



**BLANNING & BAKER**

Associates, Inc.

**CSR Legislative Report  
10/1/2024**

**Support**

**AB 46**

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

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

**Introduced:** 12/5/2022

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

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was APPR. SUSPENSE FILE on 8/14/2023)

**Location:** 8/31/2024-S. DEAD

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

**Memo:**

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

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

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

**AB 236**

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

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

**Introduced:** 1/13/2023

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

**Location:** 8/15/2024-S. DEAD

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

**Memo:**

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

**[AB 559](#)**

**(Boerner D) Personal income tax: California Senior Citizen Advocacy Voluntary Tax Contribution Fund.**

**Current Text:** Chaptered: 7/21/2023 [html](#) [pdf](#)

**Introduced:** 2/8/2023

**Status:** 7/21/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 89, Statutes of 2023.

**Location:** 7/21/2023-A. CHAPTERED

**Summary:** Existing law authorizes an individual to contribute amounts in excess of the individual's personal income tax liability for the support of specified funds. Existing law allows a taxpayer to designate an amount in excess of personal income tax liability to be deposited into the California Senior Citizen Advocacy Voluntary Tax Contribution Fund, which is continuously appropriated to the California Senior Legislature for the purpose of funding the activities of the California Senior Legislature. Existing law requires the Franchise Tax Board to revise the return for taxable years 2017 to 2023, inclusive, to include a space for that designation, and repeals these voluntary contribution provisions on January 1, 2025. This bill would require the Franchise Tax Board to revise the return for taxable years 2017 to 2030, inclusive, to allow a taxpayer to designate an amount in excess of personal income tax liability to be deposited into the California Senior Citizen Advocacy Voluntary Tax Contribution Fund, and would extend the repeal date for these provisions to January 1, 2032. By extending a continuously appropriated fund, the bill would make an appropriation.

**Memo:**

Support letter sent to Author -- 3/17/23  
Support letter sent to Asm. Rev&Tax -- 3/17/23  
Support letter sent to Asm. APPR -- 3/24/23  
Support letter sent to Sen. Gov&F -- 5/4/23  
Support letter sent to Sen. APPR -- 6/16/23  
Signature request letter sent to Governor -- 7/19/23

**[AB 616](#)**

**(Rodriguez D) Medical Group Financial Transparency Act.**

**Current Text:** Vetoed: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/9/2023

**Last Amend:** 7/6/2023

**Status:** 1/30/2024-Consideration of Governor's veto stricken from file.

**Location:** 10/13/2023-A. VETOED

**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 requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Existing law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specified. The bill would also make related findings and declarations. This bill contains other existing laws.

**Memo:**

Support letter sent to Author -- 3/29/23  
Support letter sent to Asm. Health -- 3/29/23  
Support letter sent to Asm. APPR -- 4/21/23  
Support letter sent to Sen. Health -- 6/16/23

Support letter sent to Sen. JUD -- 6/16/23  
Support letter sent to Sen. APPR -- 8/7/23  
Signature request letter sent to Governor -- 9/20/23

## [AB 820](#)

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

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

**Introduced:** 2/13/2023

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/14/2023)

**Location:** 8/15/2024-S. DEAD

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

#### **Memo:**

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

Support letter sent to Sen. HumS -- 6/16/23

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

## [AB 2028](#)

### **(Ortega D) Medical loss ratios.**

**Current Text:** Introduced: 2/1/2024 [html](#) [pdf](#)

**Introduced:** 2/1/2024

**Status:** 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 2/12/2024)

**Location:** 4/25/2024-A. DEAD

**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. The federal Patient Protection and Affordable Care Act requires a health insurance issuer to comply with minimum medical loss ratios (MLRs) and to provide an annual rebate to each insured if the MLR of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified. Existing law requires health care service plans and health insurers that issue, sell, renew, or offer a contract or policy, excluding specialized dental and vision contracts and policies, to comply with a minimum MLR of 85% and provide specified rebates. Existing law requires a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services to annually report MLR information to the appropriate department. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum MLR of 85% and to provide a specified rebate to an enrollee or insured. 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.

#### **Memo:**

Support letter sent to Author -- 3/22/24

Support letter sent to Asm. Health -- 4/5/24

## [AB 2207](#)

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

**Current Text:** Chaptered: 9/21/2024 [html](#) [pdf](#)

**Introduced:** 2/7/2024

**Last Amend:** 8/23/2024

**Status:** 9/21/2024-Chaptered by Secretary of State - Chapter 332, Statutes of 2024

**Location:** 9/21/2024-A. CHAPTERED

**Summary:** Existing law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Existing law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer's Disease and Related Disorders

Advisory Committee, the California Workforce Development Board, and the California Behavioral Health Planning Council to include the Executive Director of the California Commission on Aging, or other persons that serve or advocate for older adults, as specified. This bill contains other related provisions.

**Memo:**

Support letter sent to Author -- 3/22/24  
Support letter sent to Asm. A&LTC -- 4/5/24  
Support letter sent to Sen. Hum.S -- 6/6/24  
Support letter sent to Sen. Health -- 6/6/24  
Support letter sent to Sen. Appr -- 7/31/24  
Signature request letter sent to Governor -- 9/6/24

**AB 3129**

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

**Current Text:** Vetoed: 9/28/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Last Amend:** 8/28/2024

**Status:** 9/28/2024-Vetoed by Governor.

**Location:** 9/28/2024-A. VETOED

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

**Memo:**

Support letter sent to Author -- 7/31/24  
Support letter sent to Sen. Appr -- 7/31/24  
Signature request letter sent to Governor -- 9/6/24

**ACR 39**

**(Bains D) Older Californians Month.**

**Current Text:** Chaptered: 6/9/2023 [html](#) [pdf](#)

**Introduced:** 3/13/2023

**Status:** 6/1/2023-Chaptered by Secretary of State - Res. Chapter 90, Statutes of 2023.

**Location:** 6/1/2023-A. CHAPTERED

**Summary:** This bill would recognize the month of May 2023 as Older Californians Month and would encourage Californians of all ages to recognize and treat all older adults with compassion and respect, and to participate in services and activities that contribute to the health and well-being of older adults.

**Memo:**

Support letter sent to Author -- 3/29/23  
Support letter sent to Asm. Rules -- 3/29/23

**ACR 184**

**(Bains D) Older Americans Month.**

**Current Text:** Chaptered: 5/30/2024 [html](#) [pdf](#)

**Introduced:** 4/23/2024

**Status:** 5/30/2024-Chaptered by Secretary of State - Chapter 74, Statutes of 2024  
**Location:** 5/30/2024-A. CHAPTERED  
**Summary:** This measure would recognize the month of May 2024 as Older Americans Month.

#### [AJR 4](#)

##### **(Schiavo D) Medicare: ACO REACH Model.**

**Current Text:** Chaptered: 9/14/2023 [html](#) [pdf](#)

**Introduced:** 4/12/2023

**Last Amend:** 5/25/2023

**Status:** 9/7/2023-Chaptered by Secretary of State- Chapter 172, Statutes of 2023

**Location:** 9/7/2023-A. CHAPTERED

**Summary:** This measure would request the President of the United States to immediately end the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model under the federal Medicare Program, with the stated goal of eliminating corporate profiteering and expanding consumer-directed access to care established through Traditional Medicare.

##### **Memo:**

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

Support letter sent to Sen. Health -- 6/16/23

#### [SB 980](#)

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

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

**Introduced:** 1/29/2024

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/7/2024)

**Location:** 8/15/2024-A. DEAD

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

##### **Memo:**

Support letter sent to Author -- 08/09/24

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

#### [SCR 5](#)

##### **(Nguyen R) Older Americans Month.**

**Current Text:** Chaptered: 6/6/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Status:** 6/1/2023-Chaptered by Secretary of State. Res. Chapter 85, Statutes of 2023.

**Location:** 6/1/2023-S. CHAPTERED

**Summary:** This bill would recognize the month of May 2023 as Older Americans Month and would encourage all Californians to recognize and treat all older adults with compassion and respect, and to participate in services and activities that contribute to the health, welfare, and happiness of older adults.

##### **Memo:**

Support letter sent to Author -- 4/25/22

#### [SCR 104](#)

##### **(Nguyen R) Older Americans Month.**

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

**Introduced:** 1/22/2024

**Status:** 6/26/2024-Chaptered by Secretary of State - Chapter 127, Statutes of 2024

**Location:** 6/26/2024-S. CHAPTERED

**Summary:** This bill would recognize the month of May 2024 as Older Americans Month and would encourage all Californians to recognize and treat all older adults with compassion and respect, and to participate in services and activities that contribute to the health, welfare, and happiness of older adults.

**Memo:**

Support letter sent to author -- 5/31/24

Support letter sent to Asm. Rules -- 5/31/24

[SJR 1](#)

**(Cortese D) Social Security Act: repeal of benefit reductions.**

**Current Text:** Chaptered: 6/2/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Last Amend:** 4/12/2023

**Status:** 5/26/2023-Chaptered by Secretary of State- Chapter 84, Statutes of 2023

**Location:** 5/26/2023-S. CHAPTERED

**Summary:** This measure would request the Congress of the United States to enact, and the President to sign, legislation that would repeal the Government Pension Offset and the Windfall Elimination Provision from the Social Security Act.

**Memo:**

Support letter sent to Author -- 4/21/23

Support letter sent to Asm. PE&R -- 4/21/23

**Watch**

[AB 1](#)

**(McKinnor D) Collective bargaining: Legislature.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Last Amend:** 9/8/2023

**Status:** 10/7/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 313, Statutes of 2023.

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law, the Ralph C. Dills Act (Dills Act), governs collective bargaining between the state and recognized state public employee organizations. Existing law excludes certain employees from coverage under the Dills Act, including, among others, managerial employees, supervisory employees, and confidential employees, as defined. Existing law creates the Public Employment Relations Board and authorizes it, among other things, to determine appropriate state employee bargaining units, as specified. This bill would enact the Legislature Employer-Employee Relations Act, to provide employees of the Legislature, except certain specified categories of excluded employees, the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. The bill would prescribe rights, duties, and prohibitions in this context that parallel those in the Dills Act. For the purposes of bargaining or meeting and conferring in good faith, the bill would define "employer" to mean the Assembly Committee on Rules or the Senate Committee on Rules. The bill would require the employer to meet and confer with representatives of recognized employee organizations regarding matters within the scope of representation. The bill would exclude certain matters from the scope of representation, as specified. The bill would grant exclusive jurisdiction to the Public Employment Relations Board to make an initial determination as to whether charges of unfair practices are justified, and, if so, the necessary remedy, as specified. However, the bill would prohibit the board from issuing a decision or order that intrudes upon or interferes with the Legislature's core function of efficient and effective lawmaking or the essential operation of the Legislature. The bill would require the board to determine appropriate bargaining units, and would prohibit the board from including employees in a bargaining unit that includes employees other than those of the employer. The bill would prohibit the board from including within a bargaining unit employees from both the Assembly and Senate. This bill contains other related provisions and other existing laws.

[AB 13](#)

**(Essayli R) Elections: Election Day holiday: voting by mail.**

**Current Text:** Amended: 1/26/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Last Amend:** 1/26/2023

**Status:** 1/12/2024-Failed Deadline pursuant to Rule 61(b)(1). (Last location was ELECTIONS on 1/26/2023)

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law requires the statewide general election to be held on the first Tuesday after the first Monday in November of each even-numbered year. Existing law designates specific days as holidays in this state. This bill would add the first Tuesday after the first Monday in November of any even-numbered year to the list of state holidays. By increasing the duties of local officials in connection with the creation of a new state holiday, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 96**

**(Kalra D) Public employment: local public transit agencies: autonomous transit vehicle technology.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 1/9/2023

**Last Amend:** 9/6/2023

**Status:** 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 419, Statutes of 2023.

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law creates various transit districts and prescribes requirements applicable to their labor relations, including those that address the recognition and certification of exclusive employee representatives, unit determinations, and procedures for meeting and conferring on matters subject to collective bargaining. Existing law establishes the Public Employment Relations Board (PERB) in state government as a means of resolving disputes and enforcing the statutory duties and rights of specified public employers and employees under various acts regulating collective bargaining. Existing law includes within PERB's jurisdiction the resolution of disputes alleging violation of rules and regulations adopted by a public agency, as defined, concerning unit determinations, representations, recognition, and elections, as specified. Existing law authorizes PERB to adopt rules and regulations to carry out its purposes, as provided. Existing law does not apply the above provisions to employees of specified public transit agencies. This bill would require a public transit employer, at least 10 months before beginning a procurement process to acquire or deploy any autonomous transit vehicle technology for public transit services that would eliminate job functions or jobs of a workforce, to provide written notice to the exclusive employee representative of the workforce affected by the autonomous transit vehicle technology of its determination to begin that procurement process. The bill would require the public transit employer and exclusive employee representative, upon written request by the exclusive employee representative, to commence collective bargaining within a specified time period on certain subjects, including creating plans to train and prepare the affected workforce to fill new positions created by the autonomous transit vehicle technology. The bill would vest PERB with jurisdiction to process unfair practice charges alleging violations of these provisions, but only as to transit district employers where PERB has jurisdiction to process unfair practice charges. Should an employee organization file an unfair practice charge with PERB, the bill would require PERB's powers and duties to apply, as appropriate, and would require PERB's regulations to apply. The bill would authorize PERB to make additional emergency regulations, as specified.

**AB 108**

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

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

**Introduced:** 1/9/2023

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

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was BUDGET & F.R. on 7/1/2024)

**Location:** 8/31/2024-S. DEAD

**Summary:** The Budget Act of 2024 made appropriations for the support of state government for the 2024-25 fiscal year. This bill would amend the Budget Act of 2024 by amending, adding, and repealing items of appropriation and making other changes. This bill contains other related provisions.

**AB 265**

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

**Current Text:** Vetoed: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 1/19/2023

**Last Amend:** 3/9/2023

**Status:** 1/25/2024-Consideration of Governor's veto stricken from file.

**Location:** 10/8/2023-A. VETOED

**Summary:** Existing law authorizes the Controller, upon approval of a claim for the postponement of property taxes, as defined, to directly pay a county tax collector for the property taxes owed by the claimant, as provided. Existing law establishes the Senior Citizens and Disabled Citizens Property Tax Postponement Fund and continuously appropriates moneys in the fund to the Controller for specified purposes, including disbursements relating to the postponement of property taxes pursuant to the Property Tax Postponement Law. Existing law requires the Controller, on June 30, 2018, and on June 30 each year thereafter, to transfer any moneys in the fund in excess of \$15,000,000 to the General Fund. This bill would require money to be transferred, on June 30, 2024, and on June 30 each year thereafter, from the General Fund to the Senior Citizens and Disabled Citizens Property Tax

Postponement Fund when the balance in the latter fund is less than \$15,000,000. The bill would require the amount of money transferred each year to be equal to the sum needed to bring the balance of the Senior Citizens and Disabled Citizens Property Tax Postponement Fund to \$15,000,000. By requiring the transfer of moneys into a continuously appropriated fund, the bill would make an appropriation.

#### [AB 403](#)

##### **(Arambula D) Health systems: community benefits plan.**

**Current Text:** Amended: 3/23/2023 [html](#) [pdf](#)

**Introduced:** 2/2/2023

**Last Amend:** 3/23/2023

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law establishes the Department of Health Care Access and Information to oversee various aspects of the health care market, including oversight of hospital facilities and community benefits plans. Existing law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Existing law defines "community benefit" to include the unreimbursed cost of services, as specified, among other things. Existing law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Existing law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital's fiscal year ends. Existing law authorizes the department to impose a fine not to exceed \$5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would redefine the term "community benefit" to include the unreimbursed cost of services as reported in a specified federal tax filing, would require a hospital to annually submit a copy of that completed tax filing, and would require a community benefits plan to include community benefits reported by category consistent with that filing. The bill would increase the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and would specify that the community benefits plan should address the community needs identified by the community needs assessment.

#### [AB 666](#)

##### **(Arambula D) Health systems: community benefits plans.**

**Current Text:** Amended: 4/6/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Last Amend:** 4/6/2023

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law establishes the Department of Health Care Access and Information to oversee various aspects of the health care market, including oversight of hospital facilities and community benefits plans. Existing law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Existing law defines the term "community" as the service areas or patient populations for which the hospital provides health care services, defines "vulnerable populations" for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs, and defines "community benefit" to mean the hospital's activities that are intended to address community needs, such as support to local health departments, among other things. Existing law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Existing law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital's fiscal year ends. Existing law authorizes the department to impose a fine not to exceed \$5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department to define the term "community" by regulation within certain parameters, would redefine the term "community benefit" to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term "vulnerable populations" to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. The bill would require that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coordination with a local health department, and require that it be updated at least once every 2 years. The bill would require that a community benefits plan demonstrate alignment with the State Health Improvement Plan and the Community Health Improvement Plan, include the proportion and



amount of community benefit spending on vulnerable populations, and include measurable objectives that outline equity benchmarks. The bill would additionally require a hospital to annually submit a copy of a specified Internal Revenue Service form to the department. The bill would increase the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and would authorize the department to impose a maximum fine of \$50,000 for a hospital's failure to demonstrate implementation of a community benefits plan. The bill would require the department to include in its annual report the amount of community benefits spending attributable to public health needs and a list of hospitals that fail to comply with specified requirements.

#### [AB 729](#)

##### **(Bonta D) Elder abuse.**

**Current Text:** Introduced: 2/13/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Status:** 2/1/2024-Died at Desk.

**Location:** 1/18/2024-A. DEAD

**Summary:** Existing law makes a person who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, punishable as a misdemeanor or a felony, as specified. This bill would state the intent of the Legislature to enact legislation pertaining to scams targeting vulnerable seniors and their communities.

#### [AB 739](#)

##### **(Lackey R) Public retirement systems: defined benefit plans: funding.**

**Current Text:** Introduced: 2/13/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law, the California Public Employees' Pension Reform Act of 2013 (PEPRA), generally requires a public retirement system, as defined, to modify its plan or plans to comply with the act. PEPRA prohibits a public employer's contribution to a defined benefit plan, in combination with employee contributions to the plan, from being less than the normal cost rate, as defined, for the plan in a fiscal year. Existing law authorizes a public retirement system to suspend contributions if certain conditions are satisfied, one of which is that the plan be funded by more than 120%, based on a computation by the retirement system actuary in accordance with specified standards, that is included in the annual valuation. This bill would revise the conditions for suspending contributions to a public retirement system defined benefit plan to increase the threshold percentage amount of plan funding to more than 130%.

#### [AB 751](#)

##### **(Schiavo D) Elder abuse.**

**Current Text:** Chaptered: 6/29/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Last Amend:** 3/16/2023

**Status:** 6/29/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 18, Statutes of 2023.

**Location:** 6/29/2023-A. CHAPTERED

**Summary:** Existing law requires every local law enforcement agency to, when the agency next undertakes the policy revision process, revise or include specified information about the elements of elder abuse crimes in the portion of its policy manual relating to elder and dependent adult abuse, if that policy manual exists. Existing law requires a municipal police department or county sheriffs' department that adopts or revises a policy regarding elder and dependent adult abuse or senior and disability victimization on or after April 13, 2021, to include specified provisions regarding procedures for investigating elder abuse in that policy. This bill would clarify that a department that complied or complies with the requirements above regarding including specified information about the elements of elder abuse crimes in their policy manuals on or after April 13, 2021, is required to include the specified provisions regarding procedures for investigating elder abuse in their policy.

#### [AB 845](#)

##### **(Alvarez D) Behavioral health: older adults.**

**Current Text:** Amended: 4/13/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Last Amend:** 4/13/2023

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/31/2024-A. DEAD

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the

intent of the MHSAs. This bill would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and their responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSAs on those outcome and related indicators by July 1, 2024, and would require the report to be posted on the department's internet website. The bill would also require the administrator to develop a strategy and standardized training for all county behavioral health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. By expanding the purposes for which funds from a continuously appropriated fund may be spent, this bill would make an appropriation. This bill contains other related provisions.

### **AB 913**

#### **(Petrie-Norris D) Pharmacy benefit managers.**

**Current Text:** Amended: 3/16/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Last Amend:** 3/16/2023

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate pharmacists. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and for the regulation of health insurers by the Department of Insurance. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. This bill would require the California State Board of Pharmacy to license and regulate pharmacy benefit managers that manage the prescription drug coverage provided by a health care service plan or health insurer, except as specified. The bill would set forth various duties of pharmacy benefit managers, including requirements to file a report with the board. The bill would prohibit a pharmacy benefit manager from, among other things, contracting after January 1, 2024, to prohibit or restrict a pharmacy or pharmacist from disclosing to an enrollee or insured health care information that the pharmacy or pharmacist considers appropriate. This bill would require the board to promulgate necessary regulations and to prepare a report to the Legislature on or before August 1, 2025, and on or before each August 1 thereafter, with aggregate data received from pharmacy benefit managers, establish a data retention schedule, and protect proprietary and confidential information, as specified

### **AB 1006**

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

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

**Introduced:** 2/15/2023

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/3/2023)

**Location:** 8/15/2024-S. DEAD

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

[AB 1100](#)

**(Low D) State employees: workweek.**

**Current Text:** Amended: 1/3/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Last Amend:** 1/3/2024

**Status:** 2/1/2024-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

**Location:** 1/12/2024-A. DEAD

**Summary:** Existing law states that it is the policy of the state that the workweek of the state employee shall be 40 hours and the workday of state employees 8 hours, except as specified. This bill would require the Government Operations Agency, in consultation with the Department of Human Resources, to evaluate how a 4-day workweek, including, but not limited to, a 32-hour workweek, can be implemented for state employees to improve their quality of work, health, and lifestyle. The bill would require the Government Operations Agency, on or before January 1, 2026, to prepare and submit to the Legislature a report on its evaluation, as prescribed.

[AB 1369](#)

**(Bauer-Kahan D) Out-of-state physicians and surgeons: telehealth: license exemption.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Last Amend:** 8/24/2023

**Status:** 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 837, Statutes of 2023.

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of the practice of medicine by physicians and surgeons. Existing law generally prohibits the practice of medicine without a physician's and surgeon's certificate issued by the board. Under this bill, the David Hall Act, a person licensed as a physician and surgeon in another state, as specified, would be authorized to deliver health care via telehealth to an eligible patient who, among other requirements, has an immediately life-threatening disease or condition, as specified. This bill contains other existing laws.

[AB 1690](#)

**(Kalra D) Universal health care coverage.**

**Current Text:** Introduced: 2/17/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Status:** 2/1/2024-Died at Desk.

**Location:** 1/18/2024-A. DEAD

**Summary:** Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements, including the Medi-Cal program administered by the State Department of Health Care Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. Existing law establishes the California Health Benefit Exchange to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers. This bill would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

[AB 1812](#)

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

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

**Introduced:** 1/10/2024

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was BUDGET on 1/16/2024)

**Location:** 8/31/2024-A. DEAD

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

[AB 1813](#)

**(Alanis R) Senior Tenant Shallow Rental Subsidy Program of 2024: housing grants.**

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

**Introduced:** 1/10/2024

**Status:** 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was H. & C.D. on 1/29/2024)

**Location:** 4/25/2024-A. DEAD

**Summary:** Existing law requires the Department of Housing and Community Development to administer various housing programs, including the Multifamily Housing Program and the CalHome Program. This bill would establish the Senior Tenant Shallow Rental Subsidy Program of 2024. The bill would require the department, upon appropriation by the legislature, to establish and administer a grant program for cities and counties to provide subsidies for senior citizens at risk of homelessness. The bill would require that, of the grants awarded pursuant to the program, 50% of the funds be awarded to localities

with at least 250,000 residents, and 50% be awarded to localities with less than 250,000 residents. The bill would require funds awarded through the program be obligated by no later than July 31, 2025. The bill would authorize the department to reallocate any part of an award that is not so obligated to other grantees participating in the program that meet specified requirements. The bill would require a grantee to award rental subsidies to individuals, not to exceed \$500 per month for up to 18 months, based on specified requirements. The bill would establish the Senior Tenant Shallow Rental Subsidy Program of 2024 Fund in the State Treasury, and would provide moneys in the fund be allocated, upon appropriation by the Legislature, to the department for use in accordance with the program.

#### [AB 1911](#)

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

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

**Introduced:** 1/24/2024

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/1/2024)

**Location:** 8/15/2024-S. DEAD

**Summary:** Existing law establishes the State Department of Social Services and sets forth its powers and duties, including, but not limited to, the licensing and administration of residential care facilities for the elderly. Existing law authorizes any person to request an investigation of a residential care facility for the elderly by making a complaint to the department, as specified. Existing law requires the department to make a preliminary review, except as specified, and make an onsite inspection within 10 days of receiving the complaint unless the visit would adversely affect the investigation, as specified. Existing law requires the department, upon receipt of a complaint, to make a good faith effort to contact and interview the complainant of the department's proposed course of action and relevant deadline for the department to complete the investigation. Existing law requires the department, within 10 days of completing that investigation, to notify the complainant of the department's determination as a result of the investigation. This bill would instead authorize any person to file a complaint with the department against a residential care facility for the elderly. The bill would require the department to conduct an onsite investigation within one business day of receipt of the complaint if the complaint involves a threat of imminent danger of death or serious harm. The bill would require the department to inform the complainant within 10 calendar days of receipt of the complaint if the department determines that an investigation is not warranted and the reason for that determination. The bill would require the department, prior to conducting an onsite investigation, to send a notification to the complainant notifying them of, among other things, the nature of the allegations to be investigated and the relevant deadline for the department to complete the investigation. The bill would require the department, for complaints received on or after July 1, 2025, to complete an investigation within a specified amount of time and would allow an extension of these time frames due to extenuating circumstances, as specified. The bill would require the department, when providing notification of the outcome of the investigation, to also provide notification of the right to seek an informal conference, and to provide a copy of any reports describing violations and enforcement actions resulting from the investigation, if applicable. The bill would authorize a complainant to appeal a determination made by the department, as specified.

#### [AB 2169](#)

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

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

**Introduced:** 2/7/2024

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

**Location:** 8/15/2024-S. DEAD

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 2474](#)

**(Lackey R) Retirement: County Employees Retirement Law of 1937: benefit payments and overpayments.**

**Current Text:** Chaptered: 7/15/2024 [html](#) [pdf](#)

**Introduced:** 2/13/2024

**Last Amend:** 6/13/2024

**Status:** 7/15/2024-Chaptered by Secretary of State - Chapter 108, Statutes of 2024

**Location:** 7/15/2024-A. CHAPTERED

**Summary:** (1)The County Employees Retirement Law of 1937 (CERL) authorizes counties and districts to establish retirement systems in order to provide pension benefits to their employees and their beneficiaries and prescribes the rights, benefits, and duties of members in this regard. CERL defines compensation and compensation earnable for purposes of its provisions. Existing law, the Public Employees' Pension Reform Act of 2013 (PEPRA), prescribed various limitations on public employees, employers, and retirement systems concerning, among other things, the types of remuneration that may be included in compensation that is applied to pensions. This bill would also define "account of the retired member or survivor of a deceased retired member" to include an account held in a living trust or an income-only trust, as specified. This bill contains other related provisions and other existing laws.

[AB 2564](#)

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

**Current Text:** Vetoed: 9/14/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Status:** 9/14/2024-Vetoed by Governor.

**Location:** 9/14/2024-A. VETOED

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

[AB 2620](#)

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

**Current Text:** Chaptered: 9/21/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Status:** 9/21/2024-Chaptered by Secretary of State - Chapter 334, Statutes of 2024

**Location:** 9/21/2024-A. CHAPTERED

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Commission on Aging, comprised of 25 members, appointed as specified, including 19 members appointed by the Governor. Existing law requires the commission to be comprised of actual consumers of services provided under the federal Older Americans Act. Under existing law, the commission's mission is, among other things, to serve as the principal advocate body in the state on behalf of older individuals, to participate with and advise the California Department of Aging in various ways relating to the State Plan on Aging, and to develop a method for the selection of delegates to the statewide legislative meeting of senior advocates. Existing law sets forth the duties and powers of the commission, including participating with the department in training workshops for community, regional, and statewide senior advocates, to help older individuals to understand legislative, regulatory, and program implementation processes, and meeting at least 6 times annually in order to study problems of older individuals and present findings and make recommendations. This bill would reduce the number of members of the commission to 18, and require 12 members to be appointed by the Governor, with at least 2 appointed from a list of nominees submitted by, among others, area agency on aging directors and the Area Agency on Aging Advisory Council of California. The bill would require the members of the commission be comprised of consumers and providers of services under the federal Older Americans Act, instead of just consumers, who have professional, lived, or academic expertise both within and outside of the field of aging, in specified areas, including health, behavioral health, and housing. The bill would clarify that the commission is an "advisory commission" as described by the Bagley-Keene Open Meeting Act, and is therefore subject to applicable teleconferencing provisions. The bill would revise the existing duties and purpose of the commission by removing the requirement that the commission develop a method for the selection of delegates to the statewide legislative meeting of senior advocates. The bill would also revise the duties of the commission to require, among other things, the commission's advisory participation in consideration of initiatives for programs and services affecting older adults,

adults with disabilities, and caregivers, as well as to monitor and, when deemed appropriate, engage in federal advocacy efforts on, among others, federal rulemaking packages affecting older adults, adults with disabilities, and caregivers. The bill would also reduce the annual meetings of the commission from 6 to 4. This bill contains other related provisions.

#### [AB 2636](#)

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

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

**Introduced:** 2/14/2024

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

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was DESK on 8/15/2024)

**Location:** 8/31/2024-A. DEAD

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

#### [AB 2694](#)

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

**Current Text:** Chaptered: 9/19/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

**Last Amend:** 8/21/2024

**Status:** 9/19/2024-Chaptered by Secretary of State - Chapter 278, Statutes of 2024

**Location:** 9/19/2024-A. CHAPTERED

**Summary:** Existing law, commonly referred to as the Density Bonus Law, requires a city or county to provide a developer that proposes a housing development, as defined, within the city or county with a density bonus and other incentives or concessions, as specified, if the developer agrees to construct, among other options, a senior citizen housing development, as defined. The Density Bonus Law defines a "development" for these purposes to include a shared housing development, and defines various other terms, including "shared housing unit." This bill would expand the definition of a development for the above-described purposes to include a residential care facility for the elderly, as defined. The bill would also specify that, in the case of a residential care facility, a "shared housing unit" includes a unit without an individual kitchen where a room may be shared by unrelated and a unit where a room may be shared by unrelated persons that meets the minimum room area requirements, as specified. By expanding a city or county's duty to administer the Density Bonus Law, this bill would impose a state-mandated local program. The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. This bill would incorporate additional changes to Section 65915 of the Government Code proposed by AB 3116 to be operative only if this bill and AB 3116 are enacted and this bill is enacted last. This bill contains other related provisions and other existing laws.

#### [AB 2798](#)

##### **(Rivas, Robert D) Collective bargaining: Legislature.**

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

**Introduced:** 2/15/2024

**Status:** 5/2/2024-Failed Deadline pursuant to Rule 61(b)(6). (Last location was P.E. & R. on 3/11/2024)

**Location:** 5/2/2024-A. DEAD

**Summary:** Existing law, the Legislature Employer-Employee Relations Act, will become operative on July 1, 2026 to provide specified employees of the Legislature the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. Existing law requires the "employer," defined as the Assembly Committee on Rules or the Senate Committee on Rules, to meet and confer with representatives of recognized employee organizations regarding matters within the scope of representation. Existing law excludes certain matters from the scope of representation, as specified. Existing law authorizes certain parties to petition for extraordinary relief from specified decisions or orders of the Public Employment Relations Board, and requires this petition to be filed in the district court of appeal in the appellate district where the unit determination or unfair practice dispute occurred. Existing law provides that if the time to petition for extraordinary relief from a board decision has expired, the board may seek enforcement of its final decision or order in a district court of appeal or a superior court in the district where the unit determination or unfair practice case occurred. This bill would exclude the design, construction, and location of legislative facilities from the scope of representation. The bill would require a petition for extraordinary relief from a decision or order of the Public Employment Relations Board, as

specified, to instead be filed in the Court of Appeal for the Third Appellate District. The bill would provide that if the time to petition for extraordinary relief from a board decision has expired, the board may instead seek enforcement of its final decision or order in the Court of Appeal for the Third Appellate District or Superior Court of the County of Sacramento. The bill would require the employer to reimburse an employee for any reasonable travel expenses incurred by the employee in traveling to and from a court proceeding at the Court of Appeal for the Third Appellate District or Superior Court of the County of Sacramento at which the employee is required to appear.

#### [AB 2800](#)

##### **(Kalra D) Elders and dependent adults: abuse or neglect.**

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

**Introduced:** 2/15/2024

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

**Status:** 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was AGING & L.T.C. on 3/21/2024)

**Location:** 4/25/2024-A. DEAD

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, sets forth various provisions for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act requires specified persons, known as mandated reporters, to report cases of elder or dependent adult abuse, including cases of physical abuse or neglect. Under the act, failure to report the abuse is a misdemeanor. Existing law defines "neglect" for purposes of the act to include, among other things, failure to assist in personal hygiene or in the provision of food, clothing, or shelter, or failure to prevent malnutrition or dehydration. This bill would expand the definition of neglect to include (1) failure to implement a treatment plan, (2) failure to provide or arrange for services necessary for physical, mental, or emotional health, and (3) carelessness that produces or could reasonably be expected to result in serious physical injury, mental suffering, or death. Existing law defines "physical abuse" for purposes of the act to include, among other things, use of a physical or chemical restraint or psychotropic medication for specified purposes, including for punishment or for any purpose not authorized by a physician and surgeon. This bill would expand the definition of physical abuse to include use of a physical or chemical restraint or psychotropic medication for discipline or convenience when not required to treat the resident's medical symptoms and administered by a long-term health care facility or residential care facility for the elderly, as defined. This bill contains other existing laws.

#### [AB 2914](#)

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

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

**Introduced:** 2/15/2024

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

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was INACTIVE FILE on 8/28/2024)

**Location:** 8/31/2024-S. DEAD

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

#### [AB 3175](#)

##### **(Villapudua D) Health care coverage: dental services.**

**Current Text:** Introduced: 2/16/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Status:** 5/2/2024-Failed Deadline pursuant to Rule 61(b)(6). (Last location was PRINT on 2/16/2024)

**Location:** 5/2/2024-A. DEAD

**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 imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan. This bill would make technical, nonsubstantive changes to those provisions.

#### [AB 3205](#)

##### **(Essayli R) Civil actions: attorney's fees and costs.**

**Current Text:** Introduced: 2/16/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Status:** 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was JUD. on 3/11/2024)

**Location:** 4/25/2024-A. DEAD

**Summary:** Existing law entitles a prevailing party, as defined, to recover costs in any action or proceeding. Existing law permits attorney's fees to be recoverable as costs when such fees are authorized by contract, statute, or law. This bill would require the court to order the state to pay the attorney's fees and costs of the prevailing party in an action in which the state is a party and the court finds that a state statute is facially unconstitutional. The bill would specify that a claim for attorney's fees and costs pursuant to its provisions is not required to be filed under the Government Claims Act.

## [AB 3207](#)

### **(Patterson, Joe R) The Secure Seniors Protection Act.**

**Current Text:** Amended: 4/25/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

**Last Amend:** 4/25/2024

**Status:** 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/8/2024)

**Location:** 5/16/2024-A. DEAD

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law establishes the State Department of Social Services in the California Health and Human Services Agency. Existing law designates the department as the single state agency with full power to supervise every phase of the administration of public social services, except health care services and medical assistance, as specified. This bill, the Secure Seniors Protection Act, would require the State Department of Social Services to, subject to an appropriation, on or before January 1, 2026, establish and administer a toll-free hotline to assist all Californians in dealing with scams, as provided. The bill would require the State Department of Social Services to ensure that the program and its staff are equipped to meet the needs of individuals who are 60 years of age and older. The bill would require, on or before January 31, 2027, and annually thereafter, the State Department of Social Services to submit a report to the Legislature and the relevant policy committees containing, among other things, the number of seniors served, the types of problems the program assisted seniors with, and recommendations for improving the program. This bill contains other existing laws.

## [SB 252](#)

### **(Gonzalez D) Public retirement systems: fossil fuels: divestment.**

**Current Text:** Amended: 5/18/2023 [html](#) [pdf](#)

**Introduced:** 1/30/2023

**Last Amend:** 5/18/2023

**Status:** 7/2/2024-Failed Deadline pursuant to Rule 61(b)(13). (Last location was P.E. & R. on 6/11/2024)

**Location:** 7/2/2024-A. DEAD

**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. This bill would prohibit the boards of the Public Employees' Retirement System and the State Teachers' Retirement System from making new investments or renewing existing investments of public employee retirement funds in a fossil fuel company, as defined. The bill would require the boards to liquidate investments in a fossil fuel company on or before July 1, 2031. The bill would temporarily suspend the above-described liquidation provision upon a good faith determination by the board that certain conditions materially impact normal market mechanisms for pricing assets, as specified, and would make this suspension provision inoperative on January 1, 2035. The bill would provide that it does not require a board to take any action 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 contains other related provisions and other existing laws.

## [SB 278](#)

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

**Current Text:** Vetoed: 9/28/2024 [html](#) [pdf](#)

**Introduced:** 2/1/2023

**Last Amend:** 8/22/2024

**Status:** 9/28/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

**Location:** 9/28/2024-S. VETOED

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law defines financial abuse for those purposes and provides that it occurs when, among other instances, a person or entity takes, secretes, appropriates, obtains, or retains, or assists in taking,



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

### [SB 294](#)

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

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

**Introduced:** 2/2/2023

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/2/2024)

**Location:** 8/15/2024-A. DEAD

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. This bill contains other related provisions and other existing laws.

### [SB 334](#)

#### **(Cortese D) Public Employment Relations Board: powers and duties.**

**Current Text:** Introduced: 2/7/2023 [html](#) [pdf](#)

**Introduced:** 2/7/2023

**Status:** 2/1/2024-Returned to Secretary of Senate pursuant to Joint Rule 56.

**Location:** 1/18/2024-S. DEAD

**Summary:** Existing law gives public school employees the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. Existing law establishes the Public Employment Relations Board and gives the board specified powers and duties relating to employer-employee relations. Existing law authorizes the board to conduct studies relating to employer-employee relations, including the collection, analysis, and making available of data relating to wages, benefits, and employment practices in public and private employment, and to recommend legislation. This bill would specifically authorize the board to conduct employer-employee relations studies concerning the impact on public employees of net-zero carbon emissions initiatives, including collecting, analyzing, and making available related data.

### [SB 598](#)

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

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

**Introduced:** 2/15/2023

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

**Status:** 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/23/2023)

**Location:** 8/15/2024-A. DEAD

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

## **SB 660**

### **(Alvarado-Gil R) Public employees' retirement systems: California Public Retirement System Agency Cost and Liability Panel.**

**Current Text:** Amended: 3/21/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Last Amend:** 3/21/2023

**Status:** 2/1/2024-Returned to Secretary of Senate pursuant to Joint Rule 56.

**Location:** 1/18/2024-S. DEAD

**Summary:** Existing law, the Public Employees' Retirement Law (PERL), establishes the Public Employees' Retirement System (PERS), which provides a defined benefit to members of the system, based on final compensation, credited service, and age at retirement, subject to certain variations. Existing law prescribes various definitions of final compensation based on employment classification, bargaining unit, date of hire, and date of retirement, among other things. PERL authorizes public agencies to join PERS and prescribes the rights and duties of agencies participating in PERS. This bill would establish the California Public Retirement System Agency Cost and Liability Panel, located in the Controller's office, with members as defined. The bill would assign responsibilities to the panel related to retirement benefit costs, including determining how costs and unfunded liability are apportioned to a public agency when a member changes employers within the same public retirement system or when a member concurrently retires with 2 or more retirement systems that have entered into reciprocity agreements. The bill would require the panel to meet no later than March 31, 2024, and quarterly beginning on April 1, 2024, and to submit a report to the Legislature, no later than December 31, 2024, providing information regarding the financial impact a public agency assumes when an employee transfers to another public agency within the same retirement system or when an employee transfers to a public agency in a reciprocal retirement system and concurrently retires under 2 or more systems. This bill contains other existing laws.

## **SB 770**

### **(Wiener D) Health care: unified health care financing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Last Amend:** 9/8/2023

**Status:** 10/7/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 412, Statutes of 2023.

**Location:** 10/7/2023-S. CHAPTERED

**Summary:** Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians,

including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to research, develop, and pursue discussions of a waiver framework in consultation with the federal government with the objective of a health care system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to engage specified stakeholders to provide input on topics related to discussions with the federal government and key design issues, as specified. The bill would require the secretary, no later than January 1, 2025, to provide an interim report to specified committees of the Legislature and propose statutory language to the chairs of those committees authorizing the development and submission of applications to the federal government for waivers necessary to implement a unified health care financing system. The bill would require the secretary, no later than June 1, 2025, to complete drafting the waiver framework, make the draft available to the public on the agency's internet website, and hold a 45-day public comment period thereafter. The bill would require the secretary, no later than November 1, 2025, to provide the Legislature and the Governor with a report that communicates the finalized waiver framework, as specified, and sets forth the specific elements to be included in a formal waiver application to establish a unified health care financing system, as specified. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

## **SB 786**

### **(Portantino D) Prescription drug pricing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Last Amend:** 6/15/2023

**Status:** 10/7/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 414, Statutes of 2023.

**Location:** 10/7/2023-S. CHAPTERED

**Summary:** Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered outpatient drugs to ensure the amount a covered entity is required to pay for those drugs does not exceed the average manufacturer price of the drug under the federal Medicaid program. Existing state law requires a covered entity to dispense only drugs subject to these federal pricing requirements to Medi-Cal beneficiaries. Existing law defines a "covered entity" to include a federally qualified health center and entities receiving specified grants and federal funding. This bill would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.

## **SB 875**

### **(Glazer D) Health and care facilities: residential care facilities for the elderly: referral agencies.**

**Current Text:** Amended: 1/11/2024 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Last Amend:** 1/11/2024

**Status:** 7/2/2024-Failed Deadline pursuant to Rule 61(b)(13). (Last location was HUM. S. on 6/3/2024)

**Location:** 7/2/2024-A. DEAD

**Summary:** The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime. Existing law requires a referral agency to obtain a license from the State Department of Public Health in order to refer a person to any extended care facility, skilled nursing home, or intermediate care facility. Existing law exempts a local public agency performing referral services without cost from these provisions. Under existing law, a violation of these provisions is subject to a civil penalty and suspension or revocation of the license. This bill would additionally require a referral agency to obtain a license from the State Department of Social Services in order to refer a person to a residential care facility for the elderly. The bill would prohibit an extended care facility, skilled nursing home, intermediate care facility, or residential care facility for the elderly from paying a commission or fee to a referral agency that is not licensed, as specified. The bill would prohibit a referral agency from holding any power of attorney or any other property of a person receiving referral services, or to receive or hold a client's property in any capacity. With respect to a residential care facility for the elderly, the bill would require a referral agency to disclose specified information to each person receiving its services, and to maintain records of those disclosures for a period of 3 years, as specified. The bill would specify that a

referral agency licensee would be subject to specified provisions relating to placement agencies for residential care facilities for the elderly. By expanding the definition of a crime, the bill would impose a state-mandated local program. The bill would also require referral agencies to maintain liability insurance in specified amounts. The bill would also make it unlawful for an employee, independent contractor, or other person who is acting on behalf of a governmental agency, hospital, or other health care institution to offer, provide, or accept a payment, rebate, refund, commission, preference, or discount as payment, compensation, or inducement for referring patients, clients, or customers to a facility or licensee. This bill contains other related provisions and other existing laws.

### [SB 917](#)

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

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

**Introduced:** 1/10/2024

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was BUDGET & F.R. on 1/10/2024)

**Location:** 8/31/2024-S. DEAD

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

### [SB 966](#)

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

**Current Text:** Vetoed: 9/28/2024 [html](#) [pdf](#)

**Introduced:** 1/24/2024

**Last Amend:** 8/22/2024

**Status:** 9/28/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

**Location:** 9/28/2024-S. VETOED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill contains other related provisions and other existing laws.

### [SB 1033](#)

#### **(Menjivar D) Medi-Cal cost reporting: private duty nursing and congregate living health facilities.**

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

**Introduced:** 2/6/2024

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

**Status:** 7/2/2024-Failed Deadline pursuant to Rule 61(b)(13). (Last location was HEALTH on 6/3/2024)

**Location:** 7/2/2024-A. DEAD

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires a private duty nursing agency, as defined, to be a provider of skilled nursing services covered under certain Medicaid waiver programs, subject to federal approval and availability of federal financial participation. Existing law requires the agency, in addition to satisfying any other requirements as a condition for participation in the Medi-Cal program, to satisfy specified requirements, including the provision of skilled nursing services on a shift basis in a patient's home or other community-based site appropriate for patient care. This bill would require, by January 10, 2026, the department to develop and submit a cost estimate, on private duty nursing services provided to pediatric patients, to the appropriate fiscal and policy committees of the Legislature. The bill would require the cost estimate to estimate the cost of raising the Medi-Cal rates of private duty nursing services provided to pediatric patients to 87% of, and to 100% of, rates for corresponding services under the federal Medicare Program.

### [SB 1180](#)

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

**Current Text:** Chaptered: 9/28/2024 [html](#) [pdf](#)

**Introduced:** 2/14/2024

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

**Status:** 9/28/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 884, Statutes of 2024.

**Location:** 9/28/2024-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the

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

#### [SB 1240](#)

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

**Current Text:** Chaptered: 9/28/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

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

**Status:** 9/28/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 888, Statutes of 2024.

**Location:** 9/28/2024-S. CHAPTERED

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

#### [SB 1249](#)

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

**Current Text:** Chaptered: 9/21/2024 [html](#) [pdf](#)

**Introduced:** 2/15/2024

**Last Amend:** 8/22/2024

**Status:** 9/21/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 337, Statutes of 2024.

**Location:** 9/21/2024-S. CHAPTERED

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or the least restrictive homelike environments. Existing law requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Existing law includes various findings and declarations relating to the purposes of the act. This bill would update and revise those legislative findings and declarations, including recognizing the state's major demographic shift towards an older, more diverse population and declaring the intent to reform provisions of the act related to various functions of the area agencies on aging. The bill would require the department, by September 30, 2026, to take various actions, including, among others, identifying older adult and family caregiver support programs and services and developing a statewide consumer engagement plan. The bill would require the department to develop regulations that address specified topics relating to area agency on aging designations. The bill would require those deliverables to be informed by data from validated sources, which may include, among others, the United States Census. This bill contains other related provisions.

#### [SB 1290](#)

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

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

**Introduced:** 2/15/2024

**Status:** 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was INACTIVE FILE on 8/28/2024)

**Location:** 8/31/2024-A. DEAD

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

**SB 1352**

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

**Current Text:** Chaptered: 9/21/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

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

**Status:** 9/21/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 338, Statutes of 2024.

**Location:** 9/21/2024-S. CHAPTERED

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

**SB 1379**

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

**Current Text:** Chaptered: 9/29/2024 [html](#) [pdf](#)

**Introduced:** 2/16/2024

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

**Status:** 9/29/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 992, Statutes of 2024.

**Location:** 9/29/2024-S. CHAPTERED

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

**Total Measures: 64**

**Total Tracking Forms: 64**