



**BLANNING & BAKER**

Associates, Inc.

**CSR Legislative Report  
8/9/2024**

**Support**

**AB 46**

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

**Current Text:** Amended: 7/12/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Last Amend:** 7/12/2023

**Status:** 9/1/2023-In committee: Held under submission. (Set for Hearing in APPR. SUSPENSE 8/15/2024)

**Location:** 8/14/2023-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** The Personal Income Tax Law imposes a tax on individual taxpayers measured by the taxpayer's taxable income for the taxable year, but excludes certain items of income from the computation of tax, including an exclusion for combat-related special compensation. This bill, for taxable years beginning on or after January 1, 2024, and before January 1, 2034, would exclude from gross income retirement pay received by a taxpayer from the federal government for service performed in the uniformed services, as defined, during the taxable year. The bill, for taxable years beginning on or after January 1, 2024, and before January 1, 2034, would also exclude from gross income annuity payments received by a qualified taxpayer, as defined, pursuant to a United States Department of Defense Survivor Benefit Plan during the taxable year. The bill would make related findings and declarations. This bill contains other related provisions and other existing laws.

**Memo:**

Support letter sent to Author -- 6/16/23

Support letter sent to Sen. M&VA -- 6/16/23

Support letter sent to Sen. APPR -- 8/7/23

**AB 236**

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

**Current Text:** Amended: 6/27/2024 [html](#) [pdf](#)

**Introduced:** 1/13/2023

**Last Amend:** 6/27/2024

**Status:** 8/5/2024-In committee: Referred to APPR suspense file.

**Location:** 8/5/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to

pay for services from those providers under specified circumstances. This bill contains other related provisions and other existing laws.

**Memo:**

Support letter sent to Author -- 6/3/24  
Support letter sent to Sen. Health -- 6/3/24  
Support letter sent to Sen. Appr -- 7/31/24

**AB 820**

**(Reyes D) State boards and commissions: seniors.**

**Current Text:** Amended: 7/3/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Last Amend:** 7/3/2023

**Status:** 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023)(May be acted upon Jan 2024)

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

**Summary:** Existing law requires the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women. This bill would require the composition of various advisory groups and bodies to include a state agency official responsible for administering programs that serve, or state commission official that advocates on behalf of, older adults, as defined, or a representative from an organization that serves or advocates on behalf of older adults.

**Memo:**

Support letter sent to Author -- 6/16/23  
Support letter sent to Sen. HumS -- 6/16/23  
Support letter sent to Sen. APPR -- 8/7/23

**AB 2207**

**(Reyes D) State boards and commissions: representatives of older adults.**

**Current Text:** Introduced: 2/7/2024 [html](#) [pdf](#)

**Introduced:** 2/7/2024

**Status:** 8/5/2024-In committee: Referred to APPR suspense file.

**Location:** 8/5/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** Existing law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Existing law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, the California Health Workforce Education and Training Council, the California Workforce Development Board, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and the Interagency Council on Homelessness to include the Executive Director of the California Commission on Aging, the Director of the California Department of Aging, or both, or other persons that serve or advocate for older adults, as specified. This bill would also modify the membership of an advisory committee to the Interagency Council on Homelessness to specifically include representatives from organizations that serve or advocate on behalf of older adults, among others.

**Memo:**

Support letter sent to Author -- 3/22/24  
Support letter sent to Asm. A&LTC -- 4/5/24  
Support letter sent to Sen. Hum.S -- 6/6/24  
Support letter sent to Sen. Health -- 6/6/24  
Support letter sent to Sen. Appr -- 7/31/24

**AB 3129**

**(Wood D) Health care system consolidation.**

**Current Text:** Amended: 6/27/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Last Amend:** 6/27/2024

**Status:** 8/5/2024-In committee: Referred to APPR suspense file.

**Location:** 8/5/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** Existing law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. This bill would require a private equity group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General before a transaction between the private equity group or hedge fund and a health care facility, provider, or provider group, as those terms are defined, and any of those entities under common control or affiliated with a payor, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the transaction. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General before a transaction between a private equity group or hedge fund and a nonphysician provider or a provider, with specified gross annual revenue. The bill would authorize the Attorney General to give the private equity group or hedge fund a written waiver or the notice and consent requirements if specified conditions apply, including, but not limited to, that the party makes a written waiver request, the health care facility's, provider group's, or provider's operating costs have exceeded its operating revenue in the relevant market for 3 or more years and the party cannot meet its debts, and the transaction will ensure continued health care access in the relevant markets. The bill would require the Attorney General to grant or deny the waiver within 45 days, as prescribed. This bill contains other related provisions and other existing laws.

**Memo:**

Support letter sent to Author -- 7/31/24  
Support letter sent to Sen. Appr -- 7/31/24

[SB 980](#)

**(Wahab D) The Smile Act.**

**Current Text:** Amended: 6/10/2024 [html](#) [pdf](#)

**Introduced:** 1/29/2024

**Last Amend:** 6/10/2024

**Status:** 8/7/2024-August 7 set for first hearing. Placed on suspense file.

**Location:** 8/7/2024-A. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 1100  
ASSEMBLY APPROPRIATIONS SUSPENSE, WICKS, BUFFY, Chair

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions. Under existing law, for persons 21 years of age or older, laboratory-processed crowns on posterior teeth are a covered benefit when medically necessary to restore a posterior tooth back to normal function based on the criteria specified in the Medi-Cal Dental Manual of Criteria. This bill, The Smile Act, for purposes of the above-described Medi-Cal coverage for laboratory-processed crowns, would remove the condition that the tooth be posterior and would apply the coverage to persons 13 years of age or older. The bill would also add, as a covered Medi-Cal benefit for persons of any age, subject to prior authorization, a dental implant if tooth extraction or removal is medically necessary or if the corresponding tooth is missing. The bill would condition this coverage on there being no other covered functional alternatives for prosthetic replacement to correct the person's dental condition, as specified, on the person being without medical conditions for which dental implant surgery would be contraindicated, on receipt of any necessary federal approvals, and on the availability of federal financial participation. This bill contains other related provisions and other existing laws.

**Memo:**

Support letter sent to Author -- 08/09/24  
Support letter sent to Asm. APPR -- 08/09/24

**Watch**

[AB 108](#)

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

**Current Text:** Amended: 6/22/2024 [html](#) [pdf](#)

**Introduced:** 1/9/2023

**Last Amend:** 6/22/2024

**Status:** 7/1/2024-Re-referred to Com. on B. & F.R.

**Location:** 7/1/2024-S. BUDGET & F.R.

**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 amending, adding, and repealing items of appropriation and making other changes. This bill contains other related provisions.

## [AB 1006](#)

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

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

**Introduced:** 2/15/2023

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

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

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

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

## [AB 1812](#)

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

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

**Introduced:** 1/10/2024

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

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

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

## [AB 1911](#)

### **(Reyes D) Residential care facilities: complaints.**

**Current Text:** Amended: 5/16/2024 [html](#) [pdf](#)

**Introduced:** 1/24/2024

**Last Amend:** 5/16/2024

**Status:** 7/1/2024-In committee: Referred to suspense file.

**Location:** 7/1/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** Existing law establishes the State Department of Social Services and sets forth its powers and duties, including, but not limited to, the licensing and administration of residential care facilities for the elderly. Existing law authorizes any person to request an investigation of a residential care facility for the elderly by making a complaint to the department, as specified. Existing law requires the department to make a preliminary review, except as specified, and make an onsite inspection within 10 days of receiving the complaint unless the visit would adversely affect the investigation, as specified. Existing law requires the department, upon receipt of a complaint, to make a good faith effort to contact and interview the complainant of the department's proposed course of action and relevant deadline for the department to complete the investigation. Existing law requires the department, within 10 days of completing that investigation, to notify the complainant of the department's determination as a result of the investigation. This bill would instead authorize any person to file a complaint with the department against a residential care facility for the elderly. The bill would require the department to conduct an onsite investigation within one business day of receipt of the complaint if the complaint involves a threat of imminent danger of death or serious harm. The bill would require the department to inform the complainant within 10 calendar days of receipt of the complaint if the department determines that an investigation is not warranted and the reason for that determination. The bill would require the department, prior to conducting an onsite investigation, to send a notification to the complainant notifying them of, among other things, the nature of the allegations to be investigated and the relevant

deadline for the department to complete the investigation. The bill would require the department, for complaints received on or after July 1, 2025, to complete an investigation within a specified amount of time and would allow an extension of these time frames due to extenuating circumstances, as specified. The bill would require the department, when providing notification of the outcome of the investigation, to also provide notification of the right to seek an informal conference, and to provide a copy of any reports describing violations and enforcement actions resulting from the investigation, if applicable. The bill would authorize a complainant to appeal a determination made by the department, as specified.

#### [AB 2169](#)

##### **(Bauer-Kahan D) Prescription drug coverage: dose adjustments.**

**Current Text:** Amended: 3/21/2024 [html](#) [pdf](#)

**Introduced:** 2/7/2024

**Last Amend:** 3/21/2024

**Status:** 8/5/2024-In committee: Referred to APPR suspense file.

**Location:** 8/5/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**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. The bill would authorize a licensed health care professional 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. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

#### [AB 2564](#)

##### **(Boerner D) Property tax postponement: Senior Citizens and Disabled Citizens Property Tax Postponement Fund.**

**Current Text:** Introduced: 2/14/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Status:** 8/5/2024-In committee: Referred to APPR suspense file.

**Location:** 8/5/2024-S. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 2200  
SENATE APPROPRIATIONS SUSPENSE, CABALLERO, ANNA, Chair

**Summary:** Existing law authorizes the Controller, upon approval of a claim for the postponement of ad valorem property taxes, to directly pay a county tax collector for the property taxes owed by the claimant, as provided. Existing law establishes the Senior Citizens and Disabled Citizens Property Tax Postponement Fund and continuously appropriates moneys in the fund to the Controller for specified purposes, including disbursements relating to the postponement of property taxes pursuant to the Property Tax Postponement Law. Existing law requires the Controller, on June 30, 2018, and on June 30 each year thereafter, to transfer any moneys in the fund in excess of \$15,000,000 to the General Fund. This bill would require money to be transferred, on June 30, 2025, and on June 30 each year thereafter, from the General Fund to the Senior Citizens and Disabled Citizens Property Tax Postponement Fund when the balance in the latter fund is less than \$15,000,000. The bill would require the amount of money transferred each year to be equal to the sum needed to bring the balance of the Senior Citizens and Disabled Citizens Property Tax Postponement Fund to \$15,000,000. By requiring the transfer of moneys into a continuously appropriated fund, the bill would make an appropriation.

#### [AB 2620](#)

##### **(Bains D) California Commission on Aging.**

**Current Text:** Introduced: 2/14/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Status:** 6/18/2024-Read second time. Ordered to third reading.

**Location:** 6/18/2024-S. THIRD READING

**Calendar:** 8/12/2024 #89 SENATE ASSEMBLY BILLS - THIRD READING FILE

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Commission on Aging, comprised of 25 members, appointed as specified, including 19 members appointed by the Governor. Existing law requires the commission to be comprised of actual consumers

of services provided under the federal Older Americans Act. Under existing law, the commission's mission is, among other things, to serve as the principal advocate body in the state on behalf of older individuals, to participate with and advise the California Department of Aging in various ways relating to the State Plan on Aging, and to develop a method for the selection of delegates to the statewide legislative meeting of senior advocates. Existing law sets forth the duties and powers of the commission, including participating with the department in training workshops for community, regional, and statewide senior advocates, to help older individuals to understand legislative, regulatory, and program implementation processes, and meeting at least 6 times annually in order to study problems of older individuals and present findings and make recommendations. This bill would reduce the number of members of the commission to 18, and require 12 members to be appointed by the Governor, with at least 2 appointed from a list of nominees submitted by, among others, area agency on aging directors and the Area Agency on Aging Advisory Council of California. The bill would require the members of the commission be comprised of consumers and providers of services under the federal Older Americans Act, instead of just consumers, who have professional, lived, or academic expertise both within and outside of the field of aging, in specified areas, including health, behavioral health, and housing. The bill would clarify that the commission is an "advisory commission" as described by the Bagley-Keene Open Meeting Act, and is therefore subject to applicable teleconferencing provisions. The bill would revise the existing duties and purpose of the commission by removing the requirement that the commission develop a method for the selection of delegates to the statewide legislative meeting of senior advocates. The bill would also revise the duties of the commission to require, among other things, the commission's advisory participation in consideration of initiatives for programs and services affecting older adults, adults with disabilities, and caregivers, as well as to monitor and, when deemed appropriate, engage in federal advocacy efforts on, among others, federal rulemaking packages affecting older adults, adults with disabilities, and caregivers. The bill would also reduce the annual meetings of the commission from 6 to 4. This bill contains other related provisions.

#### [AB 2636](#)

#### **(Bains D) Mello-Granlund Older Californians Act.**

**Current Text:** Amended: 5/16/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Last Amend:** 5/16/2024

**Status:** 8/6/2024-Read second time. Ordered to Consent Calendar.

**Location:** 8/5/2024-S. CONSENT CALENDAR

**Calendar:** 8/12/2024 #335 SENATE CONSENT CALENDAR SECOND LEGISLATIVE DAY

**Summary:** Existing law requires the California Department of Aging to administer the Mello-Granlund Older Californians Act (act), which establishes various programs that serve older individuals, defined as persons 60 years of age or older, except as specified. The act requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department's mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would recast and revise various provisions of the act, including updating findings and declarations relating to statistics and issues of concern to the older adult population, and replacing references throughout the act from "senior" and similar terminology to "older adult." The bill would repeal obsolete provisions, such as the Senior Center Bond Act of 1984. This bill contains other related provisions and other existing laws.

#### [AB 2694](#)

#### **(Ward D) Density Bonus Law: residential care facilities for the elderly.**

**Current Text:** Amended: 4/9/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Last Amend:** 4/9/2024

**Status:** 6/20/2024-From Consent Calendar. Ordered to third reading.

**Location:** 6/20/2024-S. THIRD READING

**Calendar:** 8/12/2024 #105 SENATE ASSEMBLY BILLS - THIRD READING FILE

**Summary:** Existing law, commonly referred to as the Density Bonus Law, requires a city or county to provide a developer that proposes a housing development, as defined, within the city or county with a density bonus and other incentives or concessions, as specified, if the developer agrees to construct, among other options, a senior citizen housing development, as defined. The Density Bonus Law defines a "development" for these purposes to include a shared housing development, and defines various other terms, including "shared housing unit." This bill would expand the definition of a development for the above-described purposes to include a residential care facility for the elderly, as defined, and would specify that, in the case of a residential care facility, a "shared housing unit" includes a unit without a common kitchen where a room is shared by unrelated persons. By expanding a city or county's duty to administer the Density Bonus Law, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

#### [AB 2914](#)

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

**Current Text:** Amended: 4/10/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

**Last Amend:** 4/10/2024

**Status:** 8/6/2024-Read second time. Ordered to third reading.

**Location:** 8/6/2024-S. THIRD READING

**Calendar:** 8/12/2024 #263 SENATE ASSEMBLY BILLS - THIRD READING FILE

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

## **SB 278**

### **(Dodd D) Elder abuse: emergency financial contact program.**

**Current Text:** Amended: 6/26/2024 [html](#) [pdf](#)

**Introduced:** 2/1/2023

**Last Amend:** 6/26/2024

**Status:** 8/7/2024-August 7 set for first hearing. Placed on suspense file.

**Location:** 8/7/2024-A. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 1100

ASSEMBLY APPROPRIATIONS SUSPENSE, WICKS, BUFFY, Chair

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law defines financial abuse for those purposes and provides that it occurs when, among other instances, a person or entity takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both. Existing law requires a person or entity to be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes the property and the person or entity knew or should have known that the conduct is likely to be harmful to the elder or dependent adult. Existing law requires the court to award specified costs if a defendant is found liable for financial abuse, as specified. Existing law makes the failure to report, or impeding or inhibiting a report of, among other things, financial abuse of an elder or dependent adult, in violation of certain reporting requirements a misdemeanor. This bill, commencing January 1, 2026, would require a covered person or entity, as defined, to establish an emergency financial contact program for covered accountholders, as specified. The bill would require a covered person or entity to notify a joint accountholder or an emergency financial contact, if one has been provided, if the covered person or entity should reasonably suspect a covered transaction requested by the covered accountholder is the result of financial abuse. The bill would also require a covered person or entity to delay, by at least 3 business days, a covered transaction initiated by a covered accountholder if the covered person or entity should reasonably suspect the transaction is the result of financial abuse and would make a covered person or entity immune from administrative, civil, or other liability that might arise from a delayed or refused transaction. The bill would authorize a covered person or entity to implement an emergency financial contact program for an accountholder who is not an elder or dependent adult, as specified. This bill contains other existing laws.

## **SB 294**

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

**Current Text:** Amended: 5/24/2024 [html](#) [pdf](#)

**Introduced:** 2/2/2023

**Last Amend:** 5/24/2024

**Status:** 7/2/2024-July 2 set for first hearing. Placed on suspense file.

**Location:** 7/2/2024-A. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 1100

ASSEMBLY APPROPRIATIONS SUSPENSE, WICKS, BUFFY, Chair

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to

automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. This bill contains other related provisions and other existing laws.

### [SB 598](#)

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

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

**Introduced:** 2/15/2023

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

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

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

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

### [SB 917](#)

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

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

**Introduced:** 1/10/2024

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

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

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

### [SB 966](#)

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

**Current Text:** Amended: 7/3/2024 [html](#) [pdf](#)

**Introduced:** 1/24/2024

**Last Amend:** 7/3/2024

**Status:** 8/7/2024-August 7 set for first hearing. Placed on suspense file.

**Location:** 8/7/2024-A. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 1100  
ASSEMBLY APPROPRIATIONS SUSPENSE, WICKS, BUFFY, Chair

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of



Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. The bill would specify that the contents of the reports are not to be disclosed to the public. The bill would require the department, at specified annual intervals, to submit 2 reports to the Legislature based on the reports submitted by pharmacy benefit managers, and would require the department to post the reports on the department's internet website. This bill contains other related provisions and other existing laws.

### [SB 1180](#)

#### **(Ashby D) Health care coverage: emergency medical services.**

**Current Text:** Amended: 6/24/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Last Amend:** 6/24/2024

**Status:** 8/7/2024-August 7 set for first hearing. Placed on suspense file.

**Location:** 8/7/2024-A. APPR. SUSPENSE FILE

**Calendar:** 8/15/2024 Upon adjournment of Session - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS SUSPENSE, WICKS, BUFFY, Chair

**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 also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. This bill contains other related provisions and other existing laws.

### [SB 1240](#)

#### **(Alvarado-Gil D) Public Employees' Retirement System: contracting agencies: consolidation.**

**Current Text:** Amended: 5/8/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

**Last Amend:** 5/8/2024

**Status:** 8/8/2024-Read second time. Ordered to consent calendar.

**Location:** 8/7/2024-A. CONSENT CALENDAR

**Calendar:** 8/12/2024 #137 ASSEMBLY CONSENT CALENDAR 1ST DAY SENATE BILLS

**Summary:** Existing law, the Public Employees' Retirement Law (PERL), establishes the Public Employees' Retirement System (PERS), which provides a defined benefit to members of the system based on final compensation, credited service, and age at retirement, subject to certain variations. PERL authorizes any public agency to make its employees members of PERS by contract. Under existing law, when a contracting agency is succeeded by another agency, the successor agency may become a contracting agency of PERS. Existing law provides that if the successor agency contracts with PERS, the contract of the former agency shall merge with the contract of the succeeding agency. Existing law authorizes specified successor agencies to provide employees the defined benefit plan or formula that those employees received from their respective contracting agency employer prior to the consolidation. This bill would authorize a successor agency for the El Dorado County Fire Protection District and the Diamond Springs-El Dorado Fire Protection District to provide employees the defined benefit plan or formula that those employees received from their respective employer prior to the annexation. This bill contains other related provisions.

### [SB 1249](#)

#### **(Roth D) Mello-Granlund Older Californians Act.**

**Current Text:** Amended: 6/12/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

**Last Amend:** 6/12/2024

**Status:** 7/3/2024-Read second time. Ordered to third reading.

**Location:** 7/3/2024-A. THIRD READING

**Calendar:** 8/12/2024 #69 ASSEMBLY THIRD READING FILE - SENATE BILLS

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency 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 the least restrictive homelike environments. Existing law requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Existing law includes various findings and declarations relating to the purposes of the act. This bill would update and revise those legislative findings and declarations, including recognizing the state's major demographic shift towards an older, more diverse population and declaring the intent to reform provisions of the act related to various functions of the area agencies on aging. The bill would require the department, by September 30, 2026, to take various actions, including, among others, identifying older adult and family caregiver support programs and services and developing a statewide consumer engagement plan. The bill would require the department to develop regulations that address specified topics relating to area agency on aging designations and to maintain the Data Dashboard for Aging, as specified.

**SB 1290**

**(Roth D) Health care coverage: essential health benefits.**

**Current Text:** Introduced: 2/15/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

**Status:** 8/8/2024-Read second time. Ordered to consent calendar.

**Location:** 8/7/2024-A. CONSENT CALENDAR

**Calendar:** 8/12/2024 #138 ASSEMBLY CONSENT CALENDAR 1ST DAY SENATE BILLS

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

**SB 1352**

**(Wahab D) Continuing care retirement communities.**

**Current Text:** Amended: 6/19/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Last Amend:** 6/19/2024

**Status:** 8/8/2024-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending.

**Location:** 8/8/2024-S. CONCURRENCE

**Calendar:** 8/12/2024 #29 SENATE UNFINISHED BUSINESS

**Summary:** Existing law requires the State Department of Social Services to regulate activities relating to continuing care contracts that govern care provided to a resident in a continuing care retirement community for the duration of the resident's life or a term in excess of one year. Existing law provides that all residents in residential living units, as defined to mean a living unit in a continuing care retirement community, shall have certain specified rights, such as the right to live in an environment that enhances personal dignity, maintains independence, and encourages self-determination, and the right to participate in activities that meet individual physical, intellectual, social, and spiritual needs. Under existing law, in addition to any statutory or regulatory bill of rights required to be provided to residents of residential care facilities for the elderly or skilled nursing facilities, a provider of continuing care retirement services is required to provide a copy of the rights specified for residents in residential living units to each resident at the time or before the resident signs a continuing care contract, and at any time when the resident is proposed to be moved to a different level of care. A violation of these provisions is subject to a civil penalty. This bill would revise those provisions to expressly require a continuing care retirement community provider, at the time or before a resident signs a continuing care contract, and when the resident is proposed to be moved to a different level of care, to provide the resident with a copy of the above-described rights, a copy of the residential care facility for the elderly bill of rights, or, if the if the resident is moving into the continuing care retirement community's skilled nursing unit, a copy of the rights applicable to residents of skilled nursing facilities.

**SB 1379**

**(Dodd D) Public Employees' Retirement Law: reinstatement: County of Solano.**

**Current Text:** Amended: 6/20/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Last Amend:** 6/20/2024

**Status:** 8/8/2024-Read second time. Ordered to third reading.

**Location:** 8/8/2024-A. THIRD READING

**Calendar:** 8/12/2024 #109 ASSEMBLY THIRD READING FILE - SENATE BILLS

**Summary:** The Public Employees' Retirement Law creates the Public Employees' Retirement System (PERS), which provides pension and other benefits to members of the system and prescribes limitations on the service that retired members may perform, without the member reinstating in the system, for employers that participate in the system. The California Public Employees' Pension Reform Act of 2013 (PEPRA) also prescribes limitations on the activities of retired members of these retirement systems, which supersede the provisions of PERS with which they conflict. Under both PERS and PEPRA, a retired member is generally subject to a limit of 960 hours of employment within a calendar or fiscal year, depending on the administrator of the system, for specified employers without reinstating in the system. This bill would create an exception from the above-described limit for hours worked by a retired person in an appointment by the Solano County Sheriff's Office to perform a function or functions regularly performed by a deputy sheriff, evidence technician, or communications operator, subject to meeting certain requirements. The bill would limit the number of appointments made under these provisions to 20. The bill would repeal these provisions on January 1, 2027. This bill contains other related provisions.

**Total Measures: 27**

**Total Tracking Forms: 27**