cal: provider directory: skilled nursing facilities.

Requires the Department of Health Care Services (DHCS), for purposes of the Medi-Cal program, to provide a public provider directory that lists which skilled nursing facilities are contracted with each Medi-Cal managed care plan as part of a specific "Health Care Options" website administered by DHCS. Requires DHCS to update the provider directory annually.

Status: Chapter 309, Statutes of 2025

SB-278 (Cabaldon) - Health data: HIV test results.

Expands the circumstances under which personally identifying Human Immunodeficiency Virus (HIV) test results may be shared without specific consent from a patient, to allow a provider to share HIV test results with a Medi-Cal managed care plan or an external quality review organization contracted with the Department of Health Care Services, for purposes of implementing quality improvement programs designed to improve HIV care for Medi-Cal beneficiaries.

Status: Chapter 748, Statutes of 2025

SB-530 (Richardson) - Medi-Cal: time and distance standards.

Extends the operation of the existing Medi-Cal managed care plan network adequacy standards for three years, and adds new requirements regarding subcontractors, telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy.

Status: Chapter 418, Statutes of 2025

Reproductive Health

Chaptered

[AB-55 \(Bonta\) - Alternative birth centers: licensing and Medi-Cal reimbursement.](#)

Repeals the requirement that licensed alternative birth centers (ABCs) be certified as a Comprehensive Perinatal Services Provider, and the requirement that the ABC be located within 30 minutes of a hospital with the capacity for the management of obstetrical and neonatal emergencies, and instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital.

Status: Chapter 595, Statutes of 2025

[AB-260 \(Aquiñar-Curry\) - Sexual and reproductive health care.](#)

Repeals unconstitutional, and deletes obsolete, provisions of current law relating to criminal abortion penalties. Authorizes the California Department of Public Health (DPH) to adopt regulations specific to mifepristone and other medication abortion drugs, including exempting those drugs from certain requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA). Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Prohibits DPH from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for manufacturing, transporting, or engaging in certain acts relating to mifepristone or other medication abortion drugs. Prohibits a health care service plan contract or a group or individual disability insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs.

Status: Chapter 136, Statutes of 2025

Senior Health

AB-829 (Sharp-Collins) - Parkinson's disease research grant program: Parkinson's Disease Research Voluntary Tax Contribution Fund.

Establishes the Parkinson's Disease Registry Tax Contribution Fund. Authorizes a taxpayer to make a voluntary contribution to the fund on their state personal income tax return from tax year 2025 to 2032, if the fund meets the minimum contribution amount of \$250,000 annually. Directs contributions to the fund be allocated to the State Department of Public Health for the purposes of administering the Richard Paul Hemann Parkinson's Disease Program.

Status: Chapter 99, Statutes of 2025

Tobacco

Chaptered

[AB-573 \(Rogers\) - Cigarette and tobacco products: licensing and enforcement.](#)

Increases the fee for a license to sell tobacco products in the state for each separate license in order to provide additional resources for increased enforcement of tobacco law and requires the Legislative Analyst's Office to report to the Legislature information about the state's enforcement activities and how they could be bolstered.

Status: Chapter 269, Statutes of 2025

Vital Statistics

Chaptered

[AB-64 \(Pacheco\) - Vital records: diacritical marks.](#)

Requires, beginning no earlier than two years after an appropriation of funds by the Legislature, the State Registrar of Vital Statistics to require a diacritical mark on an English letter within a name field of a parent or registrant to be properly recorded on a certificate of live birth, fetal death, or death, and a marriage license and certificate, or confidential marriage license and certificate.

Status: Chapter 662, Statutes of 2025

[AB-1084 \(Zbur\) - Change of name and gender and sex identifier.](#)

Commencing July 1, 2026, streamlines the process for legally changing one's name, including a change of name to match a person's gender identity. Eliminates the requirement that a petitioner file a judgement ordering a new birth certificate or marriage license and certificate with the State Registrar or a local registrar within 30 days from the date of the judgement.

Status: Chapter 723, Statutes of 2025

[SB-313 \(Cervantes\) - Vital records: birth certificates.](#)

Requires the birthplace of each parent, beginning July 1, 2027, to be contained in the medical and social information section of the live birth certificate, which is confidential, rather than the publicly available section containing items necessary to establish the fact of the birth. States that it is necessary to limit the public's right of access to this information in order to protect the privacy of persons with regard to information about the birthplace of their parents, except for access by authorized entities or individuals for health-related or other limited purposes.

Status: Chapter 669, Statutes of 2025

Index

AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.	22, 38, 53
AB-64 (Pacheco) - Vital records: diacritical marks.	56
AB-224 (Bonta) - Health care coverage: essential health benefits.	16, 30
AB-255 (Haney) - The Supportive-Recovery Residence Program.	10
AB-260 (Aguiar-Curry) - Sexual and reproductive health care.	30, 38, 53
AB-309 (Zbur) - Hypodermic needles and syringes.	9, 47
AB-348 (Krell) - Full-service partnerships.	41
AB-416 (Krell) - Involuntary commitment.	41
AB-424 (Davies) - Alcohol and other drug programs: complaints.	9
AB-432 (Bauer-Kahan) - Menopause.	11, 34
AB-440 (Ramos) - Suicide prevention.	41, 47
AB-447 (Mark González) - Emergency room patient prescriptions.	26, 45
AB-460 (Chen) - Radiologic technologists: venipuncture: direct supervision.	43
AB-463 (Michelle Rodriguez) - Emergency medical services: dogs and cats.	18, 38
AB-492 (Valencia) - Alcohol and drug programs: licensing.	9
AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.	30, 51
AB-512 (Harabedian) - Health care coverage: prior authorization.	34
AB-543 (Mark González) - Medi-Cal: street medicine.	51
AB-546 (Caloza) - Health care coverage: portable HEPA purifiers and filters.	11, 34
AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.	12, 34
AB-573 (Rogers) - Cigarette and tobacco products: licensing and enforcement.	55
AB-574 (Mark González) - Prior authorization: physical therapy.	35
AB-583 (Pellerin) - Death certificates.	43
AB-592 (Gabriel) - Business: retail food.	20
AB-594 (Solache) - Student health insurance.	30
AB-627 (Stefani) - California Health Facilities Financing Authority Act.	22
AB-645 (Carrillo) - Emergency medical services: dispatch.	18, 39
AB-682 (Ortega) - Health care coverage reporting.	35
AB-688 (Mark González) - Telehealth for All Act of 2025.	51
AB-829 (Sharp-Collins) - Parkinson's disease research grant program: Parkinson's Disease Research Voluntary Tax Contribution Fund.	54
AB-836 (Stefani) - Midwifery Workforce Training Act.	39

AB-843 (Garcia) - Health care coverage: language access.....	35
AB-849 (Soria) - Health providers: medical chaperones.....	22
AB-870 (Hadwick) - California Children's Services Program: county designation.	51
AB-894 (Carrillo) - General acute care hospitals: patient directories.....	22, 28
AB-951 (Ta) - Health care coverage: behavioral diagnoses.....	31
AB-960 (Garcia) - Patient visitation.....	22, 26
AB-1003 (Calderon) - Public health: emergency plans and wildfire research.....	47
AB-1032 (Harabedian) - Coverage for behavioral health visits.	12, 36, 42
AB-1037 (Elhawary) - Public health: substance use disorder.	9, 45, 47
AB-1041 (Bennett) - Health care coverage: physician and provider credentials.	31
AB-1084 (Zbur) - Change of name and gender and sex identifier.	56
AB-1103 (Ward) - Controlled substances: research.....	43, 47
AB-1288 (Addis) - Registered environmental health specialists.....	39, 48
AB-1312 (Schiavo) - Hospital pricing.....	23
AB-1326 (Ahrens) - Masks: individual or public health.....	49
AB-1356 (Dixon) - Alcohol and other drug programs.	9
AB-1415 (Bonta) - California Health Care Quality and Affordability Act.	43
AB-1418 (Schiavo) - Department of Health Care Access and Information.	32, 39
AB-1487 (Addis) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.	26, 48
AB-1495 (Valencia) - Home health aides: training and certification.	39
SB-27 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.	41
SB-40 (Wiener) - Health care coverage: insulin.	11, 32, 45
SB-41 (Wiener) - Pharmacy benefits.....	32, 45
SB-62 (Menjivar) - Health care coverage: essential health benefits.....	16, 32
SB-68 (Menjivar) - Major food allergens.....	20
SB-81 (Arreguín) - Health and care facilities: information sharing.	23, 28
SB-83 (Umberg) - State Department of Health Care Services: substance abuse treatment: disclosures.....	10
SB-246 (Grove) - Medi-Cal: graduate medical education payments.	40, 52
SB-250 (Ochoa Bogh) - Medi-Cal: provider directory: skilled nursing facilities.	52
SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.	13, 16, 36
SB-278 (Cabaldon) - Health data: HIV test results.	48, 52
SB-306 (Becker) - Health care coverage: prior authorizations.	33
SB-313 (Cervantes) - Vital records: birth certificates.....	56

SB-317 (Hurtado) - Wastewater surveillance.	49
SB-338 (Becker) - Virtual Health Hub for Rural Communities Pilot Program.	26, 48
SB-386 (Limón) - Dental providers: fee-based payments.	17, 33
SB-402 (Valladares) - Health care coverage: autism.	33
SB-403 (Blakespear) - End of Life Option Act: sunset.	19
SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.....	
.....	13, 36, 46
SB-439 (Weber Pierson) - California Health Benefit Review Program: extension.	11
SB-504 (Laird) - Communicable diseases: HIV reporting.	49
SB-520 (Caballero) - Nurse-midwifery education program.	40
SB-530 (Richardson) - Medi-Cal: time and distance standards.	33, 52
SB-582 (Stern) - Health and care facilities: licensing during emergencies or disasters.	24
SB-596 (Menjivar) - Health facilities: administrative penalties.	24, 40
SB-646 (Weber Pierson) - Prenatal multivitamins.	20
SB-660 (Menjivar) - California Health and Human Services Data Exchange Framework.	28
SB-669 (McGuire) - Rural hospitals: standby perinatal medical services.	24
SB-717 (Richardson) - Ken Maddy California Cancer Registry.	15, 49
SB-764 (Weber Pierson) - Chain restaurants: children's meals.	14, 21, 50
SB-862 (Committee on Health) - Health.	44