



**BLANNING & BAKER**

Associates, Inc.

**CSR Legislative Report  
2/26/2021**

**Oppose**

**[AB 1133](#)**

**(Chen R) State employee hybrid pension system.**

**Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)

**Introduced:** 2/18/2021

**Status:** 2/19/2021-From printer. May be heard in committee March 21.

**Location:** 2/18/2021-A. PRINT

**Summary:** Existing law creates the Public Employees' Retirement System (PERS), which offers a defined benefit pension and other benefits to its members based on age at retirement, service credit, and final compensation, subject to certain variations. Existing law generally provides that state employees become members of PERS upon employment. Existing law authorizes the Department of Personnel Administration to create a tax-deferred savings plan, which has been named Savings Plus, that permits state employees to build a retirement savings account using payroll deductions. The bill would state the intent of the Legislature to enact legislation that would create a hybrid retirement benefit, consisting of a defined benefit pension and a defined contribution program, within the Public Employees' Retirement System, that state employees would have the option of electing.

**Watch**

**[AB 79](#)**

**(Ting D) Budget Act of 2020.**

**Current Text:** Amended: 1/25/2021 [html](#) [pdf](#)

**Introduced:** 12/7/2020

**Last Amend:** 1/25/2021

**Status:** 2/18/2021-In committee: Hearing postponed by committee.

**Location:** 2/2/2021-S. BUDGET & F.R.

**Summary:** The Budget Act of 2020 made appropriations for the support of state government for the 2020-21 fiscal year. This bill would amend the Budget Act of 2020 by adding items of appropriation and making other changes. This bill contains other related provisions.

**[AB 97](#)**

**(Nazarian D) Health care coverage: insulin affordability.**

**Current Text:** Amended: 2/16/2021 [html](#) [pdf](#)

**Introduced:** 12/8/2020

**Last Amend:** 2/16/2021

**Status:** 2/17/2021-Re-referred to Com. on HEALTH.

**Location:** 2/12/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin, if it is determined to be medically necessary. This bill would prohibit a health care service plan contract or a health insurance policy issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**[AB 238](#)**

**(Voepel R) Vehicles: driver's license renewal fees.**

**Current Text:** Introduced: 1/13/2021 [html](#) [pdf](#)

**Introduced:** 1/13/2021

**Status:** 1/28/2021-Referred to Com. on TRANS.

**Location:** 1/28/2021-A. TRANS.

**Summary:** Existing law requires an applicant for the renewal of a driver's license to pay to the

Department of Motor Vehicles a fee of \$30 for that renewal. Existing regulations provide for the annual increase of that fee based on the Consumer Price Index. This bill would, until January 1, 2026, waive the renewal fee for applicants who have reached the age of 65 years on the date of application and are seeking a noncommercial license.

### [AB 323](#)

#### **(Kalra D) Long-term health facilities.**

**Current Text:** Introduced: 1/26/2021 [html](#) [pdf](#)

**Introduced:** 1/26/2021

**Status:** 2/12/2021-Referred to Com. on HEALTH.

**Location:** 2/12/2021-A. HEALTH

**Summary:** The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. The term "long-term health care facility" includes, among other types of facilities, a skilled nursing facility and intermediate care facility. This bill would redefine a class "AA" violation as a class "A" violation that the department determines to have been a substantial factor, as described, in the death of a resident of a long-term health care facility. The bill would increase the civil penalties for a class "A," "AA," or "B" violation by a skilled nursing facility or intermediate care facility, as specified. The bill would delete numerous references to the "patients" of a long-term health care facility. This bill contains other existing laws.

### [AB 383](#)

#### **(Salas D) Mental health: older adults.**

**Current Text:** Introduced: 2/2/2021 [html](#) [pdf](#)

**Introduced:** 2/2/2021

**Status:** 2/12/2021-Referred to Coms. on AGING & L.T.C. and HEALTH.

**Location:** 2/12/2021-A. AGING & L.T.C.

**Calendar:** 4/6/2021 9 a.m. - State Capitol, Room 437 ASSEMBLY AGING AND LONG TERM CARE, NAZARIAN, Chair

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would authorize the administrator to make the report available to the Legislature, upon request. The bill would also require the administrator to develop a strategy and standardized training for all county mental health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill contains other related provisions.

### [AB 444](#)

#### **(Committee on Public Employment and Retirement) State and local employees: pay warrants: designees.**

**Current Text:** Introduced: 2/8/2021 [html](#) [pdf](#)

**Introduced:** 2/8/2021

**Status:** 2/18/2021-Referred to Com. on P.E. & R.

**Location:** 2/18/2021-A. P.E. & R.

**Summary:** Existing law authorizes a state employee to designate with their appointing power a person who may receive the employee's warrants upon the employee's death. Existing law requires an appointing power, upon sufficient proof of identity from an appropriate designee, to deliver warrants to the person claiming them. Existing law entitles the designated person who receives warrants to negotiate the warrants as if they were the payee. This bill would prescribe a process by which an appointing power would issue a check directly to a designated person instead of delivering employee warrants to that person, as described above. Upon sufficient proof of the designee's identity, the bill would require the appointing power to endorse and deposit the warrant issued to a deceased employee back into the Treasury to the credit of the fund or appropriation upon which it was drawn, as specified, and then issue a revolving fund check to the designated person in the original amount payable to employee. This bill contains other related provisions and other existing laws.

[AB 454](#)

**(Rodriguez D) Health care provider emergency payments.**

**Current Text:** Introduced: 2/8/2021 [html](#) [pdf](#)

**Introduced:** 2/8/2021

**Status:** 2/18/2021-Referred to Com. on HEALTH.

**Location:** 2/18/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment and authorizes a plan or insurer to seek reimbursement from a provider who has been overpaid for services. This bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency, as specified. The bill would require a health care service plan or health insurer to provide all contracted capitation payments to its contracted network providers in the area of the declared emergency for the duration of the emergency and at least 60 days after its end. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 457](#)

**(Santiago D) Telehealth Patient Bill of Rights.**

**Current Text:** Introduced: 2/8/2021 [html](#) [pdf](#)

**Introduced:** 2/8/2021

**Status:** 2/18/2021-Referred to Com. on HEALTH.

**Location:** 2/18/2021-A. HEALTH

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. This bill would create the TeleHealth Patient Bill of Rights, which would, among other things, protect the rights of a patient using telehealth to be seen by a health care provider with a physical presence within a reasonable geographic distance from the patient's home, unless specified exceptions apply. The bill would require a health plan, as defined, to comply with the requirements in the Telehealth Patient Bill of Rights and to provide written notice to patients of all their rights under the Telehealth Bill of Rights. The bill would also exempt a health care service plan or a health insurer from the existing telehealth payment parity provisions for any interaction where the health care provider is not located within a reasonable geographic distance of the patient's home, unless that provider holds specialized knowledge not available in the patient's region. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 458](#)

**(Kamlager D) Importation of prescription drugs.**

**Current Text:** Introduced: 2/8/2021 [html](#) [pdf](#)

**Introduced:** 2/8/2021

**Status:** 2/18/2021-Referred to Com. on HEALTH.

**Location:** 2/18/2021-A. HEALTH

**Summary:** Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and other human services. Existing law requires CHHSA to enter into partnerships to increase patient access to affordable drugs and to produce or distribute generic prescription drugs and at least one form of insulin, as specified. This bill would create the Affordable Prescription Drug Importation Program in CHHSA, under which the state would be a licensed wholesaler that imports prescription drugs, as specified, for the exclusive purpose of dispensing those drugs to state residents with a valid prescription. The bill would require CHHSA to seek federal approval for the importation program on or before June 1, 2022, and would require CHHSA to contract with at least one vendor to provide services under the importation program within 6 months of receiving federal approval. The bill would require a vendor to, among other things, establish a wholesale prescription drug importation list that identifies the prescription drugs that have the highest potential for cost savings to the state and identify and contract with eligible Canadian suppliers who have agreed to export prescription drugs on that list. This bill contains other related provisions.

[AB 507](#)

**(Kalra D) Health care service plans: review of rate increases.**

**Current Text:** Introduced: 2/9/2021 [html](#) [pdf](#)

**Introduced:** 2/9/2021

**Status:** 2/10/2021-From printer. May be heard in committee March 12.

**Location:** 2/9/2021-A. PRINT

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Existing law requires the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, nonsubstantive changes to those provisions.

## [AB 510](#)

### **(Wood D) Out-of-network health care benefits.**

**Current Text:** Introduced: 2/9/2021 [html](#) [pdf](#)

**Introduced:** 2/9/2021

**Status:** 2/18/2021-Referred to Com. on HEALTH.

**Location:** 2/18/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. If an enrollee or insured receives services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, that includes coverage for out-of-network benefits, existing law authorizes a noncontracting individual health professional to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured if specified criteria are met, including that the enrollee or insured consents in writing to receive services from the noncontracting individual health professional at least 24 hours in advance of care. Existing law requires the consent to advise the enrollee or insured that they may seek care from a contracted provider for lower out-of-pocket costs and to be provided in the language spoken by the enrollee or insured, as specified. This bill would instead authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

## [AB 636](#)

### **(Maienschein D) Financial abuse of elder or dependent adults.**

**Current Text:** Introduced: 2/12/2021 [html](#) [pdf](#)

**Introduced:** 2/12/2021

**Status:** 2/25/2021-Referred to Com. on AGING & L.T.C.

**Location:** 2/25/2021-A. AGING & L.T.C.

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures and requirements for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law makes specified reports, including reports of known or suspected financial abuse of an elder or dependent adult, confidential. Existing law requires information relevant to the incident of elder or dependent adult abuse to be given to specified investigators, including investigators from an adult protective services agency, a local law enforcement agency, and the probate court. This bill would also authorize information relevant to the incident of elder or dependent adult abuse to be given to a federal law enforcement agency charged with the investigation of elder or dependent adult abuse or to a local code enforcement agency for the sole purpose of investigating a property where the health and safety of an elder or dependent adult resident is at risk.

## [AB 685](#)

### **(Maienschein D) Health care service plans: reimbursement.**

**Current Text:** Introduced: 2/16/2021 [html](#) [pdf](#)

**Introduced:** 2/16/2021

**Status:** 2/25/2021-Referred to Com. on HEALTH.

**Location:** 2/25/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan to reimburse complete claims, or portions thereof, no later than 30 working days after receipt of the claim, or 45 working days if a health care service plan is a health maintenance organization. Existing law establishes the process and for a health care service plan to contest or deny a claim for reimbursement. Existing law requires a health care service plan to pay the provider, as specified, for failure to reimburse uncontested claims within the respective time frames. This bill would require a health care service plan to reimburse each complete claim, or portion thereof, no later than 15 working days after receipt of the complete claim. The bill would also make necessary conforming changes to this provision. Because a

willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

#### [AB 752](#)

##### **(Nazarian D) Prescription drug coverage.**

**Current Text:** Introduced: 2/16/2021 [html](#) [pdf](#)

**Introduced:** 2/16/2021

**Status:** 2/25/2021-Referred to Com. on HEALTH.

**Location:** 2/25/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to any applicable deductible. This bill would require a health care service plan or health insurer, or an entity acting on its behalf, to furnish specified information about a prescription drug upon request by an enrollee or insured, their health care provider, or a third party acting on their behalf. The bill would set forth requirements for the request and response, including that they comply with established industry content and transport standards. The bill would prohibit a health care service plan or health insurer from restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

#### [AB 895](#)

##### **(Holden D) Residential care facilities: living conditions.**

**Current Text:** Introduced: 2/17/2021 [html](#) [pdf](#)

**Introduced:** 2/17/2021

**Status:** 2/18/2021-From printer. May be heard in committee March 20.

**Location:** 2/17/2021-A. PRINT

**Summary:** Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensing and regulation by the State Department of Social Services of residential care facilities for the elderly, primarily serving persons 60 years of age or over. Existing law, the California Community Care Facilities Act, provides for the licensing and regulation by the department of adult residential facilities, primarily serving adults under 60 years of age. Under existing law, residents of those facilities have the right to be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment. This bill would state the intent of the Legislature to enact legislation that would ensure residential care facilities for the elderly and adult residential facilities are clean and safe and promote wellness for the seniors and persons with disabilities who are served by those facilities.

#### [AB 933](#)

##### **(Daly D) Prescription drug cost sharing.**

**Current Text:** Introduced: 2/17/2021 [html](#) [pdf](#)

**Introduced:** 2/17/2021

**Status:** 2/25/2021-Referred to Com. on HEALTH.

**Location:** 2/25/2021-A. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would prohibit a health care service plan, health insurer, or a plan's or insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health care service plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

#### [AB 1019](#)

##### **(Holden D) Public employee retirement systems: prohibited investments: Turkey.**

**Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)

**Introduced:** 2/18/2021



**Status:** 2/19/2021-From printer. May be heard in committee March 21.

**Location:** 2/18/2021-A. PRINT

**Summary:** Existing California Constitution provisions grant the retirement board of a public employee retirement system plenary authority and fiduciary responsibility for investment of moneys and administration of the retirement fund and system. These provisions qualify this grant of powers by reserving to the Legislature the authority to prohibit investments if it is in the public interest and the prohibition satisfies standards of fiduciary care and loyalty required of a retirement board. This bill would, in addition, prohibit state trust moneys from being used to make additional or new investments or to renew existing investments in investment vehicles issued or owned by the government of Turkey, unless the government adopts a policy to acknowledge the Armenian Genocide and embark on a path of affording justice to its victims. The bill would define "state trust moneys" to mean funds administered by specified state employee retirement funds, including the Public Employees' Retirement Fund and the Legislators' Retirement Fund. This bill contains other existing laws.

**AB 1107**

**(Boerner Horvath D) Emergency ground medical transportation.**

**Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)

**Introduced:** 2/18/2021

**Status:** 2/19/2021-From printer. May be heard in committee March 21.

**Location:** 2/18/2021-A. PRINT

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 1131**

**(Wood D) Health information exchange.**

**Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)

**Introduced:** 2/18/2021

**Status:** 2/19/2021-From printer. May be heard in committee March 21.

**Location:** 2/18/2021-A. PRINT

**Summary:** Existing law makes legislative findings and declarations on health information technology, including that there is a need to promote secure electronic health data exchange among specified individuals, such as health care providers and consumers of health care, and that specified federal law provides unprecedented opportunity for California to develop a statewide health information technology infrastructure to improve the state's health care system. This bill would require, by January 1, 2023, health plans, hospitals, medical groups, testing laboratories, and nursing facilities, at a minimum, contribute to, access, exchange, and make available data through the network of health information exchanges for every person, as a condition of participation in a state health program, including Medi-Cal, Covered California, and CalPERS. The bill would also state the intent of the Legislature to enact legislation that would expand the use of clinical and administrative data and further build on the promise of health information exchange, including specified strategies for achieving these goals.

**AB 1162**

**(Villapudua D) Health care coverage: claims payments.**

**Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)

**Introduced:** 2/18/2021

**Status:** 2/19/2021-From printer. May be heard in committee March 21.

**Location:** 2/18/2021-A. PRINT

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide access to medically necessary health care services to its enrollees or insureds who have been displaced by a state of emergency. Existing law enumerates actions that a plan or insurer may be required to take to meet the needs of its enrollees or insureds during the state of emergency. Under existing law, the department may relax time limits for prior authorization during a state of emergency. This bill would require a health care service plan or health insurer to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the department to also suspend requirements for prior authorization during a state of emergency. This bill contains other related provisions and other existing laws.

[AB 1293](#)

**(Cooley D) Judges' Retirement System II.**

**Current Text:** Introduced: 2/19/2021 [html](#) [pdf](#)

**Introduced:** 2/19/2021

**Status:** 2/22/2021-Read first time.

**Location:** 2/19/2021-A. PRINT

**Summary:** Existing law establishes the Judges' Retirement System II, which the Board of Administration of the Public Employees' Retirement System administers. Existing law authorizes a judge who is a member of the system and who retires upon attaining both 65 years of age and 20 or more years of service, or upon attaining 70 years of age with a minimum of 5 years of service, to elect from specified retirement benefits, including a monthly pension. This bill would make nonsubstantive changes to the provisions authorizing a judge to elect retirement benefits described above.

[AB 1354](#)

**(Grayson D) Public employees' retirement.**

**Current Text:** Introduced: 2/19/2021 [html](#) [pdf](#)

**Introduced:** 2/19/2021

**Status:** 2/22/2021-Read first time.

**Location:** 2/19/2021-A. PRINT

**Summary:** Existing law, the California Public Employees' Pension Reform Act of 2013, prescribes various limits on public employee retirement systems and public employers, as specified. The act generally prohibits a retired person from being employed by a public employer in the same public retirement system from which the retiree receives pension benefits without reinstatement from retirement into that system, subject to certain exceptions. This bill would make nonsubstantive changes to that provision.

[ACR 5](#)

**(Mathis R) AMVETS 75th Anniversary.**

**Current Text:** Introduced: 12/14/2020 [html](#) [pdf](#)

**Introduced:** 12/14/2020

**Status:** 2/12/2021-Referred to Com. on RLS.

**Location:** 2/12/2021-A. RLS.

**Summary:** This measure would commend AMVETS Department of California on its 75th year of providing benefits and services to Veterans.

[SB 112](#)

**(Skinner D) Budget Act of 2021.**

**Current Text:** Introduced: 1/8/2021 [html](#) [pdf](#)

**Introduced:** 1/8/2021

**Status:** 1/11/2021-From printer. Read first time. Referred to Com. on B. & F.R.

**Location:** 1/11/2021-S. BUDGET & F.R.

**Summary:** This bill would make appropriations for the support of state government for the 2021-22 fiscal year. This bill contains other related provisions.

[SB 221](#)

**(Wiener D) Health care coverage: timely access to care.**

**Current Text:** Introduced: 1/13/2021 [html](#) [pdf](#)

**Introduced:** 1/13/2021

**Status:** 1/28/2021-Referred to Com. on HEALTH.

**Location:** 1/28/2021-S. HEALTH

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[SB 278](#)

**(Leyva D) Public Employees' Retirement System: disallowed compensation: benefit adjustments.**

**Current Text:** Introduced: 1/29/2021 [html](#) [pdf](#)

**Introduced:** 1/29/2021

**Status:** 2/22/2021-Set for hearing March 8. Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)

**Location:** 2/10/2021-S. L., P.E. & R.

**Calendar:** 3/8/2021 Upon adjournment of Session - John L. Burton Hearing Room (4203)

SENATE LABOR, PUBLIC EMPLOYMENT AND RETIREMENT, CORTESE, Chair

**Summary:** (1)Existing law, the Public Employees' Retirement Law (PERL), establishes the Public Employees' Retirement System (PERS), which provides a defined benefit to members of the system, based on final compensation, credited service, and age at retirement, subject to certain variations. PERL authorizes a public agency to contract to make its employees members of PERS and prescribes a process for this. PERS is administered by its board of administration, which is responsible for correcting errors and omissions in the administration of the system and the payment of benefits. Existing law requires the board to correct all actions taken as a result of errors or omissions of the state or a contracting agency, in accordance with certain procedures. This bill would establish new procedures under PERL for cases in which PERS determines that the benefits of a member or annuitant are, or would be, based on disallowed compensation that conflicts with PEPRA and other specified laws and thus impermissible under PERL. The bill would also apply these procedures retroactively to determinations made on or after January 1, 2017, if an appeal has been filed and the employee member, survivor, or beneficiary has not exhausted their administrative or legal remedies. At the threshold, after determining that compensation for an employee member reported by the state, school employer, or a contracting agency is disallowed, the bill would require the applicable employer to discontinue the reporting of the disallowed compensation. The bill would require that contributions made on the disallowed compensation, for active members, be credited against future contributions on behalf of the state, school employer, or contracting agency that reported the disallowed compensation and would require that the state, school employer, or contracting agency return to the member any contributions paid by the member or on the member's behalf. This bill contains other related provisions and other existing laws.

## **SB 280**

**(Limón D) Health insurance: large group health insurance.**

**Current Text:** Introduced: 2/1/2021 [html](#) [pdf](#)

**Introduced:** 2/1/2021

**Status:** 2/22/2021-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)

**Location:** 2/10/2021-S. HEALTH

**Calendar:** 3/10/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

**Summary:** (1)Existing law requires the regulation of health insurance policies by the Department of Insurance under the guidance of the Insurance Commissioner. Under existing law, the department regulates individual, small employer, and large employer health insurance policies, as defined. Existing law requires an individual or small group health insurance policy issued to include coverage for essential health benefits, as defined. This bill would require a large group health insurance policy issued, amended, or renewed on or after July 1, 2022, to cover medically necessary basic health care services, as defined. The bill would authorize the commissioner to adopt regulations to implement these provisions. The bill would require these provisions to apply to an individual, group, or blanket disability insurance policy if a specified condition is met. This bill contains other related provisions and other existing laws.

## **SB 294**

**(Leyva D) Public retirement: leave of absence: service credit.**

**Current Text:** Introduced: 2/2/2021 [html](#) [pdf](#)

**Introduced:** 2/2/2021

**Status:** 2/22/2021-Set for hearing March 8. Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)

**Location:** 2/10/2021-S. L., P.E. & R.

**Calendar:** 3/8/2021 Upon adjournment of Session - John L. Burton Hearing Room (4203)

SENATE LABOR, PUBLIC EMPLOYMENT AND RETIREMENT, CORTESE, Chair

**Summary:** The Public Employees' Retirement Law (PERL) establishes the Public Employees' Retirement System (PERS) for the purpose of providing pension benefits to state employees and employees of contracting agencies. Existing law requires administration of PERS by the Board of Administration of PERS. Existing law creates the Public Employees' Retirement Fund, a continuously appropriated fund, as a trust fund to be expended for purposes related to the system and its administration, and into which employee contributions are deposited. The Teachers' Retirement Law establishes the State Teachers' Retirement System (STRS) for the purpose of providing a defined benefit to members of the program. STRS is governed by the Teachers' Retirement Board. Existing law creates the Teachers' Retirement Fund, which is continuously appropriated for specified purposes, and into which employee contributions are deposited. PERS and STRS require employees to make contributions to the system based on their creditable compensation, as defined. Existing law defines "leave of absence" for purposes of both laws as a period of leave to which a member is entitled that is expressly authorized or required pursuant to specified provisions, including employer-approved compensated leave, subject to specified



requirements. Under existing law, during a leave of absence for an employer-approved compensated leave, an employee earns full service credit and is required to pay employee contributions, as specified. Existing law limits the maximum amount of the service credit earned during an employer-approved compensated leave of absence to 12 years. This bill would remove the 12-year limitation for service credit earned on an employer-approved compensated leave. By increasing contributions into the continuously appropriated Public Employees' Retirement Fund and Teachers' Retirement Fund, the bill would make an appropriation. This bill contains other existing laws.

#### [SB 457](#)

##### **(Portantino D) Public employee retirement systems: investment portfolios: divestment from Turkey.**

**Current Text:** Introduced: 2/16/2021 [html](#) [pdf](#)

**Introduced:** 2/16/2021

**Status:** 2/25/2021-Referred to Com. on L., P.E. & R.

**Location:** 2/25/2021-S. L., P.E. & R.

**Summary:** The California Constitution grants the retirement board of a public employee retirement system plenary authority and fiduciary responsibility for investment of moneys and administration of the retirement fund and system. The California Constitution qualifies this grant of powers by reserving to the Legislature the authority to prohibit investments if it is in the public interest and the prohibition satisfies standards of fiduciary care and loyalty required of a retirement board. Existing law prescribes specified duties for the boards of administration of the Public Employees' Retirement System and the State Teachers' Retirement System in connection with investment in specified countries and, under certain conditions, limits the authority of the boards to invest in those countries. This bill would require the boards of administration of the Public Employees' Retirement System and the State Teachers' Retirement System to provide employers that are school districts and cities that participate in the systems an option to elect an investment portfolio that does not contain investment vehicles that are issued or owned by the government of the Republic of Turkey.

#### [SB 460](#)

##### **(Pan D) Office of the Patient Representative.**

**Current Text:** Introduced: 2/16/2021 [html](#) [pdf](#)

**Introduced:** 2/16/2021

**Status:** 2/25/2021-Referred to Coms. on HUMAN S., HEALTH, and JUD.

**Location:** 2/25/2021-S. HUM. S.

**Summary:** Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency, and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would create the Office of the Patient Representative in the Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified. The bill would, among other things, require the office to establish appropriate eligibility, training, certification, and continuing education requirements for patient representatives and to convene a group of stakeholders to advise the office regarding the eligibility requirements. The bill would, among other things, require the office to collect and analyze data, including the number of residents represented, the number of interdisciplinary team meetings attended, and the number of cases in which judicial review was sought and to present that data in an annual public report delivered to the Legislature and posted on the office's internet website. The bill would require patient representatives to perform various duties including reviewing the determinations that the resident lacks decisionmaking capacity and no surrogate decisionmaker is available, as specified.

#### [SB 650](#)

##### **(Stern D) Skilled nursing facilities.**

**Current Text:** Introduced: 2/19/2021 [html](#) [pdf](#)

**Introduced:** 2/19/2021

**Status:** 2/22/2021-From printer. May be acted upon on or after March 24. Read first time. Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)

**Location:** 2/19/2021-S. RLS.

**Summary:** Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the Office of Statewide Health Planning and Development specified reports relating to the facility's finances, including, among other things, a balance sheet detailing the assets, liabilities, and net worth of the health facility at the end of its fiscal year. This bill would require an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility or facilities to prepare and file with the office an annual consolidated financial report that includes data from all operating entities, license holders, and related parties in which the organization has an ownership or control interest of 5% or more and that provides any service, facility, or supply to the skilled nursing facility. The bill would also require management companies and property companies that are not related by ownership or control to one of those organizations, but that contract with, or have entered into leases with, one of those organizations, to file an annual consolidated financial report. The bill would require the office to post those reports and related documents to its internet website.

**Total Measures: 32**  
**Total Tracking Forms: 32**