

SENATE COMMITTEE ON

Health

Legislative Summary
2025 - 2026 Session

2025

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2026

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SENATE COMMITTEE ON HEALTH
2025-2026 LEGISLATIVE SUMMARY

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Aging and Long-Term Care

SB-950 (Weber Pierson) - Health care coverage: dementia.
Requires health plans and insurers to cover all medically necessary treatments or medications, as determined by a health care provider, that are approved by the federal Food and Drug Administration (FDA) for the treatment of Alzheimer's disease or other medical conditions affecting memory. Prohibits health plans and insurers from imposing step therapy protocols when one or more medications are approved by the FDA, unless a plan or insurer has covered at least one anti-amyloid therapy without step therapy. **Chapter 662, Statutes of 2026.**

SB-971 (Choi) – Healthy Aging Community Partnership Program.
Permits local health departments, area agency on aging, community college, public or private college, public or private university, or other appropriate county department to establish a Healthy Aging Community Partnership Program for older individuals designed to promote healthy aging, social engagement, and independent living in collaboration with relevant local entities. Specifies that the program does not duplicate or supplant current adult education courses, classes, and services provided by the California Community Colleges, including through the Adult Education Program. **Chapter 664, Statutes of 2026.**

SB-1088 (Blakespear) - Health care decisions: life-sustaining treatment.
Brings consistency in authorized signatories for requests regarding resuscitative measures, allows electronic signatures on Physician Orders for Life Sustaining Treatment forms (renames form to Portable Orders Listing Scope of Treatment [POLST]), and recognizes out-of-state requests regarding resuscitative measures to the same extent as a POLST executed in California. Requires requests regarding resuscitative measures to be voluntary. Allows a physician or other health care provider to assume a request regarding resuscitative measures is valid and unrevoked in the absence of knowledge to the contrary. **Chapter 677, Statutes of 2026.**

SB-1447 (Committee on Health) - Health omnibus.
Requires the California Department of Aging and the California Department of Public Health Office of AIDS to meet annually to collaborate on issues of mutual interest, including, but not limited to, supporting seniors with chronic care conditions and comorbidities and the impacts of HIV, AIDS, and sexually transmitted infections on the aging population in California. **Chapter 238, Statutes of 2026.**

AB-2135 (Kalra) - Long-term health care facilities.
Revises and expands notices of transfer and discharge from long-term care facilities, including by imposing minimum prior notice of facility-initiated transfers or discharge of 30 days, 14 days, or as soon as practicable, depending on the reason for the transfer or discharge. Requires certain conditions to be met in order to transfer or discharge a resident to protect the health or safety of individuals in the facility, including by documenting efforts to address the resident's endangerment to individuals, and requires the discharge notice to include a description of how the care or support the discharge location can provide is expected to address the resident's endangerment to individuals. Requires a written translation, in the resident's primary language or in an accessible format for the vision impaired, of the discharge and transfer notices. Permits the California Department of Public Health to prohibit new admissions to a long-term care facility if it is not in compliance with a hearing decision that the facility improperly transferred, discharged, or refused to readmit a resident. **Held on the Senate Appropriations Committee Suspense File.**

Alternative Medicine

SB-751 (Becker) - Veterans and First Responders Research Pilot Program.
Requires the California Health and Human Services Agency to establish and oversee the Veterans and First Responders Research Pilot Program (VFR Pilot) to allow for the research and development of psilocybin services for specified populations in up to five counties. Permits the VFR Pilot to operate in partnerships with the University of California system. Requires data collection and reporting by all entities involved in administering the VFR Pilot. Repeals the VFR Pilot on January 1, 2031. **Held on the Senate Appropriations Committee Suspense File.**

SB-944 (Wiener) - Medi-Cal: acupuncture.
Requires the continued coverage of acupuncture in the Medi-Cal program, even if federal matching funds are no longer available, subject to appropriation. **Vetoed.**

AB-634 (Jeff Gonzalez) - Tianeptine.
Prohibits the manufacturing, distributing, or offering for sale a product that contains tianeptine or that is marketed as containing tianeptine. **Held on the Senate Appropriations Committee Suspense File.**

AB-1103 (Ward) - Controlled substances: research.
Codifies processes for the review of research projects by the Research Advisory Panel of California (RAPC) in an expedited manner, and its general review of applications for research projects that do not meet the expedited criteria. Extends RAPC's exemption that allows for holding closed sessions by one year, until January 1, 2028. **Chapter 571, Statutes of 2025.**

AB-1949 (Lee) - Medi-Cal: acupuncture treatments.
Requires the Medi-Cal program to cover up to 24 acupuncture visits per recipient per calendar year. **Vetoed.**

Artificial Intelligence

SB-243 (Padilla) - Companion chatbots.
Requires an operator of a companion chatbot platform to annually report to the Office of Suicide Prevention (OSP) instances of suicidal ideations from a companion chatbot or a user; requires OSP to post the information on its website; requires an operator to take various actions to protect users, like notifying the user periodically that the chatbot is not human and implementing a protocol for addressing suicidal ideation, suicide, or self-harm expressed by a user to the chatbot; and, permits a person who suffers injury to bring a civil action. **Chapter 677, Statutes of 2025.**

SB-503 (Weber Pierson) - Health care services: artificial intelligence.
Requires developers of clinical decision support systems, as defined, to make reasonable efforts to mitigate the known or reasonably foreseeable risk of biased impacts resulting from the use of these systems; and, requires developers to provide deployers of systems identified as presenting a risk of biased impacts with specified information, including documentation of how the system was evaluated for performance, limitations, and mitigation of biased impacts. **Chapter 857, Statutes of 2026.**

AB-56 (Bauer-Kahan) - Social media: warning labels.
Requires certain internet-based services or applications for each calendar day in which a user accesses it, to display a black box warning on the screen to the user, at specified intervals and duration of time, about the association with significant mental health harms, and that it has not been proven safe for young users. Permits the California Department of Public Health's Director to modify the wording of the warning by adopting regulations. **Chapter 671, Statutes of 2025.**

AB-1979 (Bonta) - Health care services: artificial intelligence.
Adds businesses that offer "health care chatbots" to the California Medical Information Act to ensure that they are held to the same requirements to protect private health information as health care providers. Requires a health facility, clinic, physician's office, or group practice office to ensure that no clinical decision is based solely on the output of a clinical decision support system. **Chapter 854, Statutes of 2026.**

AB-2575 (Ortega) - Health care services: artificial intelligence.
Prohibits an employer from retaliating or discriminating against a worker based solely on the worker's override of, or reliance on, the output of a clinical decision support system; and, prohibits the failure of a health care worker to override an output of a clinical decision support system from being asserted as a superseding cause severing the defendant's liability for the alleged harm in a civil action against a defendant who developed or deployed a clinical decision support system that is alleged to have caused harm. **Vetoed.**

Behavioral Health

SB-16 (Blakespear) – Mental health: involuntary commitment.
Requires, instead of permits, a county behavioral health director to establish and implement procedures for designating and training persons to initiate involuntary detentions. **Chapter 314, Statutes of 2026.**

SB-35 (Umberg) - Alcohol and drug programs.
Requires the Department of Health Care Services (DHCS) to take specified action when it determines an entity is providing residential alcohol or other drug recovery or treatment services without a proper license, including initiating and completing investigations within specified timeframes. Requires a county behavioral health agency to investigate these complaints in specified counties upon request by DHCS. **Held on the Assembly Appropriations Committee Suspense File.**

SB-83 (Umberg) - State Department of Health Care Services: substance abuse treatment: disclosures.
Requires the Department of Health Care Services to post on its website an identification and summary of each violation issued for licensed adult residential alcohol or other drug recovery or treatment facilities. **Chapter 402, Statutes of 2025.**

SB-243 (Padilla) - Companion chatbots.
Requires an operator of a companion chatbot platform to annually report to the Office of Suicide Prevention (OSP) instances of suicidal ideations from a companion chatbot or a user; requires OSP to post the information on its website; requires an operator to take various actions to protect users, like notifying the user periodically that the chatbot is not human and implementing a protocol for addressing suicidal ideation, suicide, or self-harm expressed by a user to the chatbot; and, permits a person who suffers injury to bring a civil action. **Chapter 677, Statutes of 2025.**

SB-329 (Blakespear) - Alcohol and drug recovery: licensed treatment facilities and certified programs: investigations.
Requires the Department of Health Care Services (DHCS) to meet specified timeframes for assigning complaints against, and completing investigations for, licensed adult residential alcohol or other drug recovery or treatment facilities and certified alcohol and other drug programs. Requires DHCS to post on its website an annual report of the investigations conducted in the previous year. **Chapter 646, Statutes of 2026.**

SB-331 (Menjivar) - Substance abuse.
Permits an original petitioner to be assigned ongoing rights by the court throughout the Community Assistance, Recovery, and Empowerment process. Defines terms in the Lanterman-Petris-Short Act to align with recently enacted legislation for clarity. **These provisions were amended out of the bill.**

SB-367 (Allen) - Mental health.
Revises and expands various processes throughout the Lanterman-Petris-Short (LPS) Act related to initiating detention and initiating, investigating, establishing, and terminating conservatorship to clarify and align with recently enacted LPS law and to bolster oversight; and, permits specified information throughout the Community Assistance, Recovery, and Empowerment Act to be shared. **Held on the Senate Appropriations Committee Suspense File.**

SB-490 (Umberg) - Alcohol and drug programs.
Requires the Department of Health Care Services (DHCS) to take specified action when it determines an entity is providing residential alcohol or other drug recovery or treatment services without a proper license, including conducting site visits, as well as initiating and completing investigations within specified timeframes; and, permits county behavioral health agencies that administer the Drug Medi-Cal organized delivery system to request DHCS approval to conduct site visits to specified recovery residences. **Vetoed.**

SB-548 (Reyes) - California Overdose Death and Addiction Reduction Act of 2025.
Requires California Health and Human Services Agency (CalHHS), by January 1, 2028, to create a set of recommendations to support a five-year implementation plan for reducing alcohol- and drug-related addiction deaths by 50% on or before five years from the date the task force created by CalHHS provides the recommendations to the agency, but no later than January 1, 2033. Requires CalHHS to provide the Governor and the Legislature, by July 1, 2033, a report of findings and recommendations related to the extent to which the 2033 goal was met and how the recommendations will continue to reduce overdose deaths and addiction. **Held on the Senate Appropriations Committee Suspense File.**

SB-812 (Allen) - Qualified youth drop-in center health care coverage.
Adds “qualified youth drop in centers” as a type of provider that can use the school-linked statewide fee schedule established by the Department of Health Care Services for reimbursement of outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger by Medi-Cal and commercial health plans and insurance provided the center is designated by or embedded with a local education agency or institution of higher education. **Held on the Assembly Appropriations Committee Suspense File.**

SB-823 (Stern) - Mental health: the CARE Act.
Expands eligibility criteria for an individual to qualify for the Community Assistance, Recovery, and Empowerment Act process to include a diagnosis of bipolar I disorder, in addition to the current requirement of a diagnosis of schizophrenia spectrum or other psychotic disorder. **Held on the Senate Appropriations Committee Suspense File.**

SB-862 (Committee on Health) – Health omnibus.
Revises several provisions of existing law in the Education Code and Welfare and Institutions Code to reflect the correct name of the Behavioral Health Services Oversight and Accountability Commission. **Chapter 243, Statutes of 2025.**

SB-874 (Weber Pierson) - Medi-Cal: behavioral health treatment: stakeholder feedback.
Requires Department of Health Care Services (DHCS) to ensure that Medi-Cal providers of behavioral health treatment (BHT) services conduct background checks on their employees who interact with patients. Requires DHCS to seek stakeholder feedback on specified topics to inform changes to coverage and billing policy for BHT services; maintain clear billing and coverage guidance on the provision of the BHT services; and, publish on its website BHT utilization data and a synopsis of BHT coverage policy, highlighting any changes made as a result of stakeholder feedback and any recommended future changes by January 1, 2029. **Chapter 655, Statutes of 2026.**

SB-989 (Blakespear) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.
Permits a first responder to request the county behavioral health agency file a petition to commence the CARE Act process to investigate a person’s eligibility. Requires a county behavioral health agency to complete a review of the request within 30 days and determine whether to file a petition. **Chapter 667, Statutes of 2026.**

SB-1221 (Stern) - Lanterman-Petris-Short Act: conservatorships.
Makes various changes to the conservatorship process, such as requiring evaluations for a person's ability to provide for their personal basic needs or to be nonviolent while outside of an incarcerated setting; requiring the Department of State Hospitals to prioritize placement of one class of conservatees over another; and, permitting district attorneys to be present at conservatorship hearings to perform such things as represent public safety interests, review pertinent documents, and challenge the placement recommendation by a conservator. **Held on the Senate Appropriations Committee Suspense File.**

SB-1280 (Valladares) - Health care coverage for mental health and substance use disorders.
Sets an amount to be paid by health plans and insurers for out-of-network mental health and substance use disorder services at the greater of the average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar services in the general geographic region in which the services were rendered. Prohibits a noncontracting individual health professional from billing or collecting an amount from the enrollee or insured for services that is more than the in-network cost-sharing amount as determined by the plan or insurer. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-56 (Bauer-Kahan) - Social media: warning labels.
Requires certain internet-based services or applications, for each calendar day in which a user accesses it, to display a black box warning on the screen to the user, at specified intervals and duration of time, about the association with significant mental health harms, and that it has not been proven safe for young users. Permits the California Department of Public Health's Director to modify the wording of the warning by adopting regulations. **Chapter 671, Statutes of 2025.**

AB-96 (Jackson) - Mental health services: peer support specialist certification.
Deletes the requirement that a certified peer support specialist applicant possess a high school diploma or equivalent degree. **Chapter 497, Statutes of 2026.**

AB-348 (Krell) - Full-service partnerships.
Deems an individual with a serious mental illness presumptively eligible for a full-service partnership program if certain criteria are met. **Chapter 688, Statutes of 2025.**

AB-416 (Krell) - Involuntary commitment.
Requires a county behavioral health director to include emergency physicians as a practice discipline to be designated by the county when it develops procedures for designating and training professionals to initiate involuntary detentions of certain individuals. **Chapter 691, Statutes of 2025.**

AB-424 (Davies) - Alcohol and other drug programs: complaints.
Requires the Department of Health Care Services, when it receives a complaint from a member of the public about a licensed adult alcohol or other drug recovery or treatment facility, or a facility alleged to be providing services without a proper license, to provide specified notification to the person who filed the complaint. **Chapter 261, Statutes of 2025.**

AB-440 (Ramos) – State bridges and overpasses: suicide prevention.
Requires the California Department of Transportation, by July 1, 2028, to consult with the California Department of Public Health, behavioral health experts, and other relevant stakeholders to identify best practices for the implementation of suicide countermeasures designed to deter suicide attempts on bridges and overpasses. **Chapter 262, Statutes of 2025.**

AB-492 (Valencia) - Alcohol and drug programs: licensing.
Requires the Department of Health Care Services to provide specified notification to a city or county concurrently whenever it issues a license to a residential alcohol or other drug recovery or treatment facility. **Chapter 368, Statutes of 2025.**

AB-618 (Krell) - Medi-Cal: behavioral health: data sharing.
Requires the Department of Health Care Services to develop guidance to assist Medi-Cal plans, county mental health plans, Drug Medi-Cal certified programs, and Drug Medi-Cal organized delivery system programs to share member data electronically to support member care, after consulting with the aforementioned stakeholders on the development of the guidance. Requires the California Health and Human Services Agency to determine the minimum data elements for sharing member data. **Held on the Senate Appropriations Committee Suspense File.**

AB-669 (Haney) - Substance use disorder coverage.
Requires health plans and insurers to cover the first 28 days of in-network inpatient, residential, or outpatient substance use disorder treatment without concurrent or retrospective utilization review. **Held on the Senate Appropriations Committee Suspense File.**

AB-951 (Ta) - Health care coverage: behavioral diagnoses.
Prohibits a health plan or insurer from requiring an enrollee or insured with a diagnosis of pervasive developmental disorder or autism, to receive a rediagnosis in order to maintain coverage for behavioral health treatment. **Chapter 84, Statutes of 2025.**

AB-1032 (Harabedian) - Coverage for behavioral health visits.
Requires a large group health plan contract or large group insurance policy to reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health provider if the enrollee or insured lives in a county or counties where a local or state emergency has been declared due to wildfires and has experienced a loss, trauma, or displacement because of the fire. Exempts these benefits from utilization review regardless of the network status of the provider. Includes coverage in a health benefit plan or contract entered into with the Board of Administration of the Public Employees Retirement System and for members of the State Teachers' Retirement System. **Vetoed.**

AB-1037 (Elhawary) - Public health: substance use disorder.
Repeals provisions of existing law that require a person to receive training from an opioid overdose prevention and treatment training program in order to administer naloxone. Requires the Department of Health Care Services (DHCS) to offer a combined application for entities seeking licensure as an alcohol or other drug recovery or treatment facility (RTF) to apply simultaneously to provide incidental medical services. Prohibits DHCS from requiring an RTF admission agreement to require a person to have been abstinent, to not be intoxicated, or to otherwise not be under the influence in order to be admitted into care, be considered for treatment, or continue treatment. Repeals existing law that prohibits any state-funded program from allocating funds to programs that do not use abstinent-only messaging about illegal drugs. **Chapter 569, Statutes of 2025.**

AB-1267 (Pellerin) - Consolidated license and certification.
Requires the Department of Health Care Services, beginning January 1, 2027, to offer a consolidated license and certification that allows the holder to operate more than one licensed adult residential alcohol or other drug recovery or treatment facility, a certified alcohol or other drug program, or a combination thereof, that the holder operates within the same geographic location. **These provisions were amended out of the bill.**

AB-1356 (Dixon) - Alcohol and other drug programs.
Requires licensed adult alcohol or other drug recovery or treatment facilities to submit to the Department of Health Care Services, within 30 days of the initial incident, any relevant information about a resident's death. **Chapter 189, Statutes of 2025.**

AB-1540 (Mark González) - 988 Suicide & Crisis Lifeline: LGBTQ+ youth.
Requires the California Governor's Office of Emergency Services to request a "press 3" function for 988 calls originating in California if an adequate specialized LGBTQ+ suicide prevention hotline has not been activated by the federal government under 988. Requires the California Health and Human Services Agency to identify and contract with a qualified entity that specializes in LGBTQ+ suicide prevention services to support the press 3 function. **No action taken on concurrence on the Assembly Floor.**

AB-1556 (Haney) - Recovery housing: funding.
Requires “recovery housing” programs to meet a number of requirements in order to be eligible for state funding, including satisfying core components of Housing First, emphasizing abstinence, using features that support a path of recovery, providing nonclinical services, prohibiting relapse from resulting in eviction, supporting access to and use of medications prescribed for behavioral health conditions, and adopting and maintaining a return-to-use policy. **Chapter 779, Statutes of 2026.**

AB-1779 (Davies) - Alcoholism and drug abuse recovery and treatment programs: inducement of participants.
Expands anti-patient brokering law to specify when providing housing and transportation services can be permitted; applies the prohibition of transportation services to two additional service provider types; specifies prohibited practices; and, requires treatment providers to collect and publish specified information, retain it for a minimum of five years, and make it available to the state regulator upon request. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-1825 (Krell) - Health care: state hospitals.
Adds the behavioral health department of the county of supervision as an entity the California Department of Corrections and Rehabilitation (CDCR) is required to notify and work with when releasing a prisoner to community supervision. Requires CDCR, the county of supervision, and the county’s behavioral health department to coordinate an exit plan for each individual being released, including targeted Medi-Cal services, prior to the release date. **Held on the Senate Appropriations Committee Suspense File.**

AB-1956 (Valencia) - Suicide prevention.
Adds boys and young men to the list of highest risk populations on which the Office of Suicide Prevention (OSP) can focus its prevention activities. Requires OSP, by July 1, 2028, to provide a report to the Legislature on strategies to implement these activities. **Chapter 163, Statutes of 2026.**

AB-2011 (Hart) - Nonquantitative treatment limitations.
Codifies, by reference, federal mental health and substance use disorder parity rules, regulations, and guidance that were in place on January 1, 2025, regarding nonquantitative treatment limitations on mental health and substance use disorder benefits in comparison to medical and surgical benefits. **Chapter 915, Statutes of 2026.**

AB-2093 (Bauer-Kahan) - State 988 system.
Makes various changes to the state's 988 system, including: establishing a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers, 911 public safety answering points, and mobile crisis response, including county behavioral health teams; requiring the development of protocols governing the transfer of calls and communications from 911 public safety answering points to 988 centers; and, expanding authority for the Department of Health Care Services and removing authority from the California Governor's Office of Emergency Services in administering the 988 system. **No action taken on the Assembly Floor.**

AB-2233 (Ta) - Behavioral health treatment plans.
Prohibits health plans and insurers from imposing restrictions on the utilization of authorized treatment hours for behavioral health treatment for pervasive developmental disorder or autism within a six-month authorization period. Requires authorized hours to remain available for use throughout the authorization period to ensure the enrollee or insured may fully access approved treatment if reasonably consistent with the treatment plan and clinical guidelines and documented in the treatment plan and progress reports. **Chapter 591, Statutes of 2026.**

AB-2247 (Elhawary) - Trauma Healing and Resilience Investment for Victimized and Exposed Youth Act.
Establishes the Trauma Healing and Resilience Investment for Victimized and Exposed Youth Act pilot grant program in four counties, until January 1, 2032, to the extent that funds are provided, to pay for mental health and counseling services for youth survivors of gun violence. **Vetoed.**

AB-2343 (Patel) - Alcohol and other drug programs: consumer protection platform.
Requires certified programs and licensed residential treatment facilities to participate in a public consumer protection platform designated or designed by the Department of Health Care Services (DHCS), except for those contracted to provide Medi-Cal treatment services; contracted with DHCS or a county to provide substance use disorder services; or, that receive other public funds. **Vetoed.**

AB-2352 (Valencia) - Medi-Cal providers: nonprofit public benefit corporations.
Allows nonprofit benefit corporations that provide nonspecialty mental health services to enroll as a Medi-Cal provider. **No action taken on the Senate Floor.**

AB-2405 (Gipson) – Mental Health.
Requires a peace officer who is transporting a person who is a danger to themselves or others to a designated facility for evaluation and treatment, to transport the person to the closest appropriate designated facility, geographically or by time, from where the peace officer took the person into custody. **Chapter 939, Statutes of 2026.**

AB-2562 (Dixon) - Alcohol or other drug recovery and treatment programs and facilities: suicide prevention.
Requires certified alcohol and other drug (AOD) programs and licensed adult residential AOD treatment facilities to have suicide prevention plans. **Chapter 620, Statutes of 2026.**

AB-2704 (Addis) - Fee Schedule Intensive Technical Support for Onboarding Program.
Establishes the Fee Schedule Intensive Technical Support for Onboarding Program to provide certain local educational agencies and institutions of higher education with intensive technical assistance and support for their utilization of the Children and Youth Behavioral Health Initiative Fee Schedule Program. Requires the Department of Health Care Services, the California Department of Education, and a designated lead entity to select up to 25 entities to participate in the program. **Held on the Senate Appropriations Committee Suspense File.**

Chronic Disease

SB-717 (Richardson) - Ken Maddy California Cancer Registry.
Requires the California Department of Public Health to maintain statewide and regional infrastructures and systems for collecting information on and reporting cancer incidence through regional cancer registries. **Vetoed.**

SB-964 (Smallwood-Cuevas) - Prescription drug coverage: dose adjustments.
Authorizes a treating health care provider to request, and be granted, the authority from health plans and insurers to adjust the dose or frequency of a drug to meet the specific medical needs of an enrollee or insured with a serious chronic condition or cancer, without prior authorization or subsequent utilization management, under specified conditions. **Chapter 663, Statutes of 2026.**

SB-1047 (Niello) - Neurodegenerative disease registry program.
Expands data collection and reporting requirements for the California Neurodegenerative Disease Registry Program (CNDRP) to include frontotemporal degeneration and extends the CNDRP to January 1, 2032. **Chapter 1000, Statutes of 2026.**

SB-1150 (Jones) - Cancer data: notifications.
Requires a hospital or other facility providing therapy to cancer patients within a cancer reporting area to post a sign advising patients diagnosed with cancer that their case will be reported to the California Department of Public Health and that information may be made available to cancer researchers. **Chapter 228, Statutes of 2026.**

Communicable Disease

SB-278 (Cabaldon) - Health data: HIV test results.
Allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality review organization contracted by the Department of Health Care Services to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient. **Chapter 748, Statutes of 2025.**

SB-339 (Cabaldon) - Medi-Cal: laboratory rates.
Exempts clinical laboratory or laboratory services related to the diagnosis and treatment of sexually transmitted infections from the portion of the rate-setting that is based on an average of the lowest amount that other payers and other state Medicaid programs are paying for similar services, starting July 1, 2027, or if funding is appropriated sooner; and, exempts providers of these services from producing data to determine this amount and requires the remaining laboratory data to be made public. **Held on the Senate Appropriations Committee Suspense File.**

SB-504 (Laird) - Communicable diseases: HIV reporting.
Permits a health care provider of a patient diagnosed with HIV infection to disclose personally identifying confidential information to a local health department or the California Department of Public Health to provide additional information required in order to complete or supplement an HIV case report. **Chapter 766, Statutes of 2025.**

SB-1377 (Jones) - Immunizations: medical exemptions.
Repeals existing law which provides a process for medical exemptions (MEs) to the statewide immunization mandate for school children, including provisions requiring the California Department of Public Health (CDPH) to monitor immunization levels in schools. Instead, requires a physician to use accepted standards of care when determining whether an ME is appropriate, and prohibits physicians from being required to use criteria established by CDPH. Prohibits an ME from being grounds for the denial of education or access to education or admission to any education or childcare facility nor for the participation in anything related to schooling and education at any level. Prohibits a pupil with an ME from being excluded, segregated, or otherwise treated differently from similarly situated pupils. **Failed passage in the Senate Health Committee.**

SB-1447 (Committee on Health) - Health omnibus.
Requires the California Department of Aging and the California Department of Public Health Office of AIDS to meet annually to collaborate on issues of mutual interest, including, but not limited to, supporting seniors with chronic care conditions and comorbidities and the impacts of HIV, AIDS, and sexually transmitted infections on the aging population in California.

AB-309 (Zbur) - Hypodermic needles and syringes.
Deletes the January 1, 2026, sunset on existing law which permits physicians and pharmacists to furnish hypodermic needles and syringes without a prescription or a permit, for human use to a person 18 years or older and which permits a person 18 years or older, without a prescription or license, to obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist. **Chapter 685, Statutes of 2025.**

AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.
Prohibits nongrandfathered health plans and insurance policies, established pursuant to the federal Affordable Care Act, from imposing any cost-sharing for antiretroviral drugs, devices, or drug products that are approved by the federal Food and Drug Administration for preexposure prophylaxis. Applies this bill and the law it amends to an antiretroviral drug, drug device, or drug product regardless of whether or not it is self-administered. **Vetoed.**

AB-1326 (Ahrens) – Health masks: right to wear.
States that an individual has the right to wear a health mask on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors. **Vetoed.**

AB-1843 (Elhawary) - Communicable diseases: hepatitis C.
Prohibits health plans and insurers from subjecting direct-acting antiviral drugs that are medically necessary for the treatment of hepatitis C to prior authorization. **Chapter 552, Statutes of 2026.**

AB-2651 (Bonta) - Informed Parents, Healthy Schools Act.
Requires the California Department of Public Health (CDPH) to establish immunization rates necessary to prevent the spread of specified communicable diseases. Requires CDPH to establish notification procedures to inform schools and other institutions subject to immunization requirements when an immunization rate falls below the rate established by CDPH. Requires schools and other institutions, within ten days of receiving notification from CDPH, to distribute the notice to parents. **Held on the Senate Appropriations Committee Suspense File.**

Emergency Medical Services

SB-588 (Ochoa Bogh) - Health facilities: freestanding emergency center study.
Requires the Department of Health Care Access and Information to conduct a comprehensive feasibility study on the implementation of freestanding emergency departments in rural, disadvantaged, and underserved areas with limited access to emergency care, and to report its findings and recommendations to the Legislature by January 1, 2027. **Testimony heard in the Senate Health Committee, no vote taken.**

SB-796 (Richardson) - Emergency medical services: state-employee public safety personnel: optional first aid skills.
Requires the Emergency Medical Services Agency to act as the authorizing entity for optional cardiopulmonary resuscitation and first aid skills if a lifeguard, firefighter, or peace officer is employed by a state agency. **Held on the Senate Appropriations Committee Suspense File.**

SB-1088 (Blakespear) - Health care decisions: life-sustaining treatment.
Brings consistency in authorized signatories for requests regarding resuscitative measures, allows electronic signatures on Physician Orders for Life Sustaining Treatment forms (renames form to Portable Orders Listing Scope of Treatment [POLST]), recognizes out-of-state requests regarding resuscitative measures to the same extent as a POLST executed in California. Requires requests regarding resuscitative measures to be voluntary. Allows a physician or other health care provider to assume a request regarding resuscitative measures is valid and unrevoked in the absence of knowledge to the contrary. **Chapter 677, Statutes of 2026.**

AB-310 (Alanis) - Nevaeh Youth Sports Safety Act.
Delays the implementation of a requirement, from January 1, 2027, to January 1, 2028, that youth sports organizations ensure their athletes have access to an automated external defibrillator (AED) during any official practice or match. Requires youth sports organizations to ensure their coaches are certified to perform cardiopulmonary resuscitation and operate an AED, and have a written cardiac emergency response plan, beginning January 1, 2027. **Chapter 254, Statutes of 2025.**

AB-387 (Alanis) - Nevaeh Youth Sports Safety Act.
Revises the requirement that a youth sports organization ensure its athletes have access to an Automated External Defibrillator (AED) during any official practice or match, starting January 1, 2028, by allowing a public or private local facility with a permanent sports infrastructure to procure and maintain an AED, in which case the public or private local facility would be responsible for ensuring access to the AED. **Chapter 502, Statutes of 2026.**

AB-463 (Michelle Rodriguez) - Emergency medical services: dogs and cats.
Permits an ambulance operator to transport a police canine or search and rescue dog that is injured in the line of duty to a veterinary clinic if there is no other person requiring medical attention or transport at that time and permits an emergency responder to provide basic first aid to a police canine or search and rescue dog while the dog is being transported. Provides emergency responders with immunity from criminal or civil liability for any injury to the canine that occurs during the transportation or administration of medical care. **Chapter 98, Statutes of 2025.**

AB-645 (Carrillo) - Emergency medical services: dispatcher training.
Requires a public safety agency that processes 911 calls for emergency medical response, commencing January 1, 2027, to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including airway and choking instructions, automatic external defibrillator and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine auto-injectors, and administration of naloxone for suspected overdoses. Requires pre-arrival medical instructions to be approved by the medical director of the local emergency medical services agency. **Chapter 273, Statutes of 2025.**

AB-1607 (Mark González) - Emergency medical services.
Extends the sunset date, from January 1, 2027, to January 1, 2037, on both the portion of the Maddy Emergency Medical Services (EMS) Fund that provides funding for pediatric trauma centers, and on a provision that authorizes counties to levy an additional penalty in the amount of $2 for every $10 on fines and penalties imposed on all criminal offenses for deposit in the Maddy EMS Fund. **Chapter 883, Statutes of 2026.**

AB-2041 (Carrillo) - Emergency medical services.
Requires a public safety agency that provides 911 call processing services for emergency medical response, but was not providing prearrival instructions to 911 callers requiring medical assistance before January 1, 2026, to report to their local emergency medical services agency on the status of their compliance with a new requirement to provide prearrival instructions. **Chapter 285, Statutes of 2026.**

AB-2093 (Bauer-Kahan) - State 988 system.
Makes various changes to the state's 988 system, including: establishing a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers, 911 public safety answering points, and mobile crisis response, including county behavioral health teams; requiring the development of protocols governing the transfer of calls and communications from 911 public safety answering points to 988 centers; and, expanding authority for the Department of Health Care Services and removing authority from the California Governor's Office of Emergency Services in administering the 988 system. **No action taken on the Assembly Floor.**

AB-2282 (Alanis) - Health facilities: emergency medical services.
Requires the California Department of Public Health to issue a waiver for a publicly owned general acute care hospital, located within the City of Patterson, to provide emergency stabilization services at a rural emergency stabilization care unit that is neither inside nor contiguous to the applicant hospital, if certain requirements are met, including that the location meets regulatory requirements applicable to emergency departments. **Vetoed.**

AB-2405 (Gipson) – Mental health.
Requires a peace officer who is transporting a person who is a danger to themselves or others to a designated facility for evaluation and treatment, to transport the person to the closest appropriate designated facility, geographically or by time, from where the peace officer took the person into custody. **Chapter 939, Statutes of 2026.**

Food Safety and Labeling

SB-68 (Menjivar) - Major food allergens.
Requires a chain restaurant with 20 or more locations to provide written notification of major food allergens contained as an ingredient in each menu item. **Chapter 741, Statutes of 2025.**

SB-646 (Weber Pierson) - Prenatal multivitamins.
Requires manufacturers of prenatal multivitamins to test samples of the vitamins for arsenic, cadmium, lead, and mercury, and requires the brand owner of a prenatal multivitamin product to disclose the testing results and other information to the public. **Chapter 602, Statutes of 2025.**

SB-764 (Weber Pierson) - Chain restaurants: children's meals.
Requires a chain restaurant that sells a children's meal to offer at least one that meets specified nutritional requirements. **Vetoed.**

SB-862 (Committee on Health) – Health omnibus.
Clarifies that dietary supplements are not included in the definition of "baby food" for purposes of requiring the testing of a representative sample of each final baby food product for toxic elements. **Chapter 243, Statutes of 2025.**

SB-869 (Weber Pierson) - Restaurant menus: added sugar warnings.
Requires chain restaurants to include an icon next to beverage items on menus indicating that the beverage has added sugar content that is greater than the daily value for added sugar. **Chapter 723, Statutes of 2026.**

SB-918 (Seyarto) - Food facilities: retail food safety.
Revises the requirements for "passthrough window service openings" of a restaurant by allowing larger passthrough openings if the passthrough window opening is equipped with both a self-closing device and an air curtain device. **Chapter 988, Statutes of 2026.**

SB-977 (Weber Pierson) - Chain restaurants: children's meals.
Requires a chain restaurant that sells a children's meal to offer at least one that meets specified nutritional requirements such as that the meal not contain more than 550 calories and that it include at least two servings of specified types and quantities of food. **Chapter 724, Statutes of 2026.**

SB-1033 (Padilla) - Protein products.
Requires a manufacturer of a bulk protein product or a packaged protein product that is offered for sale in California, beginning January 1, 2028, to test a representative sample of each lot of the bulk protein product or packaged protein product for heavy metals. Requires a brand owner of a packaged protein product that is offered for sale in California, including protein products that are sold directly to consumers, to disclose product information to the public about the results of the heavy metal testing. **Held on the Senate Appropriations Committee Suspense File.**

SB-1447 (Committee on Health) - Health omnibus.
Makes a variety of clarifying and technical changes to the provisions of law governing retail food facilities. **Chapter 238, Statutes of 2026.**

AB-592 (Gabriel) - Business: retail food.
Repeals a requirement that a permanent food facility be fully enclosed, and instead permits a food facility to use open windows, folding doors, or nonfixed storefronts during hours of operation. Repeals the July 1, 2026, sunset dates on two provisions of law related to accommodations granted to food facilities to expand outdoor dining capacity during the COVID-19 pandemic. Extends the ability of licensees of the Department of Alcohol and Beverage Control (ABC) to serve alcoholic beverages in an adjacent property under a COVID-19 Temporary Catering Authorization, from July 1, 2026, to January 1, 2029, and prohibits ABC from issuing any new COVID-19 Temporary Catering Authorizations after January 1, 2027. **Chapter 469, Statutes of 2025.**

AB-1148 (Sharp-Collins) - Food packaging: hazardous chemicals.
Prohibits the manufacture, distribution, sale, or offering for sale in the state any food packaging that contains intentionally added bisphenols or ortho-phthalates. Requires the Department of Toxic Substances Control to establish in regulation a threshold for bisphenols and ortho-phthalates in food packaging that are not intentionally added, and prohibits a person from manufacturing, distributing, selling, or offering for sale in the state any food packaging that contains bisphenols or ortho-phthalates at or above this threshold. **No action taken on the Senate Floor.**

AB-1264 (Gabriel) - Pupil nutrition: restricted school foods and ultraprocessed foods of concern: prohibition.
Enacts the Real Food, Healthy Kids Act to reduce the consumption of ultraprocessed foods (UPF) by the children of California by defining UPFs intended to be sold or served in schools, establishing a process for the California Department of Public Health to determine which UPFs are of concern by June 1, 2028, and requiring these UPFs of concern to be phased out of schools until they are prohibited from being offered by vendors as of July 1, 2032, and prohibited from being served or sold in schools by July 1, 2035. **Chapter 467, Statutes of 2025.**

AB-1288 (Addis) - Registered environmental health specialists.
Makes a number of changes to the requirements to be a registered environmental health specialist, including permitting an applicant who fails to pass the written examination to take the test again after 90 days, rather than the current limitation of waiting one year if the applicant failed the examination twice, and waiting two years if the applicant failed the examination a third or subsequent time. Extends the length of time an environmental health specialist trainee can be employed without having passed the examination from three years to five years. **Chapter 297, Statutes of 2025.**

AB-1470 (Haney) - Food facilities: retail food safety.
Modifies requirements pertaining to grease traps and pass-through windows in restaurants. Exempts permanent outdoor dining structures from the California Environmental Quality Act, and exempts the development of an outdoor dining patio adjoining a restaurant from the requirement to obtain a coastal development permit from the California Coastal Commission. **Held on the Senate Appropriations Committee Suspense File.**

AB-1679 (Mark González) - Local pop-up small business program.
Requires cities and counties to allow pop-up small businesses to operate on a temporary basis in an eligible commercial space for a period not exceeding 120 days, including food facilities, restricted to limited food preparation activities, and when in compliance with relevant food safety laws, and when the local enforcement agency has determined that the commercial space can support an operation consistent with limited food preparation. **Chapter 825, Statutes of 2026.**

AB-1915 (Gabriel) - Accelerated restaurant equipment permitting approval: retail food safety.
Makes various changes to the California Retail Food Code, including establishing requirements for “par cooking” raw animal foods, revising grease trap requirements, and revising passthrough window requirements. Requires the Building Standards Commission, as part of its next triennial update, to adopt various building standards related to restrooms, drinking fountains, cooking equipment, and dishwashers. Establishes an accelerated local permitting process for like-for-like equipment installations in restaurants. **Held on the Senate Appropriations Committee Suspense File.**

AB-2030 (Lowenthal) - Dietary supplements for weight loss and over-the-counter diet pills.
Prohibits a person from selling an over-the-counter diet pill or dietary supplement for weight loss or muscle building to any person under 18 years of age. **Chapter 720, Statutes of 2026.**

AB-2244 (Gabriel) - Non-Ultraprocessed Certified food standard.
Establishes a process for the California Department of Public Health (CDPH) to accredit certification agents that can certify food products as “Non-Ultraprocessed Certified” (Non-UPF Certified), and requires CDPH to create a standardized seal for these certified food products. Requires grocery stores with more than $10 million in gross annual sales to make at least three or more items that are Non-UPF Certified clearly identifiable, with regard to their display in the grocery store, if the grocery store sells more than 25 Non-UPF Certified items. **Chapter 721, Statutes of 2026.**

AB-2302 (Celeste Rodriguez) - Food safety: infant formula.
Prohibits a person or entity from selling or manufacturing, delivering, holding, or offering for sale infant formula that has not been tested for arsenic, cadmium, lead, and mercury. **Hearing cancelled at the request of the author in the Senate Environmental Quality Committee.**

AB-2706 (Soria) - Acidified foods and low-acid foods.
Repeals the Cannery Inspection Act, including the requirement that canneries obtain a license from the California Department of Public Health (CDPH), and instead establishes requirements governing the manufacturing, processing, or packing of an acidified food or low-acid food, including a requirement that persons engaged in these activities register with CDPH and obtain a scheduled process for the packing of acidified or low-acid foods from a qualified processing authority. **Chapter 960, Statutes of 2026.**

Health Care Coverage

SB-32 (Weber Pierson) - Health care coverage: timely access to care.
Requires the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance to develop time and distance or geographic accessibility standards for perinatal units. **Held on the Assembly Appropriations Committee Suspense File.**

SB-40 (Wiener) - Health care coverage: insulin.
Prohibits a health plan contract and health insurance policy from imposing a copayment, coinsurance, deductible, or any other cost-sharing on an insulin prescription drug that exceeds $35 for a 30-day supply; requires at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary; and, prohibits a health plan from imposing step therapy as a prerequisite to authorizing coverage of at least one insulin drug type. **Chapter 737, Statutes of 2025.**

SB-41 (Wiener) - Pharmacy benefits.
Prohibits pharmacy benefit managers (PBMs) from retaining the difference in payment to a pharmacy compared to the amount paid by the health plan or insurer (spread pricing); requires 100% pass through of rebates to health plans and insurers that PBMs negotiate with drug manufacturers; bans PBM and drug manufacturer contracts that require exclusivity for a manufacturer's drugs, medical devices, or other products unless low premiums and cost-sharing can be demonstrated; bans PBM and pharmacy or pharmacy services administration organization contracts that restrict or impose exclusivity on nonaffiliated pharmacies' ability to contract with employers, health insurers, and health plans; and, prohibits numerous additional PBM activities impacting pharmacies. **Chapter 605, Statutes of 2025.**

SB-62 (Menjivar) - Health care coverage: essential health benefits.
Expands California's Essential Health Benefits benchmark coverage for health plans to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and, hearing aids. **Chapter 739, Statutes of 2025.**

SB-242 (Blakespear) - Medicare supplement coverage: open enrollment periods.
Allows for an annual open enrollment in Medicare supplement insurance without plan denials, and prohibits Medigap plans from excluding from enrollment people under age 65 who have end stage renal disease. Makes changes to how Medigap premiums are priced. **Held on the Senate Appropriations Committee Suspense File.**

SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.
Establishes pregnancy as a health plan/insurer triggering event for a special enrollment opportunity in the individual health insurance market. **Vetoed.**

SB-297 (Hurtado) - Valley Fever Screening and Prevention Act of 2025.
Requires the California Department of Public Health to annually analyze and identify regions with high rates of Valley Fever and to publish a list of high-incidence regions; requires local health departments in high incidence areas to conduct outreach to health care providers and the general public to raise awareness of Valley Fever risks, symptoms, and prevention strategies; requires an adult patient receiving primary care services in a high incidence region to be offered a Valley Fever screening test; and, requires health plans, insurers, and Medi-Cal to cover Valley Fever screening tests in high-incidence regions. **Held on the Assembly Appropriations Committee Suspense File.**

SB-306 (Becker) - Health care coverage: prior authorizations.
Excludes from health plan and insurer prior authorization requirements specified covered health care services that have been approved by the plan or insurer 90% or more times as determined by the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) after health plan and insurer reporting and evaluation by DMHC and CDI. Sunsets this bill on January 1, 2034. **Chapter 408, Statutes of 2025.**

SB-331 (Menjivar) - Health care coverage: hearing aids.
Requires large group health plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2028, to include coverage for hearing aids and related services for enrollees and insureds under 21 years of age, if medically necessary; and, requires the large group plan or insurer to cover services provided by a qualified audiologist with experience with children when medically necessary. **Chapter 966, Statutes of 2026.**

SB-363 (Wiener) - Health care coverage: independent medical review.
Requires health plans and insurers to annually report to their regulator their total number of claims processed and treatment denials or modifications. Makes health plans and insurers liable for penalties for each independent medical review that is resolved in favor of the consumer in excess of 50% or for each failure to report a treatment denial or modification. **Held on the Assembly Appropriations Committee Suspense File.**

SB-386 (Limón) - Dental providers: fee-based payments.
Requires a health plan or insurer that provides direct payment to a dental provider, or payment through a contracted vendor, to have a non-fee-based default method of payment, and obtain affirmative consent from a dental provider who opts in, prior to providing a fee-based payment. **Chapter 219, Statutes of 2025.**

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.
Permits a person to receive coverage for a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in network provider and dispensed at one time, as specified; prevents a person from being excluded from enrollment or participation in, denied the benefits of, or subjected to discrimination by, any health plan or health insurer licensed in this state on the basis of race, color, national origin, age, disability, or sex; and, defines “discrimination on the basis of sex” to include, but not be limited to, discrimination on the basis of sex characteristics. **Vetoed.**

SB-535 (Richardson) - Obesity Care Access Act.
Requires a health plan contract or health insurance policy to cover intensive behavioral therapy, bariatric surgery, and at least one federally approved anti-obesity medication. **Held on the Assembly Appropriations Committee Suspense File.**

SB-626 (Smallwood-Cuevas) - Perinatal health screenings and treatment.
Revises an existing requirement on plans and insurers relating to maternal mental health (MMH) screenings to require case management, care coordination, guidelines, and the standards of care appropriate to the provider’s scope of practice. Encourages health plans and insurers to provide coverage for outpatient prescription drugs approved by the federal Food and Drug Administration for MMH. Requires licensed health care practitioners who provide perinatal care for a patient to ensure the patient is screened for MMH consistent with the plan or insurer MMH program, and applicable standards of care. **Chapter 973, Statutes of 2026.**

SB-812 (Allen) - Qualified youth drop-in center health care coverage.
Adds “qualified youth drop in centers” as a type of provider that can use the school-linked statewide fee schedule established by the Department of Health Care Services for reimbursement of outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger by Medi-Cal and commercial health plans and insurance provided the center is designated by or embedded with a local education agency or institution of higher education. **Held on the Assembly Appropriations Committee Suspense File.**

SB-862 (Committee on Health) – Health omnibus.
Clarifies that accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized disability large group insurance policies are exempt from covering certain infertility and fertility treatments. Clarifies that only health insurers are required to provide an insured with an annual electronic notice regarding the benefits of a behavioral health and wellness screening for children and adolescents 8 to 18 years of age. **Chapter 243, Statutes of 2025.**

SB-950 (Weber Pierson) - Health care coverage: dementia.
Requires health plans and insurers to cover all medically necessary treatments or medications, as determined by a health care provider, that are approved by the federal Food and Drug Administration (FDA) for the treatment of Alzheimer’s disease or other medical conditions affecting memory. Prohibits health plans and insurers from imposing step therapy protocols when one or more medications are approved by the FDA, unless a plan or insurer has covered at least one anti-amyloid therapy without step therapy. **Chapter 662, Statutes of 2026.**

SB-964 (Smallwood-Cuevas) - Prescription drug coverage: dose adjustments.
Authorizes a treating health care provider to request, and be granted, the authority from health plans and insurers to adjust the dose or frequency of a drug to meet the specific medical needs of an enrollee or insured with a serious chronic condition or cancer, without prior authorization or subsequent utilization management, under specified conditions. **Chapter 663, Statutes of 2026.**

SB-1023 (Laird) - Health care coverage: antiretroviral drugs, drug devices, and drug products.
Adds to an existing health plan and insurer prohibition on prior authorization and step therapy for medically necessary HIV/AIDS antiretroviral drugs, drug devices and drug products. Requires a health plan or insurer to cover a non-self-administered antiretroviral drug, drug device, or drug product approved by the federal Food and Drug Administration for the prevention of HIV/AIDS both under the medical benefit and outpatient prescription drug benefit. **Chapter 470, Statutes of 2026.**

SB-1037 (Weber Pierson) - Health care coverage: rate review.
Requires the Department of Managed Health Care and the Department of Insurance to include in an existing annual report on health insurance premiums if health plan or insurer rates meet the Affordable Care Act affordability standard for an individual, a couple, and a family of four with household income, as specified; requires health plans and insurers to demonstrate if their annual rate of growth exceeds or will exceed the Office of Health Care Affordability cost target for the rating period; and, requires, if rate growth is expected to exceed cost targets for the rating period, to include specified information in rate filings. **Vetoed.**

SB-1049 (Weber Pierson) - Health care claims reimbursement.
Provides no less than 90 calendar days for a health provider claimant to submit a corrected claim if a health plan or insurer denies a claim or sends a notice of overpayment based on a defect that may be remedied by submitting a corrected claim. **Chapter 1001, Statutes of 2026.**

SB-1094 (Weber Pierson) - Prescription drugs.
Requires a health plan or insurance policy that provides prescription drug benefits to cover a lower-cost biosimilar if it covers a reference biological product. Authorizes health plans and insurers, upon 60 days' notice to enrollees, insureds, and prescribing providers, to require enrollees/insureds currently prescribed a biological product to try a biosimilar when available at the same or lower cost-sharing unless the prescribing provider indicates not to substitute. Authorizes a pharmacist to substitute a reference product with a biosimilar when available to the patient at the same or lower cost-sharing unless the prescribing provider indicates not to substitute. Requires health plans and insurers to report to regulators the proportion of prescriptions filled for an alternative product that resulted in reduced cost sharing, information about the factors limiting cost sharing reductions, and the impact on premiums. **Chapter 1007, Statutes of 2026.**

SB-1199 (Weber Pierson) - Prescription drug cost sharing.
Requires health plans and insurers to count any amount paid for an enrollee's or insured's drug cost-sharing toward the enrollee's or insured's annual limit on cost-sharing and deductible including any form of direct support offered by drug manufacturers permitted under existing state law. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1280 (Valladares) - Health care coverage for mental health and substance use disorders.
Sets an amount to be paid by health plans and insurers for out-of-network mental health and substance use disorder services at the greater of the average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar services in the general geographic region in which the services were rendered. Prohibits a noncontracting individual health professional from billing or collecting an amount from the enrollee or insured for services that is more than the in-network cost-sharing amount as determined by the plan or insurer. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-1309 (Rubio) - Health care coverage: lung cancer.
Requires a health plan contract or insurance policy to provide, without cost-sharing, coverage for follow-up screening or diagnostic services for lung cancer that is recommended by a health care provider. **Held on the Assembly Appropriations Committee Suspense File.**

AB-224 (Bonta) - Health care coverage: essential health benefits.
Expands California's Essential Health Benefits benchmark coverage for health insurers to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and, hearing aids. **Chapter 680, Statutes of 2025.**

AB-280 (Aguiar-Curry) - Health care coverage: provider directories.
Requires the Department of Managed Health Care (DMHC) to designate a central utility for state regulated health plan and insurer provider directories and requires health plans and insurers to require their in-network or participating providers to use the central utility to update and verify information for health plan and insurer directories. Exempts a specified health plan and insurer with mutually exclusive medical group contracts. Authorizes DMHC and the California Department of Insurance to issue guidance to implement this bill until January 1, 2032. Exempts Medi-Cal managed care plans from this bill. **Chapter 499, Statutes of 2026.**

AB-350 (Bonta) - Health care coverage: fluoride treatments.
Requires a health plan contract or insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. **Chapter 500, Statutes of 2026.**

AB-432 (Bauer-Kahan) - Menopause.
Requires health plans and insurers 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 from the plan or insurer. **Vetoed.**

AB-499 (Ortega) - Robert F. Kennedy Farm Workers Medical Plan.
Lowers the limit on the costs the Robert F. Kennedy Farm Workers Medical Plan must cover for an eligible employee or dependent for a single episode of care to $50,000 (from $70,000) before the Department of Health Care Services will cover costs above that dollar threshold not to exceed $3 million per year in total reimbursement. **Chapter 370, Statutes of 2025.**

AB-512 (Harabedian) - Health care coverage: prior authorization.
Requires health plans and insurers to respond to prior authorization requests submitted by providers via electronic submission within three business days for a standard request, for more urgent requests 24 hours when submitted via electronic submission, or 48 hours when submissions are not submitted electronically. **Vetoed.**

AB-536 (Patterson) - Health care coverage: colorectal cancer screening.
Expands the criteria for colorectal cancer screening tests that health plans and health insurers must cover without cost-sharing. **Held on the Senate Appropriations Committee Suspense File.**

AB-539 (Schiavo) - Health care coverage: prior authorizations.
Requires a health plan's or insurer's approved prior authorization requested by an in-network provider to remain valid for at least one year from the date of approval, or the period requested by the treating provider, if less than one year. **Vetoed.**

AB-546 (Caloza) - Health care coverage: portable HEPA purifiers.
Requires a large group health plan contract or insurance policy, including coverage for California Public Employees' Retirement System and California State Teachers' Retirement System members, to cover one portable high-efficiency particulate air (HEPA) purifier (at a cost up to $500) when a local or state emergency has been declared due to wildfires for enrollees or insureds who are pregnant or diagnosed with asthma or chronic obstructive pulmonary disease, residing in or displaced from a county where a local or state emergency has been declared due to wildfires and the HEPA purifier is prescribed by a health care provider. **Vetoed.**

AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.
Prohibits nongrandfathered health plans and insurance policies, established pursuant to the federal Affordable Care Act, from imposing any cost-sharing for antiretroviral drugs, devices, or drug products that are approved by the federal Food and Drug Administration for preexposure prophylaxis. Applies this bill and the law it amends to an antiretroviral drug, drug device, or drug product regardless of whether or not it is self-administered. **Vetoed.**

AB-574 (Mark González) - Prior authorization: physical therapy.
Prohibits a health plan or insurer that provides coverage for physical therapy from requiring prior authorization for the initial 12 physical therapy treatments for a new condition. **Vetoed.**

AB-594 (Solache) - Student health insurance.
Allows a college student to request termination of their student health insurance coverage under specified circumstances and establishes a waiver from the requirement to enroll in student health insurance under specified circumstances. Gives the Insurance Commissioner authority to enforce this bill and other sections of law, and authorizes an administrative penalty not to exceed $5,000 for each violation, or $10,000 for a willful violation. **Chapter 272, Statutes of 2025.**

AB-669 (Haney) - Substance use disorder coverage.
Requires health plans and insurers to cover the first 28 days of in-network inpatient, residential, or outpatient substance use disorder treatment without concurrent or retrospective utilization review. **Held on the Senate Appropriations Committee Suspense File.**

AB-682 (Ortega) - Health care coverage reporting.
Requires health plans and insurers to submit provider claims payment information to the Department of Managed Health Care and the California Department of Insurance, and those departments to publish the information in a manner that protects personal information. Requires plans and insurers to post information about prior authorization decisions on their websites. **Vetoed.**

AB-787 (Papan) - Provider directory disclosures.
Requires a health plan or health insurer to provide a list of providers covered by an enrollee's health plan contract or insured's health insurance policy who are accepting patients within two business days upon a request deemed urgent by the enrollee or insured or five business days upon a request deemed nonurgent by the enrollee or insured, and, requires a health plan's and health insurer's provider directories to include information advising enrollees or insureds to contact their health plan or health insurer for assistance finding an in-network provider and an explanation of their rights regarding out-of-network coverage. **Held on the Senate Appropriations Committee Suspense File.**

AB-843 (Garcia) - Health care coverage: language access.
Requires health plans and insurers to comply with federal language access requirements for people with limited English proficiency and permits the Department of Managed Health Care and the Department of Insurance to issue enforcement actions and administrative penalties for violations of these requirements. **Vetoed.**

AB-951 (Ta) - Health care coverage: behavioral diagnoses.
Prohibits a health plan or insurer from requiring an enrollee or insured with a diagnosis of pervasive developmental disorder or autism, to receive a rediagnosis in order to maintain coverage for behavioral health treatment. **Chapter 84, Statutes of 2025.**

AB-1032 (Harabedian) - Coverage for behavioral health visits.
Requires a large group health plan contract or insurance policy to reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health provider if the enrollee or insured lives in a county where a local or state emergency has been declared due to wildfires and has experienced a loss, trauma, or displacement because of the fire. Exempts these benefits from utilization review regardless of the network status of the provider. Includes coverage in a health benefit plan or contract entered into with the Public Employees Retirement System and for members of the State Teachers' Retirement System. **Vetoed.**

AB-1041 (Bennett) - Health care coverage: health care provider credentials.
Requires, on or after January 1, 2028, a full service health plan, insurer, and their delegates to subscribe to and use the most recent version of the Council for Affordable Quality Health (CAQH) credentialing form, and to comply with the CAQH credentialing processes. Establishes timelines for plans, insurers, delegates and providers regarding the credentialing of health care providers. **Chapter 630, Statutes of 2025.**

AB-1419 (Addis) - California Health Benefit Exchange: automatic health care coverage enrollment.
Allows Covered California, upon receipt of specified information submitted through the Statewide Automated Welfare System, to use the information to enroll individuals who are determined eligible for financial assistance through Covered California into specified health insurance plans, such as the lowest cost silver plan available or the individual's previous managed care plan. **Held on the Senate Appropriations Committee Suspense File.**

AB-1629 (Haney) - Dental coverage.
Allows a noncontracting dental provider, including a registered dental hygienist in alternative practice to be paid directly by a health plan or insurer covering dental services, if specified requirements are met. Requires health plans, insurers, and specialized plans that cover dental services to certify under penalty of perjury and attest that the plan or insurer has evaluated and taken into consideration the total number of lives utilizing the same dental provider network and if those enrolled lives impact network adequacy requirements. **Chapter 535, Statutes of 2026.**

AB-1682 (Hart) - Health care coverage: scalp cooling.
Requires large group health plan contracts and health insurance policies to provide coverage for scalp cooling as prescribed by a health care provider in connection with chemotherapy in which alopecia-inducing chemotherapeutic agents are used; and, expands the Medi-Cal schedule of benefits to include scalp cooling, subject to utilization controls and medical necessity. **Chapter 541, Statutes of 2026.**

AB-1770 (Garcia) - Arbitration: health care service plans: Lindalee's Law.
Gives the Attorney General oversight over, and authority to request reports from health plans to ensure that health plans requiring binding arbitration to settle disputes comply with requirements in the Knox-Keene Health Care Service Plan Act of 1975, and requires an arbitration claim initiated pursuant to a health plan to be conducted pursuant the California Arbitration Act and arbitration of medical malpractice provisions. **Chapter 545, Statutes of 2026.**

AB-1843 (Elhawary) - Communicable diseases: hepatitis C.
Prohibits health plans and insurers from subjecting direct-acting antiviral drugs that are medically necessary for the treatment of hepatitis C to prior authorization. **Chapter 552, Statutes of 2026.**

AB-1876 (Addis) - Health care coverage: nondiscrimination.
Codifies a federal regulation to prevent a person from being excluded from enrollment or participation in, denied the benefits of, or subjected to discrimination by any state health plan or health insurer on the basis of race, color, national origin, age, disability, or sex; and, defines "discrimination on the basis of sex" to include but not be limited to discrimination on the basis of sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. **Chapter 903, Statutes of 2026.**

AB-1887 (Zbur) - Prescription drug coverage for rare diseases.
Requires prior authorization for prescription drugs prescribed for the treatment of a rare disease to be completed within 30 days of the initial request by a provider if the drug is the only federal Food and Drug Administration-approved treatment for the rare disease; and, requires approval of the prescription if the 30-day timeline is not met including if a dispute between the plan and provider is ongoing at the end of the 30-day period. **Chapter 557, Statutes of 2026.**

AB-1906 (Aguiar-Curry) - Health care coverage: home test kits.
Requires health plans, insurers, and Medi-Cal to provide coverage without cost-sharing for cervical cancer screening when ordered or provided by an in-network provider consistent with nationally recognized clinical guidelines, instead of annually, and includes coverage for cervical cancer screening test kits that allow patients to self-collect at a location outside of a clinical setting when ordered by the patient's health care provider. **Chapter 560, Statutes of 2026.**

AB-1907 (Addis) - California Health Benefit Exchange.
Expands automatic enrollment from Medi-Cal to Covered California by also allowing people who apply for insurance affordability programs through the Statewide Automated Welfare System and who are eligible for financial assistance to be notified of requirements and be enrolled in specified low-cost health insurance plans as determined by Covered California. Revises open enrollment and effective dates if inconsistent with federal law. **Chapter 204, Statutes of 2026.**

AB-1929 (Ortega) - Health care coverage: investments: disclosure.
Requires nonprofit health insurance carriers participating in Covered California to annually disclose specified investment information and requires Covered California to prominently display the information on its website, as well as any carrier's noncompliance with this requirement. Requires the Department of Managed Health Care to administer penalties of $1,000 a day after a 30-day grace period for a carrier's failure to comply. **No action taken on the Senate Floor.**

AB-1970 (Harabedian) - Health care coverage: mental health or substance use disorders.
Prohibits a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of a serious mental illness or substance use disorder unless at least one therapeutic equivalent is available without step therapy. **Held on the Senate Appropriations Committee Suspense File.**

AB-2011 (Hart) - Nonquantitative treatment limitations.
Codifies by reference federal mental health and substance use disorder parity rules, regulations, and guidance that were in place on January 1, 2025, regarding nonquantitative treatment limitations on mental health and substance use disorder benefits in comparison to medical and surgical benefits. **Chapter 915, Statutes of 2026.**

AB-2066 (Celeste Rodriguez) - Triggering event: pregnancy.
Establishes pregnancy as a triggering event for an individual to enroll in or change individual health plans, or add a dependent, during a special enrollment period. **Vetoed.**

AB-2233 (Ta) - Behavioral health treatment plans.
Prohibits health plans and insurers from imposing restrictions on the utilization of authorized treatment hours for behavioral health treatment for pervasive developmental disorder or autism within a six-month authorization period. Requires authorized hours to remain available for use throughout the authorization period to ensure the enrollee or insured may fully access approved treatment if reasonably consistent with the treatment plan and clinical guidelines and documented in the treatment plan and progress reports. **Chapter 591, Statutes of 2026.**

AB-2499 (Gipson) - Health care coverage: claims payments.
Requires, commencing May 26, 2028, a health plan or insurer to accept and confirm electronic medical records and supporting documentation necessary to process a claim through a standard electronic submission method, and prohibits a plan or insurer from denying, pending, or delaying a claim solely because the plan's or insurer's systems are unable to accept documentation that otherwise meets stated requirements, unless or until state or federal standards are adopted. **Chapter 945, Statutes of 2026.**

AB-2531 (Irwin) - Public health: abortion services.
Requires grant recipients of the California Reproductive and TGI Health Equity Program to provide services to veterans who have health coverage through the Veterans Affairs health system, but cannot access abortion or contraception care through that system, and those who are not otherwise eligible to receive those services at no cost through the Medi-Cal and Family PACT programs. **Chapter 489, Statutes of 2026.**

AB-2571 (Flora) - Reimbursement for pharmacist services.
Requires a health plan or insurer to pay or reimburse the cost of covered services performed by a pharmacist if the pharmacist is enrolled as a provider with the health plan or insurer. Requires the Department of Health Care Services to reimburse enrolled Medi-Cal pharmacists for pharmacy services, reimburse enrolled advanced practice pharmacists for medication therapy management services, reimburse advanced practice pharmacists at the same rate as physicians, and submit a state plan amendment to recognize pharmacists as providers at federally qualified health centers and rural health clinics. **Vetoed.**

AB-2594 (Lowenthal) - Voluntary employees' beneficiary association pilot program.
Extends three years (to December 31, 2030) an authorization of a southern California pilot program that allows health care providers to undertake risk-bearing arrangements with a voluntary employees' beneficiary association. **Chapter 404, Statutes of 2026.**

AB-2613 (Sharp-Collins) - Health care service plans: provider contract termination: notice.
Requires, before the termination date of a health plan contract between a provider group or hospital, the plan to also notify affected enrollees by text or email if the enrollee has opted into electronic delivery and has included the necessary contact information, in addition to existing requirements to provide a notice by U.S. mail, 60 days before the termination date. Requires, if the contract dispute is resolved prior to the termination date, the affected enrollees to be notified by text or email and U.S. mail that they will remain with their provider, and if the dispute is resolved after the termination date, notification that the enrollee has an option to return to their provider. **Chapter 306, Statutes of 2026.**

Health Care Facilities

SB-81 (Arreguín) - Health and care facilities: information sharing.
Prohibits a health care provider entity and its personnel, unless required by state and federal law, from granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order. **Chapter 123, Statutes of 2025.**

SB-250 (Ochoa Bogh) - Medi-Cal: provider directory: skilled nursing facilities.
Requires the Department of Health Care Services to include skilled nursing facilities as a searchable provider type in its Medi-Cal Managed Care Health Care Options plan selection directory website. **Chapter 309, Statutes of 2025.**

SB-526 (Pérez) - Health facilities: clinics.
Permits a primary care clinic with a license in good standing for the preceding five years to apply for a change of location using the streamlined affiliate clinic licensure process. Requires a clinic corporation to establish another primary care clinic as the parent clinic prior to the closure of a parent clinic. **Chapter 491, Statutes of 2026.**

SB-582 (Stern) - Health and care facilities: licensing during emergencies or disasters.
Establishes licensing policies during federal or state declared emergencies or disasters for facilities licensed by the California Department of Social Services, California Department of Public Health, and California Department of Health Care Services. **Chapter 546, Statutes of 2025.**

SB-588 (Ochoa Bogh) - Health facilities: freestanding emergency center study.
Requires the Department of Health Care Access and Information to conduct a comprehensive feasibility study on the implementation of freestanding emergency departments in rural, disadvantaged, and underserved areas with limited access to emergency care, and to report its findings and recommendations to the Legislature by January 1, 2027. **Testimony heard in the Senate Health Committee, no vote taken.**

SB-596 (Menjivar) - Health facilities: administrative penalties.
Revises a provision of law exempting a hospital from financial penalties for nurse-to-patient ratio violations if the hospital immediately used and exhausted its on-call list of nurses, by defining an “on-call list” as being comprised of nurses who are scheduled to be on call for the shift and unit where an alleged violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units. Additionally, requires violations on separate days to be treated as separate violations. **Chapter 773, Statutes of 2025.**

SB-669 (McGuire) - Rural hospitals: standby perinatal services.
Requires the California Department of Public Health to establish a ten-year pilot project to allow up to five critical access hospitals to establish standby perinatal services. **Chapter 603, Statutes of 2025.**

SB-862 (Committee on Health) – Health omnibus.
Requires a health facility to submit a patient safety plan to the California Department of Public Health biennially, instead of biannually. Permits hospitals, except for in the case of a patient in the emergency room, to provide written notice containing information about the availability of its discount payment and charity care policies by electronic means, if the patient has previously consented to receive electronic communications about their health care services. **Chapter 243, Statutes of 2025.**

SB-915 (Menjivar) - Health care provider entities: patients accompanied by immigration enforcement officers.

Requires a health care provider, when a patient is accompanied by an immigration enforcement officer, to verify and document the identities of the officers to the extent possible, and inform the patient of specified rights. Prohibits an immigration enforcement officer from remaining in a patient's room or care area unless with a valid judicial warrant or court order, and requires health care providers to request immigration enforcement officers to step out of the room when discussing matters pertaining to patient care or performing any physical examination. Prohibits health care providers from deferring to an immigration enforcement officer on any matter pertaining to patient treatment or care, or from utilizing the immigration officers to provide interpretation or consent. Requires health care providers to report a refusal by the immigration officer to comply with the provisions of this bill to the health care provider management, which is required to document the actions, and to the extent possible, the name and badge number of the immigration officer. Requires health care providers, prior to discharging a patient who is accompanied by an immigration enforcement officer, to ensure the receiving facility meets the needs and acuity of the patient. **Held on the Senate Appropriations Committee Suspense File.**

SB-942 (Caballero) - Civil confinement facilities.

Requires a civil confinement facility not otherwise licensed, certified, designated, or approved under state law to file an annual registration with the California Department of Public Health (CDPH). Requires the facility to identify the operator, facility location, contracting entity, maximum capacity, and the standards of care and confinement in any operating contract of the facility. Requires an operator to comply with specified standards and requirements, including any applicable federal, state, and local health and safety laws, and any standards set forth in a contract. Permits CDPH, for civil confinement facilities that are not licensed but are instead registered under this bill, to enforce this bill with cease and desist orders and with civil penalties up to $25,000 per violation per day. **These provisions were amended out of the bill.**

SB-995 (Pérez) - Involuntary residential facilities: health and safety inspections.

Permits the California Department of Public Health (CDPH) to inspect an "involuntary residential facility," which is defined to include a civil commitment facility, for the limited purpose of ensuring sanitary, hygienic, and safe conditions, and establishes an administrative penalty structure for enforcement purposes. Requires CDPH to establish standards for all involuntary residential facilities to ensure the health and safety of residents. Specifies that the provisions of this bill permitting inspection and enforcement do not require licensure or otherwise subject an involuntary residential facility to the regulatory scheme applicable to licensed facilities. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1323 (Rubio) - Health care providers: patient access: immigration enforcement.

Requires health care providers to inform staff on how to respond to requests by a person who is in custody by immigration enforcement to notify a family member or support person about their current location. Requires, rather than encourages under existing law, providers to post a notice to authorities at facility entrances regarding the visitation and access policy. Requires this notice to state that no person will be permitted to access nonpublic areas of a facility for immigration enforcement purposes unless required by state or federal law or pursuant to a valid physical judicial warrant or court order. **Chapter 698, Statutes of 2026.**

SB-1400 (Arreguín) - Alameda Health System: hospital authority.

Revises provisions of law that established the Alameda Health System (AHS) hospital authority to permit the AHS governing board to consist entirely of the Alameda County Board of Supervisors, or to include any number of the members of the Board of Supervisors or county officers or employees appointed to represent the interests of the county. **Chapter 710, Statutes of 2026.**

AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.

Repeals the requirement that licensed alternative birth centers be certified as a Comprehensive Perinatal Services Provider, and the requirement that the alternative birth center be located within 30 minutes of a hospital with the capacity for the management of obstetrical and neonatal emergencies, and instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital. **Chapter 595, Statutes of 2025.**

AB-225 (Bonta) - Health care: facility fees.

Prohibits a health care provider, hospital, or health system from charging, billing, or collecting a facility fee for any outpatient service that is billed using an evaluation and management code when furnished at a location that is offsite from a hospital campus. Prohibits charging or collecting a facility fee for telehealth services or for preventive services regardless of location. Requires health care providers to disclose to patients when any facility fee is being charged, including a good faith estimate of the amount of the fee. Requires hospitals and health systems to provide a facility fee report to the Department of Health Care Access and Information with specified information about facility fees charged and collected. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-356 (Patel) - Health care districts: County of San Diego.
Requires the Department of Health Care Access and Information to convene a working group to study and make recommendations regarding the provision of health care services in health care districts in the northern region of the County of San Diego. **No action taken in the Senate Local Government Committee.**

AB-447 (Mark González) - Emergency room patient prescriptions.
Permits a prescriber in an emergency room to dispense the unused portion of a drug upon discharge if the drug is not a controlled substance and the drug was administered from single patient use, multi-dose packaging and can be self-administered by the patient. **Chapter 363, Statutes of 2025.**

AB-627 (Stefani) - California 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. **Chapter 377, Statutes of 2025.**

AB-849 (Soria) - Health providers: medical chaperones.
Requires a provider of ultrasound examinations to make a medical chaperone available upon a patient's request when the examination is of a sensitive area. **Chapter 442, Statutes of 2025.**

AB-894 (Carrillo) - General acute care hospitals: patient directories.
Requires a hospital to inform a patient, at the time of admission, that the patient may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory by having hospital personnel verbally inform the patient, and by using a separate paper or digital document that includes a check box for the patient to mark to restrict or prohibit the use of their information in the hospital's patient directory. **Chapter 384, Statutes of 2025.**

AB-960 (Garcia) - Patient visitation.
Requires a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities, cognitive impairment, or another disability, to have a family or friend caregiver with them as needed, including outside standard visiting hours, with certain exceptions to allow a hospital to maintain a safe environment at the hospital. **Chapter 172, Statutes of 2025.**

AB-1199 (Patterson) - Medical staff: health care provider credentialing.
Requires the medical staff of hospitals to be reappointed every three years, rather than every two years, and prohibits the California Department of Public Health from requiring hospitals to undertake routine reappointments more frequently than every three years. **Chapter 876, Statutes of 2026.**

AB-1312 (Schiavo) - Hospital pricing.
Requires a hospital to presumptively determine that a patient is eligible for charity care or discounted payment policies if the patient is experiencing homelessness or is already enrolled in a means-tested program. Requires a hospital to screen patients in other categories that might indicate they could qualify for charity care or discounted payment policies and make a determination if the patient is eligible before sending that patient a bill for hospital services. **Chapter 450, Statutes of 2025.**

AB-1418 (Schiavo) - Department of Health Care Access and Information.
Requires health facilities, clinics, home health agencies, and hospices to report to the Department of Health Care Access and Information (HCAI) on health care worker employer-sponsored health care coverage waiting periods. Requires HCAI to post the information at least annually. **Chapter 398, Statutes of 2025.**

AB-1696 (Stefani) - Emergency services and care: nurse-midwives.
Prohibits provisions of law requiring hospitals to stabilize patients with an emergency medical condition, or when they are in active labor, without regard to ability to pay, from requiring physician supervision of a certified nurse-midwife in the labor and delivery unit, obstetric triage, or dedicated emergency obstetric evaluation unit, when the nurse-midwife is practicing within their scope of practice. **Chapter 484, Statutes of 2026.**

AB-1868 (Hadwick) - Health facilities: cardiac surgery.
Requires the California Department of Public Health, by January 1, 2030, to update a specified paragraph of a regulation, which requires three surgeons to constitute a surgical team for the performance of all cardiovascular surgeries which require extracorporeal bypass, to reflect current professional standards of care. **Held on the Senate Appropriations Committee Suspense File.**

AB-1882 (Ellis) - Safe Delivery Fund Pilot Program.
Establishes the Safe Delivery Fund Pilot Program to provide funding to critical access hospitals that meet specified requirements in order to support the cost of maintaining standby capacity for labor and delivery units that have a lower volume of baby deliveries. **Vetoed.**

AB-1923 (Soria) - Distressed Hospital Loan Program.
Revises eligibility criteria for the Distressed Hospital Loan Program (DHLP) by extending eligibility to for-profit hospitals and hospitals that are part of a system, if these hospitals meet specified eligibility criteria. Requires the Department of Health Care Access and Information to provide loan forgiveness to any participant in the DHLP who received a loan award before the effective date of this bill, if the participant has demonstrated a good faith effort to comply with program requirements through January 1, 2026, and financial projections demonstrate that the participant will become financially distressed as a result of loan repayments or other factors, including, but not limited to, the impacts of the federal H.R. 1 legislation. **These provisions were amended out of the bill.**

AB-1979 (Bonta) - Health care services: artificial intelligence.
Adds businesses that offer "health care chatbots" to the California Medical Information Act to ensure that they are held to the same requirements to protect private health information as health care providers. Requires a health facility, clinic, physician's office, or office of a group practice to ensure that no clinical decision is based solely on the output of a clinical decision support system. **Chapter 854, Statutes of 2026.**

AB-2135 (Kalra) - Long-term health care facilities.
Revises and expands notices of transfer and discharge from long-term care facilities, including by imposing minimum prior notice of facility-initiated transfers or discharge of 30 days, 14 days, or as soon as practicable, depending on the reason for the transfer or discharge. Requires certain conditions to be met in order to transfer or discharge a resident to protect the health or safety of individuals in the facility, including by documenting efforts to address the resident's endangerment to individuals, and requires the discharge notice to include a description of how the care or support the discharge location can provide is expected to address the resident's endangerment to individuals. Requires a written translation, in the resident's primary language or in an accessible format to the vision impaired, of the discharge and transfer notices. Permits the California Department of Public Health to prohibit new admissions to a long-term care facility if the facility is not in compliance with a hearing decision that the facility improperly transferred, discharged, or refused to readmit a resident. **Held on the Senate Appropriations Committee Suspense File.**

AB-2282 (Alanis) - Health facilities: emergency medical services.
Requires the California Department of Public Health to issue a waiver for a publicly owned general acute care hospital, located within the City of Patterson, to provide emergency stabilization services at a rural emergency stabilization care unit that is neither inside nor contiguous to the applicant hospital, if certain requirements are met, including that the location meets regulatory requirements applicable to emergency departments. **Vetoed.**

AB-2311 (Schiavo) - Health care districts: employment.
Exempts health care districts from the ban on the corporate practice of medicine, until January 1, 2037, in order to permit the health care district to employ physicians and charge for professional services rendered by those physicians, under certain specified conditions. **Chapter 299, Statutes of 2026.**

AB-2353 (Pacheco) - Health Mandates Review Program.
Requires the Department of Health Care Access and Information to partner with the University of California (UC) to establish the Center for Health Provider Policy Impact to assess and evaluate the impact of state and federal policies on hospitals. Requires this center, at least annually and no later than June 1st of each year, to publish reports that review and analyze proposed legislation, regulations, and other policy actions affecting hospitals and health care providers. Assesses hospitals a fee of up to $3 million annually to fund the expenses of the UC in implementing this bill. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-2598 (Krell) - Health care facilities: notification of next of kin.
Requires a hospital or a skilled nursing facility, if a person dies while in the facility, to make a reasonable attempt to notify any known next of kin, or if next of kin cannot be located, to notify the public administrator of the county within two business days. Makes a violation of this requirement punishable by a civil penalty of $200 per day, up to $50,000, measured until the actual knowledge by the next of kin or the county public administrator of the decedent's death. **Chapter 627, Statutes of 2026.**

Health Equity

SB-338 (Becker) – Virtual Health Hub for Rural Communities Pilot Program.
Requires the Department of Public Health to administer a Virtual Health Hub for Rural Communities Pilot Program to deploy mobile units in two rural communities based on farmworker population and access to health care; and, creates the Virtual Health Hub Fund to fund the program using non-General Fund dollars. **Chapter 311, Statutes of 2025.**

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.
Permits a person to receive coverage for a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in network provider and dispensed at one time, as specified; prevents a person from being excluded from enrollment or participation in, denied the benefits of, or subjected to discrimination by, any health plan or health insurer licensed in this state on the basis of race, color, national origin, age, disability, or sex; and, defines "discrimination on the basis of sex" to include, but not be limited to, discrimination on the basis of sex characteristics. **Vetoed.**

SB-503 (Weber Pierson) - Health care services: artificial intelligence.
Requires developers of clinical decision support systems, as defined, to make reasonable efforts to mitigate the known or reasonably foreseeable risk of biased impacts resulting from the use of these systems. Requires developers to provide deployers of systems identified as presenting a risk of biased impacts with specified information, including documentation of how the system was evaluated for performance, limitations, and mitigation of biased impacts. **Chapter 857, Statutes of 2026.**

AB-543 (Mark González) - Medi-Cal: field medicine.
Requires the Department of Health Care Services to update the Medi-Cal application to collect information on whether an applicant is experiencing homelessness. Requires Medi-Cal managed care plans who elect to contract with field medicine providers to allow Medi-Cal recipients experiencing homelessness to receive services from a contracted, in-network field medicine provider regardless of network assignment and to allow field medicine providers to make direct referrals for Medi-Cal covered services such as diagnostic services, medications, or durable medical equipment within the managed care network. **Chapter 374, Statutes of 2025.**

AB-843 (Garcia) - Health care coverage: language access.
Requires health plans and insurers to comply with federal language access requirements for people with limited English proficiency and permits the Department of Managed Health Care and the Department of Insurance to issue enforcement actions and administrative penalties for violations of these requirements. **Vetoed.**

AB-1242 (Nguyen) - Language access.
Expands the scope of the Dymally-Alatorre Bilingual Services Act so that translation and interpretation requirements on state agencies serving a substantial number of people with limited-English proficiency occur whenever there are a substantial number of people eligible to be served by the state agency, and expands existing state agency language access survey requirements. Establishes a Language Access Director at the California Health & Human Services Agency (CHHS) who is required to oversee the implementation of CHHS department language access plans, increase access to language access services, engage communities with limited English proficiency or deaf and hard of hearing in order to expand access to CHHS services, and ensure the translation of documents requested by the public. Requires each CHHS department to develop a language access plan, as specified, and delegate a coordinator to work with the Language Access Director. **Held on the Senate Appropriations Committee Suspense File.**

AB-1487 (Addis) - Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund.
Renames the Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund as the Two-Spirit, Transgender, Gender Nonconforming, and Intersex (2TGI) Wellness and Equity Fund and expands the availability of grant funds to 2TGI-serving organizations to provide 2TGI individuals workforce development training, immigrant and asylee resettlement and social integration programs, and transitional-age youth diversion programs. **Chapter 732, Statutes of 2025.**

AB-1734 (Stefani) - Count Hunger Act.
Requires the California Department of Public Health to establish a two-year pilot program in collaboration with University of California at Los Angeles to ensure that questions regarding food insecurity remain part of the California Health Interview Survey, subject to appropriation and outside funding. **Held on the Senate Appropriations Committee Suspense File.**

AB-1876 (Addis) - Health care coverage: nondiscrimination.
Codifies a federal regulation to prevent a person from being excluded from enrollment or participation in, denied the benefits of, or subjected to discrimination by any state health plan or health insurer on the basis of race, color, national origin, age, disability, or sex; and, defines “discrimination on the basis of sex” to include but not be limited to discrimination on the basis of sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. **Chapter 903, Statutes of 2026.**

Infant/Children's Health

SB-331 (Menjivar) - Health care coverage: hearing aids.
Requires large group health plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2028, to include coverage for hearing aids and related services for enrollees and insureds under 21 years of age, if medically necessary; and, requires the large group plan or insurer to cover services provided by a qualified audiologist with experience with children when medically necessary. **Chapter 966, Statutes of 2026.**

SB-764 (Weber Pierson) - Chain restaurants: children's meals.
Requires a chain restaurant that sells a children's meal, to offer at least one children's meal that meets specified nutritional requirements. **Vetoed.**

SB-812 (Allen) - Qualified youth drop-in center health care coverage.
Adds "qualified youth drop in centers" as a type of provider that can use the school-linked statewide fee schedule established by the Department of Health Care Services for reimbursement of outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger by Medi-Cal and commercial health plans and insurance provided the center is designated by or embedded with a local education agency or institution of higher education. **Held on the Assembly Appropriations Committee Suspense File.**

SB-977 (Weber Pierson) - Chain restaurants: children's meals.
Requires a chain restaurant that sells a children's meal to offer at least one that meets specified nutritional requirements such as that the meal not contain more than 550 calories and that it include at least two servings of specified types and quantities of food. **Chapter 724, Statutes of 2026.**

AB-310 (Alanis) - Nevaeh Youth Sports Safety Act.
Delays the implementation of a requirement, from January 1, 2027, to January 1, 2028, that youth sports organizations ensure their athletes have access to an automated external defibrillator (AED) during any official practice or match. Requires youth sports organizations to ensure their coaches are certified to perform cardiopulmonary resuscitation and operate an AED, and have a written cardiac emergency response plan, beginning January 1, 2027. **Chapter 254, Statutes of 2025.**

AB-350 (Bonta) - Health care coverage: fluoride treatments.
Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. **Chapter 500, Statutes of 2026.**

AB-387 (Alanis) - Nevaeh Youth Sports Safety Act.
Revises the requirement that a youth sports organization ensure its athletes have access to an Automated External Defibrillator (AED) during any official practice or match, starting January 1, 2028, by allowing a public or private local facility with a permanent sports infrastructure to procure and maintain an AED, in which case the public or private local facility would be responsible for ensuring access to the AED. **Chapter 502, Statutes of 2026.**

AB-708 (Valencia) - California Youth Football Act: safety equipment.
Requires a youth tackle football league and coaches to allow youth tackle football participants to use safety equipment, including soft-shelled add-ons to football helmets. Permits a court to grant a restraining order or injunction to remedy a violation of this bill, and entitles plaintiffs to reasonable attorney's fees. Prohibits a warranty or safety certification of a football helmet put into play on or after January 1, 2027, with a soft-shell add-on, from being voided because of the use of the soft-shell add-on. **Chapter 732, Statutes of 2026.**

AB-749 (McKinnor) - Youth Sports for All Act.
Requires the State Public Health Officer to convene a Blue Ribbon Commission on the development of a California Department of Youth Sports, with specified members, to conduct a study on the need for a centralized entity charged with supporting and regulating youth sports. **Chapter 705, Statutes of 2025.**

AB-870 (Hadwick) - California Children's Services Program: county designation.
Allows counties with populations under 2,000 to designate another county to administer its California Children's Services (CCS) program so long as the other county agrees, abides by the CCS program standards, and neither county is a "Whole Child Model" county that provides CCS services through Medi-Cal managed care plans. **Chapter 167, Statutes of 2025.**

AB-1005 (Davies) - Drowning prevention: public schools: informational materials.
Makes several changes to the requirements of drowning or injury prevention organizations that provide informational materials to local educational agencies. Requires the California Department of Education to compile and make available on its website, school-based water safety and drowning prevention educational resources for public use. **Chapter 387, Statutes of 2025.**

AB-1129 (Celeste Rodriguez) - Birth conditions monitoring.
Permits a local health officer to maintain a system for the collection of information on birth conditions necessary to accomplish a local-level monitoring and reporting program similar to, but independent of, the state-level birth defects monitoring program, subject to adequate funding. Makes conforming changes in existing law to facilitate a local-level monitoring and reporting program. **Chapter 874, Statutes of 2026.**

AB-1264 (Gabriel) - Pupil nutrition: restricted school foods and ultraprocessed foods of concern: prohibition.
Enacts the Real Food, Healthy Kids Act to reduce the consumption of ultraprocessed foods (UPF) by the children of California by defining UPFs intended to be sold or served in schools, establishing a process for the California Department of Public Health to determine which UPFs are of concern by June 1, 2028, and requiring these UPFs of concern to be phased out of schools until they are prohibited from being offered by vendors as of July 1, 2032, and prohibited from being served or sold in schools by July 1, 2035. **Chapter 467, Statutes of 2025.**

AB-1571 (Michelle Rodriguez) - Product safety: recreational water safety: wearable personal flotation devices: infants and children.
Updates the definition in existing law for “wearable personal flotation device” to include a “swim vest,” rather than “puddle jumper.” **Chapter 31, Statutes of 2026.**

AB-2302 (Celeste Rodriguez) - Food safety: infant formula.
Prohibits a person or entity from selling or manufacturing, delivering, holding, or offering for sale infant formula that has not been tested for arsenic, cadmium, lead, and mercury. **Hearing cancelled at the request of the author in the Senate Environmental Quality Committee.**

AB-2486 (Addis) - Medi-Cal: Whole Child Model program.
Recasts the existing Whole Child Model advisory group as a broader California Children’s Services (CCS) advisory group and requires the Department of Health Care Services to produce a summary report every two years on the progress towards specified CCS measures and program priorities. **Chapter 304, Statutes of 2026.**

Medi-Cal

SB-32 (Weber Pierson) - Health care coverage: timely access to care.
Requires the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance to develop time and distance or geographic accessibility standards for perinatal units by July 1, 2027. **Held on the Assembly Appropriations Committee Suspense File.**

SB-228 (Cervantes) - Comprehensive Perinatal Services Program.
Requires the California Department of Public Health, in collaboration with the Department of Health Care Services (DHCS), to update regulations, create a provider training, and collect information on the Comprehensive Perinatal Services Program (CPSP); and, requires DHCS to implement a program to monitor Medi-Cal plan's provision of CPSP services and to prepare a report on the number of people offered and receiving CPSP services every three years. **Held on the Assembly Appropriations Committee Suspense File.**

SB-246 (Grove) - Medi-Cal: graduate medical education payments.
Requires the Department of Health Care Services to implement a program to allow district and municipal hospitals to draw down federal Medicaid funding for graduate medical education costs. **Chapter 308, Statutes of 2025.**

SB-250 (Ochoa Bogh) - Medi-Cal: provider directory: skilled nursing facilities.
Requires the Department of Health Care Services to include skilled nursing facilities as a searchable provider type in its Medi-Cal Managed Care Health Care Options plan selection directory website. **Chapter 309, Statutes of 2025.**

SB-278 (Cabaldon) - Health data: HIV test results.
Allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality review organization contracted by the Department of Health Care Services to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient. **Chapter 748, Statutes of 2025.**

SB-297 (Hurtado) - Valley Fever Screening and Prevention Act of 2025.
Requires the California Department of Public Health to annually analyze and identify regions with high rates of Valley Fever and to publish a list of high-incidence regions; requires local health departments in high incidence areas to conduct outreach to health care providers and the general public to raise awareness of Valley Fever risks, symptoms, and prevention strategies; requires an adult patient receiving primary care services in a high incidence region to be offered a Valley Fever screening test; and, requires health plans, insurers, and Medi-Cal to cover Valley Fever screening tests in high-incidence regions. **Held on the Assembly Appropriations Committee Suspense File.**

SB-324 (Menjivar) - Medi-Cal: enhanced care management and community supports.
Requires Medi-Cal managed care plans to contract directly or indirectly with community providers when contracting for Enhanced Care Management (ECM) or Community Supports services and to authorize ECM or Community Supports services with the provider requesting those services rather than another provider. Requires the Department of Health Care Services to develop standardized, streamlined templates to be used by the Medi-Cal plans and develop guidance to allow community providers to subcontract with other community providers. **Held on the Assembly Appropriations Committee Suspense File.**

SB-339 (Cabaldon) - Medi-Cal: laboratory rates.
Exempts clinical laboratory or laboratory services related to the diagnosis and treatment of sexually transmitted infections from the portion of the rate-setting that is based on an average of the lowest amount that other payers and other state Medicaid programs are paying for similar services, starting July 1, 2027, or if funding is appropriated sooner; and, exempts providers of these services from producing data to determine this amount and requires the remaining laboratory data to be made public. **Held on the Senate Appropriations Committee Suspense File.**

SB-528 (Weber Pierson) - Health care: maintenance and expansion.
Requires the California Health and Human Services Agency or the Department of Health Care Services to develop a program, or expand an existing program, to continue providing services or benefits that are otherwise covered under Medi-Cal should federal financial participation for these services or benefits be eliminated, reduced, or otherwise limited, subject to an appropriation by the Legislature. **Held on the Senate Appropriations Committee Suspense File.**

SB-530 (Richardson) - Medi-Cal: time and distance standards.
Extends the operation of the existing Medi-Cal managed care plan network adequacy standards for three more years; and, adds new requirements regarding subcontractors, telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy. **Chapter 418, Statutes of 2025.**

SB-812 (Allen) - Qualified youth drop-in center health care coverage.
Adds “qualified youth drop in centers” as a type of provider that can use the school-linked statewide fee schedule established by the Department of Health Care Services for reimbursement of outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger by Medi-Cal and commercial health plans and insurance provided the center is designated by or embedded with a local education agency or institution of higher education. **Held on the Assembly Appropriations Committee Suspense File.**

SB-862 (Committee on Health) – Health omnibus.
Deletes an obsolete code reference from the statute describing the Community-Based Adult Services Program so as not to imply that the program no longer exists. **Chapter 243, Statutes of 2025.**

SB-874 (Weber Pierson) - Medi-Cal: behavioral health treatment: stakeholder feedback.
Requires Department of Health Care Services (DHCS) to ensure that Medi-Cal providers of behavioral health treatment (BHT) services conduct background checks on their employees who interact with patients. Requires DHCS to seek stakeholder feedback on specified topics to inform changes to coverage and billing policy for BHT services; maintain clear billing and coverage guidance on the provision of the BHT services; and, publish on its website BHT utilization data and a synopsis of BHT coverage policy, highlighting any changes made as a result of stakeholder feedback and any recommended future changes by January 1, 2029. **Chapter 655, Statutes of 2026.**

SB-912 (Cervantes) - Comprehensive perinatal services.
Transfers primary jurisdiction of the Medi-Cal comprehensive perinatal services program from the California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) jointly to DHCS with collaboration from CDPH. Makes other revisions to Medi-Cal's provision of comprehensive perinatal services, including payment requirements for clinics, and requires DHCS to develop a provider training on the services and prepare triennial reports to the Legislature on the number of Medi-Cal recipients receiving the services. **Held on the Senate Appropriations Committee Suspense File.**

SB-944 (Wiener) - Medi-Cal: acupuncture.
Requires the continued coverage of acupuncture in the Medi-Cal program, even if federal matching funds are no longer available, subject to appropriation. **Vetoed.**

SB-987 (Weber Pierson) - California Health Access Fund.
Creates the California Health Access Fund to redirect any savings to the state resulting from decreased enrollment in the Medi-Cal program caused by the implementation of recently enacted federal enrollment barriers. Requires moneys in the fund to be used to ensure that California residents losing health coverage can continue to receive health care services and that health care providers are reimbursed for these services. **Held on the Senate Appropriations Committee Suspense File.**

SB-1202 (Weber Pierson) - Medi-Cal: dashboard and outreach.
Requires the California Department of Health Care Services (DHCS) to establish a dashboard to track enrollment data related to the implementation of recently enacted federal enrollment barriers. Requires DHCS, counties, and Medi-Cal managed care plans to undertake linguistically and culturally appropriate outreach efforts to Medi-Cal recipients to educate them on the changes to federal law and maintaining Medi-Cal eligibility. **Held on the Assembly Appropriations Committee Suspense File. The majority of this bill was included in the health trailer bill SB 164 (Committee on Budget and Fiscal Review, Chapter 27, Statutes of 2026).**

SB-1252 (Durazo) - California resident taxpayer health care coverage.
Creates an entitlement to health care for every taxpaying resident whose income is below 138% of the federal poverty level and requires the Department of Health Care Services to ensure these individuals have access to public health coverage through the programs it administers, including Medi-Cal. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-1284 (Smallwood-Cuevas) - Medi-Cal benefits: employer reports.
Requires the Department of Health Care Services to prepare an annual report of all private employers with 100 or more employees that calculates the estimated cost to the Medi-Cal program for each identified employee and employee's dependents receiving Medi-Cal. **Held on the Assembly Appropriations Committee Suspense File. Similar provisions of this bill were included in the budget trailer bill SB 177 (Committee on Budget and Fiscal Review, Chapter 64, Statutes of 2026).**

SB-1422 (Durazo) - Medi-Cal: eligibility: immigration status.
Phases out the freeze on program enrollment in full-scope Medi-Cal for undocumented immigrants no sooner than January 1, 2028, dependent on the condition of the state General Fund, prioritized by age group. **No action taken on the Senate Floor.**

SCR-160 (Weber Pierson) - Medically supportive food.
Calls on the Department of Health Care Services to direct Medi-Cal plans to prioritize offering the full spectrum of medically supportive food and nutritional interventions until these services become permanent Medi-Cal benefits, and regularly update guidance, data collection, and evaluation of these services. Calls on Medi-Cal plans to ensure patients have uninterrupted access to a broad array of these services through a number of program improvements. **Held on the Senate Appropriations Committee Suspense File.**

AB-220 (Jackson) - Medi-Cal: subacute care services.
Requires a provider seeking authorization for subacute care services to submit a specified form with the treatment authorization request. Prohibits Medi-Cal managed care plans from developing or using their own criteria to substantiate medical necessity for subacute care services or from requiring subsequent treatment authorization requests for subacute care services after a patient returns from a bed hold for acute hospitalization. **Vetoed.**

AB-350 (Bonta) - Health care coverage: fluoride treatments.
Requires the Department of Health Care Services to issue billing guidance and make any necessary updates to ensure Medi-Cal coverage policy for recipients under age 21 is consistent with the federal requirements and allows for the application of fluoride varnish without any place of service restrictions. **Chapter 500, Statutes of 2026.**

AB-543 (Mark González) - Medi-Cal: field medicine.
Requires the Department of Health Care Services to update the Medi-Cal application to collect information on whether an applicant is experiencing homelessness. Requires Medi-Cal managed care plans who elect to contract with field medicine providers to allow Medi-Cal recipients experiencing homelessness to receive services from a contracted, in-network field medicine provider regardless of network assignment and to allow field medicine providers to make direct referrals for Medi-Cal covered services such as diagnostic services, medications, or durable medical equipment within the managed care network. **Chapter 374, Statutes of 2025.**

AB-618 (Krell) - Medi-Cal: behavioral health: data sharing.
Requires the Department of Health Care Services to develop guidance to assist Medi-Cal plans, county mental health plans, Drug Medi-Cal certified programs, and Drug Medi-Cal organized delivery system programs to share member data electronically to support member care after consulting with the aforementioned stakeholders on the development of the guidance. Requires the California Health and Human Services Agency to determine the minimum data elements for sharing member data. **Held on the Senate Appropriations Committee Suspense File.**

AB-688 (Mark González) - Telehealth for All Act of 2025.
Requires the Department of Health Care Services to produce publicly available telehealth utilization reports every two years, starting in 2028, with specified data, separately or as part of the existing Biennial Telehealth Utilization Reports. **Chapter 437, Statutes of 2025.**

AB-870 (Hadwick) - California Children's Services Program: county designation.
Allows counties with populations under 2,000 to designate another county to administer its California Children's Services (CCS) program so long as the other county agrees, abides by the CCS program standards, and neither county is a "Whole Child Model" county that provides CCS services through Medi-Cal managed care plans. **Chapter 167, Statutes of 2025.**

AB-1126 (Patterson) - Medi-Cal managed care plans: enrollees with other health care coverage.
Requires the Department of Health Care Services to ensure that providers serving Medi-Cal recipients with other health coverage do not face administrative requirements significantly in excess of the requirements in the Medi-Cal fee-for-service delivery system and to take the actions it deems necessary to ensure these recipients are able to coordinate their care as seamlessly as possible. Requires 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 other health coverage, without requiring an in-network provider contract. **Chapter 193, Statutes of 2026.**

AB-1328 (Michelle Rodriguez) - Medi-Cal reimbursements: nonemergency ambulance and other transportation.
Requires Medi-Cal reimbursement for nonemergency ambulance transportation services to be 80% of the Medicare ambulance fee schedule for the corresponding level of service and makes additional adjustments to how Medi-Cal certifies medical necessity for nonemergency ambulance transportation services or how mileage for these services can be documented. **Vetoed.**

AB-1672 (Solache) - Medi-Cal: Program of All-Inclusive Care for the Elderly: rates.
Requires the Department of Health Care Services to notify contracting Program of All-Inclusive Care for the Elderly (PACE) organizations at least 60 days prior to submitting proposed capitated rates for Medi-Cal services provided by PACE organizations to the federal Centers for Medicare and Medicaid Services (CMS) for approval, and to respond to questions or feedback from the PACE organizations no later than 30 days prior to the CMS submission. **No action taken on the Senate Floor.**

AB-1906 (Aguiar-Curry) - Health care coverage: home test kits.
Requires health plans, insurers, and Medi-Cal to provide coverage without cost-sharing for cervical cancer screening when ordered or provided by an in-network provider consistent with nationally recognized clinical guidelines, instead of annually, and includes coverage for cervical cancer screening test kits that allow patients to self-collect at a location outside of a clinical setting when ordered by the patient's health care provider. **Chapter 560, Statutes of 2026.**

AB-1949 (Lee) - Medi-Cal: acupuncture treatments.
Requires the Medi-Cal program to cover up to 24 acupuncture visits per recipient per calendar year. **Vetoed.**

AB-2081 (Stefani) - Medi-Cal: Home and Community-Based Alternatives Waiver.
Requires the Department of Health Care Services (DHCS) to expand the number of Home and Community-Based Alternative waiver slots by 5,000, subject to federal approval, and authorizes DHCS to evaluate and designate additional populations receiving priority enrollment, subject to federal cost-neutrality requirements. **Vetoed.**

AB-2160 (Celeste Rodriguez) - Medi-Cal: lactation services.
Requires the Department of Health Care Services to issue updated Medi-Cal guidance clarifying Medi-Cal coverage for lactation services. **Chapter 488, Statutes of 2026.**

AB-2161 (Bonta) - Medi-Cal eligibility: work or community engagement.
Makes technical changes to the state's implementation of new federal Medicaid work or community engagement requirements, including: clarifying which individuals are subject to the requirements, clarifying what income counts when determining whether a person is working for purposes of the requirements, and specifying the steps that counties must take when they are unable to verify whether an individual meets the work or community engagement requirements. **Chapter 209, Statutes of 2026.**

AB-2194 (Valencia) - Medi-Cal: special commissions.
Staggers the terms of members of the Orange County Health Authority's governing board and requires the board to authorize and pay for an independent external audit of its governance procedures and practice and submit it to the Legislature by July 1, 2027. Requires the Orange County Health Authority to review the findings and develop a collective action plan to address any identified deficiencies, as appropriate. **Chapter 588, Statutes of 2026.**

AB-2201 (Boerner) - Medi-Cal: eligibility redetermination.
Implements the federal requirement to renew specified Medi-Cal recipients' eligibility every six months instead of twelve and specifies additional conditions that require counties to verify a Medi-Cal recipient's eligibility based on information the county has in the recipient's file. **Held on the Senate Appropriations Committee Suspense File.**

AB-2208 (Stefani) - Medi-Cal: cost sharing and accessibility.
Requires the state to continue to provide three months of retroactive coverage for the Medi-Cal program despite loss of federal funding for one or two of these months, depending on the population, specifies that federally-mandated cost sharing required in the Medi-Cal program starting October 1, 2028, is limited to one cent, and makes technical changes to the Medi-Cal application and renewal processes. **Held on the Senate Appropriations Committee Suspense File.**

AB-2348 (Bonta) - Medi-Cal: enhanced care management and community supports.
Requires the Department of Health Care Services to publish model managed care coverage standards and policy for the California Advancing and Innovating Medi-Cal initiative's community supports benefits, submit information to the Legislature on the feasibility of transitioning the community supports benefits to permanent Medi-Cal benefits, and makes other technical changes to the community supports and Enhanced Care Management benefits. **Chapter 600, Statutes of 2026.**

AB-2352 (Valencia) - Medi-Cal providers: nonprofit public benefit corporations.
Allows nonprofit benefit corporations that provide nonspecialty mental health services to enroll as a Medi-Cal provider. **No action taken on the Senate Floor.**

AB-2486 (Addis) - Medi-Cal: Whole Child Model program.
Recasts the existing Whole Child Model advisory group as a broader California Children's Services (CCS) advisory group and requires the Department of Health Care Services to produce a summary report every two years on the progress towards specified CCS measures and program priorities. **Chapter 304, Statutes of 2026.**

AB-2538 (Macedo) - Medi-Cal: hospice providers: forms.
Codifies current Department of Health Care Services (DHCS) requirements for hospice providers to notify DHCS when a Medi-Cal fee-for-service recipient elects hospice services prior to seeking reimbursement for services. **No action taken on concurrence on the Assembly Floor.**

AB-2565 (Wallis) - Medi-Cal: pharmacist services: reporting.
Requires the Department of Health Care Services (DHCS) to issue guidance clarifying Medi-Cal plans' obligation to cover pharmacist services; to update its model evidence of coverage to explicitly include coverage of pharmacist services described in state law; and, if DHCS determines that a Medi-Cal plan has failed to comply with state law and guidance on pharmacist services, to take appropriate corrective action. **Vetoed.**

AB-2571 (Flora) - Reimbursement for pharmacist services.
Requires a health plan or health insurer to pay or reimburse the cost of covered services performed by a pharmacist if the pharmacist is enrolled as a provider with the health plan or insurer. Requires the Department of Health Care Services to reimburse enrolled Medi-Cal pharmacists for pharmacy services, reimburse enrolled advanced practice pharmacists for medication therapy management services, reimburse advanced practice pharmacists at the same rate as physicians, and submit a state plan amendment to recognize pharmacists as providers at federally qualified health centers and rural health clinics. **Vetoed.**

AB-2704 (Addis) - Fee Schedule Intensive Technical Support for Onboarding Program.
Establishes the Fee Schedule Intensive Technical Support for Onboarding Program to provide certain local educational agencies and institutions of higher education with intensive technical assistance and support for their utilization of the Children and Youth Behavioral Health Initiative Fee Schedule Program. Requires the Department of Health Care Services, the California Department of Education, and a designated lead entity to select up to 25 entities to participate in the program. **Held on the Senate Appropriations Committee Suspense File.**

AB-2756 (Ahrens) - Medi-Cal: vision services: performance measures.
Requires the Department of Health Care Services to establish a list of performance measures to evaluate the utilization, access, and availability of Medi-Cal vision services. **Chapter 309, Statutes of 2026.**

Prescription Drugs

SB-40 (Wiener) - Health care coverage: insulin.
Prohibits a health plan contract and health insurance policy from imposing a copayment, coinsurance, deductible, or any other cost-sharing on an insulin prescription drug that exceeds $35 for a 30-day supply; requires at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary; and, prohibits a health plan from imposing step therapy as a prerequisite to authorizing coverage of at least one insulin drug type. **Chapter 737, Statutes of 2025.**

SB-41 (Wiener) - Pharmacy benefits.
Prohibits pharmacy benefit managers (PBMs) from retaining the difference in payment to a pharmacy compared to the amount paid by the health plan or insurer (spread pricing); requires 100% pass through of rebates to health plans and insurers that PBMs negotiate with drug manufacturers; bans PBM and drug manufacturer contracts that require exclusivity for a manufacturer's drugs, medical devices, or other products unless low premiums and cost-sharing can be demonstrated; bans PBM and pharmacy or pharmacy services administration organization contracts that restrict or impose exclusivity on nonaffiliated pharmacies' ability to contract with employers, health insurers, and health plans; and, prohibits numerous additional PBM activities impacting pharmacies. **Chapter 605, Statutes of 2025.**

SB-418 (Menjivar) - Health care coverage: prescription hormone therapy and nondiscrimination.
Permits a person to receive coverage for a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in network provider and dispensed at one time, as specified; prevents a person from being excluded from enrollment or participation in, denied the benefits of, or subjected to discrimination by, any health plan or health insurer licensed in this state on the basis of race, color, national origin, age, disability, or sex; and, defines "discrimination on the basis of sex" to include, but not be limited to, discrimination on the basis of sex characteristics. **Vetoed.**

SB-950 (Weber Pierson) - Health care coverage: dementia.
Requires health plans and insurers to cover all medically necessary treatments or medications, as determined by a health care provider, that are approved by the federal Food and Drug Administration (FDA) for the treatment of Alzheimer's disease or other medical conditions affecting memory. Prohibits health plans and insurers from imposing step therapy protocols when one or more medications are approved by the FDA, unless a plan or insurer has covered at least one anti-amyloid therapy without step therapy. **Chapter 662, Statutes of 2026.**

SB-1023 (Laird) - Health care coverage: antiretroviral drugs, drug devices, and drug products.
Adds to an existing health plan and insurer prohibition on prior authorization and step therapy for medically necessary HIV/AIDS antiretroviral drugs, drug devices and drug products. Requires a health plan or insurer to cover a non-self-administered antiretroviral drug, drug device, or drug product approved by the federal Food and Drug Administration for the prevention of HIV/AIDS both under the medical benefit and outpatient prescription drug benefit. **Chapter 470, Statutes of 2026.**

SB-1089 (Richardson) - Preventive Treatment Health Care Act.
Adds at least one glucagon-like peptide-1 antiobesity weight medication approved by the federal Food and Drug Administration to existing authority granted to the California Health and Human Services Agency under CalRx, for purposes of entering into partnerships, if needed, to increase competition, lower prices, and address supply shortages. **Chapter 725, Statutes of 2026.**

SB-1094 (Weber Pierson) - Prescription drugs.
Requires a health plan or insurance policy that provides prescription drug benefits to cover a lower-cost biosimilar if it covers a reference biological product. Authorizes health plans and insurers, upon 60 days' notice to enrollees, insureds, and prescribing providers, to require enrollees/insureds currently prescribed a biological product to try a biosimilar when available at the same or lower cost-sharing unless the prescribing provider indicates not to substitute. Authorizes a pharmacist to substitute a reference product with a biosimilar when available to the patient at the same or lower cost-sharing unless the prescribing provider indicates not to substitute. Requires health plans and insurers to report to regulators the proportion of prescriptions filled for an alternative product that resulted in reduced cost sharing, information about the factors limiting cost sharing reductions, and the impact on premiums. **Chapter 1007, Statutes of 2026.**

SB-1199 (Weber Pierson) - Prescription drug cost sharing.
Requires health plans and health insurers to count any amount paid for an enrollee's or insured's drug cost-sharing toward the enrollee's or insured's annual limit on cost-sharing and deductible including any form of direct support offered by drug manufacturers permitted under existing state law. **Held on the Assembly Appropriations Committee Suspense File.**

AB-447 (Mark González) - Emergency room patient prescriptions.
Permits a prescriber in an emergency room to dispense the unused portion of a drug upon discharge if the drug is not a controlled substance and the drug was administered from single patient use, multi-dose packaging and can be self-administered by the patient. **Chapter 363, Statutes of 2025.**

AB-554 (Mark González) - Health care coverage: antiretroviral drugs, drug devices, and drug products.
Prohibits nongrandfathered health plans and insurance policies, established pursuant to the federal Affordable Care Act, from imposing any cost-sharing for antiretroviral drugs, devices, or drug products that are approved by the federal Food and Drug Administration for preexposure prophylaxis. Applies this bill and the law it amends to an antiretroviral drug, drug device, or drug product regardless of whether or not it is self-administered. **Vetoed.**

AB-1460 (Rogers) - Prescription drug pricing.
Prohibits a prescription drug manufacturer from engaging in discriminatory practices that would impose additional conditions, prohibit, restrict, deny, or interfere with a community clinic's purchase or delivery of a drug eligible for a 340b discount if a community clinic utilizes a specified pharmacy that dispenses the drug to an eligible patient of the clinic. **No action taken in the Senate Health Committee.**

AB-1773 (Blanca Rubio) - Pharmacy benefit managers.
Requires the Department of Managed Health Care to maintain a website displaying information about each California licensed Pharmacy Benefit Manager. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-1887 (Zbur) - Prescription drug coverage for rare diseases.
Requires prior authorization for prescription drugs prescribed for the treatment of a rare disease to be completed within 30 days of the initial request by a provider if the drug is the only federal Food and Drug Administration-approved treatment for the rare disease; and, requires approval of the prescription if the 30-day timeline is not met including if a dispute between the plan and provider is ongoing at the end of the 30-day period. **Chapter 557, Statutes of 2026.**

AB-1970 (Harabedian) - Health care coverage: mental health or substance use disorders.
Prohibits, notwithstanding any other law, a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of a serious mental illness or substance use disorder unless at least one therapeutic equivalent is available without step therapy. **Held on the Senate Appropriations Committee Suspense File.**

Public Health

SB-223 (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; and, requires CDPH, in consultation with those agencies, to create, operate, and maintain a statewide-integrated wildfire smoke and health data platform by July 1, 2028. **Held on the Senate Appropriations Committee Suspense File.**

SB-297 (Hurtado) - Valley Fever Screening and Prevention Act of 2025.
Requires the California Department of Public Health to annually analyze and identify regions with high rates of Valley Fever and to publish a list of high-incidence regions; requires local health departments in high incidence areas to conduct outreach to health care providers and the general public to raise awareness of Valley Fever risks, symptoms, and prevention strategies; requires an adult patient receiving primary care services in a high incidence region to be offered a Valley Fever screening test; and, requires health plans, insurers, and Medi-Cal to cover Valley Fever screening tests in high-incidence regions. **Held on the Assembly Appropriations Committee Suspense File.**

SB-317 (Hurtado) - Wastewater surveillance.
Codifies the existing California Surveillance of Wastewaters program by requiring the California Department of Public Health, in consultation with participating wastewater treatment facilities, local health departments, and other subject matter experts, to maintain the network to test for pathogens, toxins, or other public health indicators in wastewater. **Vetoed.**

SB-682 (Allen) - Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.
Prohibits a person from distributing, selling, or offering for sale five covered products that contain intentionally-added per- and polyfluoroalkyl substances (PFAS) beginning January 1, 2028, and cookware containing intentionally-added PFAS beginning January 1, 2030. **Vetoed.**

SB-1447 (Committee on Health) - Health omnibus.
Authorizes the California Department of Public Health (CDPH) to implement and modify the list of data elements, standards, schedules, and instructions pertaining to the syndromic surveillance program at any time. Requires entities to report to the syndromic surveillance system no later than December 31, 2028, or within one year of official notification by CDPH. **Chapter 238, Statutes of 2026.**

AB-1003 (Calderon) - Public health: emergency plans and wildfire research.
Adds a due date of June 30, 2026, to existing law which requires the California State Department of Public Health (CDPH) to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event. Adds to the requirements of the CDPH and county-specific plans in existing law, including distribution and public posting requirements. **Chapter 537, Statutes of 2025.**

AB-1326 (Ahrens) – Health masks: right to wear.
States that an individual has the right to wear a health mask on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors. **Vetoed.**

ACR-94 (Patel) - Antimicrobial resistance.
Recognizes antimicrobial resistance (AMR) as a public health crisis requiring urgent and sustained action, and urges specified state agencies to explore funding mechanisms to support research and development initiatives addressing AMR, particularly in underserved and high-risk communities. **Res. Chapter 103, Statutes of 2026.**

Telehealth - Data Exchange

SB-530 (Richardson) - Medi-Cal: time and distance standards.
Extends the operation of the existing Medi-Cal managed care plan network adequacy standards for three more years; and, adds new requirements regarding subcontractors, telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy. **Chapter 418, Statutes of 2025.**

SB-660 (Menjivar) - California Health and Human Services Data Exchange Framework.
Transfers the responsibility of the California Health and Human Services Data Exchange Framework and Data Sharing Agreement and its policies and procedures to the Department of Health Care Access and Information and makes other updates to the data exchange framework. **Chapter 325, Statutes of 2025.**

AB-618 (Krell) - Medi-Cal: behavioral health: data sharing.
Requires the Department of Health Care Services to develop guidance to assist Medi-Cal plans, county mental health plans, Drug Medi-Cal certified programs, and Drug Medi-Cal organized delivery system programs to share member data electronically to support member care by January 1, 2027, after consulting with the aforementioned stakeholders on the development of the guidance. Requires the California Health and Human Services Agency to determine the minimum data elements for sharing member data. **Held on the Senate Appropriations Committee Suspense File.**

AB-688 (Mark González) - Telehealth for All Act of 2025.
Requires the Department of Health Care Services to produce publicly available telehealth utilization reports every two years, starting in 2028, with specified data, separately or as part of the existing Biennial Telehealth Utilization Reports. **Chapter 437, Statutes of 2025.**

AB-2448 (Berman) - Medical information: confidentiality.
Requires a business that stores or maintains medical information in an electronic medical record system or electronic health record system on the provision of sensitive services to not only develop, but also enable capabilities, policies and procedures, as specified, to protect information related to gender affirming care, abortion and abortion-related services, and contraception. **Chapter 607, Statutes of 2026.**

Tobacco

SB-1124 (Archuleta) - Public health.
Requires the California Department of Public Health to develop signage for lung cancer screening by July 1, 2027, and requires licensed tobacco retailers to conspicuously display this signage in retail locations beginning January 1, 2028. Creates a $500 civil penalty for failure to display the signage, enforceable by the California Department of Tax and Fee Administration and deposited into the Cigarette and Tobacco Products Compliance Fund. **Chapter 726, Statutes of 2026.**

SB-1314 (Menjivar) – Cigarettes or tobacco product retailers: new retail locations and sale of nitrous oxide.
Prohibits, effective July 1, 2027, a new retail location for retailers of cigarette or tobacco products from being located within a 600-foot radius of a school or daycare center (other than a family daycare home) unless the local jurisdiction specifies a radius greater than 600 feet. Prohibits a retailer of cigarette or tobacco from possessing, storing, owning, or selling nitrous oxide or related paraphernalia. Imposes existing penalties and license actions under the Stop Tobacco Access to Kids Enforcement Act, ranging from suspension to revocation, for violations of provisions in this bill. **Held on the Assembly Appropriations Committee Suspense File.**

AB-573 (Rogers) - Cigarette and tobacco products: licensing and enforcement.
Increases the fee for a license to sell tobacco products in the state for each separate license in order to provide additional resources for increased enforcement of tobacco law. Requires the Legislative Analyst's Office to report to the Legislature information about the states enforcement activities and how they could be bolstered. **Chapter 269, Statutes of 2025.**

Vital Records

SB-313 (Cervantes) - Vital records: birth certificates.
Requires the birthplace of each parent to be contained in the medical and social portion of the certificate of live birth, and to be kept confidential. **Chapter 669, Statutes of 2025.**

SB-381 (Wahab) - 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. **Held on the Assembly Appropriations Committee Suspense File.**

SB-1071 (Ochoa Bogh) - Death certificates.
Authorizes a family member of a deceased person, when a judicial determination is made on the manner of the person's death, to submit a written request to the State Registrar for a new death certificate reflecting the newly determined manner of death. **Held on the Senate Appropriations Committee Suspense File.**

SB-1186 (Seyarto) - Expedited birth certificates upon adoption.
Requires the State Registrar to establish a new birth certificate within 11 weeks upon receipt of either a report of adoption from any court of record for any child born in California or a readoption order. Requires the State Registrar, if it determines that the report of adoption or readoption order is incomplete, to notify the court or applicant within 14 weeks requesting the required documentation. Requires the State Registrar to establish a new birth certificate within 11 weeks of receipt of the required documentation. **Chapter 1014, Statutes of 2026.**

AB-64 (Pacheco) - Vital records.
Requires the State Registrar to require the use of a diacritical mark on an English letter within a name to be properly recorded, when applicable, on a certificate of live birth, fetal death, marriage license and certificate, or confidential marriage license and certificate. Authorizes, if a name is not accurately recorded because of the absence of a diacritical mark in any vital record already registered, the party asserting the omission to submit a written request to the State Registrar for the issuance of a corrected certificate stating the changes necessary to make a name correct. **Chapter 662, Statutes of 2025.**

AB-583 (Pellerin) - Death certificates.
Adds nurse practitioners (NPs) to the list of health care practitioners last in attendance who are required to complete and attest to the medical and health section and time of death on a death certificate in specified facilities, and imposes the same requirements on NPs that are currently placed on physicians and physician assistants for the purpose of reporting deaths. **Chapter 271, Statutes of 2025.**

AB-1084 (Zbur) - Change of name and gender and sex identifier.
Streamlines the legal process for an individual petitioning to change their name to conform to their gender identity. Eliminates the requirement that a petitioner file the judgement within 30 days to the State Registrar or a local registrar for a new vital record reflecting the change in name and gender identity. **Chapter 723, Statutes of 2025.**

Women's Health/Reproductive Health

SB-32 (Weber Pierson) - Health care coverage: timely access to care.
Requires the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance to develop time and distance or geographic accessibility standards for perinatal units. **Held on the Assembly Appropriations Committee Suspense File.**

SB-228 (Cervantes) - Comprehensive Perinatal Services Program.
Requires the California Department of Public Health, in collaboration with the Department of Health Care Services (DHCS), to update regulations, create a provider training, and collect information on the Comprehensive Perinatal Services Program (CPSP); and, requires DHCS to implement a program to monitor Medi-Cal plan's provision of CPSP services and to prepare a report on the number of people offered and receiving CPSP services every three years. **Held on the Assembly Appropriations Committee Suspense File.**

SB-257 (Wahab) - Pregnancy As a Recognized Event for Nondiscriminatory Treatment (PARENT) Act.
Establishes pregnancy as a health plan/insurer triggering event for a special enrollment opportunity in the individual health insurance market. **Vetoed.**

SB-608 (Menjivar) - Sexual health.
Prohibits a local educational agency (LEA) from prohibiting a school-based health center that serves its schools from making internal and external condoms available and easily accessible to students in grades 7 to 12, inclusive. Requires LEAs to allow condoms to be made available during specified educational or public health programs. Authorizes the California Department of Education to monitor compliance with the California Healthy Youth Act as part of its annual compliance monitoring process. Prohibits retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age**. Vetoed.**

SB-626 (Smallwood-Cuevas) - Perinatal health screenings and treatment.
Revises an existing requirement on plans and insurers relating to maternal mental health (MMH) screenings to require case management, care coordination, guidelines, and the standards of care appropriate to the provider's scope of practice, as specified. Encourages health plans and insurers to provide coverage for outpatient prescription drugs approved by the federal Food and Drug Administration for MMH. Requires licensed health care practitioners who provide perinatal care for a patient to ensure the patient is screened for MMH consistent with the plan or insurer MMH program, and applicable standards of care. **Chapter 973, Statutes of 2026.**

SB-646 (Weber Pierson) - Prenatal multivitamins.
Requires manufacturers of prenatal multivitamins to test samples of the vitamins for arsenic, cadmium, lead, and mercury, and requires the brand owner of a prenatal multivitamin product to disclose the testing results and other information to the public. **Chapter 602, Statutes of 2025.**

SB-669 (McGuire) - Rural hospitals: standby perinatal services.
Requires the California Department of Public Health to establish a ten-year pilot project to allow up to five critical access hospitals to establish standby perinatal services. **Chapter 603, Statutes of 2025.**

SB-912 (Cervantes) - Comprehensive perinatal services.
Transfers primary jurisdiction of the Medi-Cal comprehensive perinatal services program from the California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) jointly to DHCS with collaboration from CDPH. Makes other revisions to Medi-Cal's provision of comprehensive perinatal services, including payment requirements for clinics, and requires DHCS to develop a provider training on the services and prepare triennial reports to the Legislature on the number of Medi-Cal recipients receiving the services. **Held on the Senate Appropriations Committee Suspense File.**

AB-40 (Bonta) - Emergency services and care.
Adds "reproductive health services, including abortion" to the definition of "emergency services and care" in existing law for purposes of provisions requiring hospitals and physicians to provide emergency care to patients without regard to ability to pay. **These provisions were amended out of the bill.**

AB-54 (Krell) - Access to Safe Abortion Care Act.
Prohibits a manufacturer, distributor, authorized health care provider, pharmacist, or individual from being subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, dispensing, or administering brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state after January 1, 2020. **No action taken on the Senate Floor.**

AB-55 (Bonta) - Alternative birth centers: licensing and Medi-Cal reimbursement.
Repeals the requirement that licensed alternative birth centers be certified as a Comprehensive Perinatal Services Provider, and the requirement that the alternative birth center be located within 30 minutes of a hospital with the capacity for the management of obstetrical and neonatal emergencies, and instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital. **Chapter 595, Statutes of 2025.**

AB-260 (Aguiar-Curry) - Sexual and reproductive health care.
Prohibits the California Department of Public Health (CDPH) from taking criminal, civil, professional discipline, or licensing action against a clinic or health facility for engaging in certain acts relating to mifepristone or other medication abortion drugs. Permits CDPH to adopt regulations specific to medication abortion drugs, including exempting those drugs from certain requirements if the drugs are not approved by the federal Food and Drug Administration (FDA) for abortion. Prohibits a health plan contract or a group or individual health insurance policy that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status. Places various requirements on pharmacists related to prescribing and dispensing mifepristone or other medical abortion drugs. Makes various changes to requirements specific to healing arts practitioners who are authorized to prescribe, furnish, order, or administer certain drugs. Deletes unconstitutional and obsolete provisions of existing law relating to criminal abortion penalties. **Chapter 136, Statutes of 2025.**

AB-1696 (Stefani) - Emergency services and care: nurse-midwives.
Prohibits provisions of law requiring hospitals to stabilize patients with an emergency medical condition, or when they are in active labor, without regard to ability to pay, from requiring physician supervision of a certified nurse-midwife in the labor and delivery unit, obstetric triage, or dedicated emergency obstetric evaluation unit, when the nurse-midwife is practicing within their scope of practice. **Chapter 484, Statutes of 2026.**

AB-1882 (Ellis) - Safe Delivery Fund Pilot Program.
Establishes the Safe Delivery Fund Pilot Program to provide funding to critical access hospitals that meet specified requirements in order to support the cost of maintaining standby capacity for labor and delivery units that have a lower volume of baby deliveries. **Vetoed.**

AB-1910 (Boerner) - Public health: pelvic floor health advisement.
Requires the California Department of Public Health to post information on its pregnancy and reproductive health website advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit. **Chapter 486, Statutes of 2026.**

AB-2066 (Celeste Rodriguez) - Triggering event: pregnancy.
Establishes pregnancy as a triggering event for an individual to enroll in or change individual health plans, or add a dependent, during a special enrollment period. **Vetoed.**

AB-2160 (Celeste Rodriguez) - Medi-Cal: lactation services.
Requires the Department of Health Care Services to issue updated Medi-Cal guidance clarifying Medi-Cal coverage for lactation services. **Chapter 488, Statutes of 2026.**

AB-2531 (Irwin) - Public health: abortion services.
Requires grant recipients of the California Reproductive and TGI Health Equity Program to provide services to veterans who have health coverage through the Veterans Affairs health system, but cannot access abortion or contraception care through that system, and those who are not otherwise eligible to receive those services at no cost through the Medi-Cal and Family PACT programs. **Chapter 489, Statutes of 2026.**

AB-2540 (Stefani) - Public health: public postsecondary education: student health centers: abortion by medication techniques.
Requires a community college that has a student health center, upon appropriation by the Legislature, to offer medication abortion, promote awareness of those services, provide information on those services to students, and post their availability on its website. **Chapter 490, Statutes of 2026.**

Workforce

SB-246 (Grove) - Medi-Cal: graduate medical education payments.
Requires the Department of Health Care Services to implement a program to allow district and municipal hospitals to draw down federal Medicaid funding for graduate medical education costs. **Chapter 308, Statutes of 2025.**

SB-520 (Caballero) - Nurse-midwifery education program.
Creates the California Nurse-Midwifery Education Fund, with $2 million upon appropriation by the Legislature, administered by the Department of Health Care Access and Information to establish master's level nurse-midwifery education programs within the California State University and/or the University of California. **Chapter 601, Statutes of 2025.**

SB-862 (Committee on Health) – Health omnibus.
Clarifies that all students in Certified Nursing Assistant training in educational institutions and skilled nursing facilities are required to spend two of the 60 classroom hours focusing on Alzheimer's disease and related dementias. **Chapter 243, Statutes of 2025.**

SB-1057 (Becker) - Licensing: certified nurse assistants and home health aides.
Revises and recasts a portion of existing law governing the training and certification of certified nurse assistants (CNA) and home health aides, specifically provisions related to the denial of an application for certification or training, or the suspension or revocation of certification, licensure, or renewal. Aligns these provisions of law for both professions with each other. Permits the 48 hours of continuing education or in-service training documentation required for the renewal of a CNA license to be obtained through in-person instruction, online instruction, or other distance learning formats approved by the California Department of Public Health. **Vetoed.**

SB-1271 (Reyes) - Midwifery: workforce data: availability to be a clinical preceptorship.
Requires the Medical Board of California (MBC), as part of workforce data collection requirements, to request that a licensed midwife provide MBC with information about their eligibility, availability, and capacity to serve as a clinical preceptor, information about their clinical practice setting, and any barriers to serving as a preceptor. Requires the MBC to provide this information to the California Department of Health Care Access and Information (HCAI) on a quarterly basis and requires HCAI to prepare a report to the Legislature by June 30, 2029. **Chapter 492, Statutes of 2026.**

AB-96 (Jackson) - Mental health services: peer support specialist certification.
Deletes the requirement that a certified peer support specialist applicant possess a high school diploma or equivalent degree. **Chapter 497, Statutes of 2026.**

AB-460 (Chen) - Radiologic technologists: venipuncture: direct supervision.
Revises the definition of "direct supervision," for purposes of venipuncture by radiologic technologists, to permit physician supervision through audio and video communication. Requires a facility to have safety protocols and personnel onsite who have the appropriate license to respond to adverse events at the physician's direction. **Chapter 435, Statutes of 2025.**

AB-836 (Stefani) - Midwifery Workforce Training Act.
Requires the Department of Health Care Access and Information, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education to be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California. **Chapter 597, Statutes of 2025.**

AB-1495 (Valencia) - Home health aides: training and certification.
Establishes requirements and standards for online training, distance learning training, or in-service training for certified home health aides (HHAs). Requires a person who provides classroom and supervised practical training for an HHA to be either: a) a registered nurse (RN) who possesses at least two years nursing experience (with at least one year in home health care); or, b) a licensed vocational nurse under the general supervision of the RN. **Chapter 400, Statutes of 2025.**

AB-1591 (Michelle Rodriguez) - California Podiatric Pipeline Program.
Creates the California Podiatric Pipeline Program to support and promote careers in podiatric medicine, authorizes the Department of Health Care Access and Information (HCAI) to use funds from the Health Professions Education Fund or Health Professions Pathways Program to implement the program, and requires HCAI to annually, upon appropriation, report performance metrics to the Legislature, along with recommendations for expanding opportunities for podiatric graduates. **Vetoed.**

AB-1811 (Rogers) - Health professionals.
Defines a health professional shortage area (HPSA) as either one currently recognized by the federal Department of Health and Human Services (HHS), an area recognized as HPSA by HHS on January 1, 2025, or an area determined by the Department of Health Care Access and Information (HCAI) to have a shortage of health professionals. Updates reporting requirements for boards of healing arts licensees and registrants to include specified information used for designating an HPSA and requires healing arts boards to collect this data at the time of licensure or registration and at least biennially thereafter, and requires boards to provide this information to HCAI monthly. **Chapter 549, Statutes of 2026.**

Miscellaneous

SB-403 (Blakespear) - End of Life Option Act: sunset.
Removes the January 1, 2031, End of Life Option Act sunset date, making the program permanent. **Chapter 315, Statutes of 2025.**

SB-439 (Weber Pierson) - California Health Benefit Review Program: extension.
Extends the authorization for funding for the California Health Benefits Review Program (CHBRP) and increases the limit on the health insurance assessment that supports CHBRP's work to $3.2 million. Sunsets the statute on July 1, 2033. **Chapter 318, Statutes of 2025.**

SB-829 (Wiener) - California Institute for Scientific Research: CalRx Initiative: vaccines.
Establishes the California Institute for Scientific Research to facilitate scientific research by awarding grants and making loans to public or private research companies, universities, institutes, and organizations for scientific research and development. Requires the California Health and Human Services Agency to enter into partnerships or contracts resulting in the development, production, procurement, or distribution of vaccines, by any entity that is authorized to do so under federal or state law. **Held on the Senate Appropriations Committee Suspense File.**

SB-895 (Wiener) - California Science and Health Research Bond Act.
Creates the California Foundation for Science and Health Research (CFSHR), housed in the Government Operations Agency, to award grants, loans, and contracts to public or private research companies, universities, academic medical centers, institutes, and organizations for scientific research and development from a California Foundation for Science and Health Research and Innovation Acceleration (CFSHRIA) Fund and CFSHRIA Benefit Fund. Establishes the CFSHR Council to establish and develop the strategic objectives and priorities of the Foundation and determine which projects will be awarded grants, loans, or contracts. Funds the CFSHRIA Fund through the issuance and sale of $7.5 billion in bonds, pending voter approval on the March 7, 2028, primary election ballot. **Chapter 1040, Statutes of 2026.**

SB-980 (Hurtado) - Access to medical records.
Prohibits a health care provider from charging a fee for completing health-related forms required by an educational institution or childcare provider for participation in school, childcare, or school-sponsored activities. **Hearing cancelled at the request of the author in the Senate Health Committee.**

SB-1099 (Reyes) - State and local public benefits.
Aligns terminology in state statute that permits local entities to provide benefits for immigrants ineligible for those benefits under federal law with the federal statute that requires a state to expressly authorize such eligibility. **Chapter 1009, Statutes of 2026.**

AB-785 (Sharp-Collins) - 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-1088 (Bains) - Public health: kratom.
Adds kratom products to the Sherman Food, Drug, and Cosmetic Law. Requires kratom processors to register themselves and their products annually with the California Department of Public Health and requires laboratory certificates of analysis for all products. Places limits of 75mg mitragynine and 0.57mg of 7-hydroxymitragynine per package and establishes poison prevention packaging and labeling requirements. Prohibits the sale or distribution of kratom products to anyone under 21 years of age at a premise or internet website or application that permits anyone under 21 to enter and remain or complete a purchase of any product. Prohibits the sale or distribution of a kratom product that has a child-attractive flavor. Establishes a 15% retail tax on kratom products purchased for use in the state to fund the Kratom Products Public Health and Safety Fund. **Hearing cancelled at the request of the author in the Senate Health Committee.**

AB-1237 (McKinnor) - Swimming pool safety: building codes: condominium units.
Exempts throughout public pool safety law a swimming pool, spa, and nonportable wading pool located on or within a private balcony, patio, or terrace of a condominium unit from the definition of “public swimming pool” for purposes of meeting public pool safety requirements. Instead requires these types of pools to comply with private pool safety requirements. Requires the Department of Public Health and the California Building Standards Commission to update necessary regulations on an emergency basis to implement the provisions of this bill. **Held on the Senate Appropriations Committee Suspense File.**

AB-1415 (Bonta) - California Health Care Quality and Affordability Act.
Establishes definitions of “hedge fund,” “private equity group,” “management services organization,” and “noticing entity” for the purposes of data reporting to the Office of Health Care Affordability (OHCA) to carry out functions of OHCA related to monitoring and analyzing the health care market and cost drivers of spending, and creating a state strategy for controlling the cost of health care. **Chapter 641, Statutes of 2025.**

AB-1864 (Berman) - Gene synthesis equipment manufacturers and providers.
Prohibits manufacturers of benchtop nucleic acid synthesis equipment and providers of synthetic nucleic acid sequences from producing, selling, or distributing equipment or nucleic acids within the state unless the provider or manufacturer adheres to the federal Framework for Nucleic Acid Synthesis Screening as revised by the National Science and Technology Council in 2024, and attests to doing so on a public website. Makes violations subject to a civil penalty of up to $5,000 per day. **Chapter 852, Statutes of 2026.**

AB-2009 (Chen) - Blood banks and plasma centers.
Makes various updates in licensing provisions for plasma centers (PCs), such as: excluding PCs from blood bank licensing laws; eliminating requirements pertaining to blood transfusion principles and practices; modernizing the requirements for acceptable photographic identification to be a plasma donor; allowing for other licensed health professionals to do pre-donor screenings; and, allowing for the continuity of PC operation when there are personnel or ownership changes. **Chapter 570, Statutes of 2026.**

AB-2368 (Bonta) – Low-income health care: internet website and information.
Requires the Department of Health Care Services to establish a website with public information about safety-net health care services in the state, including specified information about each county health care program for uninsured individuals. **Held on the Senate Appropriations Committee Suspense File.**

ACR-1 (Quirk-Silva) - K-Ginseng Day.
Proclaims October 23, 2025, and the same date each year thereafter, as K-Ginseng Day in the state. **Res. Chapter 102, Statutes of 2026.**

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