



**BLANNING & BAKER**

Associates, Inc.

**CSR Legislative Report  
2/2/2024**

**Support**

- [AB 46](#)**      **(Ramos D) Personal income taxes: exclusion: Military Services Retirement and Surviving Spouse Benefit Payment Act.**  
**Current Text:** Amended: 7/12/2023 [html](#) [pdf](#)  
**Introduced:** 12/5/2022  
**Last Amend:** 7/12/2023  
**Status:** 9/1/2023-In committee: Held under submission.  
**Location:** 8/14/2023-S. APPR. SUSPENSE FILE  
**Summary:** The Personal Income Tax Law imposes a tax on individual taxpayers measured by the taxpayer's taxable income for the taxable year, but excludes certain items of income from the computation of tax, including an exclusion for combat-related special compensation. This bill, for taxable years beginning on or after January 1, 2024, and before January 1, 2034, would exclude from gross income retirement pay received by a taxpayer from the federal government for service performed in the uniformed services, as defined, during the taxable year. The bill, for taxable years beginning on or after January 1, 2024, and before January 1, 2034, would also exclude from gross income annuity payments received by a qualified taxpayer, as defined, pursuant to a United States Department of Defense Survivor Benefit Plan during the taxable year. The bill would make related findings and declarations. This bill contains other related provisions and other existing laws.
- Memo:**  
Support letter sent to Author -- 6/16/23  
Support letter sent to Sen. M&VA -- 6/16/23  
Support letter sent to Sen. APPR -- 8/7/23
- [AB 820](#)**      **(Reyes D) State boards and commissions: seniors.**  
**Current Text:** Amended: 7/3/2023 [html](#) [pdf](#)  
**Introduced:** 2/13/2023  
**Last Amend:** 7/3/2023  
**Status:** 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023)(May be acted upon Jan 2024)  
**Location:** 9/1/2023-S. 2 YEAR  
**Summary:** Existing law requires the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women. This bill would require the composition of various advisory groups and bodies to include a state agency official responsible for administering programs that serve, or state commission official that advocates on behalf of, older adults, as defined, or a representative from an organization that serves or advocates on behalf of older adults.
- Memo:**  
Support letter sent to Author -- 6/16/23  
Support letter sent to Sen. HumS -- 6/16/23  
Support letter sent to Sen. APPR -- 8/7/23
- [SCR 104](#)**      **(Nguyen R) Older Americans Month.**  
**Current Text:** Introduced: 1/22/2024 [html](#) [pdf](#)  
**Introduced:** 1/22/2024  
**Status:** 2/1/2024-Ordered to inactive file on request of Senator Nguyen.  
**Location:** 2/1/2024-S. INACTIVE FILE  
**Summary:** This bill would recognize the month of May 2024 as Older Americans Month and would encourage all Californians to recognize and treat all older adults with compassion and respect, and to participate in services and activities that contribute to the health, welfare, and happiness of older adults.

**[AB 236](#)**

**(Holden D) Health care coverage: provider directories.**

**Current Text:** Amended: 1/22/2024 [html](#) [pdf](#)

**Introduced:** 1/13/2023

**Last Amend:** 1/22/2024

**Status:** 1/30/2024-Read third time. Passed. Ordered to the Senate. (Ayes 59. Noes 9.) In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 1/30/2024-S. RLS.

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. This bill contains other related provisions and other existing laws.

**[AB 1006](#)**

**(McKinnor D) Aging and Disability Resource Connection program: No Wrong Door System.**

**Current Text:** Amended: 4/27/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Last Amend:** 4/27/2023

**Status:** 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/3/2023)(May be acted upon Jan 2024)

**Location:** 9/1/2023-S. 2 YEAR

**Summary:** Existing law establishes an Aging and Disability Resource Connection (ADRC) program, administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Existing law requires the California Department of Aging to administer the Aging and Disability Resource Connection (ADRC) Infrastructure Grants Program for the purpose of implementing a No Wrong Door System, a system that enables consumers to access all long-term services and supports (LTSS) through one agency, organization, coordinated network, or portal. Existing law makes related legislative intent statements regarding the No Wrong Door System, including that it is the intent to provide consumers and their caregivers access to information and services, regardless of income or benefit level. Existing law also establishes the Aging and Disability Resource Connection Advisory Committee, within the California Department of Aging, as the primary adviser in the implementation of the No Wrong Door System. Existing law authorizes the committee to use the staff of the California Department of Aging to accomplish its purposes. This bill would instead require the committee to use the staff of the California Department of Aging. The bill would also instead require the No Wrong Door System to serve seniors and individuals with disabilities, as specified, and would require, no later than December 31, 2025, the system to also establish a statewide respite referral registry to connect consumers enrolled in the Medi-Cal program with culturally competent, prescreened respite providers, and create and implement a consumer directed employer program to assist in the provision of the statewide respite referral system.

**[AB 1812](#)**

**(Gabriel D) Budget Act of 2024.**

**Current Text:** Introduced: 1/10/2024 [html](#) [pdf](#)

**Introduced:** 1/10/2024

**Status:** 1/16/2024-Referred to Com. on BUDGET.

**Location:** 1/16/2024-A. BUDGET

**Summary:** This bill would make appropriations for the support of state government for the 2024–25 fiscal year. This bill contains other related provisions.

## [AB 1813](#)

### **(Alanis R) Senior Tenant Shallow Rental Subsidy Program of 2024: housing grants.**

**Current Text:** Introduced: 1/10/2024 [html](#) [pdf](#)

**Introduced:** 1/10/2024

**Status:** 1/29/2024-Referred to Com. on H. & C.D.

**Location:** 1/29/2024-A. H. & C.D.

**Summary:** Existing law requires the Department of Housing and Community Development to administer various housing programs, including the Multifamily Housing Program and the CalHome Program. This bill would establish the Senior Tenant Shallow Rental Subsidy Program of 2024. The bill would require the department, upon appropriation by the legislature, to establish and administer a grant program for cities and counties to provide subsidies for senior citizens at risk of homelessness. The bill would require that, of the grants awarded pursuant to the program, 50% of the funds be awarded to localities with at least 250,000 residents, and 50% be awarded to localities with less than 250,000 residents. The bill would require funds awarded through the program be obligated by no later than July 31, 2025. The bill would authorize the department to reallocate any part of an award that is not so obligated to other grantees participating in the program that meet specified requirements. The bill would require a grantee to award rental subsidies to individuals, not to exceed \$500 per month for up to 18 months, based on specified requirements. The bill would establish the Senior Tenant Shallow Rental Subsidy Program of 2024 Fund in the State Treasury, and would provide moneys in the fund be allocated, upon appropriation by the Legislature, to the department for use in accordance with the program.

## [SB 252](#)

### **(Gonzalez D) Public retirement systems: fossil fuels: divestment.**

**Current Text:** Amended: 5/18/2023 [html](#) [pdf](#)

**Introduced:** 1/30/2023

**Last Amend:** 5/18/2023

**Status:** 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was P.E. & R. on 6/8/2023) (May be acted upon Jan 2024)

**Location:** 7/14/2023-A. 2 YEAR

**Summary:** The California Constitution grants the retirement board of a public employee retirement system plenary authority and fiduciary responsibility for investment of moneys and administration of the retirement fund and system. These provisions qualify this grant of powers by reserving to the Legislature the authority to prohibit investments if it is in the public interest and the prohibition satisfies standards of fiduciary care and loyalty required of a retirement board. This bill would prohibit the boards of the Public Employees' Retirement System and the State Teachers' Retirement System from making new investments or renewing existing investments of public employee retirement funds in a fossil fuel company, as defined. The bill would require the boards to liquidate investments in a fossil fuel company on or before July 1, 2031. The bill would temporarily suspend the above-described liquidation provision upon a good faith determination by the board that certain conditions materially impact normal market mechanisms for pricing assets, as specified, and would make this suspension provision inoperative on January 1, 2035. The bill would provide that it does not require a board to take any action unless the board determines in good faith that the action is consistent with the board's fiduciary responsibilities established in the California Constitution. This bill contains other related provisions and other existing laws.

## [SB 278](#)

### **(Dodd D) Elder abuse.**

**Current Text:** Amended: 5/16/2023 [html](#) [pdf](#)

**Introduced:** 2/1/2023

**Last Amend:** 5/16/2023

**Status:** 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was B. & F. on 6/1/2023) (May be acted upon Jan 2024)

**Location:** 7/14/2023-A. 2 YEAR

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law defines financial abuse for those purposes and provides that it occurs when, among other instances, a person or entity takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both. Existing law requires a person or entity to be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes the property and the person or entity knew or should have known that the conduct is likely to be harmful to the elder or dependent adult. Existing law requires the court to award specified costs if a defendant is found liable for financial abuse, as specified. Existing law makes the failure to report, or impeding or inhibiting a report of, among other things, financial abuse of an elder or dependent adult, in violation of certain reporting requirements a

misdeemeanor. This bill would add to the definition of "financial abuse" knowingly aiding and abetting in the taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both. The bill would also define "assists" for those purposes. The bill would also specifically state that the above-described provision regarding when a person or entity is deemed to have taken property for a wrongful use includes when a person or entity assisted in taking, secreting, appropriating, obtaining, or retaining property for a wrongful use. The changes made by this bill would not apply to criminal prosecutions and, therefore, the bill would not expand the above-described crime. The bill would make the provisions severable. This bill contains other existing laws.

#### [SB 294](#)

#### **(Wiener D) Health care coverage: independent medical review.**

**Current Text:** Amended: 1/11/2024 [html](#) [pdf](#)

**Introduced:** 2/2/2023

**Last Amend:** 1/11/2024

**Status:** 1/29/2024-Read third time. Passed. (Ayes 31. Noes 7.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

**Location:** 1/29/2024-A. DESK

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing July 1, 2025, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. This bill contains other related provisions and other existing laws.

#### [SB 598](#)

#### **(Skinner D) Health care coverage: prior authorization.**

**Current Text:** Amended: 8/14/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Last Amend:** 8/14/2023

**Status:** 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/23/2023)(May be acted upon Jan 2024)

**Location:** 9/1/2023-A. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify

services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

## [SB 875](#)

### **(Glazer D) Health and care facilities: residential care facilities for the elderly: referral agencies.**

**Current Text:** Amended: 1/11/2024 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Last Amend:** 1/11/2024

**Status:** 1/29/2024-Read third time. Passed. (Ayes 32. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

**Location:** 1/29/2024-A. DESK

**Summary:** The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime. Existing law requires a referral agency to obtain a license from the State Department of Public Health in order to refer a person to any extended care facility, skilled nursing home, or intermediate care facility. Existing law exempts a local public agency performing referral services without cost from these provisions. Under existing law, a violation of these provisions is subject to a civil penalty and suspension or revocation of the license. This bill would additionally require a referral agency to obtain a license from the State Department of Social Services in order to refer a person to a residential care facility for the elderly. The bill would prohibit an extended care facility, skilled nursing home, intermediate care facility, or residential care facility for the elderly from paying a commission or fee to a referral agency that is not licensed, as specified. The bill would prohibit a referral agency from holding any power of attorney or any other property of a person receiving referral services, or to receive or hold a client's property in any capacity. With respect to a residential care facility for the elderly, the bill would require a referral agency to disclose specified information to each person receiving its services, and to maintain records of those disclosures for a period of 3 years, as specified. The bill would specify that a referral agency licensee would be subject to specified provisions relating to placement agencies for residential care facilities for the elderly. By expanding the definition of a crime, the bill would impose a state-mandated local program. The bill would also require referral agencies to maintain liability insurance in specified amounts. The bill would also make it unlawful for an employee, independent contractor, or other person who is acting on behalf of a governmental agency, hospital, or other health care institution to offer, provide, or accept a payment, rebate, refund, commission, preference, or discount as payment, compensation, or inducement for referring patients, clients, or customers to a facility or licensee. This bill contains other related provisions and other existing laws.

## [SB 917](#)

### **(Skinner D) Budget Act of 2024.**

**Current Text:** Introduced: 1/10/2024 [html](#) [pdf](#)

**Introduced:** 1/10/2024

**Status:** 1/10/2024-Introduced. Read first time. Referred to Com. on B. & F.R. To print.

**Location:** 1/10/2024-S. BUDGET & F.R.

**Summary:** This bill would make appropriations for the support of state government for the 2024–25 fiscal year. This bill contains other related provisions.

## [SB 966](#)

### **(Wiener D) Pharmacy benefits.**

**Current Text:** Introduced: 1/24/2024 [html](#) [pdf](#)

**Introduced:** 1/24/2024

**Status:** 1/25/2024-From printer. May be acted upon on or after February 24.

**Location:** 1/24/2024-S. RLS.

**Summary:** Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy in the Department of Consumer Affairs to license and regulate the practice of pharmacy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes requirements on audits of pharmacy services provided to beneficiaries of a health benefit plan, as specified, and prohibits those audit provisions from being construed to suggest or imply that the

Department of Consumer Affairs or the California State Board of Pharmacy has any jurisdiction or authority over those audit provisions. This bill would delete the latter provision relating to the construction and jurisdiction over those provisions by the department and the board. This bill would require a pharmacy benefit manager, as defined by the bill, to apply for and obtain a license from the California State Board of Pharmacy to operate as a pharmacy benefit manager. The bill would establish application qualifications and requirements, and would establish an unspecified fee for initial licensure and renewal. This bill would require a pharmacy benefit manager, on or before April 1, 2027, and annually thereafter, to file with the board a report containing specified information. The bill would specify that the contents of the report shall not be disclosed to the public. The bill would require the board, on or before August 1, 2027, and annually thereafter, to submit a report to the Legislature based on the reports submitted by licensees, and would require the board to post the report on the board's internet website. This bill contains other related provisions and other existing laws.

**Total Measures: 14**

**Total Tracking Forms: 14**