



**BLANNING & BAKER**  
Associates, Inc.

**CSR Legislative Report**

**3/19/2026**

**3) Support**

**[AB 53](#) ([Ramos, D](#)) **Personal income taxes: exclusion: Military Services Retirement and Surviving Spouse Benefit Payment Act.****

**Current Text:** 02/24/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 12/02/2024

**Last Amended:** 02/24/2025

**Status:** 06/11/2025 - Referred to Coms. on REV. & TAX. and M. & V.A.

**Location:** 06/11/2025 - Senate Revenue and Taxation

**Summary:** The Personal Income Tax Law, in modified conformity with federal income tax law, generally defines "gross income" as income from whatever source derived, except as specifically excluded, including an exclusion for combat-related special compensation. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2030, would exclude from gross income retirement pay received by a qualified taxpayer, as defined, during the taxable year, not to exceed \$20,000, from the federal government for service performed in the uniformed services, as defined. The bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2030, would also exclude from gross income annuity payments received during the taxable year, not to exceed \$20,000, by a qualified taxpayer, as defined, pursuant to a United States Department of Defense Survivor Benefit Plan. The bill would make related findings and declarations. This bill contains other related provisions and other existing laws. (Based on 02/24/2025 text)

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Memo: Support letter sent to Author

Support letter sent to Asm. R&T

Support letter sent to Asm. APPR

**[AB 280](#) ([Aguiar-Curry, D](#)) **Health care coverage: provider directories.****

**Current Text:** 07/15/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 01/21/2025

**Last Amended:** 07/15/2025

**Status:** 09/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025) (May be acted upon Jan 2026)

**Location:** 09/11/2025 - Senate 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 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, which would count toward the in-network deductible and out-of-pocket maximum. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, including whether the provider is accepting new patients at the time, 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. The bill would authorize a health care service plan or insurer to include a specified statement in the provider listing before removing the provider from the directory if the provider does not respond within 5 calendar days of the plan or insurer's annual notification. 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. (Based on 07/15/2025 text)

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Memo: Support letter sent to Author  
Support letter sent to Asm. APPR  
Support letter sent to Sen. Health  
Support letter sent to Sen. APPR

**AB 1190** (**Haney, D**) **Department of Motor Vehicles: private industry partner fees.**

**Current Text:** 06/23/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/21/2025

**Last Amended:** 06/23/2025

**Status:** 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

**Location:** 08/28/2025 - Senate 2 YEAR

**Summary:** Existing law authorizes the Department of Motor Vehicles to establish contracts for electronic programs that allow qualified private industry partners, including second-line business partners, to provide services that include processing and payment programs for vehicle registration and titling transactions. Existing law authorizes the department to establish the maximum amount that a qualified private industry partner may charge its customers, but requires the department to annually adjust that amount, as specified. The bill would, notwithstanding the above-described authorization to establish maximum charge amounts, require the department to limit the amount that any qualified second-line business partner may charge an individual customer for a vehicle registration renewal that is processed on the second-line business partner's internet website to no more than the maximum amount a first-line service provider may charge its customers. The bill would also direct the department to require all qualified second-line business partners to prominently display on their internet websites, in a clear and conspicuous manner, a working link to the department's internet website with a specified statement informing the public that consumers may obtain services from the department at no additional cost. (Based on 06/23/2025 text)

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Memo: Support letter sent to Author  
Support letter sent to Asm. APPR  
Support letter sent to Sen. Transp  
Support letter sent to Sen. APPR

**SB 888** (**Seyarto, R**) **Property taxation: disabled veterans' exemption: household income.**

**Current Text:** 01/14/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 01/14/2026

**Status:** 03/11/2026 - Set for hearing March 25.

**Calendar:** 03/25/26 S-REVENUE AND TAXATION 9:30 a.m. - 1021 O Street, Room 1200 MCNERNEY, JERRY, Chair

**Location:** 02/11/2026 - Senate Revenue and Taxation

**Summary:** The California Constitution provides that all property is taxable, and requires that it be assessed at the same percentage of fair market value, unless otherwise provided by the California Constitution or federal law. The California Constitution and existing property tax law provide various exemptions from taxation, including, among others, a disabled veterans' exemption. Under existing law, the disabled veterans' exemption exempts from taxation part of the full value of property that constitutes the principal place of residence of a veteran, the veteran's spouse, or the veteran and veteran's spouse jointly, and the unmarried surviving spouse of a veteran, as provided, if the veteran incurred specified injuries or died while on active duty in military service, as described. Existing law exempts that part of the full value of the residence that does not exceed \$100,000, or \$150,000 if the household income of the claimant does not exceed \$40,000, as adjusted for inflation, as specified. This bill would, until January 1, 2037, exclude service-connected disability payments from the definition of "household income" for purposes of the disabled veterans' exemption. The bill would also correct an erroneous cross-reference in the above-described provisions. By imposing additional duties on local tax officials, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 01/14/2026 text)

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Memo:

Support letter sent to Author -- 3/19/2026

Support letter sent to Sen. R&T -- 3/19/2026

**[SB 1444](#) ([Committee on Labor, Public Employment and Retirement](#)) **Employment.****

**Current Text:** 03/17/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 03/17/2026

**Status:** 03/18/2026 - From printer. May be acted upon on or after April 17.

**Location:** 03/17/2026 - Senate Rules

**Summary:** Existing law, the Public Employees' Retirement Law, permits a member of the Public Employees' Retirement System to elect from among several optional settlements for the purpose of structuring the member's retirement allowance. Existing law requires a member to make an election, revocation, or change of election within 30 calendar days after the making of the first payment on account of any retirement allowance or, in the event of a change of retirement status after retirement, within 30 calendar days after making the first payment on account of that change in retirement status. This bill would extend the timeframe for those actions to within 60 calendar days after making the first payment. This bill contains other related provisions and other existing laws. (Based on 03/17/2026 text)

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## 5) Watch

**[AB 105](#) ([Gabriel, D](#)) **Budget Acts of 2021, 2023, 2024, and 2025.****

**Current Text:** 09/08/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 01/08/2025 (Spot bill)

**Last Amended:** 09/08/2025

**Status:** 09/13/2025 - Ordered to inactive file at the request of Senator Grayson.

**Location:** 09/13/2025 - Senate INACTIVE FILE

**Summary:** The Budget Acts of 2021, 2023, 2024, and 2025 made appropriations for the support of state government for the 2021–22, 2023–24, 2024–25, and 2025–26 fiscal years, respectively. This bill would amend those budget acts by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill. (Based on 09/08/2025 text)

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**[AB 156](#) ([Committee on Budget](#)) **Labor.****

**Current Text:** 09/08/2025 - Amended [HTML PDF](#)

**Introduced:** 01/08/2025 (Spot bill)

**Last Amended:** 09/08/2025

**Status:** 09/13/2025 - Ordered to inactive file at the request of Senator Grayson.

**Location:** 09/13/2025 - Senate INACTIVE FILE

**Summary:** Existing law, the Public Employees' Retirement Law (PERL) creates the Public Employees' Retirement System (PERS) for the purpose of providing pensions and benefits to state employees and their beneficiaries and prescribes the rights and duties of employers participating in the system. Under PERL, benefits are funded by investment income and employer and employee contributions, which are deposited into the Public Employees' Retirement Fund, a continuously appropriated trust fund administered by the system's board of administration. PERL prescribes methods for the calculation and payment of the state employer contribution for its employees who are PERS members. PERL provides for an annual adjustment of the state's contribution in the budget and quarterly appropriations to the Public Employees' Retirement Fund from the General Fund and other funds that are responsible for payment of the employer contribution. Existing law makes additional General Fund appropriations to the Public Employees' Retirement Fund for the 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25 fiscal years. Supplemental payments connected with appropriations for those fiscal years are to be apportioned to the state employee member categories generally, as directed by the Department of Finance, and to specified state employee member categories, including to the state miscellaneous member category, the industrial member category, the state safety member category, and the state peace officer/firefighter member category. The California Constitution establishes the Budget Stabilization Account in the General Fund and requires the Controller, in each fiscal year, to transfer from the General Fund to the Budget Stabilization Account amounts that include a sum equal to 1.5% of the estimated amount of General Fund revenues for that fiscal year. These provisions further require, until the 2029–30 fiscal year, that the Legislature appropriate a percentage of these moneys, the amount of which is generated pursuant to specified calculations, for certain obligations and purposes, including addressing unfunded liabilities for state-level pension plans. This bill would appropriate \$372,000,000 from the General Fund for the purposes identified in the constitutional provisions described above, to supplement the state's appropriation to the Public Employees' Retirement Fund. The bill would specify that this appropriation represents a portion of the amount identified in a specific provision of the Budget Act of 2025. The bill would require the Department of Finance to provide the Controller with a schedule establishing the timing of specific transfers. The bill would require the supplemental payment to the Public Employees' Retirement Fund to be apportioned to specified state employee member categories, not to exceed \$174,523,000 to the state miscellaneous member category, \$10,296,000 to the state industrial member category, \$20,479,000 to the state safety member category, and \$166,702,000 to the state peace officer/firefighter member category. The bill would require the appropriation described above to be applied to the unfunded state liabilities for the state employee member categories that are in excess of the base amounts for the 2025–26 fiscal year. (Based on 09/08/2025 text)

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**[AB 161](#) ([Committee on Budget](#)) State employment: state bargaining units.**

**Current Text:** 09/08/2025 - Amended [HTML PDF](#)

**Introduced:** 01/08/2025 (Spot bill)

**Last Amended:** 09/08/2025

**Status:** 09/13/2025 - Ordered to inactive file at the request of Senator Grayson.

**Location:** 09/13/2025 - Senate INACTIVE FILE

**Summary:** Existing law provides that a provision of a memorandum of understanding reached between the state employer and a recognized employee organization representing state civil service employees that requires the expenditure of funds does not become effective unless approved by the Legislature in the annual Budget Act. Existing law requires the Department of Human Resources to provide a memorandum of understanding to the Legislative Analyst, who then has 10 calendar days from the date the tentative agreement is received to issue a fiscal analysis to the Legislature. Existing law prohibits the memorandum of understanding from being subject to legislative determination until either the Legislative Analyst has presented a fiscal analysis of the memorandum of understanding or until 10 calendar days have elapsed since the memorandum was received by the Legislative Analyst. This bill, notwithstanding the above-described statutory provisions, would approve provisions of the agreements entered into by the state employer and specified state bargaining units. The bill would provide that the provisions of the agreements that require the expenditure of funds will not take effect unless funds for these provisions are specifically appropriated by the Legislature. The bill would authorize the state employer or the bargaining units to reopen negotiations if funds for these provisions are not specifically appropriated by the

Legislature. The bill would require the provisions of the agreement that require the expenditure of funds to become effective even if the provisions are approved by the Legislature in legislation other than the annual Budget Act. By approving provisions of the agreements that require the expenditure of funds, this bill would make an appropriation. (Based on 09/08/2025 text)

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**[AB 302](#) ([Bauer-Kahan, D](#)) Data brokers: elected officials and judges.**

**Current Text:** 07/17/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 01/23/2025

**Last Amended:** 07/17/2025

**Status:** 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

**Location:** 08/28/2025 - Senate 2 YEAR

**Summary:** The California Consumer Privacy Act of 2018 (CCPA) grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to request that a business delete any personal information about the consumer that the business has collected from the consumer. The California Privacy Rights Act of 2020, approved by the voters as Proposition 24 at the November 3, 2020, statewide general election, amended, added to, and reenacted the CCPA and establishes the California Privacy Protection Agency (agency) and vests the agency with full administrative power, authority, and jurisdiction to enforce the CCPA. Existing law requires the agency to establish an accessible deletion mechanism that, among other things, allows a consumer to request the deletion of all personal information related to that consumer through a single deletion request. Existing law requires, beginning August 1, 2026, a data broker to access the accessible deletion mechanism at least once every 45 days and, within 45 days after receiving a request, process all deletion requests and delete all personal information related to the consumers making the requests, as prescribed. Existing law requires a data broker to delete all personal information of the consumer at least once every 45 days unless the consumer requests otherwise, as prescribed. Existing law defines "data broker" to mean a business, as defined, that knowingly collects and sells to third parties the personal information of a consumer with whom the business does not have a direct relationship, except as provided. This bill would require the agency to obtain a list of all state and local elected officials, would require the Judicial Council to provide the agency with a list of all California judges, and would require the agency to allow elected officials or a judges to remove their information from those lists, as prescribed. The bill would require the lists to be kept confidential, as specified. The bill would also require the agency to upload the lists to the accessible deletion mechanism described above and, beginning August 1, 2026, require an entity receiving a notification that a deletion is required to do so within 5 days. This bill would authorize an elected official or judge who is on a list described above, the Attorney General, a county counsel, or a city attorney to bring an action for a violation of the bill, as prescribed. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

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**[AB 539](#) ([Schiavo, D](#)) Health care coverage: prior authorizations.**

**Current Text:** 04/28/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/11/2025

**Last Amended:** 04/28/2025

**Status:** 07/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 5/21/2025)(May be acted upon Jan 2026)

**Location:** 07/17/2025 - Senate 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 provides that a health care service plan or a health insurer that authorizes a specific type of treatment by a health care provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This bill would require a prior authorization for a health care service by a health care service plan or a health insurer to remain valid for a period of at least one year from the date of approval, or throughout the course of prescribed treatment, if less than one year. Because a violation of the bill 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. (Based on 04/28/2025 text)

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**[AB 787](#) (Papan, D) Provider directory disclosures.**

**Current Text:** 06/23/2025 - Amended [HTML PDF](#)

**Introduced:** 02/18/2025

**Last Amended:** 06/23/2025

**Status:** 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/7/2025)(May be acted upon Jan 2026)

**Location:** 08/29/2025 - Senate 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 requires specified health care service plans and health insurers to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services to enrollees or insureds, and requires a health care service plan or health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law requires provider directories to include specified information and disclosures. This bill would require a full service health care service plan, specialized mental health or dental plan, health insurer, or specialized mental health or dental insurer to include in its provider directory or directories a statement advising an enrollee or insured to contact the plan or insurer for assistance finding an in-network provider and for an explanation of their rights regarding out-of-network coverage, and would specify the format of the statement. The bill would require the plan or insurer to acknowledge the request within one business day if contacted for that assistance, and to provide a list of in-network providers confirmed to be accepting new patients within 2 business days for a request deemed urgent by the enrollee or insured and 5 business days for a request deemed nonurgent by an enrollee or insured. Because a 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. (Based on 06/23/2025 text)

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**[AB 871](#) (Stefani, D) Mandated reporters of suspected financial abuse of an elder or dependent adult.**

**Current Text:** 01/16/2026 - Amended [HTML PDF](#)

**Introduced:** 02/19/2025

**Last Amended:** 01/16/2026

**Status:** 01/22/2026 - Read third time. Passed. Ordered to the Senate. (Ayes 69. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 01/22/2026 - Senate Rules

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law requires a mandated reporter of suspected financial abuse of an elder or dependent adult, as defined, to report financial abuse in a specified manner, including by telephone or through a confidential internet reporting tool, as specified, immediately, or as soon as practicably possible. If reported by telephone, existing law requires a written report to be sent, or an internet report to be made through the internet reporting tool, to the local adult protective services agency or the local law enforcement agency within 2 working days. Existing law deems specified persons to be mandated reporters of suspected financial abuse of an elder or dependent adult, including, among others, all officers and employees of a financial institution. A mandated reporter who fails to report financial abuse of an elder or dependent adult is liable for civil penalties, as specified. If a report of financial abuse is made by a mandated reporter, as described above, this bill would also require a report to be made to the Federal Bureau of Investigation Internet Crime Complaint Center within 2 working days. The bill would require a financial institution to provide annual training to its mandated reporters on how to escalate internally and report suspected financial abuse of an elder or a dependent adult to both local and federal authorities, as specified. If suspected financial abuse of an elder or dependent adult is discovered within 48 hours of a transaction, the bill would require a financial institution to share information on reporting mechanisms, as specified, with the impacted elder or dependent adult within 24 to 48 hours. The bill would specify that violations of these provisions would not incur the above-described liability for civil penalties. (Based on 01/16/2026 text)

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**[AB 910](#) ([Bonta, D](#)) Pharmacy benefit management.**

**Current Text:** 01/22/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/19/2025

**Last Amended:** 01/22/2026

**Status:** 01/29/2026 - Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 2.) In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 01/29/2026 - Senate Rules

**Summary:** Existing law requires a pharmacy benefit manager engaging in business with a health care service plan or health insurer to secure a license from the Department of Managed Health Care on or after January 1, 2027, or the date on which the department has established the licensure process, whichever is later. Existing law requires a complaint about a pharmacy benefit manager to be considered as a complaint against the contracting health care service plan and authorizes it to be considered a complaint against the contracting health insurer. Existing law requires the Department of Health Care Access and Information to establish a Health Care Payments Data Program to collect information regarding health care costs, utilization, quality, and equity. Existing law requires a pharmacy benefit manager to provide specified information to the Department of Health Care Access and Information for inclusion in the program and requires the department to include specified information in an annual analysis. Existing law also requires the Department of Health Care Access and Information to notify the Department of Managed Health Care or the Department of Insurance, as appropriate, if a health care service plan or health insurer fails to comply with specified requirements and requires those departments to take appropriate action. This bill would require the Department of Health Care Access and Information to include data regarding pricing and payments related to prescription drugs in its annual analysis upon completion of specified regulations and to notify the Department of Managed Health Care if a pharmacy benefit manager fails to comply with specified requirements, and would require the Department of Managed Health Care to take appropriate action. The bill would require the Department of Managed Health Care to post on its internet website links to analyses and reporting published by the Department of Health Care Access and Information. (Based on 01/22/2026 text)

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**[AB 1054](#) ([Gipson, D](#)) Public employees' retirement: deferred retirement option program.**

**Current Text:** 01/05/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/20/2025

**Last Amended:** 01/05/2026

**Status:** 01/27/2026 - In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 01/27/2026 - Senate Rules

**Summary:** Existing law, the County Employees Retirement Law of 1937, prescribes retirement benefits for members of specified county and district retirement systems. Existing law establishes the Deferred Retirement Option Program as an optional benefit program for specified safety members of those systems that, by ordinance or resolution by the county board of supervisors or the governing body, elect to adopt it. The program provides eligible members access, upon service retirement, to a lump sum or, in some cases, monthly payments in addition to a monthly retirement allowance, as specified. This bill would establish the Deferred Retirement Option Program as a voluntary program within the Public Employees' Retirement System (PERS) for employees of State Bargaining Units 5 (Highway Patrol) and 8 (Firefighters). The bill would require certain actions to occur, including completion of an actuarial analysis to determine the proposed program will be cost neutral, before the program becomes effective and applicable. The bill would require members who elect to participate in the program to meet certain requirements, including waiving any claims with respect to age and other discrimination in employment laws relative to the program. The bill would establish a program account for each participant and would require the Board of Administration of the Public Employees' Retirement System to, among other things and at least once annually, provide a statement to the participant that displays the value or balance of the participant's program account. The bill would authorize the participant to designate a person or persons as beneficiaries of the participant's program account at any time during the program period from their election date to the deferred retirement calculation date. Beginning on July 1, 2027, and on that date every 5 consecutive fiscal years thereafter, the bill would require the Board of Administration of the Public Employees' Retirement System to submit a report of an actuarial analysis to specified entities. The bill would entitle participants who entered the program prior to the effective date of any modifications by the Legislature to elect whether to become subject to those modified provisions or to remain subject to the program as it existed on the participant's election date. The bill would require the member's spouse, as applicable, to execute a signed statement acknowledging the spouse's understanding of, and agreement with, the member's election to participate in the program together with an

express statement of the spouse's understanding and agreement that benefits payable to the spouse may be reduced as a result of participation in the program. This bill contains other existing laws. (Based on 01/05/2026 text)

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**[AB 1068](#) ([Bains, D](#)) Emergency services available during natural disasters.**

**Current Text:** 07/01/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/20/2025

**Last Amended:** 07/01/2025

**Status:** 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

**Location:** 08/29/2025 - Senate 2 YEAR

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes, among others, the California Department of Aging in the California Health and Human Services Agency, also known as CalHHS and headed by the Secretary of CalHHS, and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law provides for the licensure and regulation of long-term health care facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Existing law requires, among other things, the department to administer the Aging and Disability Resource Connection (ADRC) program. No later than July 1, 2026, this bill would require the Secretary of CalHHS, in coordination with various state departments, offices, and other entities, as specified, to develop a working group to make recommendations regarding the evacuation and sheltering needs of older adults and persons with disabilities living in long-term care facilities during natural, technological, or manmade disasters and emergencies. The bill would require the Secretary of CalHHS to submit the recommendations no later than July 1, 2027, and would repeal that requirement on January 1, 2030. (Based on 07/01/2025 text)

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**[AB 1439](#) ([Garcia, D](#)) Public retirement systems: development projects: labor standards.**

**Current Text:** 01/22/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/21/2025

**Last Amended:** 01/22/2026

**Status:** 01/29/2026 - Read third time. Passed. Ordered to the Senate. (Ayes 50. Noes 9.) In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 01/29/2026 - Senate Rules

**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. Existing law prohibits the boards of the Public Employees' Retirement System (PERS) and the State Teachers' Retirement System (STRS) from making certain new investments or renewing existing investments of public employee retirement funds, including in a thermal coal company, as defined. Existing law provides that a board is not required to take any action regarding those investments 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 would state that its purpose is to require the boards of PERS and STRS to contract with the University of California Labor Centers to conduct an independent study to determine the impacts on public employee retirement funds of prohibiting the board of a public pension or retirement system, as defined, from investing in development projects in California that do not provide labor standards protections for workers. The bill would require the study and a report of its findings to be completed and provided to the Legislature and the Department of Finance by January 1, 2028, as specified. The bill would provide that a board is not required to take action pursuant to this provision unless it determines in good faith that the action is consistent with the board's fiduciary responsibilities established in the California Constitution. This bill contains other existing laws. (Based on 01/22/2026 text)

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[AB 1563](#) **(Gabriel, D) Budget Act of 2026.**

**Current Text:** 01/09/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 01/09/2026

**Status:** 01/10/2026 - From printer.

**Location:** 01/09/2026 - Assembly PRINT

**Summary:** This bill would make appropriations for the support of state government for the 2026–27 fiscal year. This bill contains other related provisions. (Based on 01/09/2026 text)

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[AB 1629](#) **(Haney, D) Dental coverage.**

**Current Text:** 01/26/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 01/26/2026

**Status:** 03/18/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (March 17). Re-referred to Com. on APPR.

**Location:** 03/17/2026 - Assembly Appropriations

**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. 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. Because a willful violation of these provisions relative to health care service plans would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 01/26/2026 text)

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[AB 1770](#) **(Garcia, D) Arbitration: health care service plans and health insurers.**

**Current Text:** 02/09/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/09/2026

**Status:** 02/23/2026 - Referred to Coms. on HEALTH and JUD.

**Location:** 02/23/2026 - Assembly 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. Existing law provides that a willful violation of provisions regulating health care service plans is 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 and any disability insurance policy that includes terms requiring binding arbitration for dispute settlement to provide a specified disclosure to subscribers, enrollees, or insureds. Existing law, the California Arbitration Act, provides a statutory framework for the enforcement of contractual arbitration under California law. Existing law establishes standards for arbitration, and requires a court to vacate an arbitration award if it makes certain findings. The bill would require the disclosure provided to subscribers, enrollees, or insureds to include a statement that the parties are able to appeal the result of an arbitration on the basis of legal or factual error made by the arbitrator and would require the disclosure to be provided to a subscriber, enrollee, or insured annually. This bill would also require, by no later than February 1, 2027, the Department of Managed Health Care to create a panel of qualified arbitrators,

as defined, and would require any arbitration between a health care service plan and an enrollee or subscriber, or between a health care insurer and an insured, to be conducted by an arbitrator selected by the department. The bill would specify the process for selection of an arbitrator and would require a health care service plan or health insurer to be responsible for the costs of the arbitrator appointed pursuant to these provisions. The bill would require that a court reporter be present for an arbitration proceeding and would make the health care service plan or health insurer responsible for the cost of the court reporter. The bill would require the arbitrator to complete a report within 30 days of the completion of arbitration, to include, among other things, the amount of an award, if any, and the reasons for any award rendered or denied. The bill would also require all documents relating to the arbitration to be preserved by the health care service plan or health insurer and would require a copy of the documents to be provided the Director of the Department of Managed Health Care and to be maintained by the department for 5 years. The bill would require that all records of arbitration pursuant to these provisions be available to the public, except as specified. Because a violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 02/09/2026 text)

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**[AB 1773](#) (Rubio, Blanca, D) Pharmacy benefit managers.**

**Current Text:** 03/16/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/09/2026

**Last Amended:** 03/16/2026

**Status:** 03/17/2026 - Re-referred to Com. on HEALTH.

**Calendar:** *04/07/26 A-HEALTH 1:30 p.m. - 1021 O Street, Room 1100 BONTA, MIA, Chair*

**Location:** 03/16/2026 - Assembly 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 provides for the regulation of health insurers by the Department of Insurance. Existing law requires a pharmacy benefit manager contracting with a health care service plan or health insurer to secure a license from the Department of Managed Health Care on or after January 1, 2027, or the date on which the department has established the licensure process, whichever is later. This bill would require the department to maintain a public internet website displaying specified information for each licensed pharmacy benefit manager, including, among other things, the legal name, license number, and license expiration date. (Based on 03/16/2026 text)

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**[AB 1799](#) (Ortega, D) Integrated health care service plan investment disclosures.**

**Current Text:** 02/10/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/10/2026 (Spot bill)

**Status:** 02/11/2026 - From printer. May be heard in committee March 13.

**Location:** 02/10/2026 - Assembly 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. Existing law requires a health care service plan's assets to be invested in a prudent manner and requires the director of the department to determine the acceptability of a health care service plan's investments, as specified. This bill would state the intent of the Legislature to enact legislation to require the public disclosure of material investment holdings of nonprofit organizations providing integrated health care service plans. (Based on 02/10/2026 text)

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**[AB 1900](#) (Kalra, D) Guaranteed Health Care for All.**

**Current Text:** 02/12/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/12/2026 (Spot bill)

**Status:** 02/13/2026 - From printer. May be heard in committee March 15.

**Location:** 02/12/2026 - Assembly PRINT

**Summary:** Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a “qualified health plan” as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. Under the bill, CalCare would be a health care service plan subject to Knox-Keene. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children’s Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare Program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws. (Based on 02/12/2026 text)

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**[AB 1979](#) ([Bonta, D](#)) Health care services: artificial intelligence.**

**Current Text:** 03/16/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/13/2026

**Last Amended:** 03/16/2026

**Status:** 03/17/2026 - Re-referred to Com. on HEALTH.

**Location:** 03/16/2026 - Assembly Health

**Summary:** The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would make a business that offers an artificial intelligence health model a provider of health care subject to the requirements of the CMIA. The bill would define “artificial intelligence health model” to mean an artificial intelligence model, as defined, that offers an individual the option to securely connect or integrate their medical record for the purpose of understanding and managing their health and wellness. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. This bill contains other existing laws. (Based on 03/16/2026 text)

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**[AB 2000](#) ([Aguiar-Curry, D](#)) Drug formularies.**

**Current Text:** 03/09/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/17/2026

**Last Amended:** 03/09/2026

**Status:** 03/10/2026 - Re-referred to Com. on HEALTH.

**Location:** 03/09/2026 - Assembly 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 provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to meet certain criteria for its formularies and the placement of drugs on formularies. This bill would prohibit a health care service plan or health insurer that provides prescription drug benefits and

maintains one or more drug formularies from making changes to a formulary during a plan or policy year, except in specified circumstances. The bill would require a plan or insurer, or its pharmacy benefit manager, to report to the appropriate department any changes made to a formulary during a plan or policy year within 30 days of the change being made. The bill would authorize the departments to impose administrative penalties, as specified, for a violation of these provisions. The bill would authorize the departments to conduct audits related to these provisions. Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (Based on 03/09/2026 text)

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**[AB 2022](#) ([Gonzalez, Jeff, R](#)) Property taxation: exemption: disabled veteran homeowners.**

**Current Text:** 02/17/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/17/2026

**Status:** 03/05/2026 - Re-referred to Coms. on M. & V.A. and REV. & TAX. pursuant to Assembly Rule 96.

**Calendar:** 03/24/26 A-MILITARY AND VETERANS AFFAIRS 4 p.m. - State Capitol, Room 126 SCHIAVO, PILAR, Chair

**Location:** 03/05/2026 - Assembly Military and Veterans Affairs

**Summary:** The California Constitution provides that all property is taxable, and requires that it be assessed at the same percentage of fair market value, unless otherwise provided by the California Constitution or federal law. The California Constitution and existing property tax law provide various exemptions from taxation, including, among others, a disabled veterans' exemption and a veterans' organization exemption. This bill would exempt from taxation, as provided, property owned by, and that constitutes the principal place of residence of, a veteran, the veteran's spouse, or the veteran and the veteran's spouse jointly, if the veteran is 100% disabled. The bill would provide an unmarried surviving spouse a property exemption in the same amount that they would have been entitled to if the veteran was alive and if certain conditions are met. The bill would require certain documentation to be provided to the county assessor to receive the exemption and would prohibit any other real property tax exemption from being granted to the claimant if receiving the exemption provided by the provisions of this bill. The bill would make these exemptions applicable for property tax lien dates occurring on or after January 1, 2027, but occurring before January 1, 2032. By imposing additional duties on local tax officials, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 02/17/2026 text)

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**[AB 2062](#) ([Patterson, R](#)) Personal information: data breaches.**

**Current Text:** 02/18/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/18/2026

**Status:** 02/19/2026 - From printer. May be heard in committee March 21.

**Location:** 02/18/2026 - Assembly PRINT

**Summary:** Existing law, the Information Practices Act of 1977, requires any agency that owns or licenses computerized data that includes personal information to disclose any breach of the security of the system following discovery or notification of the breach, as specified. Existing law also requires any agency that maintains computerized data that includes personal information that the agency does not own to notify the owner or licensee of the information of any breach of the security of the data, in accordance with certain procedures. This bill would make nonsubstantive changes to those provisions. (Based on 02/18/2026 text)

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**[AB 2431](#) ([Patel, D](#)) Downcoding medical claims.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026

**Status:** 03/09/2026 - Referred to Coms. on HEALTH and P. & C.P.

**Location:** 03/09/2026 - Assembly 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 provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth requirements by which a health care service plan or health insurer reimburses a provider for health care services. This bill would prohibit a health care service plan or an insurer issuing group or individual policies of health insurance from using an automated process, system, or tool to downcode a claim, which is the unilateral alteration by a payer of the service or procedure code submitted on a claim resulting in a lower payment. The bill would set forth requirements for and limitations of downcoding decisions, and, if a claim is downcoded, would require a plan or insurer to provide a billing provider with specified information and a clear and accessible process for disputing downcoded claims. The bill would prohibit a plan or insurer from using downcoding practices in a targeted or discriminatory manner against physicians or other health care providers who routinely treat patients with high acuity, complex, or chronic conditions, and would authorize the departments to take action against a plan or insurer that engages in a pattern or practice of discriminatory downcoding or that otherwise violates these provisions. 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. (Based on 02/20/2026 text)

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**[AB 2575](#) ([Ortega, D](#)) Health care services: artificial intelligence.**

**Current Text:** 03/18/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/20/2026

**Last Amended:** 03/18/2026

**Status:** 03/18/2026 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.

**Calendar:** *04/07/26 A-HEALTH 1:30 p.m. - 1021 O Street, Room 1100 BONTA, MIA, Chair*

**Location:** 03/16/2026 - Assembly Health

**Summary:** Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool, as defined, for patient care to disclose required information to any licensed health care professional or other person using a covered tool or viewing outputs from a covered tool. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the judgment of the worker acting in their scope of practice, an override is appropriate for the patient, or as necessary to comply with applicable law, including civil rights law. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 03/18/2026 text)

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**[AB 2610](#) ([Addis, D](#)) Patient access to health records.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026

**Status:** 02/21/2026 - From printer. May be heard in committee March 23.

**Location:** 02/20/2026 - Assembly PRINT

**Summary:** Existing law generally governs a patient's access to the patient's own health records. Existing law establishes procedures for providing access to health care records or summaries of those records by patients and by those persons who have responsibility for decisions regarding the health care of others, as described. Existing law sets forth the Legislature's findings and declarations regarding the right of access to that information, as specified. This bill would make technical, nonsubstantive changes to those findings and declarations. (Based on 02/20/2026 text)

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**[AB 2658](#) ([Ellis, R](#)) Crimes against elders.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026 (Spot bill)

**Status:** 02/21/2026 - From printer. May be heard in committee March 23.

**Location:** 02/20/2026 - Assembly PRINT

**Summary:** Existing law defines “elder” as a person who is 65 years of age or older and prohibits the abuse or neglect of an elder or dependent adult, as specified. Existing law makes it a misdemeanor or a felony for a caretaker of an elder or dependent adult to violate any law proscribing theft, embezzlement, forgery, fraud, or identity theft with respect to the property or personal identifying information of that elder or dependent adult, as specified. This bill would state the intent of the Legislature to enact legislation to make cases of theft from an elder by a caretaker to be visible, trackable, and screenable statewide. (Based on 02/20/2026 text)

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**[AB 2706](#) ([Soria, D](#)) Health and care facilities.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026 (Spot bill)

**Status:** 02/21/2026 - From printer. May be heard in committee March 23.

**Location:** 02/20/2026 - Assembly PRINT

**Summary:** Existing law provides for the licensure and regulation of health and care facilities by the State Department of Public Health, the State Department of Social Services, and the State Department of Health Care Services, depending on the type of facility. This bill would state the intent of the Legislature to enact legislation relating to health and care facility operations. (Based on 02/20/2026 text)

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**[AJR 25](#) ([Bonta, D](#)) Health care coverage: enhanced Affordable Care Act premium tax credits.**

**Current Text:** 01/29/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 01/29/2026

**Status:** 02/18/2026 - Referred to Com. on HEALTH.

**Location:** 02/18/2026 - Senate Health

**Summary:** This measure would urge the United States Congress and the President of the United States to immediately restore and extend the enhanced Affordable Care Act premium tax credits. (Based on 01/29/2026 text)

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**[SB 296](#) ([Archuleta, D](#)) Property taxation: exemption: disabled veteran homeowners.**

**Current Text:** 07/03/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/10/2025

**Last Amended:** 07/03/2025

**Status:** 07/15/2025 - July 14 hearing: Placed on REV. & TAX. suspense file. Retained in suspense file.

**Location:** 07/15/2025 - Assembly REV. & TAX SUSPENSE FILE

**Summary:** The California Constitution provides that all property is taxable, and requires that it be assessed at the same percentage of fair market value, unless otherwise provided by the California Constitution or federal law. The California Constitution and existing property tax law provide various exemptions from taxation, including, among others, a disabled veterans' exemption and a veterans' organization exemption. This bill would exempt from taxation, as provided, property owned by, and that constitutes the principal place of residence of, a veteran, the veteran's spouse, or the veteran and the veteran's spouse jointly, if the veteran is blind in both eyes, has lost the use of 2 or more limbs, or is totally disabled, as defined, as a result of injury or disease incurred in military service. The bill would provide an unmarried surviving spouse a property exemption in the same amount that they would

have been entitled to if the veteran was alive and if certain conditions are met. The bill would require certain documentation to be provided to the county assessor to receive the exemption and would prohibit any other real property tax exemption from being granted to the claimant if receiving the exemption provided by the provisions of this bill. The bill would make these exemptions applicable for property tax lien dates occurring on or after January 1, 2026, but occurring before January 1, 2036. By imposing additional duties on local tax officials, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 07/03/2025 text)

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**[SB 363](#) ([Wiener, D](#)) Health care coverage: independent medical review.**

**Current Text:** 07/17/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/13/2025

**Last Amended:** 07/17/2025

**Status:** 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

**Location:** 08/28/2025 - Assembly 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 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 health insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a health care service plan or health insurer to annually report to the appropriate department the total number of claims processed by the health care service plan or health insurer for the prior year and its number of treatment denials or modifications, separated and disaggregated as specified, commencing on or before June 1, 2026. The bill would require the departments to compare the number of a health care service plan's or health insurer's treatment denials and modifications to (1) the number of successful independent medical review overturns of the plan's or insurer's treatment denials or modifications and (2) the number of treatment denials or modifications reversed by a plan or insurer after an independent medical review for the denial or modification is requested, filed, or applied for. For a health care service plan or health insurer with 10 or more independent medical reviews in a given year, the bill would make the health care service plan or health insurer liable for an administrative penalty, as specified, if more than 50% of the independent medical reviews filed with a health care service plan or health insurer result in an overturning or reversal of a treatment denial or modification in any one individual category of specified general types of care. The bill would make a health care service plan or health insurer liable for additional administrative penalties for each independent medical review resulting in an additional overturned or reversed denial or modification in excess of that threshold. The bill would require the departments to annually include data, analysis, and conclusions relating to these provisions in specified reports. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

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**[SB 401](#) ([Hurtado, D](#)) Political Reform Act of 1974: filing deadlines: emergency situations.**

**Current Text:** 01/05/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/14/2025 (Spot bill)

**Last Amended:** 01/05/2026

**Status:** 01/27/2026 - Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

**Location:** 01/27/2026 - Assembly DESK

**Summary:** Under the Political Reform Act of 1974, various individuals and entities, including candidates, committees that support candidates and ballot measures, lobbyists, slate mailer organizations, and public officials, are required to periodically file certain statements and reports that disclose their financial activities. When an original statement or report is filed after the deadline for its filing under the act, the person responsible for making the filing is subject to a late filing penalty of \$10 per day, as specified, in addition to any other penalties or remedies under the act. This bill would authorize the Fair Political Practices Commission to extend any filing deadline established by the act for individuals that live in an area impacted by an emergency situation. The bill would define emergency situation to mean an emergency proclaimed by the Governor or a local governing body

pursuant to a specified law. This bill would declare that it furthers the purposes of the act. This bill contains other existing laws. (Based on 01/05/2026 text)

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**[SB 503](#) ([Weber Pierson, D](#)) Health care services: artificial intelligence.**

**Current Text:** 09/04/2025 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/19/2025 (Spot bill)

**Last Amended:** 09/04/2025

**Status:** 09/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/10/2025)(May be acted upon Jan 2026)

**Location:** 09/11/2025 - Assembly 2 YEAR

**Summary:** Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law exempts from this requirement a communication read and reviewed by a human licensed or certified health care provider. This bill would require developers and deployers of artificial intelligence systems to make reasonable efforts to identify artificial intelligence systems used to support clinical decisionmaking or health care resource allocation that are known or have a reasonably foreseeable risk for biased impacts in the system's outputs resulting from use of the system in health programs or activities. The bill would require developers and deployers to make reasonable efforts to mitigate the risk for biased impacts in the system's outputs resulting from use of the system in health programs or activities. The bill would require deployers to regularly monitor these artificial intelligence systems and take reasonable and proportionate steps to mitigate any bias that may occur. The bill would specify that a person, partnership, state or local governmental agency, or corporation may be both a developer and a deployer. The bill would specify that the department is not required to independently inspect, test, or evaluate the functionality of an artificial intelligence system. The bill would require, beginning January 1, 2027, developers to provide a report identifying compliance efforts with the above-described provisions to the department before making an artificial intelligence system commercially or publicly available to a deployer, as specified. The bill would require deployers, beginning January 1, 2027, to annually provide the department with a report identifying their efforts to comply with identification, mitigation, and monitoring requirements established pursuant to these provisions. The bill would require the department to make these reports available on its internet website. This bill contains other existing laws. (Based on 09/04/2025 text)

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**[SB 879](#) ([Laird, D](#)) Budget Act of 2026.**

**Current Text:** 01/09/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 01/09/2026

**Status:** 01/12/2026 - Read first time.

**Location:** 01/09/2026 - Senate Budget and Fiscal Review

**Summary:** This bill would make appropriations for the support of state government for the 2026–27 fiscal year. This bill contains other related provisions. (Based on 01/09/2026 text)

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**[SB 895](#) ([Wiener, D](#)) California Science and Health Research Bond Act.**

**Current Text:** 03/16/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 01/15/2026

**Last Amended:** 03/16/2026

**Status:** 03/16/2026 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

**Calendar:** 03/25/26 S-HEALTH 1:30 p.m. - 1021 O Street, Room 1200 WEBER PIERSON, M.D., AKILAH, Chair

**Location:** 02/11/2026 - Senate Health

**Summary:** Existing law establishes various grant and loan programs for research, including, among others, the California Institute for Regenerative Medicine, California Firefighter Cancer Prevention and Research Program, and the Public Interest Research, Development, and Demonstration Program. This bill would establish the California Foundation for Science and Health Research within the Government Operations Agency. The bill would create require the Secretary of Government Operations to oversee the process of appointing the director of the foundation, and would authorize the Secretary of Government Operations to delegate the task of hiring and determining the salaries, bonuses, and benefits of additional personnel to the director, as specified. The bill would require the director and personnel of the foundation to be responsible for implementing the strategic objectives of the California Foundation for Science and Health Research Council, as described below, administering grants and loans awarded by the council, and all other duties as deemed necessary for the operation of the foundation. This bill would create the California Foundation for Science and Health Research Fund, upon appropriation by the Legislature, and require the moneys in the fund to be used by the foundation to award grants and make loans to public or private research companies, universities, institutes, and organizations for scientific research and development, in specific areas of research, including, but not limited to, biomedical, behavioral, behavioral health, and climate research. This bill contains other related provisions and other existing laws. (Based on 03/16/2026 text)

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**[SB 950](#)** **([Weber Pierson, D](#)) Health care coverage: dementia.**

**Current Text:** 02/02/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/02/2026

**Status:** 02/11/2026 - Referred to Com. on HEALTH.

**Location:** 02/11/2026 - Senate 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 prohibits specified health care service plan contracts and disability insurance policies from excluding persons covered by the plan from receiving benefits if they are diagnosed as having any significant destruction of brain tissue with resultant loss of brain function, including Alzheimer's disease. This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2027, to include coverage for all medically necessary treatments or medications, as determined by a health care provider, approved by the United States Food and Drug Administration (FDA) for the treatment of Alzheimer's disease or other related dementia. On and after January 1, 2027, the bill would prohibit a health care service plan or health insurer from imposing step therapy protocols as a prerequisite to authorizing that coverage, except as provided. The bill would require a health care service plan or health insurer that, as a medical benefit, covers nonself-administered treatments approved by the FDA for the treatment of Alzheimer's disease or other medical conditions affecting memory to also include those nonself-administered treatments as an outpatient prescription drug benefit. 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. (Based on 02/02/2026 text)

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**[SB 1037](#)** **([Weber Pierson, D](#)) Health care coverage: rate review.**

**Current Text:** 02/11/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/11/2026

**Status:** 02/18/2026 - Referred to Com. on HEALTH.

**Location:** 02/18/2026 - Senate 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. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review and to demonstrate the impact of any changes in the rate of growth of health care costs resulting from health care cost targets. This bill would require the Department of Managed Health Care and the Department of Insurance, in collaboration with the Office of Health

Care Affordability, to each conduct an enhanced rate review to determine if health care premiums are affordable for individual and group purchasers. (Based on 02/11/2026 text)

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**[SB 1049](#) ([Weber Pierson, D](#)) Health care claims reimbursement.**

**Current Text:** 02/12/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/12/2026

**Status:** 03/09/2026 - Set for hearing March 25.

**Calendar:** 03/25/26 S-HEALTH 1:30 p.m. - 1021 O Street, Room 1200 WEBER PIERSON, M.D., AKILAH, Chair

**Location:** 02/26/2026 - Senate 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 provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for completeness, to notify the claimant no later than 30 calendar days after receipt that the claim or portion thereof is contested or denied. This bill would grant a provider 90 days to submit a corrected claim after a health care service plan or health insurer denies a claim or sends a notice of overpayment for a claim based a defect that may be remedied by submitting a corrected claim. The bill would prohibit a plan or insurer from denying a corrected claim on the grounds that the provider did not submit the claim within the applicable claim filing deadline. 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. (Based on 02/12/2026 text)

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**[SB 1088](#) ([Blakespear, D](#)) Health care decisions: life-sustaining treatment.**

**Current Text:** 03/17/2026 - Amended [HTML](#) [PDF](#)

**Introduced:** 02/13/2026

**Last Amended:** 03/17/2026

**Status:** 03/17/2026 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

**Calendar:** 03/25/26 S-HEALTH 1:30 p.m. - 1021 O Street, Room 1200 WEBER PIERSON, M.D., AKILAH, Chair

**Location:** 02/26/2026 - Senate Health

**Summary:** Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual with capacity or legally recognized health care decisionmaker and the individual's physician that directs a health care provider regarding resuscitative measures, as prescribed. Existing law includes a prehospital "do not resuscitate" form, as developed by the Emergency Medical Services Authority or other substantially similar form, and Physician Orders for Life Sustaining Treatment form (POLST form), as approved by the Emergency Medical Services Authority as requests regarding resuscitative measures. This bill would replace the term "Physician Orders for Life Sustaining Treatment" with "POLST," or "Portable Orders Listing Scope of Treatment." The bill would authorize a request regarding resuscitative measures to be entered into by an individual with capacity or a health care, agent, conservator, or surrogate, as defined, and a physician, nurse practitioner, or physician assistant acting under the supervision of the physician. The bill would specify that a request regarding resuscitative measures is entirely voluntary and the provision of care or admission to a facility cannot be conditioned on completion of or refusal to complete a POLST or prehospital "do not resuscitate" order. This bill contains other related provisions and other existing laws. (Based on 03/17/2026 text)

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**[SB 1096](#) ([Dahle, R](#)) Personal income tax: senior tax credit.**

**Current Text:** 02/13/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/13/2026

**Status:** 02/26/2026 - Referred to Com. on REV. & TAX.

**Location:** 02/26/2026 - Senate Revenue and Taxation

**Summary:** The Personal Income Tax Law allows various credits against the taxes imposed by that law, including a credit of \$227 for each dependent, as defined, of a taxpayer for each taxable year beginning on or after January 1, 1999, as adjusted for inflation, and which may be reduced if a taxpayer's federal adjusted gross income exceeds a threshold amount. This bill would allow a credit against the taxes imposed by the Personal Income Tax Law for each taxable year beginning on or after January 1, 2026, and before January 1, 2031, to a qualified taxpayer in an amount equal to \$1,500 per dependent. The bill would define "qualified taxpayer" for these purposes to mean a taxpayer who is or would have been, or whose spouse is or would have been, as applicable, 65 years of age or older as of the last day of the taxable year and for whom no part of their adjusted gross income for the taxable year consists of earned income, as defined. This bill contains other related provisions and other existing laws. (Based on 02/13/2026 text)

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**SB 1252** **(Durazo, D) Health care coverage.**

**Current Text:** 02/19/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/19/2026 (Spot bill)

**Status:** 03/04/2026 - Referred to Com. on RLS.

**Location:** 02/19/2026 - Senate Rules

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and for the regulation of health insurers by the Department of Insurance. This bill would state the intent of the Legislature to enact legislation through which every California resident who pays taxes within the state would be entitled to health care coverage. This bill contains other existing laws. (Based on 02/19/2026 text)

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**SB 1271** **(Reyes, D) Health and care facilities: health care decisions.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026

**Status:** 03/04/2026 - Referred to Com. on RLS.

**Location:** 02/20/2026 - Senate Rules

**Summary:** Existing law establishes the Long-Term Care Patient Representative Program and the Office of the Long-Term Care Patient Representative in the California Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified. Existing law requires that if the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility prescribes or orders a medical intervention that requires that informed consent be obtained prior to administration of the medical intervention, but is unable to obtain informed consent because the physician and surgeon determines that the resident lacks capacity to provide informed consent, the physician and surgeon is required to document the determination that the resident lacks capacity and the basis for that determination in the resident's medical record. Existing law also requires the physician and surgeon to inform the skilled nursing facility or intermediate care facility of that determination. Upon being notified by the attending physician of a determination that a resident lacks capacity to provide informed consent, existing law requires the skilled nursing facility or intermediate care facility to act promptly and identify, or use due diligence to search for, a legal decisionmaker, as defined. If no legal decisionmaker can be identified or located, existing law requires the facility to take further steps to promptly identify, or use due diligence to search for, a patient representative to participate in an interdisciplinary team review, as specified. Existing law requires the Long-Term Care Patient Representative Program to assign a public patient representative if no family member or friend is available to serve in that capacity and specified notice has been provided. Existing law prohibits an interdisciplinary team review from occurring until a patient representative is available to participate and specified notice has been provided. If the Long-Term Care Patient Representative Program is not operational, existing law requires that all notices otherwise required to be provided to the Long-Term Care Patient Representative Program pursuant to these provisions be provided to the local long-term care ombudsman or any other person or entity as may be permitted by law. This bill would make technical, nonsubstantive changes to this provision. (Based on 02/20/2026 text)

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**[SB 1280](#) ([Valladares, R](#)) Health care service plan requirements.**

**Current Text:** 02/20/2026 - Introduced [HTML](#) [PDF](#)

**Introduced:** 02/20/2026

**Status:** 03/04/2026 - Referred to Com. on RLS.

**Location:** 02/20/2026 - Senate Rules

**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. Existing law requires a health care service plan to meet specified requirements, and requires a health care service plan contract to provide to subscribers and enrollees specified basic health care services. This bill would make technical, nonsubstantive changes to those provisions. (Based on 02/20/2026 text)

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Total Measures: 46

Total Tracking Forms: 46