



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
9/5/2025**

Support

AB 53

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

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

Introduced: 12/2/2024

Last Amend: 2/24/2025

Status: 6/11/2025-Referred to Coms. on REV. & TAX. and M. & V.A.

Location: 6/11/2025-S. REV. & TAX

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

Memo:

Support letter sent to Author

Support letter sent to Asm. R&T

Support letter sent to Asm. APPR

AB 280

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

Current Text: Amended: 7/15/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Last Amend: 7/15/2025

Status: 8/29/2025-From committee: Do pass. (Ayes 5. Noes 0.) (August 29). Read second time. Ordered to third reading.

Location: 8/29/2025-S. 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 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.

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 371

(Haney D) Dental coverage.

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

Introduced: 2/3/2025

Last Amend: 4/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

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

Memo:

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

AB 1190

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

Current Text: Amended: 6/23/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 6/23/2025

Status: 8/28/2025-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: 8/28/2025-S. 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.

Memo:

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

AJR 3

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

Current Text: Enrolled: 9/2/2025 [html](#) [pdf](#)

Introduced: 3/3/2025

Last Amend: 8/19/2025

Status: 8/28/2025-Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 57. Noes 0.).

Location: 8/28/2025-A. ENROLLMENT

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.

Memo:

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

AJR 8

(Haney D) Immigration: Temporary Protected Status.

Current Text: Amended: 8/20/2025 [html](#) [pdf](#)

Introduced: 3/27/2025

Last Amend: 8/20/2025

Status: 8/28/2025-Adopted and to Senate. (Ayes 57. Noes 8.) In Senate. To Com. on RLS.

Location: 8/28/2025-S. RLS.

Summary: This measure would condemn decisions by the administrations of President Donald J. Trump to terminate or curtail Temporary Protected Status designations for people from specified nations, denounce federal policies that strip lawful status from long-residing individuals, as specified, and urge Congress to enact bipartisan legislation that provides a path to permanent residency and citizenship for individuals with Temporary Protected Status.

Memo:

Support letter sent to Author

SB 23

(Valladares R) Property taxation: exemption: disabled veteran homeowners.

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

Introduced: 12/2/2024

Last Amend: 3/5/2025

Status: 4/28/2025-April 28 set for first hearing canceled at the request of author.

Location: 3/12/2025-S. M. & V. A.

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, property owned by, and that constitutes the principal place of residence of, a veteran, the veteran's spouse, or the veteran and the veteran's spouse jointly, if the veteran is 100% disabled. The bill would provide an unmarried surviving spouse a property exemption in the same amount that they would have been entitled to if the veteran was alive and if certain conditions are met. The bill would require certain documentation to be provided to the county assessor to receive the exemption and would prohibit any other real property tax exemption from being granted to the claimant if receiving the exemption provided by the provisions of this bill. The

bill would make these exemptions applicable for property tax lien dates occurring on or after January 1, 2025, but occurring before January 1, 2035. By imposing additional duties on local tax officials, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Memo:

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

SB 56

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

Current Text: Amended: 6/19/2025 [html](#) [pdf](#)

Introduced: 1/7/2025

Last Amend: 6/19/2025

Status: 7/15/2025-July 14 hearing: Placed on REV. & TAX. suspense file. Set, first hearing. Held in committee and under submission.

Location: 7/15/2025-A. 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.

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 351

(Cabaldon D) Health facilities.

Current Text: Amended: 8/25/2025 [html](#) [pdf](#)

Introduced: 2/12/2025

Last Amend: 8/25/2025

Status: 9/3/2025-In Assembly. Held at Desk.

Location: 9/2/2025-A. DESK

Summary: Existing law generally regulates the licensing and operation of health facilities and other facilities providing health care in this state. Existing law, the Medical Practice Act, creates the Medical Board of California to license and regulate physicians and surgeons. Under existing law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists. Existing law, the Nonprofit Public Benefit Corporation Law, generally requires a nonprofit public benefit corporation to give written notice to the Attorney General before it sells, leases, conveys, exchanges, transfers, or disposes of its assets, except as specified. Existing law provides specific procedures for health facilities and additionally requires these facilities to obtain the consent of the Attorney General prior to entering into a specified agreement or transaction. This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into an agreement or arrangement with a physician or dental practice if the agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those agreements or arrangements 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.

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

Watch

[AB 83](#)

([Pacheco D](#)) The California Elder Financial Abuse Prevention Act.

Current Text: Amended: 5/1/2025 [html](#) [pdf](#)

Introduced: 12/20/2024

Last Amend: 5/1/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B. & F. on 3/24/2025)
(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Existing law establishes in the Business, Consumer Services, and Housing Agency a Department of Financial Protection and Innovation under the direction of the Commissioner of Financial Protection and Innovation. Under existing law, the department has charge of the execution of specified laws relating to various financial institutions and financial products and services. This bill would enact the California Elder Financial Abuse Prevention Act, which would authorize a depository institution, as defined, to take specified actions when, based on their own observations or information received from a governmental or law enforcement agency, the institution believes that an eligible adult, as defined, is the victim or target of financial abuse, including delaying or refusing a transaction involving the eligible adult and preventing the transfer of funds from the eligible adult's account. The bill would authorize a depository institution to notify an associated third party, as defined, if the depository institution believes an eligible adult may be the victim of financial abuse, and would exempt that disclosure from state privacy laws or requirements.

[AB 92](#)

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

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

Introduced: 1/6/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/3/2025)
(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

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

[AB 101](#)

([Gabriel D](#)) Budget Act of 2025.

Current Text: Amended: 6/9/2025 [html](#) [pdf](#)
Introduced: 1/8/2025
Last Amend: 6/9/2025
Status: 6/17/2025-Re-referred to Com. on B. & F. R.
Location: 6/17/2025-S. BUDGET & F.R.
Summary: This bill would make appropriations for the support of state government for the 2025-26 fiscal year. This bill contains other related provisions.

AB 224

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

Current Text: Amended: 7/8/2025 [html](#) [pdf](#)
Introduced: 1/9/2025
Last Amend: 7/8/2025
Status: 9/3/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 39. Noes 0.). In Assembly. Concurrence in Senate amendments pending.
Location: 9/3/2025-A. CONCURRENCE
Calendar: 9/8/2025 #5 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS
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.

AB 227

(Gabriel D) Budget Act of 2025.

Current Text: Introduced: 1/10/2025 [html](#) [pdf](#)
Introduced: 1/10/2025
Status: 2/3/2025-Referred to Com. on BUDGET.
Location: 2/3/2025-A. BUDGET
Summary: This bill would make appropriations for the support of state government for the 2025-26 fiscal year. This bill contains other related provisions.

AB 278

(Ransom D) Health care affordability.

Current Text: Introduced: 1/21/2025 [html](#) [pdf](#)
Introduced: 1/21/2025
Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/10/2025) (May be acted upon Jan 2026)
Location: 5/1/2025-A. 2 YEAR
Summary: Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law establishes the Health Care Affordability Board to establish, among other things, a statewide health care cost target and the standards necessary to meet exemptions from health care cost targets or submitting data to the office. Existing law authorizes the office to establish advisory or technical committees, as necessary, in order to support the board's decisionmaking. This bill would require the board, on or before June 1, 2026, to establish a Patient Advocate Advisory Standing Committee, as specified, that is required to publicly meet, and receive public comments, at least 4 times annually. The bill would require the committee to include specified data from the meetings to the board as part of its annual report.

AB 290

(Bauer-Kahan D) California FAIR Plan Association: automatic payments.

Current Text: Amended: 8/25/2025 [html](#) [pdf](#)
Introduced: 1/22/2025
Last Amend: 8/25/2025
Status: 8/26/2025-Read second time. Ordered to third reading.
Location: 8/26/2025-S. THIRD READING
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 require the amount charged for a policy to remain the same regardless of whether the policyholder opts for automatic payments or another method, but would authorize a reasonable fee for the convenience and increased cost associated with using the automatic payment system. 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.

AB 298

(Bonta D) Health care coverage cost sharing.

Current Text: Amended: 3/4/2025 [html](#) [pdf](#)

Introduced: 1/23/2025

Last Amend: 3/4/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/10/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services, as defined, provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would prohibit an individual or entity from billing or seeking reimbursement for in-network health care services provided to an enrollee or insured under 21 years of age, except as otherwise specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 302

(Bauer-Kahan D) Data brokers: elected officials and judges.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Introduced: 1/23/2025

Last Amend: 7/17/2025

Status: 8/28/2025-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: 8/28/2025-S. 2 YEAR

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

AB 489

(Bonta D) Health care professions: deceptive terms or letters: artificial intelligence.

Current Text: Amended: 7/8/2025 [html](#) [pdf](#)

Introduced: 2/10/2025

Last Amend: 7/8/2025

Status: 9/4/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 39. Noes 0.). In Assembly. Concurrence in Senate amendments pending.

Location: 9/4/2025-A. CONCURRENCE

Calendar: 9/8/2025 #25 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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.

AB 510

(Addis D) Health care coverage: utilization review: peer-to-peer review.

Current Text: Amended: 4/28/2025 [html](#) [pdf](#)

Introduced: 2/10/2025

Last Amend: 4/28/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-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 disability insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or disability 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. This bill, upon communication of a decision by a health care service plan or health insurer delaying, denying, or modifying a health care service based in whole or in part on medical necessity, would authorize a provider to request review of the decision by a licensed physician, or a licensed health care professional under specified circumstances, who is competent to evaluate the specific clinical issues involved in the health care service being requested, and is of the same or similar specialty as the requesting provider. The bill would authorize a licensed health care professional to be the reviewer if the provider requesting peer-to-peer review is not a physician. The bill, notwithstanding any other law, would require these reviews to occur within 2 business days, or if an enrollee or insured faces an imminent and serious threat to their health, within a timely fashion appropriate for the nature of the enrollee's or insured's condition, as specified. If a health care service plan or health insurer fails to meet those timelines, the bill would deem the request for the health care service as approved and supersede any prior delay, denial, or modification. This bill contains other related provisions and other existing laws.

AB 539

(Schiavo D) Health care coverage: prior authorizations.

Current Text: Amended: 4/28/2025 [html](#) [pdf](#)

Introduced: 2/11/2025

Last Amend: 4/28/2025

Status: 7/17/2025-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 5/21/2025)(May be acted upon Jan 2026)

Location: 7/17/2025-S. 2 YEAR

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by

the Department of Insurance. Existing law provides that a health care service plan or a health insurer that authorizes a specific type of treatment by a health care provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This bill would require a prior authorization for a health care service by a health care service plan or a health insurer to remain valid for a period of at least one year from the date of approval, or throughout the course of prescribed treatment, if less than one year. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 569

(Stefani D) California Public Employees' Pension Reform Act of 2013: exceptions: supplemental defined benefit plans.

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

Introduced: 2/12/2025

Last Amend: 4/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/21/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Existing law, the California Public Employees' Pension Reform Act of 2013 (PEPRA), on and after January 1, 2013, requires a public retirement system, as defined, to modify its plan or plans to comply with PEPRA, as specified. Among other things, PEPRA prohibits a public employer from offering a defined benefit pension plan exceeding specified retirement formulas, requires new members of public retirement systems to contribute at least a specified amount of the normal cost, as defined, for their defined benefit plans, and prohibits an enhancement of a public employee's retirement formula or benefit adopted after January 1, 2013, from applying to service performed prior to the operative date of the enhancement. PEPRA prohibits a public employer from offering a supplemental defined benefit plan if the public employer did not do so before January 1, 2013, or, if it did, from offering that plan to an additional employee group after that date. This bill would authorize a public employer, as defined, to bargain over contributions for supplemental retirement benefits administered by, or on behalf of, an exclusive bargaining representative of one or more of the public employer's bargaining units, subject to the limitations specified above. This bill contains other existing laws.

AB 682

(Ortega D) Health care coverage reporting.

Current Text: Amended: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/14/2025

Last Amend: 9/4/2025

Status: 9/4/2025-Read third time and amended. Ordered to second reading.

Location: 9/4/2025-S. SECOND 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 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 to file various reports with the relevant regulating department. This bill would require a health care service plan or health insurer that imposes prior authorization to report specified prior authorization data from the previous calendar year on its internet website on or before February 1, 2026, for health care service plans, on or before February 1, 2028, for health insurers, and annually on or before February 1 thereafter. The bill would require a health care service plan or health insurer to annually report specified claims and prior authorization data to the relevant department by February 1 of each year, beginning February 1, 2027, for health care service plans and February 1, 2028, for health insurers. The bill would require the departments to post this information, disaggregated by plan or insurer, on their internet websites by April 15 of each year, beginning April 15, 2027, for health care service plans and April 15, 2028, for health insurers. The bill would authorize the Director of the Department of Managed Health Care and the Insurance Commissioner to reject a report required pursuant to these provisions, and would authorize the commissioner to assess an administrative penalty against a health insurer for a failure to correct a deficiency in the report. The bill would authorize the director and commissioner to make rules and regulations specifying the form and content of the reports posted online and submitted to the relevant department, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

AB 756

(Calderon D) State public employment: memorandum of understanding: State Bargaining Unit 6.

Current Text: Introduced: 2/18/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was PRINT on 2/18/2025)

(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

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. This bill, notwithstanding the above-described statutory provisions, would approve a memorandum of understanding entered into between the state employer and State Bargaining Unit 6, as of an unspecified date. The bill would provide that the provisions of the memorandum of understanding requiring the expenditure of funds will not take effect unless funds for those provisions are specifically appropriated by the Legislature. The bill would require the state employer and State Bargaining Unit 6 to meet and confer to renegotiate the affected provisions if funds for these provisions are not specifically appropriated by the Legislature. The bill would specify that the provisions of the memorandum of understanding requiring the expenditure of funds will become effective even if these provisions are approved by the Legislature in legislation other than the annual Budget Act.

[AB 787](#)

(Papan D) Provider directory disclosures.

Current Text: Amended: 6/23/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 6/23/2025

Status: 8/28/2025-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: 8/28/2025-S. 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.

[AB 789](#)

(Bonta D) Political Reform Act of 1974: security expenses.

Current Text: Amended: 9/3/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 9/3/2025

Status: 9/4/2025-Read second time. Ordered to third reading.

Location: 9/4/2025-S. THIRD READING

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.

[AB 814](#)

(Schiavo D) Personal Income Tax Law: exclusions: law enforcement retirement.

Current Text: Introduced: 2/19/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Status: 5/5/2025-In committee: Set, second hearing. Held under submission.

Location: 3/24/2025-A. REV. & TAX SUSPENSE FILE

Summary: The Personal Income Tax Law, in conformity with federal income tax law, generally defines "gross income" as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2030, would exclude from gross income qualified payments received by a taxpayer during the taxable year. The bill would define qualified payments to mean either amounts received from a pension plan the taxpayer is the beneficiary of based on services performed as a peace officer, as defined, or amounts received as the beneficiary of an annuity plan set up for the surviving spouse or dependent of a person that lost their life in services as a peace officer, as specified. This bill contains other related provisions and other existing laws.

AB 871

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

Current Text: Introduced: 2/19/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Status: 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was B. & F. on 3/28/2025) (May be acted upon Jan 2026)

Location: 5/8/2025-A. 2 YEAR

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. Existing law deems specified persons to be mandated reporters of suspected financial abuse of an elder or dependent adult, including, among others, all officers and employees of a financial institution. A mandated reporter who fails to report financial abuse of an elder or dependent adult is liable for civil penalties, as specified. This bill would require a financial institution to provide annual training to its mandated reporters on how to report suspected financial abuse of an elder or a dependent adult to both local and federal authorities, as specified. The bill would require a financial institution to share information on reporting mechanisms with clients immediately upon discovering potential financial abuse and would require the financial institution to encourage clients to submit complaints within 24 to 48 hours. Under the bill, a violation of the requirement to share that information upon discovering potential financial abuse would not incur the above-described civil liability.

AB 894

(Carrillo D) General acute care hospitals: patient directories.

Current Text: Enrollment: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Last Amend: 8/27/2025

Status: 9/4/2025-Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 77. Noes 0.).

Location: 9/4/2025-A. ENROLLMENT

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.

AB 909

(Schiavo D) Financial abuse of an elder or dependent adult: fraudulent transactions: liability.

Current Text: Amended: 3/28/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Last Amend: 3/28/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B. & F. on 3/28/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Existing law, the Uniform Commercial Code (UCC), provides that, unless displaced by the particular provisions of the UCC, the principles of law and equity, including the law merchant and the law relative to capacity to contract, principal and agent, estoppel, fraud, misrepresentation, duress, coercion, mistake, bankruptcy, and other validating or invalidating cause supplement the UCC. Existing law generally regulates fund transfers, including by prescribing rules applicable to a transfer pursuant to a security procedure for the detection of error to a beneficiary not intended by the sender. This bill would similarly specify that those fund transfer provisions do not displace those principles of law and equity. This bill contains other related provisions and other existing laws.

AB 910

(Bonta D) Pharmacy benefit management.

Current Text: Amended: 4/10/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Last Amend: 4/10/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Existing law provides for the regulation of health care service plans by the Department of Managed Health Care. A willful violation of those provisions is a crime. Existing law requires health care service plans that cover prescription drug benefits and contract with pharmacy providers and pharmacy benefit managers to meet specified requirements, including requiring pharmacy benefit managers with whom they contract to register with the department and exercise good faith and fair dealing, among other requirements. This bill would modify the above-described requirement that the pharmacy benefit manager exercise good faith and fair dealing to instead require the pharmacy benefit manager to hold a fiduciary duty in the performance of its contractual duties and carry out that duty in accordance with state and federal law. The bill would require the pharmacy benefit manager to remit 100% of specified rebates, fees, alternative discounts, and other remuneration received to the health care service plan and would prohibit the pharmacy benefit manager from entering into any contract for pharmacy benefit management services that is contrary to that requirement. This bill contains other related provisions and other existing laws.

AB 980

(Arambula D) Health care: medically necessary treatment.

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

Introduced: 2/20/2025

Last Amend: 4/21/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/10/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-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 requires a health care service plan contract or health insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. Existing law generally authorizes a health care service plan or health insurer to use utilization review to approve, modify, delay, or deny requests for health care services based on medical necessity. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for medically necessary treatment of physical conditions and diseases under the same terms and conditions applied to other medical conditions, as specified. The bill would require the delivery of medically necessary services out of network if those services are not available within geographic and timely access standards. The bill would require a plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits for physical conditions and diseases. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violation of the requirements relating to utilization review. Because a willful violation of these 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.

AB 1054

(Gipson D) Public employees' retirement: deferred retirement option program.

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 3/24/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was P.E. & R. on 3/24/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

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. Existing law, the Public Employees' Retirement Law (PERL), creates the Public Employees' Retirement System (PERS) for the purpose of providing pension benefits to state employees and employees of contracting agencies and prescribes the rights and duties of members of the system and their beneficiaries. Existing law vests management and control of PERS in its board of administration. PERS provides a defined benefit to members of the program, based on final compensation, credited service, and age at retirement, subject to certain variations. 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 these state bargaining units to bargain with the Department of Human Resources to implement the program. The bill would also require the program to result in a cost savings or be cost neutral. The bill would further require the department to work with the board of PERS to develop the program.

AB 1067

(Quirk-Silva D) Public employees' retirement: felony convictions.

Current Text: Amended: 7/15/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 7/15/2025

Status: 9/4/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 39. Noes 0.). In Assembly. Concurrence in Senate amendments pending.

Location: 9/4/2025-A. CONCURRENCE

Calendar: 9/8/2025 #37 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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.

AB 1068

(Bains D) Emergency services available during natural disasters.

Current Text: Amended: 7/1/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 7/1/2025

Status: 8/28/2025-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: 8/28/2025-S. 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.

AB 1309

(Flora R) State employees: compensation: firefighters.

Current Text: Enrolled: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Status: 9/4/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 39. Noes 0.). In Assembly. Ordered to Engrossing and Enrolling.

Location: 9/4/2025-A. ENROLLMENT

Summary: Existing law provides that in order for the state to recruit skilled firefighters for the Department of Forestry and Fire Protection, it is the policy of the state to consider prevailing salaries and benefits prior to making salary recommendations. Existing law requires the Department of Human Resources, in order to provide comparability in pay, to take into consideration the salary and benefits of other jurisdictions employing 75 or more full-time firefighters who work in California. This bill would require the state to pay firefighters who are rank-and-file members of State Bargaining Unit 8, employed by the Department of Forestry and Fire Protection, within 15% of the average salary for corresponding ranks in 20 listed California fire departments. The bill would require the state and the exclusive representative for State Bargaining Unit 8 to jointly survey annually and calculate the estimated average salaries for those fire departments. The bill would also require the Department of Human Resources, on or before January 1, 2027, to conduct and report to the Department of Forestry and Fire Protection a cursory survey on the salaries and benefits for the prior year of each of the fire chiefs for 5 listed California fire departments. The bill would provide that when determining compensation for uniformed classifications of the Department of Forestry and Fire Protection, it is the policy of the state to consider the salary of corresponding ranks within the comparable jurisdictions listed, as well as other factors, including internal comparisons. The bill would require any salary increase for firefighters under these provisions to be implemented through a memorandum of understanding, in accordance with specified procedures governing collective bargaining agreements. The bill would include legislative findings and declarations related to its provisions.

AB 1415

(Bonta D) California Health Care Quality and Affordability Act.

Current Text: Amended: 8/21/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 8/21/2025

Status: 9/4/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 26. Noes 10.). In Assembly. Concurrence in Senate amendments pending.

Location: 9/4/2025-A. CONCURRENCE

Calendar: 9/8/2025 #44 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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.

AB 1431

(Tangipa R) Personal income taxes: credit: medical services: rural areas.

Current Text: Amended: 4/28/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 4/28/2025

Status: 5/5/2025-In committee: Set, second hearing. Held under submission.

Location: 4/29/2025-A. REV. & TAX

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for taxable years beginning on or after January 1, 2026, and before January 1, 2031, would

allow a credit against the taxes imposed by that law to a qualified taxpayer in an amount equal to the qualified income earned by the qualified taxpayer for medical services, as defined, performed in a rural area in the state, not to exceed \$5,000 per taxable year, as specified. This bill contains other related provisions and other existing laws.

AB 1439

(Garcia D) Public retirement systems: development projects: labor standards.

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 3/24/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was P.E. & R. on 3/24/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

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 and the State Teachers' Retirement System 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 prohibit the board of a public pension or retirement system from making any additional or new investments of public employee pension or retirement funds in development projects in California or providing financing for those projects with public employee pension or retirement funds unless those projects include labor standards protections, as defined. The bill would provide that a board is not required to take action pursuant to this provision unless it determines in good faith that the action is consistent with the board's fiduciary responsibilities established in the California Constitution.

AB 1450

(Hoover R) California Children's Services Program: providers.

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 3/24/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/24/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Existing law, the California Children's Services (CCS) Program, is a statewide program providing medically necessary services required by physically handicapped children whose parents are unable to pay for those services. Existing law requires the State Department of Health Care Services to administer the program. Existing law requires the board of supervisors of each county to designate the county department of public health or the county department of social welfare as the designated agency to administer the program. Existing law prohibits denying eligibility or aid under the program because an otherwise eligible person is receiving treatment services under specified teaching programs provided that treatment services are under the general supervision of a CCS Program panel physician and surgeon. Existing law requires those panel members to be board certified and have expertise in the care of children. Existing law requires prior authorization for CCS services provided pursuant to these provisions, contingent on the determination by the department or its designee of specified criteria, including that the provider of the services is approved in accordance with the standards of the program. This bill would authorize the department to approve an advanced practice provider's, defined as a nurse practitioner, physician assistant, or certified registered nurse that meet specified qualifications, request to be CCS paneled. The bill would require eligible applicants to submit an application through the CCS internet website. The bill would require the department to acknowledge receipt of the application within 5 business days and would require the department to approve, deny, or return the application for additional information within 10 business days of submission. The bill would require the advanced practice provider to be paneled prior to providing care, and once paneled, would authorize the advanced practice provider to perform initial or continuing care without the need of a cosignature for specified professional services. The bill would also authorize those paneled providers enrolled as Medi-Cal ordering, referring, and prescribing only providers to bill Medi-Cal directly for independent office and inpatient visits. This bill contains other related provisions.

ABX1 1

(Gabriel D) Budget Act of 2024.

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

Introduced: 12/2/2024

Last Amend: 1/10/2025

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

Location: 1/9/2025-A. BUDGET

Summary: The Budget Act of 2024 made appropriations for the support of state government for the

2024–25 fiscal year. This bill would amend the Budget Act of 2024 by making changes to existing appropriations, as provided. This bill contains other related provisions.

[ACA 1](#)

(Valencia D) Public finance.

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

Introduced: 12/2/2024

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

Location: 12/2/2024-A. PRINT

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

[ACA 2](#)

(Jackson D) Legislature: retirement.

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

Introduced: 12/2/2024

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

Location: 12/2/2024-A. PRINT

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

[ACA 5](#)

(Schiavo D) Property taxation: veterans’ exemption.

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

Introduced: 2/3/2025

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

Location: 2/3/2025-A. PRINT

Summary: The California Constitution declares that all property is taxable and establishes or authorizes various exemptions from tax for real property, including a homeowners’ exemption in the amount of \$7,000 of the full value of a dwelling unless the dwelling receives another real property exemption. If the Legislature increases the homeowners’ exemption, the California Constitution requires that the Legislature provide a benefit increase to qualified renters comparable to the average increase in benefits to homeowners. The California Constitution and existing property tax law establish a veterans’ exemption in the amount of \$4,000 for a veteran who meets certain military service requirements and generally exempts from property taxation the same value of property of a deceased veteran’s unmarried spouse and parents. The California Constitution authorizes, and existing property tax law establishes, a disabled veterans’ exemption in the amount of \$100,000 or \$150,000 for the principal place of residence of a veteran or a veteran’s spouse, including an unmarried surviving spouse, if the veteran, because of an injury incurred in military service, is blind in both eyes, has lost the use of 2 or more limbs, or is totally disabled, as those terms are defined, or if the veteran has, as a result of a service-connected injury or disease, died while on active duty in military service. Existing law prohibits receiving the veterans’ exemption on property owned by an unmarried person who owns more than \$5,000 of property or a married person who owns more than \$10,000 of property. Existing law prohibits receiving the deceased veterans’ exemption on property owned by a deceased veteran’s unmarried spouse who owns more than \$10,000 of property, a deceased veteran’s unmarried parent who owns more than \$5,000 of property, or a deceased veteran’s married parent who owns more than \$10,000 of property. This measure would allow a dwelling that receives the veterans’ exemption or the disabled veterans’ exemption to also receive the homeowners’ exemption. The measure would authorize the Legislature to exempt property eligible for the veterans’ exemption in an amount up to the full value of the property. If the Legislature increases the homeowners’ exemption, the measure would require that the Legislature provide the same increase in the veterans’ exemption, except as limited by the full value of the property. The bill would remove the above-described prohibitions on a property receiving the veterans’ or deceased veterans’ exemption based on the amount of property that a veteran or veteran’s parent or spouse owns.

SB 1

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

Current Text: Amended: 2/20/2025 [html](#) [pdf](#)

Introduced: 12/2/2024

Last Amend: 2/20/2025

Status: 5/23/2025-May 23 hearing: Held in committee and under submission.

Location: 5/12/2025-S. 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 an exclusion for combat-related special compensation. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2035, would exclude from gross income retirement pay received by a qualified taxpayer, as defined, during the taxable year, not to exceed \$20,000, from the federal government for service performed in the uniformed services, as defined. The bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2035, would also exclude from gross income annuity payments received by a qualified taxpayer, as defined, during the taxable year, not to exceed \$20,000, pursuant to a United States Department of Defense Survivor Benefit Plan. The bill would make related findings and declarations. This bill contains other related provisions and other existing laws.

SB 40

(Wiener D) Health care coverage: insulin.

Current Text: Amended: 8/29/2025 [html](#) [pdf](#)

Introduced: 12/3/2024

Last Amend: 8/29/2025

Status: 9/3/2025-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending.

Location: 9/3/2025-S. CONCURRENCE

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.

SB 41

(Wiener D) Pharmacy benefits.

Current Text: Amended: 9/4/2025 [html](#) [pdf](#)

Introduced: 12/3/2024

Last Amend: 9/4/2025

Status: 9/4/2025-Read third time and amended. Ordered to third reading.

Location: 9/3/2025-A. THIRD READING

Calendar: 9/8/2025 #191 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a 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.

SB 65

(Wiener D) Budget Act of 2025.

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

Introduced: 1/10/2025

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

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

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

SB 296

(Archuleta D) Property taxation: exemption: disabled veteran homeowners.

Current Text: Amended: 7/3/2025 [html](#) [pdf](#)

Introduced: 2/10/2025

Last Amend: 7/3/2025

Status: 7/15/2025-July 14 hearing: Placed on REV. & TAX. suspense file. Retained in suspense file.

Location: 7/15/2025-A. REV. & TAX SUSPENSE FILE

Summary: The California Constitution provides that all property is taxable, and requires that it be assessed at the same percentage of fair market value, unless otherwise provided by the California Constitution or federal law. The California Constitution and existing property tax law provide various exemptions from taxation, including, among others, a disabled veterans' exemption and a veterans' organization exemption. This bill would exempt from taxation, as provided, property owned by, and that constitutes the principal place of residence of, a veteran, the veteran's spouse, or the veteran and the veteran's spouse jointly, if the veteran is blind in both eyes, has lost the use of 2 or more limbs, or is totally disabled, as defined, as a result of injury or disease incurred in military service. The bill would provide an unmarried surviving spouse a property exemption in the same amount that they would have been entitled to if the veteran was alive and if certain conditions are met. The bill would require certain documentation to be provided to the county assessor to receive the exemption and would prohibit any other real property tax exemption from being granted to the claimant if receiving the exemption provided by the provisions of this bill. The bill would make these exemptions applicable for property tax lien dates occurring on or after January 1, 2026, but occurring before January 1, 2036. By imposing additional duties on local tax officials, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 306

(Becker D) Health care coverage: prior authorizations.

Current Text: Amended: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/10/2025

Last Amend: 9/4/2025

Status: 9/4/2025-Read third time and amended. Ordered to third reading.

Location: 9/3/2025-A. THIRD READING

Calendar: 9/8/2025 #211 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law 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.

SB 344

(Weber Pierson D) Disposition of human remains: scattering at sea.

Current Text: Amended: 3/20/2025 [html](#) [pdf](#)

Introduced: 2/12/2025

Last Amend: 3/20/2025

Status: 7/17/2025-Read second time. Ordered to consent calendar. Ordered to inactive file on request of Assembly Member Garcia.

Location: 7/17/2025-A. INACTIVE FILE

Summary: Existing law provides for the disposition of human remains and makes specified acts relating to human remains, including improperly disposing of human remains, a crime. Existing law authorizes cremated remains or hydrolyzed human remains to be taken by boat from any harbor in this state, or by air, and scattered at sea. Existing law defines the phrase "at sea" to include the inland navigable waters of this state, exclusive of lakes and streams, provided that no such scattering may take place within 500 yards of the shoreline. Existing law specifies that these provisions do not allow the scattering of cremated human remains or hydrolyzed human remains from a bridge or pier. This bill would additionally specify that these provisions do not allow the scattering of cremated human remains or hydrolyzed human remains from a dock attached to the shore. By expanding the definition of a crime, this bill would impose a state-mandated local program. This bill contains other existing laws.

SB 363

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

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Introduced: 2/13/2025

Last Amend: 7/17/2025

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

Location: 8/28/2025-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 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.

SB 386

(Limón D) Dental providers: fee-based payments.

Current Text: Amended: 8/21/2025 [html](#) [pdf](#)

Introduced: 2/14/2025

Last Amend: 8/21/2025

Status: 8/21/2025-Read third time and amended. Ordered to third reading.

Location: 7/7/2025-A. THIRD READING

Calendar: 9/8/2025 #60 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act'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.

SB 401

(Hurtado D) Political Reform Act of 1974: state employees: financial interests.

Current Text: Amended: 3/25/2025 [html](#) [pdf](#)

Introduced: 2/14/2025

Last Amend: 3/25/2025

Status: 4/10/2025-April 29 set for first hearing canceled at the request of author.

Location: 4/2/2025-S. E. & C.A.

Summary: The Political Reform Act of 1974 prohibits a public official, including an employee of a state agency, from using their official position to make, participate in making, or influence a governmental decision in which the official knows or has reason to know that the official has a financial interest, as specified. Any person who knowingly or willfully violates the act is guilty of a misdemeanor. This bill would further prohibit an employee of a state agency from owning or controlling a financial interest in any business entity that is subject to the regulatory authority of the state agency, or that does business with the state agency. The bill would authorize the head of a state agency to grant an employee a waiver from this prohibition only upon a finding that ownership or control of the financial interest is otherwise consistent with the act and that the employee will not make, participate in making, or attempt to influence a governmental decision in which the employee has a financial interest. By expanding the scope of an existing crime, this bill would impose a state-mandated local program.

SB 418

(Menjivar D) Health care coverage: prescription hormone therapy and nondiscrimination.

Current Text: Amended: 7/9/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 7/9/2025

Status: 9/2/2025-Read second time. Ordered to third reading.

Location: 9/2/2025-A. THIRD READING

Calendar: 9/8/2025 #140 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law also provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies. Existing law generally authorizes a health care service plan or health insurer to use utilization controls to approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires health care service plans and health insurers, as specified, within 6 months after the relevant department issues specified guidance, or no later than March 1, 2025, to require all of their staff who are in direct contact with enrollees or insureds in the delivery of care or enrollee or insured services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after the bill's operative date to cover up to a 12-month supply of a United States Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice and dispensed at one time, as specified. The bill would make the same prescription hormone therapy a covered benefit under the Medi-Cal program, as specified. The bill would prohibit a plan, an insurer, or the Medi-Cal program from imposing utilization controls or other forms of medical

management limiting the supply of this hormone therapy to an amount that is less than a 12-month supply, but would not prohibit a contract, a policy, or the Medi-Cal program from limiting refills that may be obtained in the last quarter of the plan, policy, or coverage year if a 12-month supply of the prescription hormone therapy has already been dispensed during that year. The bill would repeal these provisions on January 1, 2035. This bill contains other related provisions and other existing laws.

SB 443

(Rubio D) Retirement: joint powers authorities.

Current Text: Enrollment: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 8/28/2025

Status: 9/4/2025-Assembly amendments concurred in. (Ayes 39. Noes 0.) Ordered to engrossing and enrolling.

Location: 9/4/2025-S. ENROLLMENT

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.

SB 449

(Valladares R) Health care service plan requirements.

Current Text: Introduced: 2/18/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Status: 2/26/2025-Referred to Com. on RLS.

Location: 2/18/2025-S. RLS.

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires a health care service plan to meet specified requirements, and requires a health care service plan contract to provide to subscribers and enrollees specified basic health care services. This bill would make technical, nonsubstantive changes to those provisions.

SB 503

(Weber Pierson D) Health care services: artificial intelligence.

Current Text: Amended: 9/4/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Last Amend: 9/4/2025

Status: 9/4/2025-Read third time and amended. Ordered to third reading.

Location: 9/2/2025-A. THIRD READING

Calendar: 9/8/2025 #150 ASSEMBLY THIRD READING FILE - SENATE BILLS

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.

SB 538

(Dahle R) Public Employees' Retirement System: teaching service.

Current Text: Introduced: 2/20/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L., P.E. & R. on 3/5/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-S. 2 YEAR

Summary: Existing law authorizes a member of the Public Employees' Retirement System (PERS) who is subsequently employed to perform service subject to coverage by the Defined Benefit Program of the State Teachers' Retirement Plan to elect to retain coverage by PERS for that subsequent service. Existing law prescribes requirements for the exercise of this election, including that the election be submitted in writing, as specified, within 60 days after the member's date of hire to perform the service. Existing law authorized, until January 1, 2024, a member of PERS who provided emergency teaching services pursuant to a specified executive order to elect to retain coverage notwithstanding the failure to meet specified administrative requirements. This bill would authorize a member providing services as a substitute teacher, as defined, under certain circumstances to elect to retain coverage under PERS.

SB 605

(Cortese D) State attorneys and administrative law judges: compensation.

Current Text: Introduced: 2/20/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

Summary: Existing law requires the Department of Human Resources to establish and adjust salary ranges for each class of position in the state civil service. This bill would require that the salaries of state attorneys and administrative law judges in State Bargaining Unit 2 be no less than the average salaries of public sector attorneys, as specified. The bill would require the Department of Human Resources to annually conduct a survey of salary structures by March 1 of each year, as specified, and determine the average salary of public sector attorneys for each attorney classification, including the minimum salaries for entry-level attorneys, intermediate classifications, and the most senior nonmanagerial attorneys, noninclusive of negotiated differentials. The bill would require that state administrative law judges have salaries not less than the maximum salary of state attorneys classified at a specified level. The bill would require the department to make a good faith offer of parity in salary with respect to public sector agency attorneys' and administrative law judges' salaries in any negotiations with the exclusive bargaining representative. The bill would provide that no state attorney or administrative law judge classification shall be reduced in salary as a result of these provisions. This bill contains other related provisions.

SB 853

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

Current Text: Amended: 7/15/2025 [html](#) [pdf](#)

Introduced: 3/4/2025

Last Amend: 7/15/2025

Status: 9/3/2025-In Senate. Concurrence in Assembly amendments pending.

Location: 9/3/2025-S. CONCURRENCE

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.

Total Measures: 61

Total Tracking Forms: 61