



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
2/7/2025**

Support

[AB 280](#)

([Aguiar-Curry D](#)) Health care coverage: provider directories.

Current Text: Introduced: 1/21/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Status: 1/22/2025-From printer. May be heard in committee February 21.

Location: 1/21/2025-A. PRINT

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 plan's or insurer'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, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to 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 out-of-network 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. The bill would require the health care service plan or the insurer, as applicable, to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Watch

[AB 83](#)

([Pacheco D](#)) Department of Financial Protection and Innovation: elder abuse prevention plan.

Current Text: Introduced: 12/20/2024 [html](#) [pdf](#)

Introduced: 12/20/2024

Status: 1/6/2025-Read first time.

Location: 12/20/2024-A. PRINT

Summary: Existing law establishes in the Business, Consumer Services, and Housing Agency a Department of Financial Protection and Innovation under the direction of the Commissioner of Financial Protection and Innovation. Under existing law, the department has charge of the execution of specified laws relating to various financial institutions and financial products and services. This bill would direct the department to require companies to submit to the department an elder abuse prevention plan.

[AB 92](#)

([Gallagher R](#)) Patient visitation.

Current Text: Introduced: 1/6/2025 [html](#) [pdf](#)

Introduced: 1/6/2025

Status: 2/3/2025-Referred to Com. on Health.

Location: 2/3/2025-A. HEALTH

Summary: Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, as defined. Existing law requires a health facility to allow a patient's domestic

partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit unless no visitors are allowed, the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility, or the patient has indicated to the health facility staff that the patient does not want this person to visit. A violation of this provision is a misdemeanor. This bill, Dianne's Law, would require a health facility to allow specified persons to visit, including the patient's children and grandparents. The bill would require the health facility to develop alternate visitation protocols, if circumstances require the health facility to restrict visitor access to the facility due to health or safety concerns, that allow visitation to the greatest extent possible while maintaining patient, visitor, and staff health and safety. Notwithstanding the requirement mentioned above, the bill would prohibit a health facility from prohibiting in-person visitation in end-of-life situations unless the patient has indicated to the health facility staff that the patient does not want this person to visit, as specified, and would authorize a health facility to require visitors to adhere to personal protective equipment and testing protocols not greater than those required of facility staff for the duration of their visit. The bill would also require the facility to provide personal protective equipment and testing resources to each visitor for a patient in an end-of-life situation, to the extent that those resources have been made readily available to the facility by state or local entities for that purpose. By expanding an existing crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 224](#)

(Bonta D) Health care coverage: essential health benefits.

Current Text: Introduced: 1/9/2025 [html](#) [pdf](#)

Introduced: 1/9/2025

Status: 2/3/2025-Referred to Com. on Health.

Location: 2/3/2025-A. HEALTH

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans. Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.

[AB 227](#)

(Gabriel D) Budget Act of 2025.

Current Text: Introduced: 1/10/2025 [html](#) [pdf](#)

Introduced: 1/10/2025

Status: 2/3/2025-Referred to Com. on Budget.

Location: 2/3/2025-A. BUDGET

Summary: This bill would make appropriations for the support of state government for the 2025–26 fiscal year. This bill contains other related provisions.

[AB 278](#)

(Ransom D) Health care affordability.

Current Text: Introduced: 1/21/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Status: 1/22/2025-From printer. May be heard in committee February 21.

Location: 1/21/2025-A. PRINT

Summary: Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law establishes the Health Care Affordability Board to establish, among other things, a statewide health care cost target and the standards necessary to meet exemptions from health care cost targets or submitting data to the office. Existing law authorizes the office to establish advisory or technical committees, as necessary, in order to support the board's decisionmaking. This bill would require the board, on or before June 1, 2026, to establish a Patient Advocate Advisory Standing Committee, as specified, that is required to publicly meet, and receive public comments, at least 4 times annually. The bill would require the committee to include specified data from the meetings to the board as part of its annual report.

[AB 298](#)

(Bonta D) Health care coverage cost sharing.

Current Text: Introduced: 1/23/2025 [html](#) [pdf](#)

Introduced: 1/23/2025

Status: 1/24/2025-From printer. May be heard in committee February 23.

Location: 1/23/2025-A. PRINT

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's requirements a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would prohibit a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2026, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for services provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would prohibit an individual or entity from billing or seeking reimbursement for services provided to an enrollee or insured under 21 years of age, except as otherwise specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 302](#)

(Bauer-Kahan D) Confidentiality of Medical Information Act.

Current Text: Introduced: 1/23/2025 [html](#) [pdf](#)

Introduced: 1/23/2025

Status: 1/24/2025-From printer. May be heard in committee February 23.

Location: 1/23/2025-A. PRINT

Summary: Existing law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act punishes a violation of its provisions that results in economic loss or personal injury to a patient as a misdemeanor. Existing law requires a provider of health care, a health care service plan, or a contractor to disclose medical information when specifically required by law or if the disclosure is compelled by, among other things, a court order or a search warrant lawfully issued to a governmental law enforcement agency. This bill would instead require a provider of health care, a health care service plan, or a contractor to disclose medical information when specifically required by California law. The bill would revise the disclosure requirement relating to a court order to require disclosure if compelled by a California state court pursuant to an order of that court or a court order from another state based on another state's law so long as that law does not interfere with California law, as specified. The bill would revise the disclosure requirement relating to a search warrant to require disclosure if compelled by a warrant from another state based on another state's law so long as that law does not interfere with California law. By narrowing the exceptions for disclosing medical information, and thereby expanding the crime of violating the act, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 371](#)

(Haney D) Dental coverage.

Current Text: Introduced: 2/3/2025 [html](#) [pdf](#)

Introduced: 2/3/2025

Status: 2/4/2025-From printer. May be heard in committee March 6.

Location: 2/3/2025-A. PRINT

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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a contract between a plan or insurer and a dentist from requiring a dentist to accept an amount set by the plan or insurer as payment for dental care services provided to an enrollee or insured that are not covered services under the enrollee's contract or the insured's policy. Existing law requires a plan or insurer to make specified disclosures to an enrollee or insured regarding noncovered dental services. Existing law requires a health care service plan or health insurer to comply with specified timely access requirements. For a specified plan or insurer offering coverage for dental services, existing law requires urgent dental appointments to be offered within 72 hours of a request, nonurgent dental appointments to be offered within 36 business days of a request, and preventive dental care appointments to be offered within 40 business days of a request, as specified. Existing law requires a contract between a health care service plan and health care provider to ensure compliance with network adequacy standards and to require reporting by providers to plans to ensure compliance. Under existing law, a health care service plan is required to annually report to the Department of Managed Health Care on this compliance. Existing law authorizes the Department of Insurance to issue guidance to insurers regarding annual timely access and network reporting methodologies. If a health care service plan or health insurer pays a contracting dental provider directly for covered services, this bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-

of-network cost may count towards their annual or lifetime maximum. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits. This bill contains other related provisions and other existing laws.

[ABX1 1](#)

(Gabriel D) Budget Act of 2024.

Current Text: Amended: 1/10/2025 [html](#) [pdf](#)

Introduced: 12/2/2024

Last Amend: 1/10/2025

Status: 2/3/2025-From committee without further action.

Location: 1/9/2025-A. BUDGET

Summary: The Budget Act of 2024 made appropriations for the support of state government for the 2024–25 fiscal year. This bill would amend the Budget Act of 2024 by making changes to existing appropriations, as provided. This bill contains other related provisions.

[ACA 1](#)

(Valencia D) Public finance.

Current Text: Introduced: 12/2/2024 [html](#) [pdf](#)

Introduced: 12/2/2024

Status: 1/29/2025-Introduced measure version corrected.

Location: 12/2/2024-A. PRINT

Summary: The California Constitution prohibits the total annual appropriations subject to limitation of the State and of each local government from exceeding the appropriations limit of the entity of government for the prior year adjusted for the change in the cost of living and the change in population. The California Constitution defines “appropriations subject to limitation” of the State for these purposes. This measure would change the 1.5% required transfer to an undetermined percentage of the estimated amount of General Fund revenues for that fiscal year. The measure would change the 10% limit on the balance in the Budget Stabilization Account to 20% of the amount of the General Fund proceeds of taxes for the fiscal year estimate, as specified. The measure would specify that funds transferred under these provisions to the Budget Stabilization Account do not constitute appropriations subject to the above-described annual appropriations limit. This bill contains other existing laws.

[ACA 2](#)

(Jackson D) Legislature: retirement.

Current Text: Introduced: 12/2/2024 [html](#) [pdf](#)

Introduced: 12/2/2024

Status: 12/3/2024-From printer. May be heard in committee January 2.

Location: 12/2/2024-A. PRINT

Summary: The California Constitution prohibits Members of the Legislature from accruing any pension or retirement benefit other than participation in the federal Social Security program as a result of legislative service. This measure, the Legislative Diversification Act, would repeal that prohibition and instead require the Legislature to establish a retirement system for Members elected to or serving in the Legislature on or after November 1, 2010. The measure would require a Member to serve at least 10 years in the Legislature to be eligible to receive benefits under the retirement system. The measure would authorize a Member who serves fewer than 10 years to transfer the service credit earned as a result of service in the Legislature to any other public employees’ pension or retirement system in which the Member participates.

[ACA 5](#)

(Schiavo D) Property taxation: veterans’ exemption.

Current Text: Introduced: 2/3/2025 [html](#) [pdf](#)

Introduced: 2/3/2025

Status: 2/4/2025-From printer. May be heard in committee March 6.

Location: 2/3/2025-A. PRINT

Summary: The California Constitution declares that all property is taxable and establishes or authorizes various exemptions from tax for real property, including a homeowners’ exemption in the amount of \$7,000 of the full value of a dwelling unless the dwelling receives another real property exemption. If the Legislature increases the homeowners’ exemption, the California Constitution requires that the Legislature provide a benefit increase to qualified renters comparable to the average increase in benefits to homeowners. The California Constitution and existing property tax law establish a veterans’ exemption in the amount of \$4,000 for a veteran who meets certain military service requirements and generally exempts from property taxation the same value of property of a deceased veteran’s unmarried spouse and parents. The California Constitution authorizes, and existing property tax law establishes, a disabled veterans’ exemption in the amount of \$100,000 or \$150,000 for the principal place of residence of a veteran or a veteran’s spouse, including an unmarried surviving spouse, if the veteran, because of an injury incurred in military service, is blind in both eyes, has lost the use of 2 or more limbs, or is totally disabled, as those terms are defined, or if the veteran has, as a result of a service-connected injury or disease, died while on active duty in military service. Existing law prohibits receiving the veterans’ exemption on property owned by an unmarried person who owns

more than \$5,000 of property or a married person who owns more than \$10,000 of property. Existing law prohibits receiving the deceased veterans' exemption on property owned by a deceased veteran's unmarried spouse who owns more than \$10,000 of property, a deceased veteran's unmarried parent who owns more than \$5,000 of property, or a deceased veteran's married parent who owns more than \$10,000 of property. This measure would allow a dwelling that receives the veterans' exemption or the disabled veterans' exemption to also receive the homeowners' exemption. The measure would authorize the Legislature to exempt property eligible for the veterans' exemption in an amount up to the full value of the property. If the Legislature increases the homeowners' exemption, the measure would require that the Legislature provide the same increase in the veterans' exemption, except as limited by the full value of the property. The bill would remove the above-described prohibitions on a property receiving the veterans' or deceased veterans' exemption based on the amount of property that a veteran or veteran's parent or spouse owns.

[SB 40](#)

(Wiener D) Health care coverage: insulin.

Current Text: Introduced: 12/3/2024 [html](#) [pdf](#)

Introduced: 12/3/2024

Status: 1/29/2025-Referred to Com. on HEALTH.

Location: 1/29/2025-S. HEALTH

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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary. This bill would generally prohibit a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2026, from imposing a copayment of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug, except as specified. On and after January 1, 2026, the bill would prohibit a health care service plan or disability insurer from imposing step therapy protocols as a prerequisite to authorizing coverage of insulin. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[SB 41](#)

(Wiener D) Pharmacy benefits.

Current Text: Introduced: 12/3/2024 [html](#) [pdf](#)

Introduced: 12/3/2024

Status: 1/29/2025-Referred to Coms. on HEALTH and JUD.

Location: 1/29/2025-S. HEALTH

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 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. This bill would additionally require a pharmacy benefit manager to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. The bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts, including requiring a pharmacy benefit manager to file specified reports with the department, the contents of which are not to be disclosed to the public. The bill would require the department, at specified intervals, to submit reports to the Legislature based on the reports submitted by pharmacy benefit managers, and would require the department to post the reports on the department's internet website. This bill would make a violation of these provisions subject to specified civil penalties. The bill would create the Pharmacy Benefit Manager Fines and Penalties Account in the General Fund, into which fines and administrative penalties would be deposited. This bill contains other related provisions and other existing laws.

[SB 65](#)

(Wiener D) Budget Act of 2025.

Current Text: Introduced: 1/10/2025 [html](#) [pdf](#)

Introduced: 1/10/2025

Status: 1/13/2025-Read first time.

Location: 1/10/2025-S. BUDGET & F.R.

Summary: This bill would make appropriations for the support of state government for the 2025-26 fiscal year. This bill contains other related provisions.

[SBX1 1](#)

(Wiener D) Budget Act of 2024.

Current Text: Enrollment: 2/4/2025 [html](#) [pdf](#)

Introduced: 12/2/2024

Last Amend: 1/10/2025

Status: 2/4/2025-Enrolled and presented to the Governor at 10 a.m.

Location: 2/4/2025-S. ENROLLED

Summary: The Budget Act of 2024 made appropriations for the support of state government for the 2024-25 fiscal year. This bill would amend the Budget Act of 2024 by making changes to existing appropriations, as provided. This bill contains other related provisions.

Total Measures: 17

Total Tracking Forms: 17