



SENATE COMMITTEE ON

Health

Legislative Summary
2023 - 2024 Session

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1668-s

SENATE COMMITTEE ON HEALTH

2023-2024 LEGISLATIVE SUMMARY

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Aging and Long-Term Care

SB-311 (Eggman) - Medi-Cal: Part A buy-in.

Requires the Department of Health Care Services to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services for the qualified Medicare beneficiary program. Such agreement is intended to facilitate the enrollment of low-income Medi-Cal recipients into Medicare and the payment of their premiums and co-payments. **Chapter 707, Statutes of 2023.**

SB-639 (Limón) - Alzheimer's disease.

Requires all general internists and family physicians, nurse practitioners, and physician assistants with a patient population where 25% of their patients are 65 years or older to complete at least 20% of their continuing medical education or continuing education requirements in the field of gerontology, the special care needs of patients with dementia, or the care of older patients. **Chapter 336, Statutes of 2024.**

SB-1236 (Blakespear) - Medicare supplement coverage: open enrollment periods.

Creates new open enrollment opportunities for Medicare enrollees purchasing Medicare supplement coverage without consideration of health status, claims experience, receipt of health care, medical condition, or age of an applicant that are before or during the six-month period beginning with the first day of the month in which an individual first enrolled for benefits under Medicare Part B, as specified; or, during an annual 90-day open enrollment period. **Held on the Senate Appropriations Committee Suspense File.**

AB-48 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2023.

Requires a prescriber, prior to prescribing a psychotherapeutic drug for a nursing home resident, to personally examine and obtain the informed written consent of the resident or their representative, and requires specified information to be disclosed when obtaining informed written consent. **Chapter 794, Statutes of 2023.**

AB-387 (Aguiar-Curry) - Alzheimer's disease.

Expands the Alzheimer's Disease and Related Disorders Advisory Committee (Advisory Committee), from 14 members to not more than 25 members, as specified, and makes other clarifying changes to the law that governs the Advisory Committee. **Held on the Senate Appropriations Committee Suspense File.**

AB-486 (Kalra) - Long-term health facilities: citation appeals.

Repeals the process whereby long-term care facilities can appeal more severe types of citations by filing a civil action in the superior court, and instead subjects these appeals to hearings by an administrative law judge that are currently used for lower level citations. **Hearing canceled at the request of the author in the Senate Judiciary Committee.**

AB-820 (Reyes) - State boards and commissions: seniors.

Adds an individual representing an organization that serves or advocates on behalf of older adults, defined as a person 60 years of age or older, to the Alzheimer's disease and Related Disorders Advisory Committee, the Mental Health Services Oversight and Accountability Commission, and an advisory committee of the Interagency Council on Homelessness. Adds to the California Health Workforce Education and Training Council, a state agency official responsible for administering programs that service older adults, and, a state commission official that advocates on behalf of older adults. Authorizes the Workforce Development Board to include representatives of organizations that represent or serve older adults, and, requires the Workforce Investment Board to include state agency officials responsible for administering programs that serve, and state commission officials that advocate on behalf of, older adults. **Held on the Senate Appropriations Committee Suspense File.**

AB-839 (Addis) - Residential care facilities for the elderly: financing.

Adds residential care facilities for the elderly to the list of facilities eligible to participate in financing and funding programs offered by the California Health Facilities Financing Authority. **Chapter 667, Statutes of 2023.**

AB-979 (Alvarez) - Long-term care: family councils.

Recasts and strengthens provisions of law governing the rights and operations of family councils at nursing homes, as well as those governing family councils at residential care facilities for the elderly, by, among other provisions, conforming the two sets of laws so they are more closely aligned with each other and with federal law, permitting family councils to be allowed to meet virtually or at an offsite location, and requiring written responses to requests or concerns raised by the family councils to have detailed rationales for any action or inaction taken in response to those requests or concerns. **Chapter 821, Statutes of 2023.**

AB-1005 (Alvarez) - In-home supportive services: terminal illness diagnosis.

Requires a hospital's designated case manager or discharge planner to evaluate a Medi-Cal patient's need for post-hospital services and ability to access those services. Requires the hospital's designated case manager or discharge planner to determine if the patient is anticipated to need in-home personal care and if so, provide information about the in-home supportive services program and inform the patient's primary care physician to support the timely completion of the health care certification form. **Chapter 346, Statutes of 2024.**

AB-1309 (Reyes) - Long-term health care facilities: admission contracts.

Requires nursing homes, within 48 hours of giving a required written notice of an involuntary transfer or discharge, to provide the resident with a copy of certain discharge related documents, including a description of specific needs that cannot be met and the facility's attempts to meet those needs when the basis of the transfer or discharge is because the resident's needs cannot be met in the facility. **Chapter 835, Statutes of 2023.**

AB-1537 (Wood) - Skilled nursing facilities: direct care spending requirement.

Establishes a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on these reports, requires 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Requires a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. **No action taken on the Senate Floor.**

AB-2075 (Alvarez) - Resident Access Protection Act.

Enacts the Resident Access Protection Act to require each resident of a long-term care facility to have the right to in-person, onsite access to visitors and health care and social services providers during any public health emergency in which visitation rights of residents are curtailed by a state or local order. **Held on the Senate Appropriations Committee Suspense File.**

AB-2207 (Reyes) - State boards and commissions: representatives of older adults.

Adds representatives from organizations that serve or advocate on behalf of older adults to a series of state boards, committees, and councils. **Chapter 332, Statutes of 2024.**

AB-2680 (Aguiar-Curry) - Alzheimer's disease.

Expands the Alzheimer's Disease and Related Disorders Advisory Committee, from 14 members to not more than 21 members, as specified, and makes other clarifying changes to the law that governs the Advisory Committee. **Chapter 335, Statutes of 2024.**

AJR-4 (Schiavo) - Medicare: ACO REACH Model.

Requests the President of the United States to immediately end the Accountable Care Organization Realizing Equity, Access, and Community Health 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. **Chapter 172, Statutes of 2023.**

Behavioral Health

SB-11 (Menjivar) - California State University: mental health counseling.

Requires California State University (CSU) campuses to have one full-time equivalent mental health counselor per 1,500 students. Establishes, contingent upon appropriation by the Legislature, the CSU Mental Health Professionals Act to provide one-time grants to certain CSU students to become mental health counselors in the state. Establishes, contingent upon appropriation by the Legislature, the Mental Health Professionals Fund and requires the Department of Health Care Access and Information to administer a noncompetitive grant program to provide qualifying students with grants. **Hearing cancelled in the Assembly Appropriations Committee at the request of the author.**

SB-26 (Umberg) - Mental health professions: CARE Scholarship Program.

Creates, upon appropriation by the Legislature, the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program to administer an annual scholarship for purposes of increasing the number of culturally competent marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists needed to work for county behavioral health agencies to implement CARE. **Vetoed.**

SB-35 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Modifies the Community, Assistance, Recovery, and Empowerment (CARE) Act to assist counties in implementing the program, including authorizing CARE Act proceedings to be conducted by a superior court judge or by a court-appointed commissioner or other subordinate judicial officer and removing fees associated with filing petitions; authorizing health care providers and covered entities to disclose specified health information to behavioral health agencies for some purposes; revising the rights of an original petitioner; exempting reports made to determine eligibility for the CARE process from the Public Records Act; and requiring the court to conduct a CARE hearing within 14 court days of the date the petition is filed. **Chapter 283, Statutes of 2023.**

SB-43 (Eggman) - Behavioral health.

Expands the definition of “gravely disabled,” including involuntarily detaining an individual with a severe substance use disorder (SUD), or a co-occurring mental health disorder and a severe SUD, or chronic alcoholism who is unable to additionally provide for personal safety or necessary medical care. Deems statements of specified health practitioners, for purposes of an expert witness in a proceeding relating to the appointment or reappointment of a conservator, as not made inadmissible by the hearsay rule. **Chapter 637, Statutes of 2023.**

SB-45 (Roth) - California Acute Care Psychiatric Hospital Loan Fund.

Establishes the California Acute Care Psychiatric Hospital Loan Fund to provide loans to qualifying county applicants for the purpose of constructing or renovating acute care psychiatric hospitals or psychiatric health facilities, or renovating or expanding general acute care hospitals in order to add or expand an inpatient psychiatric unit. **Held on the Assembly Appropriations Suspense File.**

SB-65 (Ochoa Bogh) - Behavioral Health Continuum Infrastructure Program.

Permits the Department of Health Care Services (DHCS), in awarding Behavioral Health Continuum Infrastructure Program (BHCIP) grants, to give a preference to qualified entities that are intending to place their projects in specified facilities or properties. Appropriates \$1 billion, for encumbrance during the 2023-24 to 2025-26 fiscal years, to DHCS for the purpose of implementing BHCIP. **Held on the Senate Appropriations Committee Suspense File.**

SB-238 (Wiener) - Health care coverage: independent medical review.

Requires a health plan or disability insurer that modifies, delays, or denies a health care service, mental health care or substance use disorder service that is a covered benefit, based in whole or in part on medical necessity, or the use of experimental or investigational therapies, as specified, to automatically, within 24 hours, submit the decision to the Independent Medical Review System without first requiring a grievance, if the decision is for an enrollee or insured who is up to 26 years of age. **Held on the Assembly Appropriations Committee Suspense File.**

SB-282 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics.

Requires federally qualified health centers and rural health centers to receive Medi-Cal reimbursement for two visits on the same day at the same location under the following circumstances: the patient suffers from illness or injury that requires additional treatment and diagnosis after the first visit; or, the patient has a medical visit and a mental health or dental visit on the same day. **Held on the Assembly Appropriations Committee Suspense File.**

SB-294 (Wiener) - Health care coverage: independent medical review.

Establishes an automatic grievance process and automatic Independent Medical Review, commencing January 1, 2026, when a health plan or disability insurer that provides coverage for medically necessary mental health or substance use disorders modifies, delays, or denies an authorization request for coverage of treatment for a mental health or substance use disorder for an enrollee or insured who is younger than 26 years of age. **Held on the Assembly Appropriations Committee Suspense File.**

SB-326 (Eggman) - Mental Health Services Act.

Revises and recasts portions of the Mental Health Services Act (MHSA) and additionally renames it the Behavioral Health Services Act (BHSA) if voters approve amendments to the MHSA at the March 5, 2024, statewide primary election. Clarifies that county behavioral health programs are permitted to use BHSA funds to treat primary substance use disorder conditions and makes conforming changes throughout the BHSA. Restructures current MHSA funding buckets and adds a dedicated housing category. Enhances the current process for local planning of various services funded by the BHSA, and for oversight, accountability, and reporting of BHSA funds. **Chapter 790, Statutes of 2023.**

SB-363 (Eggman) - Facilities for inpatient and residential mental health and substance use disorder: database.

Requires the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a real-time, Internet-based database, to be operational by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities to identify the availability of inpatient and residential mental health or substance use disorder treatment. **Held on the Assembly Appropriations Committee Suspense File.**

SB-402 (Wahab) - Involuntary commitment.

Permits, until January 1, 2030, a person to be taken into custody for evaluation and treatment under the Lanterman-Petris-Short Act by licensed mental health professionals who are designated by the county behavioral health director as authorized to initiate involuntary detentions for individuals who are found to be a danger to self or others, or gravely disabled. Requires a county behavioral health director to provide, and the Department of Health Care Services to collect and publish, information that includes the number of individuals designated by each county to involuntarily detain individuals and their profession, and the number of involuntary holds initiated per profession. **Held on the Assembly Appropriations Committee Suspense File.**

SB-551 (Portantino) - Mental Health Services Act: prevention and early intervention.

Makes changes to a local mental health board, which provides input for the mental health services a county provides, to include at least 20% of members to be employed by a local educational agency and at least 20% to be an individual who is 25 years of age or younger in counties with a population of 500,000 or more. **These provisions were amended out of the bill.**

SB-717 (Stern) - County mental health services.

Requires an individual who has a misdemeanor charge or charges that are dismissed by the court, who is found incompetent to stand trial (IST), and who is not receiving court directed services to be notified by the court of their need for mental health services, as evidenced by having been found IST. Requires a court to provide the individual with information that, at a minimum, consists of the name, address, and telephone number of the county behavioral health department, the name and contact information of the behavioral health professional that was providing services to them while incarcerated, if any, contact information for the Medi-Cal program, and a list of available community-based organizations where the individual could obtain mental health services. **Chapter 883, Statutes of 2023.**

SB-783 (Archuleta) - Veterans: suicide.

Permits, until January 1, 2029, the Counties of Los Angeles and Nevada to create a veteran suicide prevention training pilot program to individuals in each county, specialized training and certification in suicide prevention with military-connected populations, in order to identify indicators of elevated suicide risk and provide emergency crisis intervention and referrals for veterans. **Hearing cancelled in the Assembly Military and Veterans Affairs Committee at the request of author.**

SB-805 (Portantino) - Health care coverage: pervasive developmental disorders or autism.

Expands the qualifications for Qualified Autism Service (QAS) professionals who can provide services under California's health insurance mandate to cover behavioral health treatment for pervasive developmental disorders or autism. Requires these QAS professionals to also meet educational or experiential qualifications and supervision requirements that are to be adopted by the Department of Developmental Services on or before July 1, 2026, through regulations that also develop a rate. **Chapter 635, Statutes of 2023.**

SB-910 (Umberg) - Treatment court program standards.

Requires counties and courts that opt to have treatment court programs to ensure the programs are designed and operated in accordance with updated state and national guidelines; updates drug treatment court program standards; require the Judicial Council, no later than January 1, 2026, to revise the standards of judicial administration to reflect state and nationally recognized best practices and guidelines for collaborative programs; and, makes other conforming, nonsubstantive changes to language referencing those with mental health and substance use disorders. **Chapter 641, Statutes of 2024.**

SB-913 (Umberg) - Substance use disorder treatment: facilities.

Permits a city attorney of a city in which housing units are located or a county counsel or a county behavioral health agency, if the units are located in the unincorporated area of the county, with consent from the Department of Health Care Services (DHCS), to enforce parts of DHCS's licensing laws. Requires DHCS to adopt a process that permits a city or county to conduct announced and/or unannounced site visits to facilities licensed by DHCS. **Held on the Senate Appropriations Committee Suspense File.**

SB-999 (Cortese) - Health coverage: mental health and substance use disorders.

Requires health plans and insurers that provide coverage for medically necessary treatment of mental health and substance use disorders to ensure that utilization review determinations and appeals are determined by a health care provider that has appropriate training and relevant experience in the clinical specialty and diagnosis; maintain telephone and other direct access during California business hours for a provider to request authorization and conduct peer-to-peer discussions; and, disclose the name and credentials of the reviewer, the basis for a denial, including a citation to the clinical guidelines reviewed, and, an analysis of why the patient did not meet the clinical criteria. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1017 (Eggman) - Available facilities for inpatient and residential mental health or substance use disorder treatment.

Requires the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a solution, by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities for inpatient and residential mental health or substance use disorder treatment. **Held on the Senate Appropriations Committee Suspense File.**

SB-1082 (Eggman) - Augmented residential care facilities.

Requires the Department of Health Care Services, with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings with licensure from the Department of Social Services as augmented residential care facilities. Requires these facilities to be implemented only to the extent that funds are made available for these purposes through an appropriation in the annual Budget Act. **Held on the Senate Appropriations Committee Suspense File.**

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse services provided by a community paramedicine program, triage to alternative destination program, or mobile integrated health program. Makes these services a covered Medi-Cal benefit and requires the Department of Health Care Services to establish Medi-Cal rates for these services. Requires the Medi-Cal provisions to be implemented only to the extent federal financial participation is available and the Legislature appropriates funding. **Chapter 884, Statutes of 2024.**

SB-1184 (Eggman) - Mental health: involuntary treatment: antipsychotic medication.

Revises processes for capacity hearings for those who refuse treatment with antipsychotic medications, including requiring a hearing to be held to determine a person's capacity on an expedited basis and as soon as reasonably practicable upon the filing of a new petition and an attestation of exigent circumstances being documented in a person's medical record; permitting a capacity hearing to be conducted by remote means in an appropriate location at the facility where the person is receiving treatment; and, permitting a treating physician to request a hearing for a new determination at any time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the physician that it is necessary for the person to be detained for a subsequent detention period and the person's capacity has not been restored. **Chapter 643, Statutes of 2024.**

SB-1238 (Eggman) - Lanterman-Petris-Short Act: designated facilities.

Expands the definition of "designated facility" or "facility designated by the county for evaluation and treatment" by permitting counties to designate additional settings in licensed or certified facilities, including those currently, explicitly prohibited from admitting patients with primary and/or standalone substance use disorders. **Chapter 644, Statutes of 2024.**

SB-1300 (Cortese) - Health facility closure: public notice: inpatient psychiatric and maternity services.

Extends the public notice requirement when a health facility eliminates a supplemental service, currently 90 days prior to elimination of the service, to instead be 120 days when it involves the closure of either inpatient psychiatric services or perinatal services, expands the notice of closure to include data on the patients served and a justification for the decision to eliminate services, and requires the hospital to hold a public hearing within 60 days of providing the notice. **Chapter 894, Statutes of 2024.**

SB-1319 (Wahab) - Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Permits a skilled nursing facility (SNF), that is applying to provide therapeutic behavioral health programs in a physically separate unit of a SNF and is required to receive approvals from multiple departments, to apply simultaneously to those departments, and requires those departments to work jointly to develop processes to allow applications to be reviewed simultaneously to minimize the total approval time for all departments. **Vetoed.**

SB-1320 (Wahab) - Mental health and substance use disorder treatment.

Requires health plans and insurers to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services. **Chapter 135, Statutes of 2024.**

SB-1334 (Newman) - Substance use disorder treatment: licensing.

Prohibits a recovery residence (RR) from being required to be licensed if it does not offer recovery services. Adds RRs that serve six or fewer residents to provisions of existing law related to licensed facilities, such as being deemed a residential use of property and a family residence for purposes of any law or zoning ordinance, except as specified. Permits local jurisdictions to require residential treatment facilities (RTFs) and RRs to be at least 1,000 feet from another licensed RTF or RR. **Hearing cancelled in the Senate Health Committee at request of author.**

SB-1339 (Allen) - Supportive community residences.

Requires the Department of Health Care Services by January 1, 2027 and in consultation with relevant state and county agencies and other stakeholders, to create a voluntary certification program for supportive community residences, which are residential dwellings providing housing for adults with a substance use disorder, mental health diagnosis, or dual diagnosis seeking a cooperative living arrangement. Requires a referring entity to provide information relating to the license or certification status of a step-down care facility when informing an individual with a substance use disorder, mental health diagnosis, or dual diagnosis of options for step-down care covered by the individual's health insurance. Requires a referring entity to verify the license or certification of a step-down care facility if a particular step-down care facility is not covered by an individual's insurance. Defines a "step-down care facility" to include a supportive community residence, a community care facility, or other residential treatment or detox facility. **Hearing cancelled in the Assembly Health Committee at the request of author.**

SB-1397 (Eggman) - Behavioral health services coverage.

Requires health plans and insurers to pay the greater of the contracted rate or the Medi-Cal specialty behavioral health rate to county behavioral health agencies for Full Service Partnership Services, when provided to enrollees or insureds under specified circumstances, such as when authorized or approved by the plan or insurer. **Held on the Assembly Appropriations Committee Suspend File.**

SB-1511 (Committee on Health) - Health omnibus.

Revises several provisions of existing law to reflect the updated definition of "gravely disabled," created by SB 43 (Eggman, Chapter 637, Statutes of 2023). Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code. **Chapter 492, Statutes of 2024.**

AB-283 (Jim Patterson) - Mental Health Services Oversight and Accountability Commission.

Urges the Governor to consider ensuring geographic representation among the 10 regions of California when making appointments of commissioners to the Mental Health Services Oversight and Accountability Commission. **No action taken on the Senate Floor.**

AB-289 (Holden) - Mental health services: representation.

Requires specified local stakeholders involved in assisting in the development of services supported by the Mental Health Services Act to include those representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities. **Chapter 518, Statutes of 2023.**

AB-820 (Reyes) - State boards and commissions: seniors.

Adds an individual representing an organization that serves or advocates on behalf of older adults, defined as a person 60 years of age or older, to the Alzheimer's disease and Related Disorders Advisory Committee, the Mental Health Services Oversight and Accountability Commission, and an advisory committee of the Interagency Council on Homelessness. Adds to the California Health Workforce Education and Training Council, a state agency official responsible for administering programs that service older adults, and, a state commission official that advocates on behalf of older adults. Authorizes the Workforce Development Board to include representatives of organizations that represent or serve older adults, and, requires the Workforce Investment Board to include state agency officials responsible for administering programs that serve, and state commission officials that advocate on behalf of, older adults.

Held on the Senate Appropriations Committee Suspense File.

AB-1282 (Lowenthal) - Mental health: impacts of social media.

Requires the California Department of Public Health, in consultation with the Behavioral Health Services Oversight and Accountability Commission, to report to specified legislative committees a statewide strategy to address mental health risks associated with the use of social media by children and youth. Sunsets the provisions in this bill on January 1, 2030. **Chapter 807, Statutes of 2024.**

AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.

Prohibits a health plan or health insurer from requiring prior authorization or step therapy for a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder. **Vetoed.**

AB-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of “psychiatric emergency medical condition” to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for evaluation and treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration or whether the recipient is voluntary or involuntarily detained for evaluation and treatment. **Chapter 632, Statutes of 2024.**

AB-1360 (McCarty) - Hope California: Secured Residential Treatment Pilot Program.

Permits the Counties of Sacramento and Yolo, until July 1, 2029, to establish a secured residential treatment pilot program for individuals suffering from substance use disorders who have been convicted of qualifying drug-motivated felony offenses, as specified. **Chapter 685, Statutes of 2023.**

AB-1376 (Juan Carrillo) - Emergency medical services: liability limitation.

Exempts a private provider of ambulance services from criminal or civil liability for the continued detainment of a person when that detainment is requested by a peace officer, facility staff, or other professional authorized to involuntarily detain people under the Lanterman-Petris-Short Act, for purposes of transporting the person to a designated facility. **Chapter 474, Statutes of 2023.**

AB-1437 (Irwin) - Medi-Cal: serious mental illness.

Requires the Department of Health Care Services to automatically approve a Medi-Cal prescription refill for a drug for serious mental illness for 365 days after the initial prescription is dispensed. **Vetoed.**

AB-1451 (Jackson) - Urgent and emergency mental health and substance use disorder treatment.

Requires a health plan contract or insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover treatment for urgent and emergency mental health and substance use disorders without preauthorization consistent with existing law. **Vetoed.**

AB-1470 (Quirk-Silva) - Medi-Cal: behavioral health services: documentation standards.

Requires the Department of Health Care Services (DHCS) to adopt and require the use of standardized intake, assessment, and treatment planning forms for Medi-Cal behavioral health services, including specialty mental health services, non-specialty mental health services, and substance use disorder services. Requires DHCS to prepare an annual report on the implementation of these forms. **Vetoed.**

AB-1478 (Cervantes) - Maternal health: community-based comprehensive perinatal care: database of referral networks.

Requires the California Department of Public Health, for the purposes of maintaining a statewide comprehensive community-based perinatal services program, to develop and maintain on its website a database of referral networks of community-based mental health providers and support services addressing postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services, and providing support groups. **Vetoed.**

AB-1696 (Sanchez) - Sober Living Accountability Act.

Requires any government entity that enters into, renews, or amends a contract, beginning January 1, 2024, with a privately owned recovery residence (RR) to require the contracting RR to submit specified information. **Vetoed**

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group and individual health plan or health insurer to cover without prior authorization, step therapy, or utilization review, at least one medication that has been approved by the Federal Food and Drug Administration in specified categories related to the treatment of substance use disorders. **Chapter 633, Statutes of 2024.**

AB-1936 (Cervantes) - Maternal mental health screenings.

Requires, as part of an existing requirement on health plans and insurers to develop a maternal mental health (MMH) program, health plans and insurers to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional screenings if determined to be medically necessary and clinically appropriate in the judgement of the treating provider. **Chapter 815, Statutes of 2024.**

AB-1970 (Jackson) - Mental Health: Black Mental Health Navigator Certification.

Requires the Department of Health Care Access and Information, on or before July 1, 2025, to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification. **Held on the Senate Appropriations Committee.**

AB-1977 (Ta) - Health care coverage: behavioral diagnoses.

Prohibits a health plan contract or health insurance policy from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism. **Vetoed.**

AB-2081 (Davies) - Substance abuse: recovery and treatment programs.

Requires entities licensed or certified by the Department of Health Care Services (DHCS) to include on their websites and intake paperwork a disclosure stating an individual may check DHCS's website to confirm any actions taken against the entity. **Chapter 376, Statutes of 2024.**

AB-2115 (Haney) - Controlled substances: clinics.

Permits a clinic to dispense a narcotic drug from clinic supply for the purpose of relieving acute withdrawal symptoms while arrangements are being made for a person's referral for treatment. Permits a practitioner to directly dispense no more than a three-day supply of a Schedule II controlled substance to be dispensed to the ultimate user at one time for the purpose of initiating maintenance treatment or detoxification treatment. Contains an urgency clause that will make this bill effective upon enactment. **Chapter 634, Statutes of 2024.**

AB-2119 (Weber) - Mental health.

Replaces various stigmatizing terms throughout existing law related to those with mental health conditions with updated and person-centered terms. **Chapter 948, Statutes of 2024.**

AB-2154 (Berman) - Mental health: involuntary treatment.

Requires a designated facility to provide a family member of a person who is involuntarily detained for assessment, evaluation, or treatment of a mental health condition with a copy of the Department of Health Care Services' patients' rights handbook. **Chapter 635, Statutes of 2024.**

AB-2161 (Arambula) - The Early Psychosis Intervention Plus Program.

Requires the Behavioral Health Oversight and Accountability Commission to create a strategic plan to address first-episode/early psychosis (FEP). Requires the Department of Health Care Services to seek to partner with the University of California to develop a plan to establish a Center for Mental Health Wellness and Innovations to address issues and improve outcomes for those who experience FEP. **Held on the Senate Appropriations Committee Suspense File.**

AB-2237 (Aguiar-Curry) - Children and youth: transfer of specialty mental health services.

Requires the Department of Health Care Services (DHCS) to issue guidance to coordinate and expedite the transfer of specialty mental health services from one county to another when a child or youth 21 years of age or younger moves from one county to another. Requires DHCS to collect and publish specified data on children and youth receiving specialty mental health services who move from one county to another. **Vetoed.**

AB-2376 (Bains) - Chemical dependency recovery hospitals.

Permits a general acute care hospital or acute psychiatric hospital to provide chemical dependency recovery services (CDRS) as a supplemental service within the same building, or in a separate building on campus that meets specified structural requirements; expands these services to include medications for addiction treatment and medically managed voluntary inpatient detoxification; and deletes the requirements for CDRS to be provided in a hospital building that provides only these services, or has been removed from general acute care use. Requires these entities, if they meet specified federal program requirements, to provide the confidentiality protections required by specified federal regulations to the hospital's or unit's patients with a substance use disorder. **Chapter 637, Statutes of 2024.**

AB-2449 (Ta) - Health care coverage: qualified autism service providers.

Adds to the definition of a "Qualified Autism Services provider," a person who is certified by the Qualified Applied Behavior Analysis Credentialing Board, or a certification that is accredited by the American National Standards Institute. **Held on the Senate Appropriations Committee Suspense File.**

AB-2556 (Jackson) - Behavioral health and wellness screenings: notice.

Requires health insurers and health plans to annually notify enrollees and insureds about the benefits of behavioral health and wellness screenings for children eight to 18 years of age. **Chapter 200, Statutes of 2024.**

AB-2574 (Valencia) - Alcoholism or drug abuse recovery or treatment programs and facilities: disclosures.

Broadens the list of individuals required to disclose that they own or control, or have a financial interest in, a recovery residence, and any contractual relationship with an entity that regularly provides services to addiction treatment or recovery clients, that includes agents, partners, directors, officers, or owners, including a sole proprietor and member. **Chapter 410, Statutes of 2024.**

AB-2703 (Aguiar-Curry) - Federally qualified health centers and rural health clinics: psychological associates.

Requires the Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow a Federally Qualified Health Center or Rural Health Clinic to bill for services provided to a patient by a psychological associate or associate professional clinical counselor under the supervision of a designated licensed behavioral health practitioner. **Chapter 638, Statutes of 2024.**

AB-2841 (Waldron) - Controlled substances: Research Advisory Panel: meetings.

Permits the Research Advisory Panel of California (RAPC), until January 1, 2027, to hold closed meeting sessions. Requires RAPC to be considered a multimember advisory body solely for the purposes of meetings that allow remote participation, and requires RAPC to provide a report to the Legislature on or before January 1, 2026, on the backlog of applications. Contains an urgency clause that will make this bill effective upon enactment. **Chapter 156, Statutes of 2024.**

AB-2893 (Ward) - The Supportive Community Residency Program.

Requires the Department of Health Care Services to establish a certification process for supportive community residences (SCRs). Expands Housing First core components to permit state entities to fund SCRs that use substance use-specific services, peer support, and physical design features supporting individuals and families on a path to recovery. **Held on the Senate Appropriations Committee Suspense File.**

AB-2995 (Jackson) - Public health: alcohol and drug programs.

Replaces outdated and stigmatizing terminology from existing law in relation to substance use disorders with updated and person-centered terms. **Chapter 847, Statutes of 2024.**

Chronic Disease

SB-70 (Wiener) - Prescription drug coverage.

Prohibits health plans and insurers from limiting or excluding coverage for a drug, dose of a drug, or dosage form of a drug on the basis that a drug, dose of a drug, or dosage form is different from the use approved for marketing by the Federal Food and Drug Administration if specified conditions are met, including that the drug has been previously covered for a chronic condition or cancer, and, prohibits plans and insurers from requiring additional cost-sharing for a drug, dosage, or dosage form of a drug that was previously approved, when the dose is changed by a provider, as specified. Clarifies cost-sharing changes are permitted at contract renewal, and if a dosage or dosage form change results in coverage at a higher tier. **Held on the Assembly Appropriations Committee Suspense File.**

SB-90 (Wiener) - Health care coverage: insulin affordability.

Prohibits a health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2024, and, a plan or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment, deductible, coinsurance, or any other out-of-pocket expense on an insulin prescription drug that exceeds \$35 for a 30-day supply, as specified. Excludes high deductible health plans if it conflicts with federal requirements. **Vetoed.**

SB-257 (Portantino) - Health care coverage: diagnostic imaging.

Requires health care coverage without imposing cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, including family history or known genetic mutation. **Vetoed.**

SB-344 (Rubio) - Ken Maddy California Cancer Registry.

Revises provisions of law related to the Ken Maddy California Cancer Registry to make various changes, including to permit individuals who are authorized to access the confidential data in cancer registries to participate in data sharing with other authorized individuals. **Chapter 867, Statutes of 2023.**

SB-421 (Limón) - Health care coverage: cancer treatment.

Eliminates the sunset date on a requirement that individual and group health plans and insurance policies limit the copayment to not more than \$250 for an individual prescription of up to a 30-day supply of an orally administered anticancer medication covered under the contract or policy. Exempts high deductible health plans until the deductible is met. **Chapter 607, Statutes of 2023.**

SB-496 (Limón) - Biomarker testing.

Requires Medi-Cal, and, a health plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after July 1, 2024, to cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions only if the test is supported by medical and scientific evidence, as specified. **Chapter 401, Statutes of 2023.**

SB-598 (Skinner) - Health care coverage: prior authorization.

Prohibits a health plan or health insurer on or after January 1, 2026, from requiring a contracted health professional with a total contracting history of at least 36 months, to complete or obtain a prior authorization for specified covered health care services if, in the most recent one-year contracted period, the health plan approved or would have approved not less than 90% of the prior authorization requests submitted by the health professional for the class of health care services or treatments subject to prior authorization. Requires plans and insurers to annually monitor prior authorization approval, modification, appeals and denial rates, and, discontinue requiring prior authorization on services, items, and supplies, including drugs, that are approved 95% of the time. **Held on the Assembly Appropriations Committee Suspense File.**

SB-694 (Eggman) - Medi-Cal: self-measured blood pressure devices and services.

Adds self-measured blood pressure devices and services, as defined, as covered benefits under the Medi-Cal program for the treatment of high blood pressure. **Vetoed.**

SB-839 (Bradford) - Obesity Treatment Parity Act.

Requires an individual or group health plan contract or health insurance policy to include comprehensive coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and federal Food and Drug Administration (FDA)-approved antiobesity medication. Prohibits coverage criteria for FDA-approved antiobesity medications from being more restrictive than the FDA-approved indications for those treatments, and cost-sharing from being different or separate from other illnesses, conditions, or disorders. **Hearing cancelled in the Senate Health Committee at the request of author.**

SB-1008 (Bradford) - Obesity Treatment Parity Act.

Requires health plan contracts and insurance policies to cover obesity treatment, including intensive behavioral therapy, bariatric surgery, and at least one federal Food and Drug Administration approved antiobesity medication. **Held on the Senate Appropriations Committee Suspense File.**

SB-1213 (Atkins) - Health care programs: cancer.

Increases, commencing no later than July 1, 2026, the income threshold for the state's breast and cervical cancer early detection and treatment programs from 200% to 250% of the federal poverty level. **Vetoed.**

AB-424 (Bryan) - Neurodegenerative disease registry.

Requires, rather than permits, the term "neurodegenerative disease" to include, but not be limited to, amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. **Chapter 522, Statutes of 2023.**

AB-620 (Connolly) - Health care coverage for metabolic disorders.

Requires health plans and insurers to cover formulas that are part of a medically necessary diet to avert the development of serious physical or mental disabilities or to promote normal development or function, as a consequence of chronic digestive diseases and inherited metabolic disorders. **Vetoed.**

AB-632 (Gipson) - Health care coverage: prostate cancer screening.

Prohibits a health plan contract, except a specialized health plan contract, and a health insurance policy that is issued, amended, or renewed on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for screening services for prostate cancer for certain high risk individuals, as specified. **Vetoed.**

AB-1926 (Connolly) - Health care coverage: regional enteritis.

Requires health plan contracts and insurance policies to provide coverage for dietary enteral formulas for the treatment of regional enteritis (Crohn’s Disease). **Held on the Senate Appropriations Committee Suspense File.**

AB-2169 (Bauer-Kahan) - Prescription drug coverage: dose adjustments.

Authorizes a licensed health care professional to adjust the dose or frequency of a drug to meet the specific medical needs of an enrollee or insured without prior authorization or subsequent utilization management, no more than two times, if the drug has previously been approved for coverage by the plan or insurer and the prescribing provider continues to prescribe the drug. Prohibits a health plan or insurer from limiting or excluding coverage if the enrollee or insured has been continuously using a prescription drug selected by the prescribing provider for the medical condition while covered by their current or previous health coverage. **Held on the Senate Appropriations Committee Suspense File.**

AB-2613 (Zbur) - Jacqueline Marie Zbur Rare Disease Advisory Council.

Establishes, upon appropriation by the Legislature for this purpose and until January 1, 2029, the Jacqueline Marie Zbur Rare Disease Advisory Council as an advisory body to advise and report to the California Health and Human Services Agency and the Legislature, on strategies to address barriers and improve treatment services for those with rare diseases in this state. **Chapter 726, Statutes of 2024.**

AB-3245 (Joe Patterson) - Coverage for colorectal cancer screening.

Requires health plan contracts and health insurance policies to provide coverage, without cost-sharing, for colorectal cancer screening tests that are equivalent to those with a grade “A” or “B” assigned by the United States Preventive Services Task Force, or, in accordance with the most current recommendations established by another accredited or certified guideline agency that is approved by the California Health and Human Services Agency. **Vetoed.**

Communicable Disease

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Authorizes a pharmacist to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met, and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. Requires a health plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist.

Chapter 1, Statutes of 2024.

SB-427 (Portantino) - Health care coverage: antiretroviral drugs, devices, and products.

Prohibits nongrandfathered health plans and insurers from imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, drug devices, or drug products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Requires grandfathered health plans and insurers to provide coverage, without any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. **Was not returned to the Senate for concurrence in Assembly amendments.**

SB-541 (Menjivar) - Sexual health: contraceptives: immunization.

Requires all public high schools to make condoms available to students by the start of the 2024-25 school year, and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits retailers from restricting sales of nonprescription contraception on the basis of age. **Vetoed.**

SB-954 (Menjivar) - Sexual health: contraceptives.

Requires all public high schools to make condoms available to students by the start of the 2025-26 school year, and to provide information to students on the availability of condoms as well as other sexual health information, upon appropriation. Prohibits public schools from preventing a school-based health center from making condoms available and easily accessible to students. Prohibits retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age. **Vetoed.**

SB-1333 (Eggman) - Communicable diseases: HIV reporting.

Revises and recasts existing law to permit the California Department of Public Health (CDPH) and local health departments (LHDs) to disclose personally identifying information in public health records of HIV-positive individuals for the purposes of coordination of, linkage to, or reengagement in care, as determined by CDPH or a LHD. **Chapter 472, Statutes of 2024.**

AB-659 (Aguiar-Curry) - Cancer Prevention Act.

Advises pupils to adhere to current immunization guidelines regarding HPV. Requires public and private schools, upon a pupil's admission or advancement to the sixth grade, to provide the pupil and their parent or guardian a notification about this state public policy, and advise that the pupil be fully immunized against HPV before admission or advancement to the eighth grade. Requires health plans and insurers to provide coverage for the HPV vaccine without a deductible, coinsurance, copayment, or any other cost-sharing requirement. **Chapter 809, Statutes of 2023.**

AB-2132 (Low) - Health care services.

Requires a patient 18 years or older who receives health care services in a facility, clinic, center, office, or other setting where primary care services are provided, to be offered a tuberculosis (TB) screening. Requires Medi-Cal managed care plans to ensure access to care for latent TB infection and active TB and coordination with local health department TB control programs for plan enrollees with active TB. **Chapter 951, Statutes of 2024.**

Emergency Medical Services

SB-963 (Ashby) - Health facilities: self-identifying human trafficking system.

Requires general acute care hospitals with an emergency department to adopt and implement policies and procedures to facilitate the self-identification of an emergency department patient as a victim of human trafficking or domestic violence to hospital personnel. **Chapter 616, Statutes of 2024.**

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse services provided by a community paramedicine program, triage to alternative destination program, or mobile integrated health program. Makes these services a covered Medi-Cal benefit and requires the Department of Health Care Services to establish Medi-Cal rates for these services. Requires the Medi-Cal provisions to be implemented only to the extent federal financial participation is available and the Legislature appropriates funding. **Chapter 884, Statutes of 2024.**

AB-40 (Rodriguez) - Emergency medical services.

Requires local emergency medical services agencies (LEMSAs) to adopt an ambulance patient offload time (APOT) standard, not to exceed 30 minutes, 90% of the time. Requires a hospital to develop an APOT reduction protocol to facilitate a rapid reduction in APOT to the adopted standard when the standard has been exceeded for one month. Requires the Emergency Medical Services Authority, when a hospital has exceeded the adopted APOT standard for the preceding month, to report the exceedance to the LEMSA, which is required to alert all emergency medical services providers in their jurisdiction, direct the hospital to implement the APOT reduction protocol, and host bi-weekly calls with relevant hospital administrators and other stakeholders. **Chapter 793, Statutes of 2023.**

AB-379 (Rodriguez) - Emergency medical services.

Requires local emergency medical services agencies (LEMSAs) to post their annual plans that are approved by the state Emergency Medical Services Authority (EMSA) on their website, and requires these plans to include the LEMSA's annual budget and any exemptions from meeting 911 response times. Requires EMS system guidelines developed by EMSA to include a standardized list of exemptions from meeting 911 response times. Requires LEMSAs to adopt policies and procedures for calculating and reporting ambulance patient offload times, and to establish a process for hospitals and ambulance providers to review and validate the reported data. **Held on the Senate Appropriations Committee Suspense File.**

AB-716 (Boerner) - Emergency ground medical transportation.

Limits the amount a health plan enrollee, insured, or uninsured person who receives services from a ground ambulance provider has to pay for services, prohibits the ground ambulance provider from billing more than a specified amount, and requires the health plan or insurer to directly reimburse a ground ambulance provider according to established or approved amounts, as specified. **Chapter 454, Statutes of 2023.**

AB-767 (Gipson) - Community Paramedicine or Triage to Alternate Destination Act.

Extends the sunset date of the Community Paramedicine or Triage to Alternate Destination Act of 2020, from January 1, 2024 to January 1, 2031, and adds short-term, post-discharge follow-up for persons recently discharged from a hospital due to a serious health condition to the list of program specialties that can be part of a community paramedicine program. **Chapter 270, Statutes of 2023.**

AB-1168 (Bennett) - Emergency medical services (EMS): prehospital EMS.

Requires the City of Oxnard to be treated as if it had retained the right to administer or contract for prehospital ambulance EMS notwithstanding a court case that found that the City of Oxnard did not have the right to administer ambulance services, establishes a process to determine who will provide prehospital EMS to the remaining portion of the exclusive operating area if the City of Oxnard exercises its right to provide prehospital EMS in the City, and clarifies going forward that a city or fire district providing prehospital EMS that enters into a joint powers of authority agreement (JPA) with a county will retain its rights to administer prehospital EMS if it withdraws from the JPA. **Vetoed.**

AB-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of “psychiatric emergency medical condition” to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for evaluation and treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration or whether the recipient is voluntary or involuntarily detained for evaluation and treatment. **Chapter 632, Statutes of 2024.**

AB-1376 (Juan Carrillo) - Emergency medical services: liability limitation.

Exempts a private provider of ambulance services from criminal or civil liability for the continued detainment of a person when that detainment is requested by a peace officer, facility staff, or other professional authorized to involuntarily detain people under the Lanterman-Petris-Short Act, for purposes of transporting the person to a designated facility. **Chapter 474, Statutes of 2023.**

AB-1451 (Jackson) - Urgent and emergency mental health and substance use disorder treatment.

Requires a health plan contract or insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover treatment for urgent and emergency mental health and substance use disorders without preauthorization consistent with existing law. **Vetoed.**

AB-1792 (Rodriguez) - Emergency medical services: personal protective equipment.

Requires the Emergency Medical Services Authority to develop standards for personal protective equipment for ambulance personnel by January 1, 2027, and to update those standards every five years. **Vetoed.**

AB-1843 (Rodriguez) - Emergency ambulance employees.

Requires an ambulance provider to offer all emergency ambulance employees, upon request, peer support services. Establishes a structure for the peer support program, including granting employees the right to refuse to disclose confidential information, and providing protection from liability when providing peer support services. **Chapter 943, Statutes of 2024.**

AB-2348 (Rodriguez) - Emergency medical services.

Requires the Emergency Medical Services Authority to develop and adopt a standard methodology for the calculation and reporting of ambulance response times for all emergency ambulance services. Requires local emergency medical services agencies to adopt policies and procedures for calculating and reporting response times for emergency ambulance services providers based on the statewide standard. **These provisions were amended out of the bill.**

AB-2843 (Petrie-Norris) - Health care coverage: rape and sexual assault.

Requires health plans and insurers to cover without cost-sharing emergency room medical care and follow-up treatment for rape or sexual assault. **Chapter 971, Statutes of 2024.**

AB-2859 (Jim Patterson) - Emergency medical technicians: peer support.

Establishes the California Emergency Medical Services Peer Support and Crisis Referral Services program to permit an emergency medical services provider to establish a peer support and crisis referral program. **Chapter 744, Statutes of 2024.**

Food Safety and Labeling

SB-476 (Limón) - Food safety: food handlers.

Requires food facility employers to pay an employee for any cost associated with the employee obtaining a food handler card, including considering the time it takes for the employee to complete the training and certification program to be compensable as “hours worked.” **Chapter 610, Statutes of 2023.**

AB-82 (Weber) - Dietary supplements for weight loss and over-the-counter diet pills.

Prohibits a retail establishment from selling dietary supplements for weight loss or over-the-counter (OTC) diet pills to any person under 18 years of age without a prescription, commencing January 1, 2026. Requires the California Department of Public Health to determine which dietary supplements and OTC diet pills are subject to this bill, and to develop a notice for distribution to retail establishments for posting that states that certain dietary supplements for weight loss or OTC diet pills may contribute to specified medical conditions or other serious injury, or death. **Held on the Senate Appropriations Committee Suspense File.**

AB-405 (Connolly) - Organic products.

Requires the California Department of Public Health to create an online registration and payment option for registered organic food processors by January 1, 2026. **Held on the Senate Appropriations Committee Suspense File.**

AB-418 (Gabriel) - Food product safety.

Prohibits any food product, beginning on January 1, 2027, from containing the following substances: brominated vegetable oil, potassium bromate, propylparaben, or red dye 3. **Chapter 328, Statutes of 2023.**

AB-420 (Aguiar-Curry) - Cannabis: industrial hemp.

Specifies that the Medicinal and Adult-Use Cannabis Regulation and Safety Act does not prohibit a cannabis licensee from manufacturing, distributing, or selling industrial hemp products if the product complies with applicable laws and regulations governing industrial hemp. Strengthens the prohibition against industrial hemp containing chemically synthesized cannabinoids by furthering the definition of “chemically synthesized cannabinoid,” and by prohibiting the manufacture, distribution, or selling of an industrial hemp product that contains a cannabinoid that is not present in nature in commercially meaningful quantities in the plant of *Cannabis sativa L.*, unless explicitly approved by the California Department of Public Health in regulation. **Held on the Senate Appropriations Committee Suspense File.**

AB-660 (Irwin) - Food labeling: quality dates, safety dates, and sell by dates.

Requires food manufacturers, processors, and retailers responsible for the labeling of food items, beginning July 1, 2026, to use “BEST if Used by” to indicate quality, and “Use by” to indicate safety of a food item, and prohibits the use of the term “sell by.” **Chapter 911, Statutes of 2024.**

AB-1217 (Gabriel) - Business pandemic relief.

Extends the ability, until to July 1, 2026, for permitted food facilities to operate a temporary satellite food service without needing to obtain a separate permit, and to permit licensees of the Department of Alcohol and Beverage Control to serve alcoholic beverages in an adjacent property under a Temporary Catering Authorization. These provisions of existing law are currently only authorized for one year following the end of the COVID-19 state of emergency. **Chapter 569, Statutes of 2023.**

AB-1325 (Waldron) - Microenterprise home kitchen operations.

Increases the meal limitation and cap on gross sales for microenterprise home kitchen operations, currently 30 meals per day, 60 meals per week, and up to \$50,000 in gross annual sales, to up to 90 meals per week and \$100,000 in gross annual sales. **Chapter 101, Statutes of 2023.**

AB-1830 (Arambula) - Corn masa flour and wet corn masa products: folic acid fortification.

Requires corn masa flour to be fortified with folic acid, with some exceptions, and requires corn masa flour and wet corn masa products, as defined, to include a declaration of folic acid on the nutrition label. Requires corn masa flour and wet corn masa products packaged for retail sale that do not contain folic acid to include a declaration that the product does not contain folic acid. **Chapter 912, Statutes of 2024.**

AB-2223 (Aguiar-Curry) - Cannabis: industrial hemp.

Revises the requirements governing industrial hemp products to clarify and expand the prohibition on synthetic forms of THC, limits hemp products to no more than one milligram of THC per product, including no more than 0.25 milligrams per serving, establishes a seizure and embargo process for unlawful hemp products, and provides for the integration of hemp products into the marketplace for cannabis regulated by the Department of Cannabis Control. **Held on the Senate Appropriations Committee Suspense File.**

AB-2316 (Gabriel) - Pupil nutrition: substances: prohibition.

Prohibits elementary, middle, and high schools, beginning December 31, 2027, from offering, selling or otherwise providing any food or beverages containing the following synthetic color additives until 30 minutes after the end of the school day: Blue 1; Blue 2; Green 3; Red 40; Yellow 5; and Yellow 6. **Chapter 914, Statutes of 2024.**

AB-2365 (Haney) - Public health: kratom.

Enacts the Kratom Consumer Protection Program to provide a regulatory structure for kratom products that requires manufacturers and distributors to register with the California Department of Public Health, adhere to certain requirements that include having products tested, and prohibit the sale to persons under 21. **Held on the Senate Appropriations Committee Suspense File.**

AB-2550 (Gabriel) - Business establishments: building standards: retail food safety.

Requires the Building Standards Commission to adopt building standards to permit restaurants to have more flexibility with restroom and drinking fountain requirements and other buildings standards, and modifies requirements pertaining to grease traps and pass-through windows in restaurants. **Held on the Senate Appropriations Committee Suspense File.**

AB-2786 (Bonta) - Certified mobile farmers' markets.

Establishes a new category of certified farmer's market called a "certified mobile farmers' market" which is also required to meet the requirements for a mobile food facility, and that is required to sell agricultural products grown by California producers. Requires the California Department of Public Health to seek federal approval to authorize certified mobile farmers' markets to participate in the Farmers Market Nutrition Program of the Supplemental Nutrition Program for Women, Infants, and Children. **Chapter 915, Statutes of 2024.**

AJR-10 (Irwin) - Food date labeling.

Urges the President of the United States and Congress of the United States to enact the federal Food Date Labeling Act of 2023. **Chapter 157, Statutes of 2024.**

Health Care Coverage

SB-70 (Wiener) - Prescription drug coverage.

Prohibits health plans and insurers from limiting or excluding coverage for a drug, dose of a drug, or dosage form of a drug on the basis that a drug, dose of a drug, or dosage form is different from the use approved for marketing by the Federal Food and Drug Administration if specified conditions are met, including that the drug has been previously covered for a chronic condition or cancer, and, prohibits plans and insurers from requiring additional cost-sharing for a drug, dosage, or dosage form of a drug that was previously approved, when the dose is changed by a provider, as specified. Clarifies cost-sharing changes are permitted at contract renewal, and if a dosage or dosage form change results in coverage at a higher tier. **Held on the Assembly Appropriations Committee Suspense File.**

SB-90 (Wiener) - Health care coverage: insulin affordability.

Prohibits a health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2024, and, a plan or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment, deductible, coinsurance, or any other out-of-pocket expense on an insulin prescription drug that exceeds \$35 for a 30-day supply, as specified. Excludes high deductible health plans if it conflicts with federal requirements. **Vetoed.**

SB-238 (Wiener) - Health care coverage: independent medical review.

Requires a health plan or disability insurer that modifies, delays, or denies a health care service, mental health care or substance use disorder service that is a covered benefit, based in whole or in part on medical necessity, or the use of experimental or investigational therapies, as specified, to automatically, within 24 hours, submit the decision to the Independent Medical Review System without first requiring a grievance, if the decision is for an enrollee or insured who is up to 26 years of age. **Held on the Assembly Appropriations Committee Suspense File.**

SB-257 (Portantino) - Health care coverage: diagnostic imaging.

Requires health care coverage without imposing cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, including family history or known genetic mutation. **Vetoed.**

SB-294 (Wiener) - Health care coverage: independent medical review.

Establishes an automatic grievance process and automatic Independent Medical Review, commencing January 1, 2026, when a health plan or disability insurer that provides coverage for medically necessary mental health or substance use disorders modifies, delays, or denies an authorization request for coverage of treatment for a mental health or substance use disorder for an enrollee or insured who is younger than 26 years of age. **Held on the Assembly Appropriations Committee Suspense File.**

SB-324 (Limón) - Health care coverage: endometriosis.

Prohibits health plans, insurers, and the Medi-Cal program from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. **Held on the Assembly Appropriations Committee Suspense File.**

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Authorizes a pharmacist to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met, and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. Requires a health plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist.

Chapter 1, Statutes of 2024.

SB-421 (Limón) - Health care coverage: cancer treatment.

Eliminates the sunset date on a requirement that individual and group health plans and insurance policies limit the copayment to not more than \$250 for an individual prescription of up to a 30-day supply of an orally administered anticancer medication covered under the contract or policy. Exempts high deductible health plans until the deductible is met. **Chapter 607, Statutes of 2023.**

SB-427 (Portantino) - Health care coverage: antiretroviral drugs, devices, and products.

Prohibits nongrandfathered health plans and insurers from imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, drug devices, or drug products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Requires grandfathered health plans and insurers to provide coverage, without any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. **Was not returned to the Senate for concurrence in Assembly amendments.**

SB-496 (Limón) - Biomarker testing.

Requires Medi-Cal, and, a health plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after July 1, 2024, to cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions only if the test is supported by medical and scientific evidence, as specified. **Chapter 401, Statutes of 2023.**

SB-595 (Roth) - Covered California: data sharing.

Clarifies that Covered California is only prohibited from disclosing personal information obtained from the Employment Development Department without first obtaining consent of the applicant when disclosure is to a certified insurance agent or a certified enrollment counselor for the purpose of communicating about the availability of health coverage through Covered California. Requires a person or entity that receives this personal information to take reasonable measures to safeguard the confidentiality of any personal information, prohibits use or disclose for any purpose other than to market and publicize the availability of health care coverage through Covered California to individuals, as directed by Covered California. **Chapter 492, Statutes of 2023.**

SB-598 (Skinner) - Health care coverage: prior authorization.

Prohibits a health plan or health insurer on or after January 1, 2026, from requiring a contracted health professional with a total contracting history of at least 36 months, to complete or obtain a prior authorization for specified covered health care services if, in the most recent one-year contracted period, the health plan approved or would have approved not less than 90% of the prior authorization requests submitted by the health professional for the class of health care services or treatments subject to prior authorization. Requires plans and insurers to annually monitor prior authorization approval, modification, appeals and denial rates, and, discontinue requiring prior authorization on services, items, and supplies, including drugs, that are approved 95% of the time. **Held on the Assembly Appropriations Committee Suspense File.**

SB-621 (Caballero) - Health care coverage: biosimilar drugs.

Authorizes a health plan, health insurer, or utilization review organization to require an enrollee or insured to try a biosimilar, as defined in federal law, before providing for the equivalent branded prescription drug. **Chapter 495, Statutes of 2023.**

SB-635 (Menjivar) - Health care coverage: hearing aids.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for hearing aids and related services for all enrollees and insureds under 21 years of age, if medically necessary. Limits the maximum required coverage amount to \$3,000 per individual hearing aid, and prohibits hearing aids covered from being subject to a coinsurance, deductible or copayment requirement, or, subject to financial or treatment limitations, including a dollar limit set below \$3,000 per individual hearing aid. **Vetoed.**

SB-729 (Menjivar) - Health care coverage: treatment for infertility and fertility services.

Requires a health plan contract or policy of disability insurance sold in the large group market (employers with more than 100 covered individuals) to provide coverage for the diagnosis and treatment of infertility and fertility services, including services of a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine using single embryo transfer when recommended and medically appropriate. Exempts the Board of Administration of the Public Employees' Medical and Hospital Act until July 1, 2027, and religious employers. **Chapter 930, Statutes of 2024.**

SB-770 (Wiener) - Health care: unified health care financing.

Directs the Secretary of the California Health and Human Services Agency to research, develop, and pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specific features, including a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, without cost sharing for essential services and treatments. Requires the Secretary to complete the waiver framework by June 1, 2025, and hold a 45-day public comment period and produce a report on the finalized waiver framework by November 1, 2025. **Chapter 412, Statutes of 2023.**

SB-805 (Portantino) - Health care coverage: pervasive developmental disorders or autism.

Expands the qualifications for Qualified Autism Service (QAS) professionals who provide services under California's health insurance mandate to cover behavioral health treatment for pervasive developmental disorders or autism. Requires these QAS professionals to also meet educational or experiential qualifications and supervision requirements that are to be adopted by the Department of Developmental Services on or before July 1, 2026, through regulations that also develop a rate. **Chapter 635, Statutes of 2023.**

SB-839 (Bradford) - Obesity Treatment Parity Act.

Requires an individual or group health plan contract or health insurance policy to include comprehensive coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and federal Food and Drug Administration (FDA)-approved antiobesity medication. Prohibits coverage criteria for FDA-approved antiobesity medications from being more restrictive than the FDA-approved indications for those treatments, and cost-sharing from being different or separate from other illnesses, conditions, or disorders. **Hearing cancelled in the Senate Health Committee at the request of author.**

SB-873 (Bradford) - Prescription drugs: cost sharing.

Requires, at the point-of-sale, the cost-sharing of an enrollee or insured of a health plan or health insurer to be reduced based on rebates received, or to be received, in connection with the dispensing or administration of the drug. Requires on or before March 1 each year, the Department of Managed Health Care and the Insurance Commissioner to provide a report on this bill's impact on drug prices and health care premium rates to the appropriate policy committees of the Legislature, and makes this bill's provisions inoperative on January 1, 2027. **Held on the Assembly Appropriations Committee Suspense File.**

SB-966 (Wiener) - Pharmacy benefits.

Establishes a licensing requirement for pharmacy benefit managers (PBMs) at the California Department of Insurance, and several contracting and compensation requirements and prohibitions affecting PBMs, health plans and insurers, pharmacists and pharmacies. Creates duties and obligations on PBMs, legal remedies for health plans, insurers, as well as penalties and unfair competition declarations for violations of this bill. **Vetoed.**

SB-999 (Cortese) - Health coverage: mental health and substance use disorders.

Requires health plans and insurers that provide coverage for medically necessary treatment of mental health and substance use disorders to ensure that utilization review determinations and appeals are determined by a health care provider that has appropriate training and relevant experience in the clinical specialty and diagnosis; maintain telephone and other direct access during California business hours for a provider to request authorization and conduct peer-to-peer discussions; and, disclose the name and credentials of the reviewer, the basis for a denial, including a citation to the clinical guidelines reviewed, and, an analysis of why the patient did not meet the clinical criteria. **Held on the Assembly Appropriations Committee Suspend File.**

SB-1008 (Bradford) - Obesity Treatment Parity Act.

Requires health plan contracts and insurance policies to cover obesity treatment, including intensive behavioral therapy, bariatric surgery, and at least one federal Food and Drug Administration approved antiobesity medication. **Held on the Senate Appropriations Committee Suspend File.**

SB-1120 (Becker) - Health care coverage: utilization review.

Establishes requirements on health plans and insurers applicable to their use of Artificial Intelligence (AI) for utilization review and utilization management decisions, including, that the use of AI, algorithm, or other software must be based upon a patient's medical or other clinical history and individual clinical circumstances as presented by the requesting provider and not supplant health care provider decision making. **Chapter 879, Statutes of 2024.**

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse services provided by a community paramedicine program, triage to alternative destination program, or mobile integrated health program. Makes these services a covered Medi-Cal benefit and requires the Department of Health Care Services to establish Medi-Cal rates for these services. Requires the Medi-Cal provisions to be implemented only to the extent federal financial participation is available and the Legislature appropriates funding. **Chapter 884, Statutes of 2024.**

SB-1236 (Blakespear) - Medicare supplement coverage: open enrollment periods.

Creates new open enrollment opportunities for Medicare enrollees purchasing Medicare supplement coverage without consideration of health status, claims experience, receipt of health care, medical condition, or age of an applicant that are before or during the six-month period beginning with the first day of the month in which an individual first enrolled for benefits under Medicare Part B, as specified; or, during an annual 90-day open enrollment period. **Held on the Senate Appropriations Committee Suspense File.**

SB-1290 (Roth) - Health care coverage: essential health benefits.

Sunsetts the Kaiser Foundation Health Plan Small Group HMO 30 plan as California's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. **No action taken on the Assembly Floor.**

SB-1320 (Wahab) - Mental health and substance use disorder treatment.

Requires health plans and insurers to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services. **Chapter 135, Statutes of 2024.**

SB-1369 (Limón) - Dental providers: fee-based payments.

Requires plans, insurers, or, their contracted vendors to have a non-fee-based default method of payment of dental providers, and obtain a written authorization from a dental provider who opts in to a fee-based payment method. **Vetoed.**

SB-1397 (Eggman) - Behavioral health services coverage.

Requires health plans and insurers to pay the greater of the contracted rate or the Medi-Cal specialty behavioral health rate to county behavioral health agencies for Full Service Partnership Services, when provided to enrollees or insureds under specified circumstances, such as when authorized or approved by the plan or insurer. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1428 (Atkins) - Health care coverage: triggering events.

Clarifies that an individual seeking coverage in the individual health insurance market through a special enrollment period has 60 days before and after the date of an authorized triggering event, as specified, to enroll in coverage. Hearing cancelled in the Assembly Health Committee at request of author. **These provisions were amended out of the bill.**

SB-1511 (Committee on Health) - Health omnibus.

Clarifies that any reference to “group contract” in the Knox-Keene Act does not include a Medi-Cal managed care contract between a health plan and Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program. Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code. **Chapter 492, Statutes of 2024.**

AB-4 (Arambula) - Covered California: expansion.

Requires Covered California to administer a program for expanding access to affordable health care coverage to Californians regardless of immigration status similar to coverage available for other Californians and report progress towards implementation to the Department of Finance and Legislature no later than May 1, 2026, 2027, and 2028. **Held on the Senate Appropriations Committee Suspense File.**

AB-85 (Weber) - Social determinants of health: screening and outreach.

Requires health plans and insurers to cover screenings for social determinants of health (SDOH) and provide primary care providers with adequate access to community health workers, social workers, and other specified types of workers. Requires the Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for SDOH screenings as a covered Medi-Cal benefit. Requires the Department of Health Care Access and Information to convene a working group with specified membership to create a standardized model for connecting patients to community resources. **Vetoed.**

AB-236 (Holden) - Health care coverage: provider directories.

Phases in health plan provider directory accuracy rates of 60% by July 1, 2025, to at least 95% accurate by July 1, 2028. Imposes fines on plans and insurers that fail to meet the benchmark accuracy rates. Makes a listing inaccuracy a denial of access to care. **Held on the Senate Appropriations Committee Suspense File.**

AB-317 (Weber) - Pharmacist service coverage.

Requires a health plan or disability insurer to pay or reimburse for the cost of pharmacist services, as specified in existing law, provided at an in-network pharmacy or an out-of-network pharmacy if the health plan or insurer has an out-of-network pharmacy benefit. **Chapter 322, Statutes of 2023.**

AB-620 (Connolly) - Health care coverage for metabolic disorders.

Requires health plans and insurers to cover formulas that are part of a medically necessary diet to avert the development of serious physical or mental disabilities or to promote normal development or function, as a consequence of chronic digestive diseases and inherited metabolic disorders. **Vetoed.**

AB-632 (Gipson) - Health care coverage: prostate cancer screening.

Prohibits a health plan contract, except a specialized health plan contract, and a health insurance policy that is issued, amended, or renewed on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for screening services for prostate cancer for certain high risk individuals, as specified. **Vetoed.**

AB-659 (Aguiar-Curry) - Cancer Prevention Act.

Advises pupils to adhere to current immunization guidelines regarding HPV. Requires public and private schools, upon a pupil's admission or advancement to the sixth grade, to provide the pupil and their parent or guardian a notification about this state public policy, and advise that the pupil be fully immunized against HPV before admission or advancement to the eighth grade. Requires health plans and insurers to provide coverage for the HPV vaccine without a deductible, coinsurance, copayment, or any other cost-sharing requirement. **Chapter 809, Statutes of 2023.**

AB-716 (Boerner) - Emergency ground medical transportation.

Limits the amount a health plan enrollee, insured, or uninsured person who receives services from a ground ambulance provider has to pay for services, prohibits the ground ambulance provider from billing more than a specified amount, and requires the health plan or insurer to directly reimburse a ground ambulance provider according to established or approved amounts, as specified. **Chapter 454, Statutes of 2023.**

AB-815 (Wood) - Health care coverage: provider credentials.

Requires health plans and insurers to assess and verify health care provider qualifications within 90 days after receiving a completed provider application and requires a provider to be notified within ten business days to verify receipt and if the application is complete. Requires the California Health and Human Services Agency to create and maintain a provider credentialing board to develop a standardized credentialing form to be used by every health plan and insurer. **Held on the Senate Appropriations Committee Suspense File.**

AB-904 (Calderon) - Health care coverage: doulas.

Requires health plans and insurers to develop a maternal and infant health equity program to address racial disparities through the use of doulas. **Chapter 349, Statutes of 2023.**

AB-907 (Lowenthal) - Coverage for PANDAS and PANS.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated (PANDAS) with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a treating physician. Prohibits coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits provided by the contract. **Vetoed.**

AB-931 (Irwin) - Prior authorization: physical therapy.

Prohibits for a new episode of care, a health plan or health insurance policy from requiring prior authorization for the initial 12 physical therapy treatment visits. Defines, “new episode of care” to mean treatment for a new or recurring condition for which the enrollee or insured has not been treated by the provider within the previous 90 days and is not currently undergoing active treatment. Requires prior to treatment, a physical therapy provider to verify coverage and disclose the cost-sharing amount, including the maximum out-of-pocket expense that may be charged per visit if the health plan or insurer denies coverage for services rendered, and obtain consent, as specified. **Vetoed.**

AB-948 (Berman) - Prescription drugs.

Deletes the January 1, 2024, repeal date on the existing \$250 limit on cost-sharing for a 30-day supply of a covered outpatient prescription drug for an individual prescription and makes other clarifications to this law. **Chapter 820, Statutes of 2023.**

AB-952 (Wood) - Dental coverage disclosures.

Requires a health plan or health insurer to disclose when dental coverage is state regulated on an electronic or physical identification card and through a provider portal or upon request for plans and policies issued on or after January 1, 2025. **Chapter 125, Statutes of 2023.**

AB-1048 (Wicks) - Dental benefits and rate review.

Prohibits, after January 1, 2025, a health plan or health insurer from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision in large group contracts and policies, or, a preexisting dental condition provision in any contracts or policies. Requires health plan contracts and insurance policies covering dental services to be subject to premium rate reviews. **Chapter 557, Statutes of 2023.**

AB-1060 (Ortega) - Health care coverage: naloxone hydrochloride.

Requires a health plan contract or health insurance policy that provides coverage for prescription drugs and is issued, amended, delivered, or renewed on or after January 1, 2025, to include coverage for prescription and nonprescription naloxone hydrochloride and all other drugs or products approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. Limits cost-sharing and coinsurance to not more than \$10 per package, and, sunsets on January 1, 2030. **Vetoed.**

AB-1092 (Wood) - Health care service plans: consolidation.

Requires a health plan that intends to acquire or obtain control of an entity through a change of governance or control of a material amount of assets of that entity to give notice to, and secure prior approval from, the director of the Department of Managed Health Care (DMHC).

Authorizes the DMHC director to contract with an independent entity to monitor conditions approved by the director associated with approval of a merger, consolidation, transaction or agreement; makes failure to comply with a condition grounds for disciplinary action; and, authorizes the director to disapprove a transaction or agreement because it would substantially lessen competition among a particular category of health care providers. **Held on the Senate Appropriations Committee Suspend File.**

AB-1157 (Ortega) - Rehabilitative and habilitative services: durable medical equipment and services.

Includes as a mandated California essential health benefit under the rehabilitative and habilitative services and devices benefit, coverage of durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. **Held on the Senate Appropriations Committee Suspend File.**

AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.

Prohibits a health plan or health insurer from requiring prior authorization or step therapy for a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder. **Vetoed.**

AB-1432 (Wendy Carrillo) - Health care coverage.

Requires every policy or certificate of group health insurance marketed, issued, or delivered to a resident of California, regardless of the situs of the contract, subscriber, or master group policyholder, to be subject to all provisions of the law requiring health insurance coverage of abortion, abortion-related services, and gender affirming care. **Vetoed.**

AB-1451 (Jackson) - Urgent and emergency mental health and substance use disorder treatment.

Requires a health plan contract or insurance policy issued, amended, or renewed on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover treatment for urgent and emergency mental health and substance use disorders without preauthorization consistent with existing law. **Vetoed.**

AB-1645 (Zbur) - Health care coverage: cost sharing.

Expands health insurance coverage for preventive services without cost-sharing to include office visits and services integral to the provision of the item or service, and requires coverage earlier than existing federal requirements. Prohibits cost-sharing and prior authorization on sexually transmitted infection screening, as specified. **Vetoed.**

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group and individual health plan or health insurer to cover without prior authorization, step therapy, or utilization review, at least one medication that has been approved by the Federal Food and Drug Administration in specified categories related to the treatment of substance use disorders. **Chapter 633, Statutes of 2024.**

AB-1926 (Connolly) - Health care coverage: regional enteritis.

Requires health plan contracts and insurance policies to provide coverage for dietary enteral formulas for the treatment of regional enteritis (Crohn's Disease). **Held on the Senate Appropriations Committee Suspense File.**

AB-1936 (Cervantes) - Maternal mental health screenings.

Requires, as part of an existing requirement on health plans and insurers to develop a maternal mental health (MMH) program, health plans and insurers to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional screenings if determined to be medically necessary and clinically appropriate in the judgement of the treating provider. **Chapter 815, Statutes of 2024.**

AB-1977 (Ta) - Health care coverage: behavioral diagnoses.

Prohibits a health plan contract or health insurance policy from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism. **Vetoed.**

AB-2063 (Maienschein) - Health care coverage.

Extends, from January 1, 2028 to January 1, 2030, the authority for one pilot program in Southern California under the Department of Managed Health Care for a voluntary employees' beneficiary association to contract with health care providers using risk-based payment arrangements. **Chapter 818, Statutes of 2024.**

AB-2072 (Weber) - Group health care coverage: biomedical industry.

Extends authority from January 1, 2026, to January 1, 2030, for an association of employers that sponsors a fully insured multiple employee welfare arrangement (MEWA) that registered with the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI) on or before June 1, 2022, to offer large group plan contracts to small employer members employed in the biomedical industry in California. Requires on or before June 30, 2026, DMHC and CDI to provide information filings to the Legislature, and to conduct an analysis of the impacts of MEWAs on the small group health insurance market in California and post a report summarizing findings no later than July 1, 2026. **Chapter 374, Statutes of 2024.**

AB-2105 (Lowenthal) - Coverage for PANDAS and PANS.

Requires a health plan contract or health insurance policy to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome that is prescribed or ordered by the treating physician and is medically necessary, as defined by current nationally recognized clinical practice guidelines by expert treating physicians published in peer-reviewed medical literature. Requires treatment to be provided without any cost-sharing that is greater than that applied to other covered benefits. **Chapter 822, Statutes of 2024.**

AB-2129 (Petrie-Norris) - Immediate postpartum contraception.

Requires a contract between a health plan or health insurer and a health care provider to authorize a provider to separately bill for devices, implants, and professional services associated with immediate postpartum contraception, if the birth takes place in a general acute care hospital or licensed birth center. **Chapter 950, Statutes of 2024.**

AB-2169 (Bauer-Kahan) - Prescription drug coverage: dose adjustments.

Authorizes a licensed health care professional to adjust the dose or frequency of a drug to meet the specific medical needs of an enrollee or insured without prior authorization or subsequent utilization management, no more than two times, if the drug has previously been approved for coverage by the plan or insurer and the prescribing provider continues to prescribe the drug. Prohibits a health plan or insurer from limiting or excluding coverage if the enrollee or insured has been continuously using a prescription drug selected by the prescribing provider for the medical condition while covered by their current or previous health coverage. **Held on the Senate Appropriations Committee Suspense File.**

AB-2250 (Weber) - Social determinants of health: screening and outreach.

Requires health plans and insurers to cover screenings for social determinants of health (SDOH) and provide primary care providers with adequate access to community health workers and social workers, among other types of workers. Requires the Department of Health Care Services to provide reimbursement for SDOH screenings as a covered Medi-Cal benefit. **Vetoed.**

AB-2258 (Zbur) - Health care coverage: cost sharing.

Prohibits health plans and health insurers from imposing any cost-sharing requirements for any items or services that are integral to the provision of an item or service that is covered under the Affordable Care Act preventive services mandate. Gives the Department of Insurance authority to assess fines for violations of this bill. **Chapter 708, Statutes of 2024.**

AB-2434 (Grayson) - Health care coverage: multiple employer welfare arrangements.

Authorizes an association of employers that sponsors a fully insured multiple employee welfare arrangement (MEWA) to register with the Department of Managed Health Care (DMHC) on or before June 1, 2025, to offer large group plan contracts to small employer members in the engineering, surveying, or design industry; requires on or before July 1, 2026, DMHC to provide the health policy committees of the Legislature required filings, and conduct an analysis of MEWA impacts on the small employer health insurance market in California. Sunsets this authority on January 1, 2030. **Chapter 398, Statutes of 2024.**

AB-2435 (Maienschein) - California Health Benefit Exchange.

Extends emergency regulation authority for Covered California until 2030 with authority for two readoptions until January 1, 2035. **Chapter 236, Statutes of 2024.**

AB-2449 (Ta) - Health care coverage: qualified autism service providers.

Adds to the definition of a "Qualified Autism Services provider," a person who is certified by the Qualified Applied Behavior Analysis Credentialing Board, and that a national certified entity can have a certification that is accredited by the American National Standards Institute. **Held on the Senate Appropriations Committee Suspense File.**

AB-2467 (Bauer-Kahan) - Health care coverage for menopause.

Requires a health plan contract or insurance policy to include coverage for evaluation and treatment options for perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management, as specified. **Vetoed.**

AB-2556 (Jackson) - Behavioral health and wellness screenings: notice.

Requires health insurers and health plans to annually notify enrollees and insureds about the benefits of behavioral health and wellness screenings for children eight to 18 years of age.

Chapter 200, Statutes of 2024.

AB-2749 (Wood) - California Health Benefit Exchange: financial assistance.

Clarifies who can qualify for coverage and when coverage is no longer available under an existing program that authorizes health insurance coverage through Covered California for employees during strikes, lockouts, or other labor disputes. **Chapter 841, Statutes of 2024.**

AB-2767 (Santiago) - Financial Solvency Standards Board: membership.

Requires the Department of Managed Health Care Director to appoint three additional members to the Financial Solvency Standards Board, and permits appointed members to include health care consumer advocates and individuals with training and experience in large group health insurance purchasing. **Chapter 116, Statutes of 2024.**

AB-2843 (Petrie-Norris) - Health care coverage: rape and sexual assault.

Requires health plans and insurers to cover without cost-sharing emergency room medical care and follow-up treatment for rape or sexual assault. **Chapter 971, Statutes of 2024.**

AB-2914 (Bonta) - Health care coverage: essential health benefits.

Sunsetts the Kaiser Foundation Health Plan Small Group HMO 30 plan as California's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. **No action taken on the Senate Floor.**

AB-3059 (Weber) - Human milk.

Indicates that medically necessary pasteurized donor human milk obtained from a licensed tissue bank is a basic health care service, as defined. Exempts a general acute care hospital from the tissue bank licensure requirement for the storage or distribution of pasteurized donor human milk that meets standards by the Human Milk Banking Association of North America or other standards approved by the Department of Public Health. **Chapter 975, Statutes of 2024.**

AB-3221 (Pellerin) - Department of Managed Health Care: review of records.

Allows the Department of Managed Health Care (DMHC), as part of their existing onsite medical surveys and inspections of health plans, access to digitally searchable, electronic formats of specified information. Allows enforcement actions and the opening of other investigations prior to DMHC following up on an initial survey. Allows DMHC to seek relief from an administrative law proceeding if the Director determines there is a failure to fully or timely respond to inspection requests. **Chapter 760, Statutes of 2024.**

AB-3245 (Joe Patterson) - Coverage for colorectal cancer screening.

Requires health plan contracts and health insurance policies to provide coverage, without cost-sharing, for colorectal cancer screening tests that are equivalent to those with a grade “A” or “B” assigned by the United States Preventive Services Task Force, or, in accordance with the most current recommendations established by another accredited or certified guideline agency that is approved by the California Health and Human Services Agency. **Vetoed.**

AB-3260 (Pellerin) - Health care coverage: reviews and grievances.

Makes various changes to the prior authorization, grievance, and independent medical review (IMR) processes for commercial health care coverage, including tightening the timeline for reviewing missing documents during the prior authorization process, making a provider’s determination of urgency binding on the plan or insurer, automating the filing of a grievance when authorization timelines are not met, automating approvals of services when the grievance timeline is not met, eliminating exemptions from the grievance process, and requiring additional documentation to be shared with the enrollee or insured after an IMR is filed. **Held on Senate Appropriations Committee Suspense File.**

AB-3275 (Soria) - Health care coverage: claim reimbursement.

Reduces the current 30 or 45 working days timeframe required for a health plan, health maintenance organization or health insurer to pay provider claims to 30 calendar days. Increases the interest penalty on plans and insurers that fail to meet timelines in the law. **Chapter 763, Statutes of 2024.**

Health Care Facilities

SB-45 (Roth) - California Acute Care Psychiatric Hospital Loan Fund.

Establishes the California Acute Care Psychiatric Hospital Loan Fund to provide loans to qualifying county applicants for the purpose of constructing or renovating acute care psychiatric hospitals or psychiatric health facilities, or renovating or expanding general acute care hospitals in order to add or expand an inpatient psychiatric unit. **Held on the Assembly Appropriations Suspense File.**

SB-59 (Skinner) - Menstrual Product Accessibility Act.

Requires all women’s restrooms, all all-gender restrooms, and at least one men’s restroom to be stocked with menstrual products, free of cost, at all hospitals that receive any state funding, at all buildings owned or leased by the state, and at all buildings owned by a local government if any state-funded safety net program is administered in that building. **These provisions were amended out of the bill.**

SB-302 (Stern) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.

Expands existing law requiring health facilities to permit terminally ill patients to have access to their medical cannabis, to also require health facilities to permit patients who are over 65 years of age and have a chronic disease to have access to their medical cannabis, and includes home health agencies in the list of health facilities included in this law. **Chapter 484, Statutes of 2023.**

SB-363 (Eggman) - Facilities for inpatient and residential mental health and substance use disorder: database.

Requires the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a real-time, Internet-based database, to be operational by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities to identify the availability of inpatient and residential mental health or substance use disorder treatment. **Held on the Assembly Appropriations Committee Suspense File.**

SB-759 (Grove) - Hospitals: seismic safety.

Extends the seismic safety deadline for hospitals to be capable of continued operations following an earthquake by ten years, to January 1, 2040. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-774 (Jones) - Nonprofit health facilities: sale of assets: Attorney General approval: conditional consent.

Prohibits the Attorney General from imposing conditions on any nonprofit facility transaction that would be expected to limit or restrain the selling nonprofit corporation from freely entering contracts and negotiating rates, have a material adverse effect on the selling nonprofit corporation, and impose conditions that are distinct from conditions that similarly situated selling nonprofit corporations are required to maintain. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-779 (Stern) - Primary Care Clinic Data Modernization Act.

Adds intermittent clinics that are exempt from licensure to an existing requirement that clinics file an annual report to the Department of Health Care Access and Information (HCAI) with specified information, effective on January 1, 2027. Creates new reporting requirements for all primary care clinics, including intermittent clinics, to report various types of data to HCAI, including a labor report and a workforce development report. **Chapter 505, Statutes of 2023.**

SB-784 (Becker) - Health care districts: employment.

Exempts health care district hospitals from the ban on the corporate practice on medicine, enabling these hospitals to directly employ physicians. **Held on the Senate Appropriations Committee Suspense File.**

SB-819 (Eggman) - Medi-Cal: certification.

Clarifies existing Medi-Cal provider enrollment requirements so that a clinic operated by a county, which is exempt from licensure, is treated the same as a licensed clinic in being able to add an intermittent clinic site or an affiliated mobile health care unit operating as an intermittent clinic without needing to separately enroll the intermittent clinic or mobile health care unit as a separate provider. **Chapter 448, Statutes of 2024.**

SB-963 (Ashby) - Health facilities: self-identifying human trafficking system.

Requires general acute care hospitals with an emergency department to adopt and implement policies and procedures to facilitate the self-identification of an emergency department patient as a victim of human trafficking or domestic violence to hospital personnel. **Chapter 616, Statutes of 2024.**

SB-1017 (Eggman) - Available facilities for inpatient and residential mental health or substance use disorder treatment.

Requires the Department of Health Care Services, in consultation with the Department of Public Health and the Department of Social Services, to develop a solution, by January 1, 2026, to collect, aggregate, and display information about beds in specified facilities for inpatient and residential mental health or substance use disorder treatment. **Held on the Senate Appropriations Committee Suspense File.**

SB-1033 (Menjivar) - Health facilities: congregate living health facilities.

Requires the Department of Health Care Services to do a study of the costs of operating a congregate living health facility, and to do an estimate of the cost of increasing Medi-Cal rates of private duty nursing services to pediatric patients to 87%, and 100%, of the corresponding Medicare rate. **Assembly Health Committee hearing canceled at request of the author.**

SB-1042 (Roth) - Health facilities and clinics: clinical placements: nursing.

Requires health facilities and clinics to report data related to the availability of clinical placements for nursing students to the Department of Health Care Access and Information (HCAI), and requires nursing schools to report data related to their clinical placement needs to the Board of Registered Nursing (BRN). Requires HCAI to use both of these sources of data in a manner that allows for the information received by health facilities and clinics to be cross-referenced against the information received by the BRN. Requires health facilities and clinics to meet with nursing schools upon request to discuss clinical placement needs and to work in good faith to meet the demands of the school. Permits the BRN to assist in finding clinical placement slots to meet the needs of schools, and to prioritize requests for assistance from community colleges and California State University campuses when doing so. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1082 (Eggman) - Augmented residential care facilities.

Requires the Department of Health Care Services, with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings with licensure from the Department of Social Services as augmented residential care facilities. Requires these facilities to be implemented only to the extent that funds are made available for these purposes through an appropriation in the annual Budget Act. **Held on the Senate Appropriations Committee Suspense File.**

SB-1119 (Newman) - Hospitals: seismic compliance.

Extends the dates by which four hospitals owned by Providence are required to comply with seismic safety standards, including two hospitals in Eureka, one hospital in Fullerton, and one hospital in Tarzana. **Vetoed.**

SB-1300 (Cortese) - Health facility closure: public notice: inpatient psychiatric and maternity services.

Extends the public notice requirement when a health facility eliminates a supplemental service, currently 90 days prior to elimination of the service, to instead be 120 days when it involves the closure of either inpatient psychiatric services or perinatal services, expands the notice of closure to include data on the patients served and a justification for the decision to eliminate services, and requires the hospital to hold a public hearing within 60 days of providing the notice. **Chapter 894, Statutes of 2024.**

SB-1319 (Wahab) - Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Permits a skilled nursing facility (SNF), that is applying to provide therapeutic behavioral health programs in a physically separate unit of a SNF and is required to receive approvals from multiple departments, to apply simultaneously to those departments, and requires those departments to work jointly to develop processes to allow applications to be reviewed simultaneously to minimize the total approval time for all departments. **Vetoed.**

SB-1354 (Wahab) - Long-term health care facilities: payment source and resident census.

Requires a long-term care facility participating in the Medi-Cal program to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal recipients in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. Requires skilled nursing facilities to post a daily resident census and nurse staffing data on their website or provide daily resident census information upon request. Requires a notice when transferring or discharging a patient to contain specified information regarding restrictions on transfer or discharge due to change in payer and information about the facility's participation in Medi-Cal. **Chapter 339, Statutes of 2024.**

SB-1382 (Glazer) - Community and rural health clinics: building standards.

Requires construction standards for a licensed community clinic to comply with the federal safety and accessibility standards required for clinics to participate in Medi-Cal and Medicare, and repeals a provision of law prohibiting building standards for outpatient clinical services of a hospital from being more restrictive or comprehensive than comparable building standards applied to licensed clinics. **Chapter 796, Statutes of 2024.**

SB-1423 (Dahle) - Medi-Cal: critical access hospitals.

Requires the Department of Health Care Services to convene a Rural Hospital Technical Advisory Group to discuss and provide recommendations on Medi-Cal reimbursement and other issues related to the financial viability of small, rural, or critical access hospitals. **Vetoed.**

SB-1432 (Caballero) - Health facilities: seismic standards.

Establishes a process by which hospitals can apply for, and the Department of Health Care Access and Information can approve or deny, an extension of the January 1, 2030 seismic compliance deadline by up to five years, to a maximum of January 1, 2035. **Vetoed.**

SB-1447 (Durazo) - Hospitals: seismic compliance: Children’s Hospital Los Angeles.

Permits Children’s Hospital Los Angeles to request an extension of up to three years of the January 1, 2030 seismic compliance deadline, to a maximum of January 1, 2033, based on factors outside of the hospital’s control. **Chapter 896, Statutes of 2024.**

SB-1464 (Ashby) - Health facilities: cardiac catheterization laboratory services.

Makes clarifying and conforming changes regarding the Elective Percutaneous Coronary Intervention Program by deleting an outdated reference to hospitals that are licensed to provide “urgent and emergent” cardiac catheterization services, and by deleting language limiting cardiac catheterization laboratory services to only diagnostic services when the hospital is not approved to provide cardiac surgery services. **Chapter 136, Statutes of 2024.**

SB-1511 (Committee on Health) - Health omnibus.

Clarifies that general acute care hospitals are required to permit patients who have a chronic condition to use medical cannabis when they are also terminally ill. Requires every clinic holding a license to file an annual utilization report by March 15th of each year instead of February 15th each year. Requires skilled nursing facilities to have access to an alternate source of power for a minimum of 96 hours during any type of power outage by January 1, 2026, instead of January 1, 2024. Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code. **Chapter 492, Statutes of 2024.**

AB-40 (Rodriguez) - Emergency medical services.

Requires local emergency medical services agencies (LEMSAs) to adopt an ambulance patient offload time (APOT) standard, not to exceed 30 minutes, 90% of the time. Requires a hospital to develop an APOT reduction protocol to facilitate a rapid reduction in APOT to the adopted standard when the standard has been exceeded for one month. Requires the Emergency Medical Services Authority, when a hospital has exceeded the adopted APOT standard for the preceding month, to report the exceedance to the LEMSA, which is required to alert all emergency medical services providers in their jurisdiction, direct the hospital to implement the APOT reduction protocol, and host bi-weekly calls with relevant hospital administrators and other stakeholders. **Chapter 793, Statutes of 2023.**

AB-48 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2023.

Requires a prescriber, prior to prescribing a psychotherapeutic drug for a nursing home resident, to personally examine and obtain the informed written consent of the resident or their representative, and requires specified information to be disclosed when obtaining informed written consent. **Chapter 794, Statutes of 2023.**

AB-242 (Wood) - Critical access hospitals: employment.

Deletes the January 1, 2024 sunset date, and therefore makes permanent, a provision of law permitting a federally certified critical access hospital to employ physicians and charge for their services. **Chapter 641, Statutes of 2023.**

AB-486 (Kalra) - Long-term health facilities: citation appeals.

Repeals the process whereby long-term care facilities can appeal more severe types of citations by filing a civil action in the superior court, and instead subjects these appeals to hearings by an administrative law judge that are currently used for lower level citations. **Hearing canceled at the request of the author in the Senate Judiciary Committee.**

AB-839 (Addis) - Residential care facilities for the elderly: financing.

Adds residential care facilities for the elderly to the list of facilities eligible to participate in financing and funding programs offered by the California Health Facilities Financing Authority. **Chapter 667, Statutes of 2023.**

AB-869 (Wood) - Hospitals: seismic safety compliance.

Establishes a process for small, rural, and district hospitals, as well as hospitals that are recipients of the Distressed Hospital Loan Program, to seek a delay in the seismic compliance deadline of January 1, 2030 of up to three years, with the Department of Healthcare Access and Information having the discretion to extend the delay by an additional two years if the hospital continues to be in financial distress, or due to factors outside of the hospital's control. **Chapter 801, Statutes of 2024.**

AB-979 (Alvarez) - Long-term care: family councils.

Recasts and strengthens provisions of law governing the rights and operations of family councils at nursing homes, as well as those governing family councils at residential care facilities for the elderly, by, among other provisions, conforming the two sets of laws so they are more closely aligned with each other and with federal law, permitting family councils to be allowed to meet virtually or at an offsite location, and requiring written responses to requests or concerns raised by the family councils to have detailed rationales for any action or inaction taken in response to those requests or concerns. **Chapter 821, Statutes of 2023.**

AB-1005 (Alvarez) - In-home supportive services: terminal illness diagnosis.

Requires a hospital's designated case manager or discharge planner to evaluate a Medi-Cal patient's need for post-hospital services and their ability to access those services. Requires the hospital's designated case manager or discharge planner to determine if the patient is anticipated to need in-home personal care, and if so, provide information about the in-home supportive services program and inform the patient's primary care physician to support the timely completion of the health care certification form. **Chapter 346, Statutes of 2024.**

AB-1063 (Gabriel) - Nurse-to-patient staffing ratios: annual report.

Requires the California Department of Public Health (CDPH) to conduct an annual review of its enforcement of the nurse-to-patient ratios, and to submit a report to the Legislature on its findings, including the number of reports received alleging violations and the outcome of any investigations. Requires CDPH, at least once every two years, to hold a public hearing to receive input from direct care nurses and other stakeholders, and requires the input to be summarized in the report along with a plan to implement the suggestions received, or an explanation as to why those suggestions were rejected. **Vetoed.**

AB-1309 (Reyes) - Long-term health care facilities: admission contracts.

Requires nursing homes, within 48 hours of giving a required written notice of an involuntary transfer or discharge, to provide the resident with a copy of certain discharge related documents, including a description of specific needs that cannot be met and the facility's attempts to meet those needs when the basis of the transfer or discharge is because the resident's needs cannot be met in the facility. **Chapter 835, Statutes of 2023.**

AB-1392 (Rodriguez) - Hospitals: procurement contracts.

Requires specified hospitals to submit an annual plan, rather than a report, for increasing procurement from minority, women, LGBT, and disabled veteran business enterprises. Permits the Department of Health Care Access and Information to establish and operate a clearinghouse to maintain a database, and verify the statuses, of those business enterprises. **Chapter 840, Statutes of 2023.**

AB-1471 (Pellerin) - Hospitals: seismic compliance: O'Connor Hospital and Santa Clara Valley Medical Center.

Extends the dates for compliance with seismic safety requirements for three buildings on the campus of Santa Clara Valley Medical Center, with the latest deadline being July 1, 2026. **Chapter 304, Statutes of 2023.**

AB-1537 (Wood) - Skilled nursing facilities: direct care spending requirement.

Establishes a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on these reports, requires 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Requires a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. **No action taken on the Senate Floor.**

AB-1577 (Low) - Health facilities and clinics: clinical placements: nursing.

Requires health facilities and clinics to meet with a community college or California State University with an approved school of nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical placement slots to accommodate the nursing program. Requires the hospital or clinic, if unable to provide additional clinical placement slots, to inform the Department of Health Care Access and Information of its lack of capability or capacity using a form developed by the department, subject to a \$1,000 fine for failure to provide the information. **Chapter 680, Statutes of 2024.**

AB-1612 (Pacheco) - Clinics: licensure.

Permits a primary care clinic, with a license in good standing for the preceding five years, to construct a new outpatient clinic, acquire ownership or control of an accredited outpatient setting, acquire ownership or control of a license-exempt clinic or office, or acquire ownership or control of a previously licensed primary care clinic, and deems these constructed or acquired facilities to be compliant with the minimum construction standards of adequacy and safety known as the Office of Statewide Health Planning and Development 3 building code requirements. **Vetoed.**

AB-1720 (Bauer-Kahan) - Clinics: prenatal screening.

Restricts an ultrasound or a similar medical imaging device or procedure used for medical, counseling, or diagnostic service or purpose, to only be offered in specified health care facilities and practices. **Chapter 259, Statutes of 2023.**

AB-1895 (Weber) - Public health: maternity ward closures.

Requires a hospital that operates a perinatal unit, and expects challenges in the next six months that may result in a reduction or loss of perinatal services, to make a report to the Department of Health Care Access and Information (HCAI), and requires HCAI to forward this report to relevant state departments, but otherwise requires this report to be kept confidential. Requires HCAI to do a community impact assessment of a potential closure within three months of receiving a report from a hospital, and to share this impact assessment with state agencies, but otherwise requires this impact assessment to be kept confidential unless the hospital announces a closure of the perinatal services. **Vetoed.**

AB-2075 (Alvarez) - Resident Access Protection Act.

Enacts the Resident Access Protection Act to require each resident of a long-term care facility to have the right to in-person, onsite access to visitors and health care and social services providers during any public health emergency in which visitation rights of residents are curtailed by a state or local order. **Held on the Senate Appropriations Committee Suspense File.**

AB-2098 (Garcia) - California Health Facilities Financing Authority Act: nondesignated hospitals: loan repayment.

Extends the repayment period for specified bridge loans for district hospitals, made through the California Health Facilities Financing Authority under authorization and funding from the 2022 Budget Act and which are required to be repaid within two years of the date of the loan, to instead require hospitals to make monthly payments within 24 months of the date of the loan, and for the loan to be repaid within 72 months of the date of the loan. **Vetoed.**

AB-2115 (Haney) - Controlled substances: clinics.

Permits a clinic to dispense a narcotic drug from clinic supply for the purpose of relieving acute withdrawal symptoms while arrangements are being made for a person's referral for treatment. Permits a practitioner to directly dispense no more than a three-day supply of a Schedule II controlled substance to be dispensed to the ultimate user at one time for the purpose of initiating maintenance treatment or detoxification treatment. Contains an urgency clause that will make this bill effective upon enactment. **Chapter 634, Statutes of 2024.**

AB-2271 (Ortega) - St. Rose Hospital.

Requires the Department of Health Care Access and Information to approve, subject to review and approval by the Department of Finance, the forgiveness of the \$17.65 million loan awarded to St. Rose Hospital in Hayward from the Distressed Hospital Loan Program. **Vetoed.**

AB-2297 (Friedman) - Hospital and Emergency Physician Fair Pricing Policies.

Prohibits a hospital, in determining eligibility under their charity care or discount payment policies, from considering the monetary assets of the patient. Prohibits hospitals or emergency physicians from imposing time limits for applying for charity care or discounted payments. Expands the prohibition on hospitals and emergency physicians from placing liens on primary residences, to also prohibit liens on any real property owned by the patient. **Chapter 511, Statutes of 2024.**

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Revises the California Dignity in Pregnancy and Childbirth Act, which requires hospitals and alternative birth centers to implement an implicit bias program for all health care providers involved in the perinatal care of patients, including by specifying which providers are subject to training requirements, and adding deadlines for compliance with the training requirements. Establishes an enforcement mechanism through the Attorney General by requiring health facilities to submit proof of compliance for their providers, and subjecting health facilities to civil penalties of \$5,000 for a first violation, and \$15,000 for subsequent violations. **Chapter 621, Statutes of 2024.**

AB-2376 (Bains) - Chemical dependency recovery hospitals.

Permits a general acute care hospital or acute psychiatric hospital to provide chemical dependency recovery services (CDRS) as a supplemental service within the same building, or in a separate building on campus that meets specified structural requirements; expands these services to include medications for addiction treatment and medically managed voluntary inpatient detoxification; and deletes the requirements for CDRS to be provided in a hospital building that provides only these services, or has been removed from general acute care use. Requires these entities, if they meet specified federal program requirements, to provide the confidentiality protections required by specified federal regulations to the hospital's or unit's patients with a substance use disorder. **Chapter 637, Statutes of 2024.**

AB-2549 (Gallagher) - Patient visitation.

Requires a health facility to allow a patient's family, including the spouses of family members, and grandparents and grandchildren, to visit the patient, subject to reasonable restrictions such as visiting hours and with the ability to restrict visitor access due to health or safety concerns. However, prohibits a hospital from prohibiting in-person visiting in end-of-life situations, even when visitor access is restricted due to health or safety concerns. **Vetoed.**

AB-2637 (Schiavo) - Health Facilities Financing Authority Act.

Repeals the requirement that working capital loans made by the California Health Facilities Financing Authority to health facilities be repaid within two years. **Vetoed.**

AB-2899 (Gabriel) - General acute care hospitals: licensed nurse-to-patient ratios.

Requires the California Department of Public Health, when it transmits to a hospital the action to be taken on a substantiated violation of nurse-to-patient staffing ratios, to simultaneously transmit the same information to the person who filed the claim of violation, and if the action taken does not include a fine, to include a statement of reasoning for not imposing a fine.

Vetoed.

AB-2975 (Gipson) - Occupational safety and health standards: workplace violence prevention plan: hospitals.

Requires the Occupational Safety and Health Standards Board, by March 1, 2027, to amend the existing workplace violence prevention in health care standards to require licensed hospitals to implement a weapons detection screening policy that includes the use of weapons detection devices that automatically screen a person's body at specified entrances. Requires the hospitals to adopt related policies, including staffing, training, and signage requirements. **Chapter 749, Statutes of 2024.**

AB-3059 (Weber) - Human milk.

Indicates that medically necessary pasteurized donor human milk obtained from a licensed tissue bank is a basic health care service, as defined. Exempts a general acute care hospital from the tissue bank licensure requirement for the storage or distribution of pasteurized donor human milk that meets standards by the Human Milk Banking Association of North America or other standards approved by the Department of Public Health. **Chapter 975, Statutes of 2024.**

AB-3129 (Wood) - Health care system consolidation.

Requires a private equity group or hedge fund to provide written notice to, and obtain the written consent of, the Attorney General prior to a transaction with a health care facility except hospitals, provider group except dermatology, or, a provider if the private equity group or hedge fund has been involved in a transaction within the last seven years with a health care facility, provider group or provider. Prohibits a private equity group or hedge fund involved in any manner with a physician, psychiatric, or dental practice doing business in this state, including as an investor, or as an investor or owner of the assets from interfering with the professional judgment of physicians, psychiatrists, or dentists in making health care decisions; or, exercising control over, or be delegated the power to do other activities, as specified.

Vetoed.

AB-3161 (Bonta) - Health and care facilities: patient safety and antidiscrimination.

Requires the patient safety plan for hospitals and skilled nursing facilities to include a process for addressing racism and discrimination, including monitoring sociodemographic disparities in patient safety events, and permits the California Department of Public Health to impose a fine of up to \$5,000 on health facilities for failure to adopt, update, or submit patient safety plans. **Chapter 757, Statutes of 2024.**

AB-3275 (Soria) - Health care coverage: claim reimbursement.

Reduces the current 30 or 45 working days timeframe required for a health plan, health maintenance organization or health insurer to pay provider claims to 30 calendar days. Increases the interest penalty on plans and insurers that fail to meet timelines in the law. **Chapter 763, Statutes of 2024.**

Health Equity

SB-59 (Skinner) - Menstrual Product Accessibility Act.

Requires all women's restrooms, all all-gender restrooms, and at least one men's restroom to be stocked with menstrual products, free of cost, at all hospitals that receive any state funding, at all buildings owned or leased by the state, and at all buildings owned by a local government if any state-funded safety net program is administered in that building. **These provisions were amended out of the bill.**

SB-957 (Wiener) - Data collection: sexual orientation and gender identity.

Requires, rather than permits, the California Department of Public Health (CDPH) to collect demographic data, including sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC), and intersexuality data, from third parties on any forms or electronic data systems, unless prohibited by federal or state law. Adds SOGISC to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGISC data. **Chapter 868, Statutes of 2024.**

SB-959 (Menjivar) - Trans-inclusive care: resources and support services.

Requires the California Health and Human Services Agency to establish a website where the public can access specified information about trans-inclusive health care and other support services in the state. **No action taken on the Assembly Floor.**

SB-1016 (Gonzalez) - Latino and Indigenous Disparities Reduction Act.

Requires the Department of Public Health to use separate collection and tabulation categories for each major Latino group, Mesoamerican Indigenous nation, and Mesoamerican Indigenous language group, as specified, whenever collecting demographic data as to the ancestry or ethnic origin of California residents for specified reports. **Chapter 873, Statutes of 2024.**

SB-1078 (Min) - Language access.

Establishes the Office of Language Access within the California Health and Human Services Agency (CHHS) to lead the development, monitoring, and updating of department Language Access Plans, maintain a website with language access information and resources, and submit a report to the legislature on language access issues within CHHS departments. Requires CHHS to develop a Language Access Plan Guidance for its departments, review each department's Language Access Plan, issue corrective action plans for departments that fail to achieve the goals in their Language Access Plans, and establish a Language Access Advisory Workgroup. **Held on the Assembly Appropriations Committee Suspense File.**

AB-904 (Calderon) - Health care coverage: doulas.

Requires health plans and insurers to develop a maternal and infant health equity program to address racial disparities through the use of doulas. **Chapter 349, Statutes of 2023.**

AB-1079 (Jackson) - Discrimination: Public engagement.

Requires the California Public Health Department to establish the Hate Crimes Intervention Program within the Injury and Violence Prevention Branch to implement research-based community interventions in conjunction with community leaders and organizations in communities that have been most impacted by hate crimes as confirmed by the Department of Justice. Requires the Civil Rights Department to create and implement statewide and regional campaigns to discourage discrimination based upon, but not limited to, disability, gender, nationality, race or ethnicity, religion, or sexual orientation. **Vetoed.**

AB-1110 (Arambula) - Public health: adverse childhood experiences.

Requires, subject to an appropriation and until January 1, 2027, the California Office of the Surgeon General (CA-OSG), in collaboration with specified stakeholders, to review available literature on adverse childhood experiences (ACEs) and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection method, and post the guidance on the CA-OSG website and the ACE's Aware website. **Held on the Senate Appropriations Committee Suspense File.**

AB-1487 (Santiago) - Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund.

Creates the Transgender, Gender Variant, and Intersex Wellness Reentry Fund for purposes of funding grants to create programs, or funding existing programs, focused on reentry programming specifically to support transgender, gender variant, and intersex people who have experienced carceral systems. **Chapter 845, Statutes of 2023.**

AB-1701 (Weber) - Black infant health: California Perinatal Equity Initiative.

Expands the entities eligible to apply for funding through the California Perinatal Equity Initiative to include city health departments, in addition to county health departments. **Chapter 174, Statutes of 2023.**

AB-1965 (Blanca Rubio) - Public health: Office of Tribal Affairs.

Establishes the Office of Tribal Affairs, led by a Tribal Health Liaison, within the California Department of Public Health, to assist in addressing public health disparities impacting tribal communities. **Held on Senate Appropriations Committee Suspense File.**

AB-2058 (Weber) - Medical device: disclosures.

Requires a device, commencing January 1, 2027, that collects or analyzes medical information, and is not subject to federal medical device regulation, to disclose limitations known by the manufacturer on the effectiveness of the device because of certain characteristics of the patient using the device, including age, color, disability, ethnicity, gender, or race. **Vetoed.**

AB-2064 (Jones-Sawyer) - Community Violence Interdiction Grant Program.

Requires the California Health and Human Services Agency to administer the Community Violence Interdiction Grant Program to provide funding to local community programs for community-driven solutions to decrease violence in neighborhoods and schools. **Held on the Senate Appropriations Committee Suspense File.**

AB-2297 (Friedman) - Hospital and Emergency Physician Fair Pricing Policies.

Prohibits a hospital, in determining eligibility under their charity care or discount payment policies, from considering the monetary assets of the patient. Prohibits hospitals or emergency physicians from imposing time limits for applying for charity care or discounted payments. Expands the prohibition on hospitals and emergency physicians from placing liens on primary residences, to also prohibit liens on any real property owned by the patient. **Chapter 511, Statutes of 2024.**

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Revises the California Dignity in Pregnancy and Childbirth Act, which requires hospitals and alternative birth centers to implement an implicit bias program for all health care providers involved in the perinatal care of patients, including by specifying which providers are subject to training requirements, and adding deadlines for compliance with the training requirements. Establishes an enforcement mechanism through the Attorney General by requiring health facilities to submit proof of compliance for their providers, and subjecting health facilities to civil penalties of \$5,000 for a first violation, and \$15,000 for subsequent violations. **Chapter 621, Statutes of 2024.**

AB-3161 (Bonta) - Health and care facilities: patient safety and antidiscrimination.

Requires the patient safety plan for hospitals and skilled nursing facilities to include a process for addressing racism and discrimination, including monitoring sociodemographic disparities in patient safety events, and permits the California Department of Public Health to impose a fine of up to \$5,000 on health facilities for failure to adopt, update, or submit patient safety plans. **Chapter 757, Statutes of 2024.**

Infant/Children's Health

SB-424 (Durazo) - California Children's Services Program.

Extends the operation of the statewide Whole Child Model (WCM) program stakeholder advisory group established by the Department of Health Care Services to consult with on the implementation and monitoring of the WCM program whereby Medi-Cal managed care plans provide California Children's Services covered services to Medi-Cal enrollees in specified counties. **Held on the Assembly Appropriations Committee Suspense File.**

SB-502 (Allen) - Medi-Cal: children: mobile optometric office.

Requires the Department of Health Care Services (DHCS), subject to an appropriation, to file all necessary state plan amendments to exercise the Health Services Initiative option made available under the federal Children's Health Insurance Program (CHIP) provisions to cover vision services provided to low-income children statewide through a mobile optometric office. Authorizes the acceptance of payment from any of the state's CHIP programs, in addition to the Medi-Cal program, for the owner and operator of a mobile optometric office and the optometrist providing services. Prohibits the use of General Fund moneys for funding this program and requires DHCS to seek other sources of funding, including charitable donations. **Chapter 487, Statutes of 2023.**

SB-625 (Nguyen) - Newborn screening: genetic diseases: blood samples collected.

Requires the California Department of Public Health (CDPH) to provide information about the California Newborn Screening Program and to obtain a signed form from a newborn's parent or guardian regarding the collection of blood samples, as specified. Prohibits any residual newborn screening specimen from being released to any person or entity for law enforcement purposes or to establish a database for forensic identification. Allows parents or guardians, and individuals at least 18 years of age, to request that CDPH destroy the blood sample, not use it for research purposes, or both, and requires CDPH to comply with the request. **Held on the Senate Appropriations Committee Suspense File.**

SB-635 (Menjivar) - Health care coverage: hearing aids.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for hearing aids and related services for all enrollees and insureds under 21 years of age, if medically necessary. Limits the maximum required coverage amount to \$3,000 per individual hearing aid, and prohibits hearing aids covered from being subject to a coinsurance, deductible or copayment requirement, or, subject to financial or treatment limitations, including a dollar limit set below \$3,000 per individual hearing aid. **Vetoed.**

SB-1099 (Nguyen) - Newborn screening: genetic diseases: blood samples collected.

Requires the California Department of Public Health (CDPH), commencing July 1, 2026, and each July 1 thereafter until CDPH has provided five annual reports, to report to the Legislature, information regarding the number of research projects utilizing residual screening samples from the program and the number of inheritable conditions identified by the original screening tests during the previous calendar year. Requires CDPH to make the report available on its website and the fee revenue to fund CDPH's reporting requirement. **Chapter 598, Statutes of 2024.**

AB-551 (Bennett) - Medi-Cal: specialty mental health services: foster children.

Delays the requirement that the county of original jurisdiction retain responsibility to arrange and provide specialty mental health services for foster children placed in short-term residential therapeutic programs, community treatment facilities, group homes, or children's crisis residential programs from July 1, 2023 to July 1, 2024. **These provisions were amended out of the bill.**

AB-899 (Muratsuchi) - Food safety: baby food.

Requires manufacturers of baby food to test a representative sample of final products and to disclose information to consumers about the name and levels of toxic elements present in each final product. Prohibits the sale, manufacture, or distribution of products in the state that do not comply with the requirements in this bill. **Chapter 668, Statutes of 2023.**

AB-907 (Lowenthal) - Coverage for PANDAS and PANS.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated (PANDAS) with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a treating physician. Prohibits coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits provided by the contract. **Vetoed.**

AB-912 (Jones-Sawyer) - Strategic Anti-Violence Funding Efforts Act.

Re-establishes the Youth Reinvestment Grant Program to be administered by the Office of Youth and Community Restoration and revises components of the program; establishes the Violence Reduction Grant Program to be administered by the California Department of Justice; and, creates additional grant programs designed to improve the health and well-being of youth. **Vetoed.**

AB-1057 (Weber) - California Home Visiting Program.

Codifies the California Home Visiting Program (CHVP) within the California Department of Public Health (CDPH) with the goals and objectives to promote the health and well-being of pregnant people and parents, improve infant and child health and development, strengthen family functioning, reduce child maltreatment, promote economic mobility, and cultivate strong communities. Requires CDPH to allocate funds to participating local health departments to administer the CHVP. **Vetoed.**

AB-1202 (Lackey) - Medi-Cal: time or distance standards: children’s health care services.

Requires the Department of Health Care Services (DHCS) to prepare a report to the Legislature that includes information and analysis on the adequacy of each Medi-Cal managed care plan’s network for pediatric primary care, including the number and geographic distribution of providers and the plan’s compliance with established time or distance and appointment-time standards no later than January 1, 2025. Requires the report to include disaggregated data on the number of children and pregnant or postpartum persons who are Medi-Cal beneficiaries receiving various preventative, primary and behavioral healthcare services and to be posted on DHCS’s website. **Vetoed.**

AB-1283 (Chen) - Pupil health: emergency stock albuterol inhalers.

Permits a local educational agency to make available emergency stock albuterol inhalers at school sites. Permits school nurses, or trained personnel who have volunteered, to administer an albuterol inhaler. **Chapter 574, Statutes of 2023.**

AB-1701 (Weber) - Black infant health: California Perinatal Equity Initiative.

Expands the entities eligible to apply for funding through the California Perinatal Equity Initiative to include city health departments, in addition to county health departments. **Chapter 174, Statutes of 2023.**

AB-2105 (Lowenthal) - Coverage for PANDAS and PANS.

Requires a health plan contract or health insurance policy to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome that is prescribed or ordered by the treating physician and is medically necessary, as defined by current nationally recognized clinical practice guidelines by expert treating physicians published in peer-reviewed medical literature. Requires treatment to be provided without any cost-sharing that is greater than that applied to other covered benefits. **Chapter 822, Statutes of 2024.**

AB-2340 (Bonta) - Medi-Cal: EPSDT services: informational materials.

Requires the Department of Health Care Services (DHCS), to prepare written materials that explain early and periodic screening, diagnosis, and treatment services available under the Medi-Cal program; and, to annually distribute, or require Medi-Cal managed care plans to distribute, to Medi-Cal recipients under 21 years of age. **Chapter 564, Statutes of 2024.**

AB-2383 (Wendy Carrillo) - State Department of Developmental Services: services for children with developmental disabilities: training programs.

Requires the Department of Developmental Services, in consultation with the Department of Health Care Services, to develop a training program for hospital and regional center care management professionals on specified Medi-Cal Home and Community-Based Services waiver programs. Requires these professionals to give information about these waiver programs to families of children with developmental disabilities. **Held on Senate Appropriations Committee Suspense File.**

AB-2446 (Ortega) - Medi-Cal: diapers.

Lowers the minimum age that diapers may be used to address incontinence as a Medi-Cal covered benefit from age five to age three, subject to federal approval. **Vetoed.**

AB-2556 (Jackson) - Behavioral health and wellness screenings: notice.

Requires health insurers and health plans to annually notify enrollees and insureds about the benefits of behavioral health and wellness screenings for children eight to 18 years of age. **Chapter 200, Statutes of 2024.**

AB-2630 (Bonta) - Pupil health: oral health assessment.

Expands the definition of “kindergarten” to include transitional kindergarten, and requires proof of a student’s oral health assessment upon first enrollment only once during a two-year kindergarten program. **Chapter 838, Statutes of 2024.**

AB-3047 (McCarty) - Youth athletics: chronic traumatic encephalopathy.

Requires the California Surgeon General to convene a Commission on Chronic Traumatic Encephalopathy (CTE) and Youth Football to investigate issues related to the risks of brain injury associated with participation in youth football, and issue recommendations on the minimum age for tackle football and best practices for minimizing the risk of concussion and CTE. **Held on the Senate Appropriations Committee Suspense File.**

AB-3059 (Weber) - Human milk.

Indicates that medically necessary pasteurized donor human milk obtained from a licensed tissue bank is a basic health care service, as defined. Exempts a general acute care hospital from the tissue bank licensure requirement for the storage or distribution of pasteurized donor human milk that meets standards by the Human Milk Banking Association of North America or other standards approved by the Department of Public Health. **Chapter 975, Statutes of 2024.**

Medi-Cal

SB-282 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics.

Requires federally qualified health centers and rural health centers to receive Medi-Cal reimbursement for two visits on the same day at the same location under the following circumstances: the patient suffers from illness or injury that requires additional treatment and diagnosis after the first visit; or, the patient has a medical visit and a mental health or dental visit on the same day. **Held on the Assembly Appropriations Committee Suspense File.**

SB-299 (Eggman) - Medi-Cal eligibility: redetermination.

Removes loss of contact with a Medi-Cal beneficiary, as evidenced by returned mail, as a reason to prompt the redetermination of eligibility for that beneficiary. Also deletes the requirement that a county issue an immediate notice of action terminating Medi-Cal eligibility when contact is lost and a redetermination form is undeliverable. **These provisions were amended out of the bill.**

SB-311 (Eggman) - Medi-Cal: Part A buy-in.

Requires the Department of Health Care Services to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services for the qualified Medicare beneficiary program. Such agreement is intended to facilitate the enrollment of low-income Medi-Cal recipients into Medicare and the payment of their premiums and co-payments. **Chapter 707, Statutes of 2023.**

SB-324 (Limón) - Health care coverage: endometriosis.

Prohibits health plans, insurers, and the Medi-Cal program from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. **Held on the Assembly Appropriations Committee Suspense File.**

SB-340 (Eggman) - Medi-Cal: eyeglasses: Prison Industry Authority.

Allows Medi-Cal providers to purchase eyeglasses from private entities in addition to obtaining them from the California Prison Industry Authority. **Hearing cancelled at the request of the author in the Assembly Health Committee.**

SB-408 (Ashby) - Foster youth with complex needs: regional health teams: short-term assessment, treatment, and transition programs.

Requires the Department of Health Care Services (DHCS), in consultation with the Department of Social Services, to establish up to 10 regional health teams in the state to serve youth and foster youth at risk of entering foster care. Also requires DHCS to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to implement the Medicaid Health Home State Plan Option by July 1, 2024. **No action taken in the Assembly Appropriations Committee.**

SB-424 (Durazo) - California Children's Services Program.

Extends the operation of the statewide Whole Child Model (WCM) program stakeholder advisory group established by the Department of Health Care Services to consult with on the implementation and monitoring of the WCM program whereby Medi-Cal managed care plans provide California Children's Services covered services to Medi-Cal enrollees in specified counties. **Held on the Assembly Appropriations Committee Suspense File.**

SB-487 (Atkins) - Abortion: provider protections.

Prohibits health plans and health insurers from terminating, discriminating against, or otherwise penalizing a provider based on a civil judgment, criminal conviction, or another disciplinary action in another state if the judgment, conviction, or disciplinary action is solely based on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California. Authorizes the Department of Health Care Services to elect not to suspend a Medi-Cal provider who has a license, certificate, or other approval to provide health care suspended or revoked in another state if the revocation or suspension is based solely on conduct that is not deemed to be unprofessional conduct under California law. **Chapter 261, Statutes of 2023.**

SB-496 (Limón) - Biomarker testing.

Requires Medi-Cal, and, a health plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after July 1, 2024, to cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions only if the test is supported by medical and scientific evidence, as specified. **Chapter 401, Statutes of 2023.**

SB-502 (Allen) - Medi-Cal: children: mobile optometric office.

Requires the Department of Health Care Services (DHCS), subject to an appropriation, to file all necessary state plan amendments to exercise the Health Services Initiative option made available under the federal Children’s Health Insurance Program (CHIP) provisions to cover vision services provided to low-income children statewide through a mobile optometric office. Authorizes the acceptance of payment from any of the state’s CHIP programs, in addition to the Medi-Cal program, for the owner and operator of a mobile optometric office and the optometrist providing services. Prohibits the use of General Fund moneys for funding this program and requires DHCS to seek other sources of funding, including charitable donations. **Chapter 487, Statutes of 2023.**

SB-524 (Caballero) - Pharmacists: furnishing prescription medications.

Adds to the Medi-Cal schedule of benefits ordering, performing, and reporting any test classified as waived pursuant to the Clinical Laboratory Improvement Amendments that is used to guide diagnosis or clinical decision-making. Adds furnishing prescriptions pursuant to a test result that is used to guide diagnosis or clinical decision-making to the schedule as permitted by the other provisions of this bill that expand a pharmacist’s scope of authority. **Held on the Senate Appropriations Committee Suspense File.**

SB-694 (Eggman) - Medi-Cal: self-measured blood pressure devices and services.

Adds self-measured blood pressure devices and services, as defined, as covered benefits under the Medi-Cal program for the treatment of high blood pressure. **Vetoed.**

SB-819 (Eggman) - Medi-Cal: certification.

Clarifies existing Medi-Cal provider enrollment requirements so that a clinic operated by a county, which is exempt from licensure, is treated the same as a licensed clinic in being able to add an intermittent clinic site or an affiliated mobile health care unit operating as an intermittent clinic without needing to separately enroll the intermittent clinic or mobile health care unit as a separate provider. **Chapter 448, Statutes of 2024.**

SB-870 (Caballero) - Medi-Cal: managed care organization provider tax.

Renews the expired managed care organization (MCO) provider tax on an unspecified timeline and with unspecified rates, and states the intent of the Legislature that the MCO tax will serve, in part, as a vehicle to better fund Medi-Cal reimbursements and to prevent the closure of rural hospitals. **Held on the Senate Appropriations Committee Suspense File.**

SB-953 (Menjivar) - Medi-Cal: menstrual products.

Adds menstrual products as a covered Medi-Cal benefit, subject to federal approval and financial participation. **Held on the Senate Appropriations Committee Suspense File.**

SB-980 (Wahab) - Medi-Cal: dental crowns and implants.

Adds dental implants as a covered Medi-Cal benefit. Codifies existing criteria for the provision of laboratory-processed dental crowns. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1033 (Menjivar) - Health facilities: congregate living health facilities.

Requires the Department of Health Care Services to do a study of the costs of operating a congregate living health facility, and to do an estimate of the cost of increasing Medi-Cal rates of private duty nursing services to pediatric patients to 87%, and 100%, of the corresponding Medicare rate. **Assembly Health Committee hearing canceled at request of the author.**

SB-1112 (Menjivar) - Medi-Cal: families with subsidized childcare.

Requires that the administrative costs reimbursement rate for alternative payment programs include, but not be limited to, costs associated with disseminating information on developmental screenings. **Chapter 1016, Statutes of 2024.**

SB-1180 (Ashby) - Health care coverage: emergency medical services.

Requires a health plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse services provided by a community paramedicine program, triage to alternative destination program, or mobile integrated health program. Makes these services a covered Medi-Cal benefit and requires the Department of Health Care Services to establish Medi-Cal rates for these services. Requires the Medi-Cal provisions to be implemented only to the extent federal financial participation is available and the Legislature appropriates funding. **Chapter 884, Statutes of 2024.**

SB-1257 (Blakespear) - Geographic Managed Care Pilot Project: County of San Diego: CalAIM.

Authorizes the County of San Diego to establish a single advisory board to advise its Health and Human Services Agency on the implementation of state Medi-Cal policy as it pertains to Medi-Cal managed care plans in the county. Makes additional technical changes to the advisory board. **Chapter 134, Statutes of 2024.**

SB-1258 (Dahle) - Medi-Cal: unrecovered payments: interest rate.

Authorizes the Department of Health Care Services (DHCS) to reduce the interest rate assessed against an unrecovered provider overpayment, as part of a repayment agreement between the provider and DHCS, as specified. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1268 (Nguyen) - Medi-Cal managed care plans: contracts with safety net providers.

Requires a Medi-Cal managed care plan (MCMC plan) to offer a network provider contract to, and maintain a network provider contract with, each safety net provider, as defined, operating within the MCMC plan's contracted geographic service areas, if the safety net provider agrees to provide its applicable scope of services in accordance with the same terms and conditions that the MCMC plan requires of other similar providers. Includes requirements for terminating the provider contract. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-1289 (Roth) - Medi-Cal: county call centers: data.

Requires counties operating call centers to assist Medi-Cal applicants and recipients to collect and submit call-center metrics. Requires the Department of Health Care Services to report on those metrics on a quarterly basis on its website. **Chapter 792, Statutes of 2024.**

SB-1354 (Wahab) - Long-term health care facilities: payment source and resident census.

Requires a long-term care facility participating in the Medi-Cal program to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal recipients in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. Requires skilled nursing facilities to post a daily resident census and nurse staffing data on their website or provide daily resident census information upon request. Requires a notice when transferring or discharging a patient to contain specified information regarding restrictions on transfer or discharge due to change in payer and information about the facility's participation in Medi-Cal. **Chapter 339, Statutes of 2024.**

SB-1355 (Wahab) - Medi-Cal: in-home supportive services: redetermination.

Prohibits subjecting a Medi-Cal recipient on a fixed income who is receiving In-Home Supportive Services to Medi-Cal eligibility redetermination before three years, except in specified circumstances. **Held on the Senate Appropriations Committee Suspense File.**

SB-1385 (Roth) - Medi-Cal: Supervising providers.

Requires the Department of Health Care Services and Medi-Cal managed care plans to adopt policies and procedures to effectuate a billing pathway for supervising providers, as defined, to claim for the provision of community health worker services provided to a Medi-Cal recipient during an emergency department visit or as an outpatient follow up to an emergency department visit. **Chapter 164, Statutes of 2024.**

SB-1423 (Dahle) - Medi-Cal: critical access hospitals.

Requires the Department of Health Care Services to convene a Rural Hospital Technical Advisory Group to discuss and provide recommendations on Medi-Cal reimbursement and other issues related to the financial viability of small, rural, or critical access hospitals. **Vetoed.**

SB-1492 (Menjivar) - Medi-Cal reimbursement rates: private duty nursing.

Adds private duty nursing services provided to a child under 21 years of age by a home health agency as an eligible category for Medi-Cal reimbursement under the Managed Care Organization provider tax. **Held on the Senate Appropriations Committee Suspense File.**

SB-1511 (Committee on Health) - Health omnibus.

Clarifies that any reference to “group contract” in the Knox-Keene Act does not include a Medi-Cal managed care contract between a health plan and Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program. Clarifies that all Medi-Cal Local Education Agency Billing Option Programs are funded under a 5% administrative cap. Requires private health care coverage to accept the state’s right to recovery for payments for Medi-Cal services from Medi-Cal managed care plans and Medi-Cal’s federal waiver programs. Prohibits a private health plan from denying a claim submitted by the Medi-Cal program, a provider, or a Medi-Cal managed care plan for services rendered to a Medi-Cal recipient with private health coverage for failure to obtain a prior authorization for the service. Requires a commercial health plan to respond to a request for payment for services rendered by the Medi-Cal program to a Medi-Cal recipient within 60 days by either making the payment on the claim or submitting in writing a request for additional information necessary to process the claim or an explanation for the denial of the claim. Establishes a time limit for third parties on refunds to three years from the date of service. Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code.

Chapter 492, Statutes of 2024.

AB-85 (Weber) - Social determinants of health: screening and outreach.

Requires health plans and insurers to cover screenings for social determinants of health (SDOH) and provide primary care providers with adequate access to community health workers, social workers, and other specified types of workers. Requires the Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for SDOH screenings as a covered Medi-Cal benefit. Requires the Department of Health Care Access and Information to convene a working group with specified membership to create a standardized model for connecting patients to community resources. **Vetoed.**

AB-236 (Holden) - Health care coverage: provider directories.

Phases in health plan provider directory accuracy rates of 60% by July 1, 2025, to at least 95% accurate by July 1, 2028. Imposes fines on plans and insurers that fail to meet the benchmark accuracy rates. Makes a listing inaccuracy a denial of access to care. **Held on the Senate Appropriations Committee Suspend File.**

AB-365 (Aguiar-Curry) - Medi-Cal: diabetes management.

Adds continuous glucose monitors (CGMs) as a benefit in the Medi-Cal schedule of benefits. Requires the Department of Health Care Services to review and update as appropriate the coverage policies for CGMs by July 1, 2024. **No action taken on Senate Floor.**

AB-425 (Alvarez) - Medi-Cal: pharmacogenomic testing.

Adds pharmacogenomic testing, as defined, to the Medi-Cal schedule of benefits. **Chapter 329, Statutes of 2023.**

AB-483 (Muratsuchi) - Local educational agency: Medi-Cal billing option.

Requires the Department of Health Care Services (DHCS) to revise its audit timelines for the Local Education Agency (LEA) Medi-Cal Billing Option Program. Also requires DHCS to give LEAs additional technical assistance and submit additional information on its audits to the Legislature. **Chapter 527, Statutes of 2023.**

AB-551 (Bennett) - Medi-Cal: specialty mental health services: foster children.

Delays the requirement that the county of original jurisdiction retain responsibility to arrange and provide specialty mental health services for foster children placed in short-term residential therapeutic programs, community treatment facilities, group homes, or children's crisis residential programs from July 1, 2023 to July 1, 2024. **These provisions were amended out of the bill.**

AB-576 (Weber) - Medi-Cal: reimbursement for abortion.

Requires the Department of Health Care Services (DHCS) to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. Requires DHCS to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with evidence-based clinical guidelines. **Vetoed.**

AB-608 (Schiavo) - Medi-Cal: comprehensive perinatal services.

Requires the Department of Health Care Services (DHCS) to extend the Comprehensive Perinatal Services Program benefit for up to one year after the end of a Medi-Cal beneficiary's pregnancy. Requires DHCS to allow an unlicensed perinatal provider to render preventive services recommended by a licensed provider and to provide those services in a beneficiary's home or other community setting away from a medical site. **Vetoed.**

AB-614 (Wood) - Medi-Cal.

Prohibits the Department of Health Care Services (DHCS) from entering Medi-Cal managed care contracts with entities that are not Knox-Keene Health Care Service Plan Act of 1975 licensed plans, except where otherwise authorized for exemption. Requires stakeholder input prior to DHCS issuing a new request for proposal or entering into new managed care contracts. **Chapter 266, Statutes of 2023.**

AB-719 (Boerner) - Medi-Cal: nonmedical and nonemergency medical transportation.

Requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonemergency medical transportation (NEMT) and nonmedical transportation (NMT) trips provided by a public paratransit service operator. Requires the rates reimbursed by the managed care plan to be based on the DHCS's fee-for-service rates for NEMT and NMT services that do not include fixed-route transportation service. **Vetoed.**

AB-847 (Luz Rivas) - Medi-Cal: pediatric palliative care services.

Allows an individual determined eligible to receive Medi-Cal hospice services benefit prior to 21 years of age to continue receiving those services after age 21 when certified as eligible by a physician. Allows an individual determined eligible to receive palliative care services prior to age 21 to continue to receive medically necessary palliative care services after 21 years of age when determined to be eligible by the recipient's treating health care provider. **Chapter 814, Statutes of 2023.**

AB-1005 (Alvarez) - In-home supportive services: terminal illness diagnosis.

Requires a hospital's designated case manager or discharge planner to evaluate a patient's need for post-hospital services and ability to access those services, if that patient is being discharged from an acute care hospital and is a Medi-Cal beneficiary. Requires the hospital's designated case manager or discharge planner, if the patient is anticipated to need in-home personal care, to provide information to patients about the in-home supportive services (IHSS) program and inform the patient's primary care physician to support the timely completion of the health care certification form. **Chapter 346, Statutes of 2024.**

AB-1085 (Maienschein) - Medi-Cal: housing support services.

Requires the Department of Health Care Services (DHCS) to create a Medi-Cal benefit to cover housing support services, including housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, for individuals experiencing or at risk of homelessness once DHCS has begun a specified evaluation of the current California Advancing & Innovating Medi-Cal program and the Legislature has appropriated money for this purpose. **Vetoed.**

AB-1122 (Bains) - Medi-Cal provider applications.

Requires the Department of Health Care Services to develop a process to allow Medi-Cal provider applicants to submit an alternative type of primary, authoritative source documentation to meet the documentation requirements of a provider application. Authorizes provider applicants to submit Medi-Cal provider applications 30 days before having an established place of business. **These provisions were amended out of the bill.**

AB-1202 (Lackey) - Medi-Cal: time or distance standards: children's health care services.

Requires the Department of Health Care Services (DHCS) to prepare a report to the Legislature that includes information and analysis on the adequacy of each Medi-Cal managed care plan's network for pediatric primary care, including the number and geographic distribution of providers and the plan's compliance with established time or distance and appointment-time standards no later than January 1, 2025. Requires the report to include disaggregated data on the number of children and pregnant or postpartum persons who are Medi-Cal beneficiaries receiving various preventative, primary and behavioral healthcare services and to be posted on DHCS's website. **Vetoed.**

AB-1241 (Weber) - Medi-Cal: telehealth.

Clarifies that Medi-Cal providers of telehealth services are not required to schedule an appointment with a different provider in order to meet the requirement in existing law that they facilitate in-person care. Rephrases the telehealth provider requirement under the Medi-Cal program to offer or facilitate in-person care as a requirement that telehealth providers maintain and follow protocols to offer or facilitate in-person care. **Chapter 172, Statutes of 2023.**

AB-1316 (Irwin) - Emergency services: psychiatric emergency medical conditions.

Revises the definition of “psychiatric emergency medical condition” to make the definition applicable regardless of whether the patient is voluntary or involuntarily detained for evaluation and treatment. Requires the Medi-Cal program and Medi-Cal managed care plans to cover all emergency services and care necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration or whether the recipient is voluntary or involuntarily detained for evaluation and treatment. **Chapter 632, Statutes of 2024.**

AB-1437 (Irwin) - Medi-Cal: serious mental illness.

Requires the Department of Health Care Services to automatically approve a Medi-Cal prescription refill for a drug for serious mental illness for 365 days after the initial prescription is dispensed. **Vetoed.**

AB-1470 (Quirk-Silva) - Medi-Cal: behavioral health services: documentation standards.

Requires the Department of Health Care Services (DHCS) to adopt and require the use of standardized intake, assessment, and treatment planning forms for Medi-Cal behavioral health services, including specialty mental health services, non-specialty mental health services, and substance use disorder services. Requires DHCS to prepare an annual report on the implementation of these forms. **Vetoed.**

AB-1481 (Boerner) - Medi-Cal: presumptive eligibility.

Renames the “Presumptive Eligibility for Pregnant Women (PE4PW)” program the “Presumptive Eligibility for Pregnant People (PE4PP)” program. Requires the Department of Health Care Services to ensure that a pregnant person receiving coverage under PE4PP who applies for full-scope Medi-Cal benefits within the presumptive eligibility period to continue receiving presumptive eligibility services until their full-scope Medi-Cal application is approved or denied. **Chapter 372, Statutes of 2023.**

AB-1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.

Establishes medically supportive food and nutrition interventions as a Medi-Cal covered benefit when medically necessary in treating a patient’s medical condition, subject to specifications and utilization controls, starting no sooner than July 1, 2026. **Vetoed.**

AB-2043 (Boerner) - Medi-Cal: nonmedical and nonemergency medical transportation.

Requires the Department of Health Care Services (DHCS) to ensure that the fiscal burden of nonemergency medical transportation (NEMT) or nonmedical transportation (NMT) is not unfairly placed on public paratransit operators. Authorizes DHCS to direct Medi-Cal managed care plans to reimburse public paratransit service operators who are enrolled as Medi-Cal providers at the fee-for-service rates. Requires DHCS to engage with public paratransit service operators to understand the challenges these operators face in providing NEMT and NMT services and to issue updated guidance to ensure these operators are not unfairly shouldering the fiscal burden of providing these services by June 1, 2026. **Held on Senate Appropriations Committee Suspense File.**

AB-2132 (Low) - Health care services.

Requires a patient 18 years or older who receives health care services in a facility, clinic, center, office, or other setting where primary care services are provided, to be offered a tuberculosis (TB) screening. Requires Medi-Cal managed care plans to ensure access to care for latent TB infection and active TB and coordination with local health department TB control programs for plan enrollees with active TB. **Chapter 951, Statutes of 2024.**

AB-2198 (Flora) - Health information.

Requires Medi-Cal managed care plans to comply with application programming interface (API) requirements; and, delays implementation of API requirements for specialized dental and vision plans. **Chapter 386, Statutes of 2024.**

AB-2237 (Aguiar-Curry) - Children and youth: transfer of specialty mental health services.

Requires the Department of Health Care Services (DHCS) to issue guidance to coordinate and expedite the transfer of specialty mental health services from one county to another when a child or youth 21 years of age or younger moves from one county to another. Requires DHCS to collect and publish specified data on children and youth receiving specialty mental health services who move from one county to another. **Vetoed.**

AB-2250 (Weber) - Social determinants of health: screening and outreach.

Requires health plans and insurers to cover screenings for social determinants of health (SDOH) and provide primary care providers with adequate access to community health workers and social workers, among other types of workers. Requires the Department of Health Care Services to provide reimbursement for SDOH screenings as a covered Medi-Cal benefit. **Vetoed.**

AB-2339 (Aguiar-Curry) - Medi-Cal: telehealth.

Permits a Medi-Cal provider to establish a new patient relationship using asynchronous store and forward, when the visit is related to sensitive services and when established in accordance with requirements set by the Department of Health Care Services and consistent with federal and state laws, regulations, and guidance. **Vetoed.**

AB-2340 (Bonta) - Medi-Cal: EPSDT services: informational materials.

Requires the Department of Health Care Services (DHCS), to prepare written materials that explain early and periodic screening, diagnosis, and treatment services available under the Medi-Cal program; and, to annually distribute, or require Medi-Cal managed care plans to distribute, to Medi-Cal recipients under 21 years of age. **Chapter 564, Statutes of 2024.**

AB-2383 (Wendy Carrillo) - State Department of Developmental Services: services for children with developmental disabilities: training programs.

Requires the Department of Developmental Services, in consultation with the Department of Health Care Services, to develop a training program for hospital and regional center care management professionals on specified Medi-Cal Home and Community-Based Services waiver programs. Requires these professionals to give information about these waiver programs to families of children with developmental disabilities. **Held on Senate Appropriations Committee Suspense File.**

AB-2428 (Calderon) - Medi-Cal: Community-Based Adult Services.

Requires Medi-Cal managed care plans to reimburse Community-Based Adult Services providers at a rate that is equal to or greater than the amount paid for the service in the Medi-Cal fee-for-service delivery system. **Vetoed.**

AB-2446 (Ortega) - Medi-Cal: diapers.

Lowers the minimum age that diapers may be used to address incontinence as a Medi-Cal covered benefit from age five to age three, subject to federal approval. **Vetoed.**

AB-2701 (Villapudua) - Medi-Cal: dental cleanings and examinations.

Allows Medi-Cal recipients 21 years of age or older to have a second dental preventive cleaning and dental exam per year when medically necessary, as defined in the Medi-Cal Dental Manual of Criteria, and to the extent funds are made available in the annual Budget Act for this purpose. **Held on Senate Appropriations Committee Suspense File.**

AB-2703 (Aguiar-Curry) - Federally qualified health centers and rural health clinics: psychological associates.

Requires the Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow a Federally Qualified Health Center or Rural Health Clinic to bill for services provided to a patient by a psychological associate or associate professional clinical counselor under the supervision of a designated licensed behavioral health practitioner. **Chapter 638, Statutes of 2024.**

AB-3156 (Joe Patterson) - Medi-Cal managed care plans: regional center services: beneficiaries with other primary coverage.

Requires (1) the Department of Health Care Services (DHCS) to ensure that providers serving Medi-Cal recipients with another primary form of health coverage do not face administrative requirements significantly in excess of the requirements in the Medi-Cal fee-for-service delivery system; (2) Medi-Cal plans to allow providers in the fee-for-service delivery system to bill the plan for services rendered to Medi-Cal recipients with another primary form of coverage excluding Medicare, without requiring an in-network provider contract; and (3) DHCS to obtain stakeholder feedback regarding the coordination of other commercial health coverage with a recipient's Medi-Cal plan, with a specific emphasis on Medi-Cal recipients receiving regional center services, and to take the actions it deems necessary to provide clarification regarding the conditions for billing Medi-Cal plans when recipients have other health care coverage. **Vetoed.**

Overdose Prevention

SB-10 (Cortese) - Pupil health: opioid overdose prevention and treatment: Melanie's Law.

Requires school safety plans, including charter schools, serving students in grades seven to 12, to include a protocol for responding to a student's opioid overdose; requires the California Department of Education to post informational materials on its website on opioid overdose prevention; and encourages county offices of education to establish working groups on fentanyl education in schools. **Chapter 856, Statutes of 2023.**

SB-67 (Seyarto) - Controlled substances: overdose reporting.

Requires a coroner or medical examiner to report deaths that are a result of a drug overdose to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program. **Chapter 859, Statutes of 2023.**

SB-234 (Portantino) - Opioid antagonists: schools, college campuses, stadiums, concert venues, and amusement parks.

Requires stadiums, concert venues, and amusement parks to maintain unexpired doses of an opioid antagonist on its premises and ensure that at least two employees are aware of the location. Provides indemnification for a person who administers the opioid antagonist and to the entities and their employees, other than an act or omission constituting gross negligence or willful or wanton misconduct. **Chapter 596, Statutes of 2023.**

SB-472 (Hurtado) - Pupil health: opioid overdose reversal medication.

Requires each individual public school operated by a school district, county office of education, or charter school that has made a person who has received instruction in administering and opioid antagonist available at the school, to maintain at least two doses of naloxone or another opioid antagonist on its campus. Requires those entities to report to the Department of Education and the Department of Health Care Services specified information regarding opioid antagonists on or before July 31, 2024, and annually thereafter. States Legislative intent that these entities share information from the Department of Public Health regarding opioid antagonists with parents or guardians of pupils. **Held on the Senate Appropriations Committee Suspense File.**

SB-641 (Roth) - Public health: alcohol and drug programs: naloxone.

Requires the Department of Health Care Services to make all approved formulations and dosage strengths of naloxone or any other opioid antagonist for the emergency treatment of known or suspected opioid overdose available through the Naloxone Distribution Project. **Vetoed.**

SB-908 (Cortese) - Fentanyl: child deaths.

Requires the California Department of Public Health (CDPH), until January 1, 2029, to use best efforts to utilize all of its relevant data regarding current trends of fentanyl-related deaths of children up to five years of age. Requires CDPH to develop guidance and spread awareness of the trends to protect and prevent children from fentanyl exposure and on or before January 1, 2026, to annually distribute its findings and guidance to local health departments, county boards of supervisors, and the Legislature. **Chapter 867, Statutes of 2024.**

SB-997 (Portantino) - Pupil health: opioid antagonists and fentanyl test strips.

Prohibits local educational agencies from prohibiting students in middle schools, junior high schools, high schools, or adult schools, from carrying fentanyl test strips or a federally approved opioid antagonist for over-the-counter use for the emergency treatment of persons suffering from an opioid overdose while on a school site or participating in school activities. **Chapter 872, Statutes of 2024.**

SB-1442 (Ochoa Bogh) - Point-of-care tests for fentanyl.

Permits the California Health and Human Services Agency to enter into partnerships for the manufacture or purchase of any federally approved point-of-care fentanyl tests. **Held on the Assembly Appropriations Committee Suspense File.**

AB-461 (Ramos) - Student safety: fentanyl test strips.

Requires the governing board of each community college district and the Trustees of the California State University, and requests the Regents of the University of California, to stock fentanyl test strips in and distribute the test strips through the campus health center, as well as provide information about the use and location of the strips as part of established campus orientations and to notify students of the presence and location of the strips. **Chapter 525, Statutes of 2023.**

AB-915 (Arambula) - Pupil health: drug education: opioid overdose certification and training program.

Requires the California Department of Public Health (CDPH) to develop an opioid overdose training program and program toolkit to be made available to public high schools to identify and respond to an opioid overdose. Requires CDPH to consider making its representatives available to provide the training onsite at public high schools upon request. Permits high schools to voluntarily determine whether or not to host the program at their campuses. Requires high schools that voluntarily determine to make naloxone hydrochloride or another opioid antagonist available on campus to make it available in specified locations that are easily accessible. **Held on the Senate Appropriations Committee Suspense File.**

AB-1060 (Ortega) - Health care coverage: naloxone hydrochloride.

Requires a health plan contract or health insurance policy that provides coverage for prescription drugs and is issued, amended, delivered, or renewed on or after January 1, 2025, to include coverage for prescription and nonprescription naloxone hydrochloride and all other drugs or products approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. Limits cost-sharing and coinsurance to not more than \$10 per package, and, sunsets on January 1, 2030. **Vetoed.**

AB-1233 (Waldron) - Substance abuse: Naloxone Distribution Project: tribal governments.

Requires the Department of Health Care Services (DHCS), until March 31, 2027, to conduct outreach and provide technical assistance to tribal governments regarding the Naloxone Distribution Project. Requires DHCS to report specified information to the Legislature. **Chapter 570, Statutes of 2023.**

AB-1462 (Jim Patterson) - Veteran overdose deaths.

Requires the California Department of Public Health to compile a report for the Legislature and the California Department of Veterans Affairs on veteran drug overdose deaths in the state.

Chapter 844, Statutes of 2023.

AB-1510 (Jones-Sawyer) - Fighting Fentanyl Bond Act of 2024.

Establishes the Fighting Fentanyl Bond Act (FFBA) of 2024, in the sum of an unspecified amount, to be distributed to various state entities for the purpose of addressing the issues caused by the growing fentanyl and synthetic opioid overdose and death crisis. Requires the FFBA to be submitted to the voters at the November 5, 2024, statewide general election. **Held on the Senate Appropriations Committee Suspense File.**

AB-1841 (Weber) - Student safety: opioid overdose reversal medication: student housing facilities.

Requires the California Community Colleges and the California State University to make federally approved opioid overdose reversal medication available on campuses and in affiliated housing; to notify students of the presence and location of opioid overdose reversal medication and that each residential advisor and house manager, or the equivalent position, has received opioid overdose prevention and treatment training; and, to train specified individuals in a position to quickly respond in emergencies. **Chapter 942, Statutes of 2024.**

AB-1859 (Alanis) - Coroners: duties.

Requires coroners to report to the California Department of Public Health and to the Overdose Detection Mapping Application Program whether an autopsy, if the coroner elects to perform one, revealed the presence of xylazine at the time of a person's death. **Chapter 684, Statutes of 2024.**

AB-1996 (Alanis) - Opioid antagonists: stadiums, concert venues, and amusement parks: overdose training.

Requires each stadium, concert venue, and amusement park to ensure the opioid antagonists they are required to maintain onsite are easily accessible and their location is known by emergency responders on the premises, or otherwise widely known. **Chapter 199, Statutes of 2024.**

AB-2871 (Maienschein) - Overdose fatality review teams.

Permits counties to establish an interagency overdose fatality review team to assist local agencies in identifying and reviewing overdose fatalities, facilitate communication, and integrate local prevention efforts. **Chapter 639, Statutes of 2024.**

Prescription Drugs

SB-70 (Wiener) - Prescription drug coverage.

Prohibits health plans and insurers from limiting or excluding coverage for a drug, dose of a drug, or dosage form of a drug on the basis that a drug, dose of a drug, or dosage form is different from the use approved for marketing by the Federal Food and Drug Administration if specified conditions are met, including that the drug has been previously covered for a chronic condition or cancer, and, prohibits plans and insurers from requiring additional cost-sharing for a drug, dosage, or dosage form of a drug that was previously approved, when the dose is changed by a provider, as specified. Clarifies cost-sharing changes are permitted at contract renewal, and if a dosage or dosage form change results in coverage at a higher tier. **Held on the Assembly Appropriations Committee Suspense File.**

SB-90 (Wiener) - Health care coverage: insulin affordability.

Prohibits a health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2024, and, a plan or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment, deductible, coinsurance, or any other out-of-pocket expense on an insulin prescription drug that exceeds \$35 for a 30-day supply, as specified. Excludes high deductible health plans if it conflicts with federal requirements. **Vetoed.**

SB-339 (Wiener) - HIV preexposure prophylaxis and postexposure prophylaxis.

Authorizes a pharmacist to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met, and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. Requires a health plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist. **Chapter 1, Statutes of 2024.**

SB-421 (Limón) - Health care coverage: cancer treatment.

Eliminates the sunset date on a requirement that individual and group health plans and insurance policies limit the copayment to not more than \$250 for an individual prescription of up to a 30-day supply of an orally administered anticancer medication covered under the contract or policy. Exempts high deductible health plans until the deductible is met. **Chapter 607, Statutes of 2023.**

SB-427 (Portantino) - Health care coverage: antiretroviral drugs, devices, and products.

Prohibits nongrandfathered health plans and insurers from imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, drug devices, or drug products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Requires grandfathered health plans and insurers to provide coverage, without any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. **Was not returned to the Senate for concurrence in Assembly amendments.**

SB-524 (Caballero) - Pharmacists: furnishing prescription medications.

Adds to the Medi-Cal schedule of benefits ordering, performing, and reporting any test classified as waived pursuant to the Clinical Laboratory Improvement Amendments that is used to guide diagnosis or clinical decision-making. Adds furnishing prescriptions pursuant to a test result that is used to guide diagnosis or clinical decision-making to the schedule as permitted by the other provisions of this bill that expand a pharmacist's scope of authority. **Held on the Senate Appropriations Committee Suspense File.**

SB-598 (Skinner) - Health care coverage: prior authorization.

Prohibits a health plan or health insurer on or after January 1, 2026, from requiring a contracted health professional with a total contracting history of at least 36 months, to complete or obtain a prior authorization for specified covered health care services if, in the most recent one-year contracted period, the health plan approved or would have approved not less than 90% of the prior authorization requests submitted by the health professional for the class of health care services or treatments subject to prior authorization. Requires plans and insurers to annually monitor prior authorization approval, modification, appeals and denial rates, and, discontinue requiring prior authorization on services, items, and supplies, including drugs, that are approved 95% of the time. **Held on the Assembly Appropriations Committee Suspense File.**

SB-621 (Caballero) - Health care coverage: biosimilar drugs.

Authorizes a health plan, health insurer, or utilization review organization to require an enrollee or insured to try a biosimilar, as defined in federal law, before providing for the equivalent branded prescription drug. **Chapter 495, Statutes of 2023.**

SB-786 (Portantino) - Prescription drug pricing.

Prohibits a pharmacy benefit manager from imposing any requirements, conditions, or exclusions that discriminate against a federal 340B Drug Pricing Program Covered Entity (CE) or a specified pharmacy in connection with dispensing covered drugs, or, prevent a CE from retaining the benefit of discounted pricing for the purchase of covered drugs. (CEs are certain clinics, AIDS/HIV/sexually transmitted and other disease program grantees, and certain hospitals.) **Chapter 414, Statutes of 2023.**

SB-839 (Bradford) - Obesity Treatment Parity Act.

Requires an individual or group health plan contract or health insurance policy to include comprehensive coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and federal Food and Drug Administration (FDA)-approved antiobesity medication. Prohibits coverage criteria for FDA-approved antiobesity medications from being more restrictive than the FDA-approved indications for those treatments, and cost-sharing from being different or separate from other illnesses, conditions, or disorders. **Hearing cancelled in the Senate Health Committee at the request of author.**

SB-873 (Bradford) - Prescription drugs: cost sharing.

Requires, at the point-of-sale, the cost-sharing of an enrollee or insured of a health plan or health insurer to be reduced based on rebates received, or to be received, in connection with the dispensing or administration of the drug. Requires on or before March 1 each year, the Department of Managed Health Care and the Insurance Commissioner to provide a report on this bill's impact on drug prices and health care premium rates to the appropriate policy committees of the Legislature, and makes this bill's provisions inoperative on January 1, 2027. **Held on the Assembly Appropriations Committee Suspense File.**

SB-966 (Wiener) - Pharmacy benefits.

Establishes a licensing requirement for pharmacy benefit managers (PBMs) at the California Department of Insurance, and several contracting and compensation requirements and prohibitions affecting PBMs, health plans and insurers, pharmacists and pharmacies. Creates duties and obligations on PBMs, legal remedies for health plans, insurers, as well as penalties and unfair competition declarations for violations of this bill. **Vetoed.**

SB-1008 (Bradford) - Obesity Treatment Parity Act.

Requires health plan contracts and insurance policies to cover obesity treatment, including intensive behavioral therapy, bariatric surgery, and at least one federal Food and Drug Administration approved antiobesity medication. **Held on the Senate Appropriations Committee Suspense File.**

AB-425 (Alvarez) - Medi-Cal: pharmacogenomic testing.

Adds pharmacogenomic testing, as defined, to the Medi-Cal schedule of benefits. **Chapter 329, Statutes of 2023.**

AB-948 (Berman) - Prescription drugs.

Deletes the January 1, 2024 repeal date on the existing \$250 limit on cost-sharing for a 30-day supply of a covered outpatient prescription drug for an individual prescription and makes other clarifications to this law. **Chapter 820, Statutes of 2023.**

AB-1060 (Ortega) - Health care coverage: naloxone hydrochloride.

Requires a health plan contract or health insurance policy that provides coverage for prescription drugs and is issued, amended, delivered, or renewed on or after January 1, 2025, to include coverage for prescription and nonprescription naloxone hydrochloride and all other drugs or products approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. Limits cost-sharing and coinsurance to not more than \$10 per package, and, sunsets on January 1, 2030. **Vetoed.**

AB-1288 (Rendon) - Health care coverage: Medication-assisted treatment.

Prohibits a health plan or health insurer from requiring prior authorization or step therapy for a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder. **Vetoed.**

AB-1437 (Irwin) - Medi-Cal: serious mental illness.

Requires the Department of Health Care Services to automatically approve a Medi-Cal prescription refill for a drug for serious mental illness for 365 days after the initial prescription is dispensed. **Vetoed.**

AB-1842 (Reyes) - Health care coverage: Medication-assisted treatment.

Requires a group and individual health plan or health insurer to cover without prior authorization, step therapy, or utilization review, at least one medication that has been approved by the Federal Food and Drug Administration in specified categories related to the treatment of substance use disorders. **Chapter 633, Statutes of 2024.**

AB-2169 (Bauer-Kahan) - Prescription drug coverage: dose adjustments.

Authorizes a licensed health care professional to adjust the dose or frequency of a drug to meet the specific medical needs of an enrollee or insured without prior authorization or subsequent utilization management, no more than two times, if the drug has previously been approved for coverage by the plan or insurer and the prescribing provider continues to prescribe the drug. Prohibits a health plan or insurer from limiting or excluding coverage if the enrollee or insured has been continuously using a prescription drug selected by the prescribing provider for the medical condition while covered by their current or previous health coverage. **Held on the Senate Appropriations Committee Suspense File.**

AB-2467 (Bauer-Kahan) - Health care coverage for menopause.

Requires a health plan contract or insurance policy to include coverage for evaluation and treatment options for perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management, as specified. **Vetoed.**

Public Health

SB-945 (Alvarado-Gil) - The Wildfire Smoke and Health Outcomes Data Act.

Requires the California Department of Public Health (CDPH), the Department of Forestry and Fire Protection, and the Wildfire and Forest Resilience Task Force to coordinate and integrate existing wildfire smoke and health data from local, state, and federal agencies. Requires CDPH, in consultation with those agencies, to create, operate, and maintain a statewide-integrated wildfire smoke and health data platform, as specified. **Held on the Assembly Appropriations Committee Suspense File.**

SB-957 (Wiener) - Data collection: sexual orientation and gender identity.

Requires, rather than permits, the California Department of Public Health (CDPH) to collect demographic data, including sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC), and intersexuality data, from third parties on any forms or electronic data systems, unless prohibited by federal or state law. Adds SOGISC to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGISC data. **Chapter 868, Statutes of 2024.**

SB-1132 (Durazo) - County health officers.

Clarifies that “private detention facilities,” as defined, are subject to inspection by local health officers. **Chapter 183, Statutes of 2024.**

SB-1147 (Portantino) - Drinking water: bottled water: microplastics levels.

Requires the Office of Environmental Health Hazard Assessment (OEHHA) to study the health effects of microplastics in drinking water and bottled water, and authorizes the State Water Resources Control Board, after OEHHA's study is complete, to request that OEHHA develop a public health goal for microplastics in drinking water. **Chapter 881, Statutes of 2024.**

SB-1252 (Stern) - California Mosquito Surveillance and Research Program.

Requires the California Mosquito Surveillance and Research Program to consult with partners at the University of California and the California State University regarding the most up-to-date research on mosquito abatement. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1266 (Limón) - Product safety: bisphenol.

Prohibits, beginning January 1, 2026, a person from manufacturing, selling, or distributing in commerce a juvenile's product, as specified, that contains any form of bisphenol, as defined, above the practical quantitation limit, to be determined by the Department of Toxic Substances Control. Imposes administrative or civil penalties, for violations of the provisions of this bill. **Chapter 790, Statutes of 2024.**

SJR-18 (Padilla) - Tijuana River: pollution.

Makes a number of declarations related to pollution in the Tijuana River and the effect on human health, and requests the federal Centers for Disease Control and Prevention to conduct further investigation regarding potential health impacts attributed to that pollution. **Chapter 175, Statutes of 2024.**

AB-332 (Lee) - Rabies control data.

Requires the California Department of Public Health to collect specified rabies control program data, including data related to animal licenses, rabies vaccinations, local animal control shelter censuses, animal bites, and animal rabies quarantine. **Held on the Senate Appropriations Committee Suspense File.**

AB-347 (Ting) - Household product safety: toxic substances: testing and enforcement.

Permits the Department of Toxic Substances Control to regulate and enforce compliance of existing per- and poly-fluoroalkyl substances restrictions in juvenile products, textile articles, and plant-based food packaging. Requires manufacturers of these products to comply with a number of requirements regarding the registration and testing of the products. **Chapter 932, Statutes of 2024.**

AB-2300 (Wilson) - Medical devices: Di-(2-ethylhexyl) phthalate (DEHP).

Prohibits the manufacture, sale, or distribution of intravenous solution containers and tubing made with intentionally added Di-(2-ethylhexyl) phthalate (DEHP), and prohibits the replacement of DEHP in these products, for revised or new products, with other ortho-phthalates. **Chapter 562, Statutes of 2024.**

AB-2599 (Committee on Environmental Safety and Toxic Materials) - Water: public beaches: discontinuation of residential water service.

Authorizes a local health officer, in the event of a known untreated sewage release, to use test results from other parties conducting microbiological contamination testing, to satisfy the testing requirements for beach water quality. Makes a technical change to the Water Shutoff Protection Act. **Chapter 411, Statutes of 2024.**

Telehealth - Data Exchange

SB-582 (Becker) - Health information.

Requires the California Health and Human Services Data Exchange Framework stakeholder advisory group to consider whether standards for including electronic health record (EHR) vendors in the data exchange framework would be appropriate, and, if determined appropriate develop those standards. Requires, if standards are developed, EHR vendors to execute the data exchange framework data sharing agreement no later than 12 months after the completion of the standards and in alignment with existing federal standards and policies. Requires EHR vendor fees to be reasonable, and, amends provisions of SB 1419 (Becker, Chapter 888, Statutes of 2022) dealing with application programming interfaces and electronic disclosure of test results. **Vetoed.**

AB-1241 (Weber) - Medi-Cal: telehealth.

Clarifies that Medi-Cal providers of telehealth services are not required to schedule an appointment with a different provider in order to meet the requirement in existing law that they facilitate in-person care. Rephrases the telehealth provider requirement under the Medi-Cal program to offer or facilitate in-person care as a requirement that telehealth providers maintain and follow protocols to offer or facilitate in-person care. **Chapter 172, Statutes of 2023.**

AB-1331 (Wood) - California Health and Human Services Data Exchange Framework.

Moves the responsibility of the California Health and Human Services Data Exchange Framework to the Center for Data Insights and Innovation (CDII); requires emergency medical services providers to sign the data sharing agreement; makes signing the data sharing agreement a required condition for contracting with specified state agencies; authorizes CDII to develop a framework for investigating violations of the data sharing agreement; requires CDII to report violations to state licensing entities and oversee disputes and grievances; establishes a board to review, modify, and approve data sharing requirements for signatories; requires CDII to establish a process to designate Qualified Health Information Organizations (QHIO) and establish criteria to be a QHIO, such as being a nonprofit California regional or multiregional data network; and, provides emergency regulation authority to CDII. **Held on the Senate Appropriations Committee Suspense File.**

AB-1943 (Weber) - Medi-Cal: telehealth.

Requires the Department of Health Care Services (DHCS) to use Medi-Cal data and other data sources available to DHCS to produce a public report on telehealth in the Medi-Cal program covering issues of access, utilization, quality of care, clinical outcomes, and preventive care. **Held on Senate Appropriations Committee Suspense File.**

AB-2198 (Flora) - Health information.

Requires Medi-Cal managed care plans to comply with application programming interface (API) requirements; and, delays implementation of API requirements for specialized dental and vision plans. **Chapter 386, Statutes of 2024.**

AB-2339 (Aguiar-Curry) - Medi-Cal: telehealth.

Permits a Medi-Cal provider to establish a new patient relationship using asynchronous store and forward, when the visit is related to sensitive services and when established in accordance with requirements set by the Department of Health Care Services and consistent with federal and state laws, regulations, and guidance. **Vetoed.**

Tobacco

SB-1230 (Rubio) - Strengthen Tobacco Oversight Programs (STOP) and Seize Illegal Tobacco Products Act.

Enacts the Strengthen Tobacco Oversight Programs and Seize Illegal Tobacco Products Act, which permits the California Department of Tax and Fee Administration to seize specified unlawful tobacco products at the retail location or any other person's location; increases civil penalties on retailers who violate the Stop Tobacco Access to Kids Act; and, in conformity with federal law, repeals the provision authorizing the sale of tobacco products to active duty military personnel who are at least 18 years of age. **Chapter 462, Statutes of 2024.**

AB-935 (Connolly) - Tobacco sales: flavored tobacco ban.

Aligns violations of the prohibition on sales of flavored tobacco and civil penalties with penalties for the Stop Tobacco Access to Kids Enforcement Act. Requires civil penalties to be deposited in the Cigarette and Tobacco Products Compliance Fund for specified enforcement activities. **Chapter 351, Statutes of 2023.**

AB-3218 (Wood) - Unflavored Tobacco List.

Requires the California Attorney General (AG) to establish and maintain on its website a list of tobacco product brand styles that lack a characterizing flavor, known as the "Unflavored Tobacco List" (UTL). Requires any brand style not on the UTL to be deemed a flavored tobacco product. Permits the AG to deny inclusion of a tobacco product on the UTL. **Chapter 849, Statutes of 2024.**

Vital Records

SB-1274 (Eggman) - Vital records: adoptees' birth certificates.

Requires the State Registrar to provide to an adult adopted person who was born in California, or to a direct line descendant of a deceased adopted person, a copy of the adopted person's original birth certificate, as defined. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-1511 (Committee on Health) - Health omnibus.

Requires CDPH to regularly notify specified licensing entities of instances in which registration data indicates that physicians or funeral establishments are repeatedly failing to comply with existing law related to the fetal death registration process. Also requires death record indices and death data files to be made available to certain entities, including health plans, health insurers, physician organizations, and health facilities. Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code. **Chapter 492, Statutes of 2024.**

AB-464 (Schiavo) - Public documents: driver's licenses and vital records.

Prohibits a fee from being paid by an applicant, who is a recipient of specified government assistance programs, for a certified copy of a birth certificate, a marriage record, or a marriage dissolution record. **Vetoed.**

AB-3045 (Ta) - Birth certificate: decorative Asian Zodiac heirloom birth certificate.

Requires the State Registrar of Vital Statistics to, upon request and payment of a fee, provide an applicant a decorative Asian Zodiac heirloom certificate. **Vetoed.**

Women's Health/Reproductive Health

SB-59 (Skinner) - Menstrual Product Accessibility Act.

Requires all women's restrooms, all all-gender restrooms, and at least one men's restroom to be stocked with menstrual products, free of cost, at all hospitals that receive any state funding, at all buildings owned or leased by the state, and at all buildings owned by a local government if any state-funded safety net program is administered in that building. **These provisions were amended out of the bill.**

SB-257 (Portantino) - Health care coverage: diagnostic imaging.

Requires health care coverage without imposing cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, including family history or known genetic mutation. **Vetoed.**

SB-324 (Limón) - Health care coverage: endometriosis.

Prohibits health plans, insurers, and the Medi-Cal program from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. **Held on the Assembly Appropriations Committee Suspense File.**

SB-487 (Atkins) - Abortion: provider protections.

Prohibits health plans and health insurers from terminating, discriminating against, or otherwise penalizing a provider based on a civil judgment, criminal conviction, or another disciplinary action in another state if the judgment, conviction, or disciplinary action is solely based on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California. Authorizes the Department of Health Care Services to elect not to suspend a Medi-Cal provider who has a license, certificate, or other approval to provide health care suspended or revoked in another state if the revocation or suspension is based solely on conduct that is not deemed to be unprofessional conduct under California law. **Chapter 261, Statutes of 2023.**

SB-729 (Menjivar) - Health care coverage: treatment for infertility and fertility services.

Requires a health plan contract or policy of disability insurance sold in the large group market (employers with more than 100 covered individuals) to provide coverage for the diagnosis and treatment of infertility and fertility services, including services of a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine using single embryo transfer when recommended and medically appropriate. Exempts the Board of Administration of the Public Employees' Medical and Hospital Act until July 1, 2027, and religious employers. **Chapter 930, Statutes of 2024.**

SB-953 (Menjivar) - Medi-Cal: menstrual products.

Adds menstrual products as a covered Medi-Cal benefit, subject to federal approval and financial participation. **Held on the Senate Appropriations Committee Suspense File.**

SB-1131 (Gonzalez) - Medi-Cal providers.

Allows up to ten affiliate primary care clinics to enroll in the Family Planning, Access, Care, and Treatment (Family PACT) program under one site certifier. Makes other changes to the Family PACT site certification process to facilitate enrollment and protect providers who may be subject to discipline in another state for conduct that is not deemed unprofessional conduct in California. **Chapter 880, Statutes of 2024.**

SB-1300 (Cortese) - Health facility closure: public notice: inpatient psychiatric and maternity services.

Extends the public notice requirement when a health facility eliminates a supplemental service, currently 90 days prior to elimination of the service, to instead be 120 days when it involves the closure of either inpatient psychiatric services or perinatal services, expands the notice of closure to include data on the patients served and a justification for the decision to eliminate services, and requires the hospital to hold a public hearing within 60 days of providing the notice. **Chapter 894, Statutes of 2024.**

AB-254 (Bauer-Kahan) - Confidentiality of Medical Information Act: reproductive or sexual health application information.

Includes “reproductive or sexual health application information” in the definition of “medical information” for purposes of the Confidentiality of Medical Information Act (CMIA). Deems a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition, as a provider of health care subject to CMIA. **Chapter 254, Statutes of 2023.**

AB-352 (Bauer-Kahan) - Health information.

Enacts protections for medical information related to gender affirming care, abortion and abortion-related services, and contraception, by requiring businesses that store or maintain that information to develop specified capabilities, policies, and procedures to enable safeguards regarding accessing the information by July 1, 2024. Prohibits certain health entities from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law. **Chapter 255, Statutes of 2023.**

AB-576 (Weber) - Medi-Cal: reimbursement for abortion.

Requires the Department of Health Care Services (DHCS) to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. Requires DHCS to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with evidence-based clinical guidelines. **Vetoed.**

AB-904 (Calderon) - Health care coverage: doulas.

Requires health plans and insurers to develop a maternal and infant health equity program to address racial disparities through the use of doulas. **Chapter 349, Statutes of 2023.**

AB-1057 (Weber) - California Home Visiting Program.

Codifies the California Home Visiting Program (CHVP) within the California Department of Public Health (CDPH) with the goals and objectives to promote the health and well-being of pregnant people and parents, improve infant and child health and development, strengthen family functioning, reduce child maltreatment, promote economic mobility, and cultivate strong communities. Requires CDPH to allocate funds to participating local health departments to administer the CHVP. **Vetoed.**

AB-1239 (Calderon) - Incarcerated persons: Family Planning, Access, Care, and Treatment Program.

Requires the Department of Health Care Services to issue a list of Family Planning, Access, Care and Treatment Program providers and clinics to entities designated by the Department of Corrections and Rehabilitation and county jails for voluntary partnership to assist inmates receiving services upon their release. **These provisions were amended out of the bill.**

AB-1432 (Wendy Carrillo) - Health care coverage.

Requires every policy or certificate of group health insurance marketed, issued, or delivered to a resident of California, regardless of the situs of the contract, subscriber, or master group policyholder, to be subject to all provisions of the law requiring health insurance coverage of abortion, abortion-related services, and gender affirming care. **Vetoed.**

AB-1478 (Cervantes) - Maternal health: community-based comprehensive perinatal care: database of referral networks.

Requires the California Department of Public Health, for the purposes of maintaining a statewide comprehensive community-based perinatal services program, to develop and maintain on its website a database of referral networks of community-based mental health providers and support services addressing postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services, and providing support groups. **Vetoed.**

AB-1701 (Weber) - Black infant health: California Perinatal Equity Initiative.

Expands the entities eligible to apply for funding through the California Perinatal Equity Initiative to include city health departments, in addition to county health departments. **Chapter 174, Statutes of 2023.**

AB-1720 (Bauer-Kahan) - Clinics: prenatal screening.

Restricts an ultrasound or a similar medical imaging device or procedure used for medical, counseling, or diagnostic service or purpose, to only be offered in specified health care facilities and practices. **Chapter 259, Statutes of 2023.**

AB-1895 (Weber) - Public health: maternity ward closures.

Requires a hospital that operates a perinatal unit, and expects challenges in the next six months that may result in a reduction or loss of perinatal services, to make a report to the Department of Health Care Access and Information (HCAI), and requires HCAI to forward this report to relevant state departments, but otherwise requires this report to be kept confidential. Requires HCAI to do a community impact assessment of a potential closure within three months of receiving a report from a hospital, and to share this impact assessment with state agencies, but otherwise requires this impact assessment to be kept confidential unless the hospital announces a closure of the perinatal services. **Vetoed.**

AB-1936 (Cervantes) - Maternal mental health screenings.

Requires, as part of an existing requirement on health plans and insurers to develop a maternal mental health (MMH) program, health plans and insurers to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional screenings if determined to be medically necessary and clinically appropriate in the judgement of the treating provider. **Chapter 815, Statutes of 2024.**

AB-2129 (Petrie-Norris) - Immediate postpartum contraception.

Requires a contract between a health plan or health insurer and a health care provider to authorize a provider to separately bill for devices, implants, and professional services associated with immediate postpartum contraception, if the birth takes place in a general acute care hospital or licensed birth center. **Chapter 950, Statutes of 2024.**

AB-2319 (Wilson) - California Dignity in Pregnancy and Childbirth Act.

Revises the California Dignity in Pregnancy and Childbirth Act, which requires hospitals and alternative birth centers to implement an implicit bias program for all health care providers involved in the perinatal care of patients, including by specifying which providers are subject to training requirements, and adding deadlines for compliance with the training requirements. Establishes an enforcement mechanism through the Attorney General by requiring health facilities to submit proof of compliance for their providers, and subjecting health facilities to civil penalties of \$5,000 for a first violation, and \$15,000 for subsequent violations. **Chapter 621, Statutes of 2024.**

AB-2467 (Bauer-Kahan) - Health care coverage for menopause.

Requires a health plan contract or insurance policy to include coverage for evaluation and treatment options for perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management, as specified. **Vetoed.**

AB-2490 (Petrie-Norris) - Reproductive Health Emergency Preparedness Program.

Establishes the Reproductive Health Emergency Preparedness Program (RHEPP) for the purpose of expanding and improving access to reproductive and sexual health care in emergency departments. Requires RHEPP to award grants to increase access to timely, evidence-based treatment of pregnancy loss and miscarriage, contraception, emergency contraception, and medical and surgical abortion. **Vetoed.**

AB-2670 (Schiavo) - Awareness campaign: abortion services.

Requires the California Department of Public Health to develop an awareness campaign to publicize the website “abortion.ca.gov” to the general public, health care providers, health care professional associations and societies, health care employers, local public health officers, and local health departments. **Vetoed.**

AB-2756 (Boerner) - Pelvic Floor and Core Conditioning Pilot Program.

Permits the County of San Diego to establish a pilot program for pelvic floor and core conditioning group classes between January 1, 2026 and January 1, 2029. **Chapter 202, Statutes of 2024.**

AB-2843 (Petrie-Norris) - Health care coverage: rape and sexual assault.

Requires health plans and insurers to cover without cost-sharing emergency room medical care and follow-up treatment for rape or sexual assault. **Chapter 971, Statutes of 2024.**

AB-3059 (Weber) - Human milk.

Indicates that medically necessary pasteurized donor human milk obtained from a licensed tissue bank is a basic health care service, as defined. Exempts a general acute care hospital from the tissue bank licensure requirement for the storage or distribution of pasteurized donor human milk that meets standards by the Human Milk Banking Association of North America or other standards approved by the Department of Public Health. **Chapter 975, Statutes of 2024.**

Workforce

SB-11 (Menjivar) - California State University: mental health counseling.

Requires California State University (CSU) campuses to have one full-time equivalent mental health counselor per 1,500 students. Establishes, contingent upon appropriation by the Legislature, the CSU Mental Health Professionals Act to provide one-time grants to certain CSU students to become mental health counselors in the state. Establishes, contingent upon appropriation by the Legislature, the Mental Health Professionals Fund and requires the Department of Health Care Access and Information to administer a noncompetitive grant program to provide qualifying students with grants. **Hearing cancelled in the Assembly Appropriations Committee at the request of the author.**

SB-26 (Umberg) - Mental health professions: CARE Scholarship Program.

Creates, upon appropriation by the Legislature, the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program to administer an annual scholarship for purposes of increasing the number of culturally competent marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists needed to work for county behavioral health agencies to implement the CARE Act. **Vetoed.**

SB-784 (Becker) - Health care districts: employment.

Exempts health care district hospitals from the ban on the corporate practice on medicine, enabling these hospitals to directly employ physicians. **Held on the Senate Appropriations Committee Suspense File.**

SB-909 (Umberg) - Steven M. Thompson Physician Corps Loan Repayment Program.

Makes changes to the parameters of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP), including removing a requirement the establishment of an advisory committee for the purposes of the STLRP; revising the definition of the practice settings in which a physician can practice in order to qualify for STLRP; decreasing the service obligation for purposes of STLRP from three years to two years in a medically underserved area; authorizing the Department of Healthcare Access and Information to award up to 20% of the funds for applicants from specialties outside of primary specialties; and, deleting the \$105,000 cap on loan repayment awards made under the STLRP. **Chapter 594, Statutes of 2024.**

SB-1042 (Roth) - Health facilities and clinics: clinical placements: nursing.

Requires health facilities and clinics to report data related to the availability of clinical placements for nursing students to the Department of Health Care Access and Information (HCAI), and requires nursing schools to report data related to their clinical placement needs to the Board of Registered Nursing (BRN). Requires HCAI to use both of these sources of data in a manner that allows for the information received by health facilities and clinics to be cross-referenced against the information received by the BRN. Requires health facilities and clinics to meet with nursing schools upon request to discuss clinical placement needs and to work in good faith to meet the demands of the school. Permits the BRN to assist in finding clinical placement slots to meet the needs of schools, and to prioritize requests for assistance from community colleges and California State University campuses when doing so. **Held on the Assembly Appropriations Committee Suspense File.**

AB-242 (Wood) - Critical access hospitals: employment.

Deletes the January 1, 2024 sunset date, and therefore makes permanent, a provision of law permitting a federally certified critical access hospital to employ physicians and charge for their services. **Chapter 641, Statutes of 2023.**

AB-820 (Reyes) - State boards and commissions: seniors.

Adds an individual representing an organization that serves or advocates on behalf of older adults, defined as a person 60 years of age or older, to the Alzheimer's disease and Related Disorders Advisory Committee, the Mental Health Services Oversight and Accountability Commission, and an advisory committee of the Interagency Council on Homelessness. Adds to the California Health Workforce Education and Training Council, a state agency official responsible for administering programs that service older adults, and, a state commission official that advocates on behalf of older adults. Authorizes the Workforce Development Board to include representatives of organizations that represent or serve older adults, and, requires the Workforce Investment Board to include state agency officials responsible for administering programs that serve, and state commission officials that advocate on behalf of, older adults. **Held on the Senate Appropriations Committee Suspense File.**

AB-1577 (Low) - Health facilities and clinics: clinical placements: nursing.

Requires health facilities and clinics to meet with a community college or California State University with an approved school of nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical placement slots to accommodate the nursing program. Requires the hospital or clinic, if unable to provide additional clinical placement slots, to inform the Department of Health Care Access and Information of its lack of capability or capacity using a form developed by the department, subject to a \$1,000 fine for failure to provide the information. **Chapter 680, Statutes of 2024.**

AB-2131 (Valencia) - Certified nurse assistant training programs.

Requires the California Department of Public Health (CDPH), twice a year, to update and publish on its website a list of approved training programs for certified nurse assistants (CNAs), and requires CDPH to solicit applications from vendors to provide the CNA exam in Spanish. **Chapter 380, Statutes of 2024.**

AB-2703 (Aguiar-Curry) - Federally qualified health centers and rural health clinics: psychological associates.

Requires the Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow a Federally Qualified Health Center or Rural Health Clinic to bill for services provided to a patient by a psychological associate or associate professional clinical counselor under the supervision of a designated licensed behavioral health practitioner. **Chapter 638, Statutes of 2024.**

Miscellaneous

SB-570 (Becker) - Prenatal screening program.

Prohibits the California Department of Public Health from prohibiting specified laboratories from offering all noninvasive prenatal tests, as ordered by a prenatal care provider, or otherwise limit the number of tests that the laboratory may provide to a pregnant person who has an order from a prenatal care provider. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1061 (Limón) - Consumer debt: medical debt.

Prohibits reporting medical debt to consumer credit reporting agencies (CRAs), CRAs from including medical debt in credit reports, and others from relying on medical debt that appears on a credit report. Requires hospitals to maintain specified records and prohibits debt collectors from engaging in certain practices. **Chapter 520, Statutes of 2024.**

SB-1511 (Committee on Health) - Health omnibus.

Renumbers a duplicate code section in the Health and Safety Code created by SB 306 (Pan, Chapter 486, Statutes of 2021) and SB 428 (Hurtado, Chapter 641, Statutes of 2021). Includes other non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code and the Welfare and Institutions Code. **Chapter 492, Statutes of 2024.**

AB-70 (Rodriguez) - Emergency response: trauma kits.

Extends a recently enacted law that requires certain buildings constructed after January 1, 2023, to have at least six trauma kits on the premises, to also require buildings that were constructed prior to that date to have the trauma kits if the buildings were renovated or improved. **Chapter 515, Statutes of 2023.**

AB-494 (Arambula) - Robert F. Kennedy Farm Workers Medical Plan.

Extends the sunset to January 1, 2031 for state reimbursement to the Robert F. Kennedy Farmworkers Medical Plan to assist with single episode of care claim costs that exceed \$70,000. **Chapter 333, Statutes of 2023.**

AB-616 (Rodriguez) - Medical Group Financial Transparency Act.

Requires financial records of Risk Bearing Organizations to be made public using a process equivalent to the process for disclosing health plan financial information; and, requires financial information to be made public of physician organizations comprised of 50 or more physicians and physician organizations that are part of a fully integrated delivery system using a process equivalent to the process for public disclosure of health facility information. **Vetoed.**

AB-722 (Bonta) - Alameda Health System Hospital Authority.

Extends the prohibition on the Alameda Health System Hospital Authority from contracting out services performed by unionized physicians and surgeons until January 1, 2035. **Chapter 269, Statutes of 2023.**

AB-1467 (Alanis) - Nevaeh Youth Sports Safety Act.

Requires a youth sports organization that elects to offer an athletic program to ensure that by January 1, 2027, its athletes have access to an automated external defibrillator during any official practice or match. **Held in the Assembly Appropriations Committee.**

AB-2146 (Rodriguez) - Product safety: wearable personal flotation devices: infants and children.

Prohibits a person or entity, on or after January 1, 2026, from manufacturing, selling, distributing, delivering, holding, or offering for sale in commerce in California, a wearable personal floatation device that is not approved by the U.S. Coast Guard. **Chapter 307, Statutes of 2024.**

AB-2866 (Pellerin) - Pool safety: State Department of Social Services regulated facilities.

Requires a licensed child care facility, either a family daycare home or a child day care center, with a swimming pool on the premises to be subject to the Swimming Pool Safety Act and to meet other swimming pool safety requirements. **Chapter 745, Statutes of 2024.**

AB-3030 (Calderon) - Health care services: artificial intelligence.

Requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure that those communications include a disclaimer that indicates to the patient that the communication was generated by generative artificial intelligence and clear instructions on how the patient may contact a human person. **Chapter 848, Statutes of 2024.**

AJR-16 (Low) - Sunscreen: ingredients and filters.

Urges Congress, on behalf of the California State Assembly and Senate, to explore policy options to improve the timeliness of the federal Food and Drug Administration's approval pathways for sunscreen ingredients and filters. **Chapter 199, Statutes of 2024.**

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