BLANNING & BAKER
Associates, Inc.

CSR Legislative Report

8/7/2026

3) Support

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)

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)

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

AB 1199 **(Patterson, R) Medical staff: health care provider credentialing.**

Current Text: 06/11/2026 - Amended **HTML** **PDF**
Introduced: 02/21/2025
Last Amended: 06/11/2026
Status: 08/04/2026 - Read second time. Ordered to Consent Calendar.
Calendar: ***08/10/26 #287 S-CONSENT CALENDAR SECOND LEGISLATIVE DAY***
Location: 08/03/2026 - Senate CONSENT CALENDAR
Summary: Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and charges it with administrative and enforcement duties related to the provision of medical services under the act. The act makes unprofessional conduct subject to discipline by the board the regular practice of medicine in a specified hospital having 5 or more physicians and surgeons on the medical staff without rules established by the board of directors to govern the operation of the hospital. The act requires the rules to include a provision for the organization of physicians and surgeons into a formal medical staff with staff appointments on an annual or biennial basis. This bill would revise that provision to instead require staff reappointments at least every 3 years. (Based on 06/11/2026 text)

AB 1609 **(Zbur, D) Customer service chatbots.**

Current Text: 06/25/2026 - Amended **HTML** **PDF**
Introduced: 01/20/2026 (Spot bill)
Last Amended: 06/25/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
Summary: Existing law prohibits a person from using a bot, as defined, to mislead another person about the bot's artificial identity to incentivize the purchase or sale of goods or services, among other things. Existing law requires

an operator of a companion chatbot, as defined, to provide a disclosure regarding the companion chatbot's artificial identity if a reasonable person interacting with the companion chatbot would be misled to believe that the person is interacting with a human. This bill would prohibit a large private business, as defined, from representing that a customer service chatbot is a human. The bill would also require the large private business to provide certain disclosures if a reasonable person interacting with the chatbot would be misled to believe they are interacting with a human. This bill would require a large private business to provide a customer service feature allowing customers to contact a customer service agent during its regular business hours, as defined. This bill would require large private businesses to make a good faith effort to connect a customer to an agent within 15 minutes after a request for human customer service is made, or schedule an appointment with the customer, as specified. For online chatbot customer service platforms and telephonic customer service platforms, the bill would require a large private business to make a good faith effort to limit initial and cumulative telephonic hold times, and would require certain large private businesses to post prescribed contact information on their internet website. The bill would authorize a public prosecutor to enforce these provisions, and would make a large private business that violates these provisions liable for a penalty of up to $5,000 for an initial violation, and $10,000 for each subsequent violation. The bill would waive its requirements due to unforeseen circumstances beyond the reasonable control of a large private business, and would exempt a large private business that provides services subject to, and is in compliance with, a specified public utilities law. The bill would further exempt exclusive business lines and communications by a hospital, as specified, and a consumer reporting agency, as prescribed. The bill would define terms for these purposes. (Based on 06/25/2026 text)

AB 1629 **(Haney, D) Dental coverage.**

Current Text: 06/25/2026 - Amended **HTML** **PDF**

Introduced: 01/26/2026

Last Amended: 06/25/2026

Status: 08/03/2026 - In committee: Referred to APPR. suspense file.

Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***

Location: 08/03/2026 - Senate APPR. SUSPENSE FILE

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. This bill would require a plan or insurer, including a specialized plan or insurer, covering dental services, upon written and dated consent of the enrollee or insured, to pay a noncontracting dental provider directly for covered services rendered to the enrollee or insured in accordance with the benefit provided in the contract or policy. The bill would prohibit a noncontracting dental provider accepting assignment of benefits from charging an enrollee or insured, prior to the plan payment, more than an estimate of the enrollee's or the insured's cost sharing for the treatment or a deposit that approximates that cost share. 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 would require a plan or insurer to certify, under penalty of perjury, that specified information submitted to its regulator regarding network adequacy is true and correct, thus creating a crime and imposing a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 06/25/2026 text)

AB 1906 **(Aguiar-Curry, D) Health care coverage: home test kits.**

Current Text: 06/22/2026 - Amended **HTML** **PDF**

Introduced: 02/12/2026

Last Amended: 06/22/2026

Status: 06/29/2026 - In committee: Referred to APPR. suspense file.

Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***

Location: 06/29/2026 - Senate APPR. SUSPENSE FILE

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 contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test upon the referral of the patient's health care provider. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage without cost sharing for cervical cancer screening, including the United States Food and Drug Administration (FDA)-authorized or cleared self-collected cervical screening kits, when ordered or provided by an in-network provider and consistent with nationally recognized clinical guidelines. For health savings account-eligible plans or policies, the bill would require the above-described coverage only to the extent the plan is a high deductible health plan under specified federal law. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 06/22/2026 text)

ACR 80 **(Stefani, D) Elder and Dependent Adult Abuse Awareness Month.**

Current Text: 06/25/2025 - Chaptered **HTML** **PDF**

Introduced: 05/05/2025

Status: 06/25/2025 - Chaptered by Secretary of State - Chapter 103, Statutes of 2025

Location: 06/25/2025 - Assembly CHAPTERED

Summary: This measure would proclaim and acknowledge the month of June 2025 as Elder and Dependent Adult Abuse Awareness Month in California and would reiterate the importance of annually recognizing Elder and Dependent Adult Abuse Awareness Month in the state. (Based on 06/25/2025 text)

Memo: Support letter sent to Author

ACR 206 **(Stefani, D) Elder and Dependent Adult Abuse Awareness Month.**

Current Text: 07/06/2026 - Chaptered **HTML** **PDF**

Introduced: 05/14/2026

Status: 07/06/2026 - Chaptered by Secretary of State - Chapter 146, Statutes of 2026.

Location: 07/06/2026 - Assembly CHAPTERED

Summary: This measure would proclaim the month of June 2026 as Elder and Dependent Adult Abuse Awareness Month. (Based on 07/06/2026 text)

Memo: Support letter sent to Author -- 05/22/2026

AJR 3 **(Schiavo, D) Public social services: Social Security, Medicare, and Medicaid.**

Current Text: 09/05/2025 - Chaptered **HTML** **PDF**

Introduced: 03/03/2025

Last Amended: 08/19/2025

Status: 09/05/2025 - Chaptered by Secretary of State - Chapter 168, Statutes of 2025

Location: 09/05/2025 - Assembly CHAPTERED

Summary: This measure would call on the state's Representatives in Congress to support legislation to repeal all of the provisions of the federal One Big Beautiful Bill Act that adversely affect Social Security, Medicare, and Medicaid programs, to oppose privatization of these programs, and to protect and improve these programs, and would call on the President of the United States to immediately restore program staffing levels, to work with

Congress to protect and improve these programs, and to disavow any efforts to privatize Social Security. (Based on 09/05/2025 text)

Memo: Support letter sent to Author
Support letter sent to Sen. Human Services

SB 56 **(Seyarto, R) Property taxation: disabled veterans' exemption: household income.**

Current Text: 06/19/2025 - Amended **HTML** **PDF**
Introduced: 01/07/2025
Last Amended: 06/19/2025
Status: 07/15/2025 - July 14 hearing: Placed on REV. & TAX. suspense file. Set, first hearing. Held in committee and under submission.
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. 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, 2036, 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 06/19/2025 text)

Memo: Support letter sent to Author
Support letter sent to Sen. M&VA
Support letter sent to Sen. APPR
Support letter sent to Asm. M&VA
Support letter sent to Asm. R&T

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

Current Text: 07/01/2026 - Amended **HTML** **PDF**
Introduced: 02/10/2025
Last Amended: 07/01/2026
Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 08/05/2026 - Assembly APPR. 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, 50% of the full value of the 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 were alive and if certain conditions are met. In the case of a disabled veteran or unmarried surviving spouse whose household income does not exceed a specified amount for the relevant assessment year, as prescribed, the bill would exempt 100% of the full value of the property from taxation. 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 07/01/2026 text)

SB 351 **(Cabaldon, D) Health facilities.**

Current Text: 10/06/2025 - Chaptered **HTML** **PDF**
Introduced: 02/12/2025
Last Amended: 09/08/2025
Status: 10/06/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 409, Statutes of 2025.
Location: 10/06/2025 - Senate CHAPTERED
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 a contract or other agreement or arrangement with a physician or dental practice if the contract or other agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those contracts or other agreements void and unenforceable. The bill would prohibit and render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that 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. The bill would make its provisions severable. This bill contains other existing laws. (Based on 10/06/2025 text)

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
Support letter sent to Asm. B&P
Support letter sent to Asm. JUD
Support letter sent to Asm. APPR

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

Current Text: 03/26/2026 - Amended **HTML** **PDF**
Introduced: 01/14/2026
Last Amended: 03/26/2026
Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 08/05/2026 - Assembly APPR. 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. 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 03/26/2026 text)

Memo:

Support letter sent to Author -- 3/19/2026
Support letter sent to Sen. R&T -- 3/19/2026
Support letter sent to Sen. M&VA -- 4/17/2026
Support letter sent to Sen. APPR -- 04/22/26
Support letter sent to Asm. R&T -- 6/9/2026
Support letter sent to Asm. M&VA -- 6/9/2026
Support letter sent to Asm. APPR -- 07/27/26

SB 1244 **(Allen, D) Public Agency Benefits Intermediary Compensation Disclosure Act.**

Current Text: 06/11/2026 - Amended **HTML** **PDF**
Introduced: 02/19/2026
Last Amended: 06/11/2026
Status: 08/06/2026 - Read second time. Ordered to third reading.
Calendar: ***08/10/26 #126 A-THIRD READING FILE - SENATE BILLS***
Location: 08/06/2026 - Assembly THIRD READING
Summary: Existing law requires various disclosures to be made regarding health care service plan and health insurance benefits and coverages. Existing law generally regulates the conduct of business between health care service plans and solicitors and health insurers and broker-agents, including requirements regarding contracts in which the solicitor represents the health care service plan or the broker-agent represents the insurer. This bill, the Public Agency Benefits Intermediary Compensation Disclosure Act, would require a covered service provider, defined to mean a broker, agent, consultant, or advisor that meets specified criteria, to disclose to a public agency, as defined, or its group health plan the direct and indirect compensation it expects to receive for providing brokerage or consulting services, among other information, before it enters into, extends, renews, or materially amends a contract or arrangement for brokerage services or consulting services with the public agency or its plan. The bill would also require a covered service provider to disclose compensation and material financial interests related to a covered health care benefits arrangement that the covered service provider recommends, places, renews, services, or materially influences for the public agency or its group health plan. Disclosure would be required under these provisions if the covered service provider reasonably expects it would receive $1,000 or more in compensation during the term of the contract or arrangement. The bill would require these disclosures at specified times. This bill would prohibit a covered service provider from requesting, accepting, or receiving direct or indirect compensation in connection with brokerage services or consulting services provided to a public agency or its plan unless the compensation is disclosed, and would prohibit evasion of disclosure requirements. (Based on 06/11/2026 text)

SB 1249 **(Richardson, D) Personal income taxes: deductions: elderly seniors.**

Current Text: 05/14/2026 - Amended **HTML** **PDF**
Introduced: 02/19/2026
Last Amended: 05/14/2026
Status: 06/30/2026 - June 29 hearing. Held in committee and under submission.

Location: 06/15/2026 - Assembly REV. & TAX SUSPENSE FILE

Summary: The Personal Income Tax Law, in modified conformity with federal income tax laws, allows various deductions from gross income in calculating adjusted gross income. This bill, for taxable years beginning on or after January 1, 2027, and before January 1, 2032, would allow a deduction in determining adjusted gross income for a taxpayer in an amount equal to $3,000 per qualified individual, reduced by 6% of the taxpayer's federal adjusted gross income in excess of specified thresholds. The bill would define "qualified individual" for these purposes to mean the taxpayer if the taxpayer is an elderly senior and, in the case of a married couple filing a joint return, the taxpayer's spouse if the taxpayer's spouse is an elderly senior, and would define "elderly senior" to mean an individual who meets specified age criteria as of the last day of the taxable year. This bill contains other related provisions and other existing laws. (Based on 05/14/2026 text)

Memo:

Support letter sent to Author -- 05/08/26
Support letter sent to Asm. R&T -- 06/04/26

SB 1407 **(Archuleta, D) Personal Income Tax Law: exclusions: military retirement pay: survivor benefit pay.**

Current Text: 05/14/2026 - Amended **HTML** **PDF**

Introduced: 02/20/2026

Last Amended: 05/14/2026

Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.

Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***

Location: 08/05/2026 - Assembly APPR. SUSPENSE FILE

Summary: The Personal Income Tax Law, in conformity with federal income tax laws, defines "gross income" as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income, including, for taxable years beginning on or after January 1, 2025, and before January 1, 2030, an exclusion from gross income for 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, and an exclusion for income annuity payments received by a qualified taxpayer, as defined, not to exceed $20,000, pursuant to a United States Department of Defense Survivor Benefit Plan, as specified. Existing law defines "qualified taxpayer" for the purpose of these exclusions to mean taxpayers that satisfy specified income limitations. This bill would amend the above-described exclusions to annually adjust the income limitations for taxpayers for inflation, as provided, and to increase the limitation on income eligible for exclusion to $40,000. The bill would also extend the exclusions until taxable years beginning before January 1, 2037. This bill contains other related provisions and other existing laws. (Based on 05/14/2026 text)

Memo:

Support letter sent to Author -- 04/17/26
Support letter sent to Sen. M&VA -- 04/17/26
Support letter sent to Sen. APPR -- 04/22/26
Support letter sent to Asm. R&T -- 6/9/2026
Support letter sent to Asm. M&VA -- 6/9/2026
Support letter sent to Asm. APPR -- 07/27/26

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

Current Text: 04/23/2026 - Amended **HTML** **PDF**

Introduced: 03/17/2026

Last Amended: 04/23/2026

Status: 08/06/2026 - Read second time. Ordered to consent calendar.

Calendar: ***08/10/26 #166 A-CONSENT CALENDAR 1ST DAY SENATE BILLS***

Location: 08/05/2026 - Assembly CONSENT CALENDAR

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 04/23/2026 text)

Memo:

Support letter sent to Sen. LPER -- 04/17/26
Support letter sent to Sen. APPR -- 04/28/26
Support letter sent to Asm. Ins -- 06/09/26
Support letter sent to Asm. PE&R -- 06/09/26
Support letter sent to Asm. APPR -- 07/27/26

SR 104 **(Becker, D) Relative to aging and chronic disease policy.**

Current Text: 06/10/2026 - Enrolled **HTML** **PDF**
Introduced: 04/27/2026
Status: 06/08/2026 - From consent calendar on motion of Senator Becker. Ordered to third reading. Read. Adopted. (Ayes 36. Noes 0.)
Location: 06/08/2026 - Senate ADOPTED
Summary: This measure would resolve that the Senate supports targeting the biological processes of aging as a strategy to prevent or delay the onset of chronic disease. Resolved, That the State of California should invest in research grants, public-private partnerships, and regulatory frameworks that support the development of therapies that slow, prevent, or reverse aspects of biological aging. Resolved, That the State Department of Public Health and California Department of Aging are encouraged to incorporate the science of aging into chronic disease prevention and healthy aging strategies, including education, outreach, and demonstration programs. Resolved, That the Senate encourages collaboration between California's academic research institutions, health plans, and biotechnology firms to pilot innovative aging interventions that improve health span and reduce long-term care costs. (Based on 06/10/2026 text)

Memo:

Support letter sent to Author -- 05/22/26
Support letter sent to Sen. HumS -- 05/22/26

SR 109 **(Menjivar, D) Relative to veterans.**

Current Text: 08/06/2026 - Chaptered **HTML** **PDF**
Introduced: 04/30/2026
Status: 08/06/2026 - Read. Adopted. (Ayes 35. Noes 0.)
Location: 08/06/2026 - Senate ADOPTED
Summary: This measure would resolve that the Senate honors and recognizes the service and sacrifice of Korean American Vietnam War veterans residing in the State of California. Resolved, That the Senate expresses its respect and gratitude for their contributions to freedom and democracy. Resolved, That the Senate encourages continued cooperation between the United States and the Republic of Korea in matters concerning the welfare and dignity of these veterans. (Based on 04/30/2026 text)

Memo: Support letter sent to Author -- 06/09/26

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)

AB 108 **(Gabriel, D) Budget Act of 2025.**

Current Text: 05/07/2026 - Chaptered **HTML** **PDF**
Introduced: 01/08/2025 (Spot bill)
Last Amended: 05/04/2026
Status: 05/07/2026 - Approved by the Governor. Chaptered by Secretary of State - Chapter 8, Statutes of 2026.
Location: 05/07/2026 - Assembly CHAPTERED
Summary: The Budget Act of 2025 made appropriations for the support of state government for the 2025–26 fiscal year. This bill would amend the Budget Act of 2025 by amending items of appropriation. This bill would declare that it is to take effect immediately as a Budget Bill. (Based on 05/07/2026 text)

AB 109 **(Gabriel, D) Budget Act of 2026.**

Current Text: 06/29/2026 - Chaptered **HTML** **PDF**
Introduced: 01/08/2025 (Spot bill)
Last Amended: 06/11/2026
Status: 06/29/2026 - Approved by the Governor. Chaptered by Secretary of State - Chapter 19, Statutes of 2026.
Location: 06/29/2026 - Assembly CHAPTERED
Summary: This bill would make appropriations for the support of state government for the 2026–27 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill. (Based on 06/29/2026 text)

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)

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)

AB 224 **(Bonta, D) Health care coverage: essential health benefits.**

Current Text: 10/13/2025 - Chaptered **HTML** **PDF**
Introduced: 01/09/2025
Last Amended: 07/08/2025
Status: 10/13/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 680, Statutes of 2025.
Location: 10/13/2025 - Assembly CHAPTERED
Summary: Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health insurers. The bill

would require, commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, as specified, the benchmark plan for health insurers to include certain additional benefits, including coverage for specified fertility services and specified durable medical equipment. (Based on 10/13/2025 text)

AB 290 **(Bauer-Kahan, D) California FAIR Plan Association: automatic payments.**

Current Text: 10/09/2025 - Chaptered **HTML** **PDF**
Introduced: 01/22/2025
Last Amended: 09/05/2025
Status: 10/09/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 475, Statutes of 2025.
Location: 10/09/2025 - Assembly CHAPTERED
Summary: Existing law establishes the California FAIR Plan Association, a joint reinsurance association in which all insurers licensed to write basic property insurance participate to administer a program for the equitable apportionment of basic property insurance for persons who are unable to obtain that coverage through normal channels. Existing law authorizes cancellation of an insurance policy for nonpayment of premium, and requires an insurer to notify a policyholder at least 10 calendar days before the policy will be canceled for nonpayment. This bill, on or before April 1, 2026, would require the California FAIR Plan Association to create an automatic payment system and accept automatic payments for premiums from policyholders. The bill would prohibit cancellation or nonrenewal of a FAIR Plan policy solely because the policyholder is not enrolled in automatic payments. The bill would provide a period for the policyholder to pay any outstanding installment premium, in accordance with the existing 10-calendar-day notice requirement. (Based on 10/09/2025 text)

AB 489 **(Bonta, D) Health care professions: deceptive terms or letters: artificial intelligence.**

Current Text: 10/11/2025 - Chaptered **HTML** **PDF**
Introduced: 02/10/2025
Last Amended: 07/08/2025
Status: 10/11/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 615, Statutes of 2025.
Location: 10/11/2025 - Assembly CHAPTERED
Summary: Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession. Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, 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 provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate. This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation. This bill contains other related provisions and other existing laws. (Based on 10/11/2025 text)

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

Current Text: 07/02/2026 - Amended **HTML** **PDF**
Introduced: 02/11/2025
Last Amended: 07/02/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
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 an approved prior authorization for a health care service requested by an in-network provider to remain valid for the period required by the treating provider for the course of the prescribed treatment, not to exceed a period of at least one year from the date of approval, 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 07/02/2026 text)

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)

AB 789 **(Bonta, D) Political Reform Act of 1974: security expenses.**

Current Text: 10/11/2025 - Chaptered **HTML** **PDF**
Introduced: 02/18/2025
Last Amended: 09/03/2025
Status: 10/11/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 621, Statutes of 2025.
Location: 10/11/2025 - Assembly CHAPTERED
Summary: The Political Reform Act of 1974 regulates the use of campaign funds held by candidates for elective office, elected officers, and campaign committees. The act authorizes a candidate or elected officer to use

campaign funds to pay or reimburse the state for the reasonable costs of installing and monitoring a home or office electronic security system or for another tangible item related to security, and for the reasonable costs of providing personal security to a candidate, elected officer, or the immediate family or staff of a candidate or elected officer, provided that the threat or potential threat to safety arises from the candidate's or elected officer's activities, duties, or status as a candidate or elected officer or from staff's position as staff of the candidate or elected officer. The act permits a candidate or elected officer to expend a maximum of $10,000 of campaign funds for these purposes during their lifetime. This bill would eliminate that monetary cap until January 1, 2029. Beginning January 1, 2029, the bill would instead permit a candidate or elected officer to expend a maximum of $10,000 of campaign funds for these purposes per calendar year. This bill contains other related provisions and other existing laws. (Based on 10/11/2025 text)

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

Current Text: 06/22/2026 - Amended **HTML** **PDF**
Introduced: 02/19/2025
Last Amended: 06/22/2026
Status: 07/02/2026 - Read second time. Ordered to third reading.
Calendar: ***08/10/26 #164 S-ASSEMBLY BILLS - THIRD READING FILE (Floor Mgr.- Grayson)***
Location: 07/02/2026 - Senate THIRD READING
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 all officers and employees of a financial institution to be mandated reporters of suspected financial abuse of an elder or dependent adult. 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. Within 48 hours of filing a report, the bill would require a financial institution to notify the elder or dependent adult identified in the report, as specified, and provide additional required information. 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. The bill would specify that violations of these provisions would not incur the above-described liability for civil penalties. The bill would make its provisions operative on January 1, 2028. (Based on 06/22/2026 text)

AB 894 **(Carrillo, D) General acute care hospitals: patient directories.**

Current Text: 10/06/2025 - Chaptered **HTML** **PDF**
Introduced: 02/19/2025 (Spot bill)
Last Amended: 08/27/2025
Status: 10/06/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 384, Statutes of 2025.
Location: 10/06/2025 - Assembly CHAPTERED
Summary: Existing law requires the State Department of Public Health to license and regulate health facilities, including general acute care hospitals. Existing law makes a violation of these provisions a crime. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered health care provider to use specified protected health information to maintain a directory of patients in its facility, and to disclose that information to persons who ask for the patient by name. Existing federal law requires a covered health care provider to inform an individual of its privacy practices generally and the use and disclosure of information in the directory and to provide the patient with the opportunity to restrict or prohibit that use or disclosure. Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, but does not prevent a general acute care hospital, upon an inquiry concerning a specific patient, from releasing a patient's name, address, age, and sex, and a general description of the reason for treatment, among other information, unless

there is a specific written request by the patient to the contrary. This bill, beginning July 1, 2026, would require a general acute care hospital to inform a patient or the patient's representative, at the time of admission or as soon as reasonably possible in cases of patient incapacity or an emergency treatment circumstance, that the patient or the patient's representative may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory and would require the hospital to provide the patient or the patient's representative an acknowledgment of the hospital's privacy practices by using a separate document and having hospital personnel verbally inform the patient or the patient's representative, as specified. Because a violation of the bill's requirements 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 10/06/2025 text)

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

Current Text: 06/25/2026 - Amended **HTML** **PDF**
Introduced: 02/20/2025
Last Amended: 06/25/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
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 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 specify that the Legislature reserves the right to suspend the program through legislative action ratified by the Governor under certain circumstances. If the Legislature and the Governor approve the program's suspension, the bill would terminate all participants' benefit accrual and would prohibit any participant, eligible spouse, or beneficiary from having any vested right to any prospective program benefit, as specified. This bill contains other existing laws. (Based on 06/25/2026 text)

AB 1067 **(Quirk-Silva, D) Public employees' retirement: felony convictions.**

Current Text: 10/06/2025 - Chaptered **HTML** **PDF**
Introduced: 02/20/2025
Last Amended: 07/15/2025
Status: 10/06/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 388, Statutes of 2025.
Location: 10/06/2025 - Assembly CHAPTERED
Summary: Existing law, the California Public Employees' Pension Reform Act of 2013, requires a public employee who is convicted of any state or federal felony for conduct arising out of, or in the performance of, the public employee's official duties in pursuit of the office or appointment, or in connection with obtaining salary, disability

retirement, service retirement, or other benefits, to forfeit all accrued rights and benefits in any public retirement system from the earliest date of the commission of the felony to the date of conviction, and prohibits the public employee from accruing further benefits in that public retirement system. Existing law defines “public employee” for purposes of these provisions to mean an officer, including one who is elected or appointed, or an employee of a public employer. Existing law also requires an elected public officer, who takes public office, or is reelected to public office, on or after January 1, 2006, and who is convicted during or after holding office of any felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes arising directly out of their official duties as an elected public officer, to forfeit all rights and benefits under, and membership in, any public retirement system in which they are a member, effective on the date of final conviction, as provided. This bill would require a public employer that is investigating a public employee for misconduct arising out of or in the performance of, the public employee’s official duties in pursuit of the office or appointment, or in connection with obtaining salary, disability retirement, service retirement, or other benefits, to continue the investigation even if the public employee retires while under investigation, if the investigation indicates that the public employee may have committed a crime. The bill would require a public employer, if the investigation indicates that the public employee may have committed a crime, to refer the matter to the appropriate law enforcement agency, and would then authorize the public employer to close the investigation. Under the bill, if the public employee is convicted of a felony for any conduct described above, the public employee would forfeit all accrued rights and benefits in any public retirement system pursuant to the provisions governing forfeiture described above. This bill contains other related provisions and other existing laws. (Based on 10/06/2025 text)

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)

AB 1383 **(McKinnor, D) Public employees’ retirement benefits.**

Current Text: 07/01/2026 - Amended **HTML** **PDF**

Introduced: 02/21/2025

Last Amended: 07/01/2026

Status: 08/03/2026 - In committee: Referred to APPR. suspense file.

Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***

Location: 08/03/2026 - Senate APPR. SUSPENSE FILE

Summary: The Public Employees’ Retirement Law (PERL) establishes the Public Employees’ Retirement System (PERS) to provide a defined benefit to members of the system based on final compensation, credited service, and age at retirement, subject to certain variations. Existing law creates the Public Employees’ Retirement Fund,

which is continuously appropriated for purposes of PERS, including depositing employer and employee contributions. Under the California Constitution, assets of a public pension or retirement system are trust funds. The California Public Employees' Pension Reform Act of 2013 (PEPRA) establishes a variety of requirements and restrictions on public employers offering defined benefit pension plans. In this regard, PEPRA restricts the amount of compensation that may be applied for purposes of calculating a defined pension benefit for a new member, as defined, by restricting it to specified percentages of the contribution and benefit base under a specified federal law with respect to old age, survivors, and disability insurance benefits. Existing law, the Teachers' Retirement Law, establishes the State Teachers' Retirement System (STRS) and creates the Defined Benefit Program of the State Teachers' Retirement Plan, which provides a defined benefit to members of the program, based on final compensation, creditable service, and age at retirement, subject to certain variations. This bill, for service performed on and after January 1, 2027, would prohibit the pensionable compensation for calendar year 2027 used to calculate the defined benefit paid to a new member of a retirement system subject to PEPRA who retires from the system from exceeding specified percentages of the contribution and benefit base under the specified federal law with respect to old age, survivors, and disability insurance benefits. The bill would make related, conforming changes to these provisions on pensionable compensation. The bill also would require a new member of STRS to be subject to specified limits of the Teachers' Retirement Law. This bill contains other related provisions and other existing laws. (Based on 07/01/2026 text)

AB 1415 **(Bonta, D) California Health Care Quality and Affordability Act.**

Current Text: 10/11/2025 - Chaptered **HTML** **PDF**
Introduced: 02/21/2025
Last Amended: 08/21/2025
Status: 10/11/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 641, Statutes of 2025.
Location: 10/11/2025 - Assembly CHAPTERED
Summary: Existing law, the California Health Care Quality and Affordability Act, establishes within the Department of Health Care Access and Information the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. Existing law requires the office to conduct ongoing research and evaluation on payers, fully integrated delivery systems, and providers to determine whether the definitions or other provisions of the act include those entities that significantly affect health care cost, quality, equity, and workforce stability. Existing law defines multiple terms relating to these provisions, including a health care entity to mean a payer, provider, or a fully integrated delivery system and a provider to mean specified entities delivering or furnishing health care services. This bill would update the definitions applying to these provisions, including defining a provider to mean specified entities delivering or furnishing health care services. The bill would include additional definitions, including, but not limited to, a hedge fund to mean a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of strategies used to manage the funds, subject to certain exceptions. The bill would require the office to conduct ongoing research and evaluation on management services organizations, as specified, and to establish requirements for management services organizations to submit data and other information as necessary to carry out the functions of the office. This bill contains other related provisions and other existing laws. (Based on 10/11/2025 text)

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

Current Text: 06/11/2026 - Amended **HTML** **PDF**
Introduced: 02/21/2025
Last Amended: 06/11/2026
Status: 06/22/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 06/22/2026 - Senate APPR. SUSPENSE FILE
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 request the University of California, Berkeley, Labor Center to conduct an independent study to analyze the extent of labor standards protections in California real estate and infrastructure development projects funded through the real asset portfolios of PERS and STRS. The bill would request that the study and a report of its findings be completed and provided to the Legislature and the Department of Finance by January 1, 2028, as specified. (Based on 06/11/2026 text)

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

Current Text: 01/09/2026 - Introduced **HTML** **PDF**
Introduced: 01/09/2026
Status: 04/06/2026 - Referred to Com. on BUDGET.
Location: 04/06/2026 - Assembly Budget
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)

AB 1770 **(Garcia, D) Arbitration: health care service plans.**

Current Text: 07/02/2026 - Amended **HTML** **PDF**
Introduced: 02/09/2026
Last Amended: 07/02/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
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 contract that includes terms requiring binding arbitration for dispute settlement to provide a specified disclosure to subscribers or enrollees. 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. This bill would require the Attorney General to oversee compliance by health care service plans with specified provisions regulating the use of binding arbitration to settle disputes. The bill would authorize the Attorney General to require reports from health care service plans for this purpose. (Based on 07/02/2026 text)

AB 1887 **(Zbur, D) Prescription drug coverage for rare diseases.**

Current Text: 07/02/2026 - Amended **HTML** **PDF**
Introduced: 02/12/2026
Last Amended: 07/02/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
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 specified prior authorization and step therapy limitations for health care service plans and health insurers. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to require a health care service plan or health insurer to complete prior authorization within 30 days upon initial request, as specified, for a drug approved for the treatment of a rare disease if the drug is prescribed by a specialist with expertise in the condition or disease being treated and the specialist has determined the drug is medically necessary. 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 07/02/2026 text)

AB 1929 **(Ortega, D) Health care coverage: investments: disclosure.**

Current Text: 06/15/2026 - Amended **HTML** **PDF**
Introduced: 02/13/2026
Last Amended: 06/15/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
Summary: Existing federal law, the 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. 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 offered by participating carriers as required under PPACA. This bill would require a carrier participating in the Exchange to annually disclose its material investment holdings to the Exchange on or before July 1 of each year, unless otherwise specified by regulation, beginning on July 1, 2027. The bill would require the Exchange to prominently display, and make accessible to the public, those disclosures on its internet website. If a carrier fails to comply with the disclosure requirements, the bill would require the Exchange to assess an administrative penalty against the carrier, as specified. The bill would require the Exchange to prominently post the carrier's noncompliance status on its internet website until compliance is achieved. (Based on 06/15/2026 text)

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

Current Text: 07/02/2026 - Amended **HTML** **PDF**
Introduced: 02/13/2026
Last Amended: 07/02/2026
Status: 08/03/2026 - In committee: Referred to APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 08/03/2026 - Senate APPR. SUSPENSE FILE
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. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA. The bill would additionally deem a business that offers a health care chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA. This bill contains other related provisions and other existing laws. (Based on 07/02/2026 text)

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

Current Text: 06/04/2026 - Amended **HTML** **PDF**

Introduced: 02/17/2026

Last Amended: 06/04/2026

Status: 08/03/2026 - In committee: Referred to APPR. suspense file.

Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***

Location: 08/03/2026 - Senate APPR. 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, 50% of the full value of the 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 were alive and if certain conditions are met. In the case of a disabled veteran or unmarried surviving spouse whose household income does not exceed a specified amount for the relevant assessment year, as prescribed, the bill would exempt 100% of the full value of the property from taxation. 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 06/04/2026 text)

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

Current Text: 06/18/2026 - Amended **HTML** **PDF**

Introduced: 02/20/2026

Last Amended: 06/18/2026

Status: 08/03/2026 - In committee: Referred to APPR. suspense file.

Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***

Location: 08/03/2026 - Senate APPR. SUSPENSE FILE

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 clinical decision support system, as defined, for patient care, on or before July 1, 2027, to make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. The bill would require a health facility, clinic, physician's office, or office of a group practice that uses a clinical decision support system for patient care to make specified information about the clinical decision support system upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs form a clinic decision support system, including, among other things, a summary of how the clinical decision support system generates outputs. The bill would also require a health facility, clinic, physician's office, or office of a group practice subject to these provisions to notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system upon being hired and annually of their right to request the above-described information. 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 06/18/2026 text)

AB 2613 **(Sharp-Collins, D) Health care service plans: provider contract termination: notice.**

Current Text: 06/29/2026 - Amended **HTML** **PDF**
Introduced: 02/20/2026 (Spot bill)
Last Amended: 06/29/2026
Status: 08/04/2026 - Read second time. Ordered to third reading.
Calendar: ***08/10/26 #229 S-ASSEMBLY BILLS - THIRD READING FILE***
Location: 08/04/2026 - Senate THIRD READING
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 requires a health care service plan to notify an enrollee by United States mail at least 60 days before the termination date of a contract between a health care service plan and a provider group or a general acute care hospital to which the enrollee is assigned. If the plan reaches an agreement with a terminated provider after sending that notice, existing law requires the plan to offer each affected enrollee the option to return to that provider and to reassign the enrollee to another provider if the enrollee does not exercise that option. This bill would additionally require a health care service plan to notify an enrollee by email or text message, asspecified and only if the enrollee has opted in and provided their contact information, at least 60 days before the termination date of a contract between a health care service plan and a provider group or a general acute care hospital to which the enrollee is assigned. If the plan reaches an agreement with a terminated provider after sending the notice of termination, the bill would require the health care service plan to send written notice by United States mail and by email or text message, as specified and only if the enrollee has opted in and provided their contact information, to affected enrollees within 60 days of reaching the agreement. Because a willful violation of these provisions 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 06/29/2026 text)

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)

SB 40 **(Wiener, D) Health care coverage: insulin.**

Current Text: 10/13/2025 - Chaptered **HTML** **PDF**
Introduced: 12/03/2024 (Spot bill)
Last Amended: 08/29/2025
Status: 10/13/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 737, Statutes of 2025.
Location: 10/13/2025 - Senate CHAPTERED
Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary. This bill would prohibit a large group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2026, or an individual or small group health care service plan contract or health insurance policy on or after January 1, 2027, from imposing a copayment, coinsurance, deductible, or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug, except as specified. On and after January 1, 2026, the bill would prohibit a health care service plan or health insurer from imposing step therapy as a prerequisite to authorizing coverage of insulin, and,

for a large group health care service plan contract or health insurance policy, would require at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary. The bill would limit the $35 cap for an individual or small group health care service plan contract or health insurance policy to only Tier 1 and Tier 2 insulin if the drug formulary is grouped into tiers, except as provided. 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 10/13/2025 text)

SB 41 **(Wiener, D) Pharmacy benefits.**

Current Text: 10/11/2025 - Chaptered **HTML** **PDF**
Introduced: 12/03/2024
Last Amended: 09/04/2025
Status: 10/11/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 605, Statutes of 2025.
Location: 10/11/2025 - Senate CHAPTERED
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 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. This bill would prohibit a pharmacy benefit manager from, among other things, requiring use of only an affiliated pharmacy, as specified, and from imposing requirements, conditions, or exclusions that discriminate against a nonaffiliated pharmacy in connection with dispensing drugs. The bill would limit a pharmacy benefit manager's income to that derived from a pharmacy benefit management fee for pharmacy benefit management services provided, and would require a pharmacy benefit manager to use a passthrough pricing model. The bill would authorize the Attorney General to recover specified civil penalties and receive equitable relief for violations of the pharmacy benefit manager licensing provisions. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The bill would also require a contract between a health insurer and a pharmacy benefit manager issued, amended, or renewed on or after January 1, 2027, or the date on which the Department of Managed Health Care has established the pharmacy benefit manager licensure process, whichever is later, to require the pharmacy benefit manager to be licensed and in good standing with the Department of Managed Health Care. This bill contains other related provisions and other existing laws. (Based on 10/11/2025 text)

SB 101 **(Wiener, D) Budget Act of 2025.**

Current Text: 06/27/2025 - Chaptered **HTML** **PDF**
Introduced: 01/23/2025 (Spot bill)
Last Amended: 06/09/2025
Status: 06/27/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 4, Statutes of 2025.
Location: 06/27/2025 - Senate CHAPTERED
Summary: This bill would make appropriations for the support of state government for the 2025–26 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill. (Based on 06/27/2025 text)

SB 108 **(Laird, D) Budget Act of 2025.**

Current Text: 05/04/2026 - Amended **HTML** **PDF**
Introduced: 01/23/2025 (Spot bill)
Last Amended: 05/04/2026
Status: 05/04/2026 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET.
Location: 03/24/2025 - Assembly Budget
Summary: The Budget Act of 2025 made appropriations for the support of state government for the 2025–26 fiscal year. This bill would amend the Budget Act of 2025 by amending items of appropriation. This bill would

declare that it is to take effect immediately as a Budget Bill. (Based on 05/04/2026 text)

SB 306 **(Becker, D) Health care coverage: prior authorizations.**

Current Text: 10/06/2025 - Chaptered **HTML** **PDF**
Introduced: 02/10/2025
Last Amended: 09/04/2025
Status: 10/06/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 408, Statutes of 2025.
Location: 10/06/2025 - Senate CHAPTERED
Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. This bill would require the departments to issue instructions on or before July 1, 2026, to health care service plans and health insurers to report statistics regarding covered health care services subject to prior authorization and the percentage rate at which they are approved or modified, among other things. The bill would require a health care service plan or health insurer to report those statistics, including information from another entity to which the plan or insurer delegates responsibility for prior authorization decisions, to the appropriate department on or before December 31, 2026. The bill would require the departments to evaluate these reports, identify the health care services approved at a rate that meets or exceeds the threshold rate of 90%, and, on or before July 1, 2027, publish a list of the services identified. Beginning on the date specified by the relevant department, but no later than January 1, 2028, the bill would require a plan or insurer, or its delegated entities, to cease requiring prior authorization for the most frequently approved covered health care services. The bill would authorize a plan or insurer to reinstate prior authorization for a specific health care provider if it determines that the provider has engaged in fraudulent activity or clinically inappropriate care, as specified. No later than 4 years after the cessation of prior authorization requirements, the bill would require the departments to publish reports regarding the impact of that cessation using information reported by plans and insurers, including data on reinstatements of prior authorization for specific providers. The bill would repeal these provisions on January 1, 2034. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 10/06/2025 text)

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: 08/29/2025 - August 29 hearing postponed by committee. (Set for hearing on 08/13/2026)
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 08/07/2026 - Assembly APPR. SUSPENSE FILE
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)

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

Current Text: 10/01/2025 - Chaptered **HTML** **PDF**
Introduced: 02/14/2025
Last Amended: 08/21/2025
Status: 10/01/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 219, Statutes of 2025.
Location: 10/01/2025 - Senate CHAPTERED
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 imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan or health insurer that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a health care service plan, health insurer, or contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider. The bill would authorize a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor. The bill would require a health care service plan, health insurer, or contracted vendor that obtains affirmative consent to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified. The bill would specify that its provisions do not apply if a health care service plan or health insurer has a direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered. The bill would make its provisions operative on April 1, 2026, and apply to health care service plan contracts and health insurance policies issued, amended, or renewed on or after that date. This bill contains other related provisions and other existing laws. (Based on 10/01/2025 text)

SB 443 **(Rubio, D) Retirement: joint powers authorities.**

Current Text: 10/13/2025 - Chaptered **HTML** **PDF**
Introduced: 02/18/2025
Last Amended: 08/28/2025
Status: 10/13/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 756, Statutes of 2025.
Location: 10/13/2025 - Senate CHAPTERED
Summary: The California Public Employees' Pension Reform Act of 2013 (PEPRA) requires a public retirement system, as defined, to modify its plan or plans to comply with the act and, among other provisions, establishes new retirement formulas that may not be exceeded by a public employer offering a defined benefit pension plan for employees first hired on or after January 1, 2013. Existing law, the Joint Exercise of Powers Act, generally authorizes 2 or more public agencies, by agreement, to jointly exercise any common power, which may include hiring employees and establishing retirement systems. Existing law authorizes a joint powers authority formed by the Cities of Brea and Fullerton, and a joint powers authority formed by the Belmont Fire Protection District, the

Estero Municipal Improvement District, and the City of San Mateo, on or after January 1, 2013, to provide their employees the defined benefit plan or formula that those employees received from their respective employers prior to the exercise of a common power, to which the employee is associated, by the joint powers authority to any employee of specified cities and districts who is not a new member and subsequently is employed by the joint powers authority within 180 days of the city or agency providing for the exercise of a common power, to which the employee was associated, by the joint powers authority. This bill would authorize the Pajaro Regional Flood Management Agency, a joint powers authority, to provide a defined benefit plan or formula to an employee of a member agency of the joint powers authority or of another public agency, as defined, who is not a new member and who is subsequently employed by the joint powers authority within 180 days of the effective date of the retirement plan contract amendment. The bill would authorize the Pajaro Regional Flood Management Agency, on or before April 1, 2026, to select a defined benefit plan or formula offered by one of its member agencies prior to the exercise of a common power which the member agency offered to its employees on December 31, 2012, and designate that formula for its employees, as described above. The bill would provide that it would not exempt a new employee or a new member from the requirements of PEPRA. This bill contains other related provisions and other existing laws. (Based on 10/13/2025 text)

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)

SB 853 **(Committee on Labor, Public Employment and Retirement) Public employees' retirement.**

Current Text: 10/01/2025 - Chaptered **HTML** **PDF**

Introduced: 03/04/2025

Last Amended: 07/15/2025

Status: 10/01/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 239, Statutes of 2025.

Location: 10/01/2025 - Senate CHAPTERED

Summary: Existing law, the Teachers' Retirement Law, establishes the State Teachers' Retirement System (STRS) and creates the Defined Benefit Program of the State Teachers' Retirement Plan, which provides a defined benefit to members of the program, based on final compensation, creditable service, and age at retirement, subject to certain variations. STRS is administered by the Teachers' Retirement Board. Existing law requires employers and employees to make contributions to the system based on the member's creditable compensation. Existing law defines terms for the purposes of STRS. Existing law defines "employer" or "employing agency" to mean the state or any agency or political subdivision thereof, including a joint powers authority, as specified. Existing law also defines "membership" under the Teachers' Retirement Law to mean membership in the Defined Benefit Program, except as specified. This bill would provide that the board has final authority for determining an "employer" or "employing agency" for purposes of the Teachers' Retirement Law and related provisions governing teachers' health care benefits. The bill would also provide that the board has final authority for determining membership in STRS, as specified. This bill contains other related provisions and other existing laws. (Based on 10/01/2025 text)

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)

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

Current Text: 05/14/2026 - Amended **HTML** **PDF**
Introduced: 01/15/2026
Last Amended: 05/14/2026
Status: 06/24/2026 - June 24 set for first hearing. Placed on suspense file.
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 06/24/2026 - Assembly APPR. SUSPENSE FILE
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 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 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 health, and climate research. The bill would also create the California Foundation for Science and Health Research Benefit Fund, to consist solely of private donations. The bill would make the moneys in the benefit fund available for the same purposes as the California Foundation for Science and Health Research Fund. This bill would create the California Foundation for Science and Health Research Council, as specified. This bill contains other related provisions and other existing laws. (Based on 05/14/2026 text)

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

Current Text: 07/02/2026 - Amended **HTML** **PDF**

Introduced: 02/02/2026

Last Amended: 07/02/2026

Status: 08/06/2026 - Read second time. Ordered to third reading.

Calendar: ***08/10/26 #109 A-THIRD READING FILE - SENATE BILLS (Floor Mgr.- Stefani)***

Location: 08/06/2026 - Assembly THIRD READING

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. 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 07/02/2026 text)

SB 964 **(Smallwood-Cuevas, D) Prescription drug coverage: dose adjustments.**

Current Text: 05/14/2026 - Amended **HTML** **PDF**

Introduced: 02/03/2026

Last Amended: 05/14/2026

Status: 06/24/2026 - June 24 set for first hearing. Placed on suspense file.

Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***

Location: 06/24/2026 - Assembly APPR. SUSPENSE FILE

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would authorize an enrollee's or insured's treating provider to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. 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 05/14/2026 text)

SB 971 **(Choi, R) Healthy Aging Community Partnership Program.**

Current Text: 08/05/2026 - Amended **HTML** **PDF**

Introduced: 02/04/2026

Last Amended: 08/05/2026

Status: 08/05/2026 - Read third time and amended. Ordered to third reading.

Calendar: ***08/10/26 #73 A-THIRD READING FILE - SENATE BILLS (Floor Mgr.- Garcia)***

Location: 08/03/2026 - Assembly THIRD READING

Summary: Existing law establishes various programs and services for older adults, as defined, including, among other things, the Adult Education Program under the administration of the Chancellor of the California Community

Colleges and the Superintendent of Public Instruction, and health promotion and preventative health services for older adults under the administration of the State Department of Public Health. This bill would authorize a local health department, area agency on aging, community college, public or private college, public or private university, or other appropriate county department, as determined by a county, to establish a Healthy Aging Community Partnership Program for older individuals designed to promote healthy aging, social engagement, and independent living in collaboration with relevant local entities, including school districts, libraries, faith institutions, and community organizations. The bill would authorize program activities to include, among other things, technology assistance, physical activity, and other community-based enrichment activities that support healthy aging and social connection. The bill would make implementation of these provisions subject to the availability of local resources and partnerships. The bill would specify that these provisions do not duplicate or supplant specified current adult education courses, classes, and services provided by the California Community Colleges, including through the Adult Education Program, as provided. (Based on 08/05/2026 text)

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

Current Text: 07/02/2026 - Amended **HTML** **PDF**

Introduced: 02/11/2026

Last Amended: 07/02/2026

Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.

Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***

Location: 08/05/2026 - Assembly APPR. SUSPENSE FILE

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 violation of the act by a health care service plan a misdemeanor. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law defines “unreasonable rate increase,” for these purposes, to have the same meaning as in the federal Patient Protection and Affordable Care Act, which is that an unreasonable rate increase exists when the federal Centers for Medicare and Medicaid Services makes a determination that a rate increase is excessive, unjustified, or unfairly discriminatory, among other things. This bill would instead define “unreasonable rate increase,” for the above-described purposes, to mean a rate increase that the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, determines is excessive, unjustified, unfairly discriminatory, or otherwise unreasonable, as defined. This bill contains other related provisions and other existing laws. (Based on 07/02/2026 text)

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

Current Text: 04/06/2026 - Amended **HTML** **PDF**

Introduced: 02/12/2026

Last Amended: 04/06/2026

Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.

Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***

Location: 08/05/2026 - Assembly APPR. SUSPENSE FILE

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 another 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 04/06/2026 text)

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

Current Text: 06/18/2026 - Amended **HTML** **PDF**
Introduced: 02/13/2026
Last Amended: 06/18/2026
Status: 06/30/2026 - In Senate. Concurrence in Assembly amendments pending.
Calendar: ***08/10/26 #37 S-UNFINISHED BUSINESS***
Location: 06/30/2026 - Senate CONCURRENCE
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 with health care decisionmaking authority, or surrogate, as defined, and a physician, nurse practitioner, or physician assistant, as specified. 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 06/18/2026 text)

SB 1089 **(Richardson, D) Preventive Treatment Health Care Act.**

Current Text: 06/18/2026 - Amended **HTML** **PDF**
Introduced: 02/13/2026
Last Amended: 06/18/2026
Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 08/05/2026 - Assembly APPR. SUSPENSE FILE
Summary: Existing law requires the California Health and Human Services Agency (CHHSA) to enter into partnerships resulting in the production of generic prescription drugs, including at least one form of insulin made available at production and dispensing costs, if one does not already exist in the market. Existing law additionally authorizes CHHSA to enter into partnerships to increase competition, lower prices, and address supply shortages for generic or brand name drugs to address emerging health concerns. This bill, the Preventive Treatment Health Care Act, would specify that the above-described authorized partnerships include those for at least one glucagon-like peptide-1 (GLP-1) approved by the United States Food and Drug Administration (FDA). (Based on 06/18/2026 text)

SB 1096 **(Dahle, R) Personal income tax: senior tax credit: dependents: qualifying child.**

Current Text: 06/03/2026 - Amended **HTML** **PDF**
Introduced: 02/13/2026
Last Amended: 06/03/2026
Status: 06/29/2026 - June 29 hearing: Placed on APPR. suspense file.
Calendar: ***08/13/26 S-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair***
Location: 06/29/2026 - Senate APPR. SUSPENSE FILE

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 qualified dependent, as defined. 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 06/03/2026 text)

SB 1146 (**Gonzalez, D**) **Advertisement claims: health-related consumer products and services: digital replicas and synthetic performers.**

Current Text: 06/11/2026 - Amended **HTML** **PDF**
Introduced: 02/18/2026
Last Amended: 06/11/2026
Status: 08/05/2026 - August 5 set for first hearing. Placed on suspense file.
Calendar: ***08/13/26 A-APPROPRIATIONS SUSPENSE Upon adjournment of Session - 1021 O Street, Room 1100 WICKS, BUFFY, Chair***
Location: 08/05/2026 - Assembly APPR. SUSPENSE FILE
Summary: Existing unfair competition laws make various unfair competition practices unlawful, including any unlawful, unfair, or fraudulent business act or practice and unfair, deceptive, untrue, or misleading advertising. Existing law makes it unlawful for any person doing business in California and advertising to consumers in California to make any false or misleading advertising claim. Existing law makes a person who violates specified false advertising provisions liable for a civil penalty, as specified, and provides that a person who violates those false advertising provisions is guilty of a misdemeanor. Existing law makes it unlawful for healing arts licensees, as specified, to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image in order to induce the provision of services or products in connection with their licensed professional practice or business. Existing law makes a violation of these provisions punishable as a misdemeanor and, in the case of a licensed person, provides that a violation constitutes unprofessional conduct and grounds for suspension or revocation of a license by the relevant board. This bill would require a person who creates or causes to be created an advertisement that includes a digital replica or synthetic performer depicted as a health care provider to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the health care provider depicted in the advertisement was generated or substantially altered by artificial intelligence or that no human health care provider is depicted. The bill would also define terms for its purposes. This bill contains other related provisions and other existing laws. (Based on 06/11/2026 text)

SBX1 1 (**Wiener, D**) **Budget Act of 2024.**

Current Text: 02/07/2025 - Chaptered **HTML** **PDF**
Introduced: 12/02/2024
Last Amended: 01/10/2025
Status: 02/07/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 3, Statutes of 2025.
Location: 02/07/2025 - Senate CHAPTERED
Summary: The Budget Act of 2024 made appropriations for the support of state government for the 2024–25 fiscal year. This bill would amend the Budget Act of 2024 by making changes to existing appropriations, as provided. This bill contains other related provisions. (Based on 02/07/2025 text)

Total Measures: 69
Total Tracking Forms: 69