



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
5/29/2025**

Support

AB 53

(Ramos D) Personal income taxes: exclusion: Military Services Retirement and Surviving Spouse Benefit Payment Act.

Current Text: Amended: 2/24/2025 [html](#) [pdf](#)

Introduced: 12/2/2024

Last Amend: 2/24/2025

Status: 5/27/2025-Read second time. Ordered to third reading.

Location: 5/27/2025-A. THIRD READING

Calendar: 5/29/2025 #55 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

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.

Memo:

Support letter sent to Author

Support letter sent to Asm. R&T

Support letter sent to Asm. APPR

AB 280

(Aguilar-Curry D) Health care coverage: provider directories.

Current Text: Amended: 5/23/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Last Amend: 5/23/2025

Status: 5/27/2025-Read second time. Ordered to third reading.

Location: 5/27/2025-A. THIRD READING

Calendar: 5/29/2025 #468 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

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.

Memo:

Support letter sent to Author
Support letter sent to Asm. APPR

AB 371

(Haney D) Dental coverage.

Current Text: Amended: 4/24/2025 [html](#) [pdf](#)

Introduced: 2/3/2025

Last Amend: 4/24/2025

Status: 5/22/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 5/22/2025-A. 2 YEAR

Summary: 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.

Memo:

Support letter sent to Author
Support letter sent to Asm. Health
Support letter sent to Asm. APPR

AB 1190

(Haney D) Department of Motor Vehicles: private industry partner fees.

Current Text: Amended: 4/21/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 4/21/2025

Status: 5/28/2025-Referred to Com. on TRANS.

Location: 5/28/2025-S. TRANS.

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 their customers to no more than 5% above the fees that the department charges to consumers when providing those services directly, as specified. 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.

Memo:

Support letter sent to Author
Support letter sent to Asm. APPR

SB 56

([Seyarto R](#)) Property taxation: disabled veterans' exemption: household income.

Current Text: Amended: 3/5/2025 [html](#) [pdf](#)

Introduced: 1/7/2025

Last Amend: 3/5/2025

Status: 5/27/2025-Ordered to special consent calendar.

Location: 5/27/2025-S. CONSENT CALENDAR

Calendar: 5/29/2025 #287 SENATE SPECIAL CONSENT CALENDAR NO. 09

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 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.

Memo:

Support letter sent to Author
Support letter sent to Sen. M&VA
Support letter sent to Sen. APPR

SB 351

([Cabaldon D](#)) Health facilities.

Current Text: Introduced: 2/12/2025 [html](#) [pdf](#)

Introduced: 2/12/2025

Status: 5/28/2025-Read third time. Passed. (Ayes 30. Noes 6.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 5/28/2025-A. DESK

Summary: Existing law generally regulates the licensing and operation of health facilities and other facilities providing health care in this state. Existing law, the Medical Practice Act, creates the Medical Board of California to license and regulate physicians and surgeons. Under existing law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists. Existing law, the Nonprofit Public Benefit Corporation Law, generally requires a nonprofit public benefit corporation to give written notice to the Attorney General before it sells, leases, conveys, exchanges, transfers, or disposes of its assets, except as specified. Existing law provides specific procedures for health facilities and additionally requires these facilities to obtain the consent of the Attorney General prior to entering into a specified agreement or transaction. This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into an agreement or arrangement with a physician or dental practice if the agreement or arrangement would enable the person or entity to engage in the prohibited actions described above. The bill would render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that explicitly or implicitly include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund, as specified. This bill would entitle the Attorney General to injunctive relief and attorney's fees and costs for the enforcement of these provisions, as specified.

Memo:

Support letter sent to Author
Support letter sent to Sen. BP&ED
Support letter sent to Sen. JUD
Support letter sent to Sen. APPR

Total Measures: 6

Total Tracking Forms: 6