



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
8/25/2023**

Support

AB 46

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

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

Introduced: 12/5/2022

Last Amend: 7/12/2023

Status: 8/14/2023-In committee: Referred to APPR suspense file.

Location: 8/14/2023-S. APPR. SUSPENSE FILE

Calendar: 9/1/2023 Upon adjournment of Session - 1021 O Street, Room 2200
SENATE APPROPRIATIONS SUSPENSE, PORTANTINO, ANTHONY, Chair

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

Memo:

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

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

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

AB 616

(Rodriguez D) Medical Group Financial Transparency Act.

Current Text: Amended: 7/6/2023 [html](#) [pdf](#)

Introduced: 2/9/2023

Last Amend: 7/6/2023

Status: 8/14/2023-In committee: Referred to APPR suspense file.

Location: 8/14/2023-S. APPR. SUSPENSE FILE

Calendar: 9/1/2023 Upon adjournment of Session - 1021 O Street, Room 2200
SENATE APPROPRIATIONS SUSPENSE, PORTANTINO, ANTHONY, Chair

Summary: Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Existing law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act. Existing law requires the office to obtain information about health care service plans from the Department of Managed Health Care. Existing law requires a contract between a health care service plan and a risk-bearing organization to include provisions concerning the risk-bearing organization's administrative and financial capacity. Existing law requires the director of the Department of Managed Health Care to adopt regulations regarding, among other things, periodic reports from a health care service plan that include information concerning the risk-bearing organizations and the type and amount of financial risk they have assumed. Existing law establishes, within the office, the Health Care Affordability Board, composed of 8 members, appointed as prescribed. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports

and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specified. The bill would also make related findings and declarations. This bill contains other existing laws.

Memo:

Support letter sent to Author -- 3/29/23
Support letter sent to Asm. Health -- 3/29/23
Support letter sent to Asm. APPR -- 4/21/23
Support letter sent to Sen. Health -- 6/16/23
Support letter sent to Sen. JUD -- 6/16/23
Support letter sent to Sen. APPR -- 8/7/23

AB 820

(Reyes D) State boards and commissions: seniors.

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

Introduced: 2/13/2023

Last Amend: 7/3/2023

Status: 8/14/2023-In committee: Referred to APPR suspense file.

Location: 8/14/2023-S. APPR. SUSPENSE FILE

Calendar: 9/1/2023 Upon adjournment of Session - 1021 O Street, Room 2200

SENATE APPROPRIATIONS SUSPENSE, PORTANTINO, ANTHONY, Chair

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

Memo:

Support letter sent to Author -- 6/16/23
Support letter sent to Sen. HumS -- 6/16/23
Support letter sent to Sen. APPR -- 8/7/23

AJR 4

(Schiavo D) Medicare: ACO REACH Model.

Current Text: Amended: 5/25/2023 [html](#) [pdf](#)

Introduced: 4/12/2023

Last Amend: 5/25/2023

Status: 7/13/2023-From committee: Be adopted. Ordered to Third Reading. (Ayes 10. Noes 0.) (July 12).

Location: 7/13/2023-S. THIRD READING

Calendar: 8/28/2023 #175 SENATE ASSEMBLY BILLS - THIRD READING FILE

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

Memo:

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

Watch

AB 1

(McKinnor D) Collective bargaining: Legislature.

Current Text: Amended: 7/13/2023 [html](#) [pdf](#)

Introduced: 12/5/2022

Last Amend: 7/13/2023

Status: 8/2/2023-In committee: Hearing postponed by committee.

Location: 7/11/2023-S. APPR.

Calendar: 8/28/2023 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, PORTANTINO, ANTHONY, Chair

Summary: Existing law, the Ralph C. Dills Act (Dills Act), governs collective bargaining between the

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

[AB 13](#)

([Essayli R](#)) Elections: Election Day holiday: voting by mail.

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

Introduced: 12/5/2022

Last Amend: 1/26/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was ELECTIONS on 1/26/2023)(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

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

[AB 96](#)

([Kalra D](#)) Public employment: local public transit agencies: autonomous transit vehicle technology.

Current Text: Amended: 6/15/2023 [html](#) [pdf](#)

Introduced: 1/9/2023

Last Amend: 6/15/2023

Status: 6/15/2023-Read second time and amended. Ordered to third reading.

Location: 6/15/2023-S. THIRD READING

Calendar: 8/28/2023 #85 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Existing law creates various transit districts and prescribes requirements applicable to their labor relations, including those that address the recognition and certification of exclusive employee representatives, unit determinations, and procedures for meeting and conferring on matters subject to collective bargaining. This bill would require a public transit employer, at least 10 months before beginning a procurement process to acquire or deploy any autonomous transit vehicle technology for public transit services that would eliminate job functions or jobs of a workforce, to provide written notice to the exclusive employee representative of the workforce affected by the autonomous transit vehicle technology of its determination to begin that procurement process. The bill would require the public transit employer and exclusive employee representative, upon written request by the exclusive employee representative, to commence collective bargaining within a specified time period on certain subjects, including creating plans to train and prepare the affected workforce to fill new positions created by the autonomous transit vehicle technology.

[AB 236](#)

([Holden D](#)) Health care coverage: provider directories.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Introduced: 1/13/2023

Last Amend: 3/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

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

makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on January 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 265](#)

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

Current Text: Amended: 3/9/2023 [html](#) [pdf](#)

Introduced: 1/19/2023

Last Amend: 3/9/2023

Status: 7/3/2023-In committee: Referred to APPR suspense file.

Location: 7/3/2023-S. APPR. SUSPENSE FILE

Calendar: 9/1/2023 Upon adjournment of Session - 1021 O Street, Room 2200

SENATE APPROPRIATIONS SUSPENSE, PORTANTINO, ANTHONY, Chair

Summary: Existing law authorizes the Controller, upon approval of a claim for the postponement of ad valorem property taxes, to directly pay a county tax collector for the property taxes owed by the claimant, as provided. Existing law establishes the Senior Citizens and Disabled Citizens Property Tax Postponement Fund and continuously appropriates moneys in the fund to the Controller for specified purposes, including disbursements relating to the postponement of property taxes pursuant to the Property Tax Postponement Law. Existing law requires the Controller, on June 30, 2018, and on June 30 each year thereafter, to transfer any moneys in the fund in excess of \$15,000,000 to the General Fund. This bill would require money to be transferred, on June 30, 2024, and on June 30 each year thereafter, from the General Fund to the Senior Citizens and Disabled Citizens Property Tax Postponement Fund when the balance in the latter fund is less than \$15,000,000. The bill would require the amount of money transferred each year to be equal to the sum needed to bring the balance of the Senior Citizens and Disabled Citizens Property Tax Postponement Fund to \$15,000,000. By requiring the transfer of moneys into a continuously appropriated fund, the bill would make an appropriation.

[AB 403](#)

(Arambula D) Health systems: community benefits plan.

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

Introduced: 2/2/2023

Last Amend: 3/23/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

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

community needs assessment.

[AB 512](#)

(Waldron R) Mental health and substance use disorders: database of facilities.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Introduced: 2/7/2023

Last Amend: 3/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 3/29/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Summary: Existing law establishes a system of mental health programs, largely administered through the counties, to provide mental health and substance use disorder services in the state. Existing law regulates the facilities that provide these services, including acute psychiatric hospitals, residential substance abuse treatment facilities, and outpatient programs. This bill would require that, by July 1, 2024, the California Health and Human Services Agency, either on its own or through the Behavioral Health Task Force established by the Governor, create an ad hoc committee to study how to develop a real-time, internet-based system, usable by hospitals, clinics, law enforcement, paramedics and emergency medical technicians (EMTs), and other health care providers as deemed appropriate, to display information about available beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and residential alcoholism or substance abuse treatment facilities in order to facilitate the identification and designation of available facilities for the transfer to, and temporary treatment of, individuals in mental health or substance use disorder crisis. The ad hoc committee shall submit a report of its findings to the Legislature no later than July 1, 2025.

[AB 666](#)

(Arambula D) Health systems: community benefits plans.

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

Introduced: 2/13/2023

Last Amend: 4/6/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Summary: Existing law establishes the Department of Health Care Access and Information to oversee various aspects of the health care market, including oversight of hospital facilities and community benefits plans. Existing law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Existing law defines the term "community" as the service areas or patient populations for which the hospital provides health care services, defines "vulnerable populations" for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs, and defines "community benefit" to mean the hospital's activities that are intended to address community needs, such as support to local health departments, among other things. Existing law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Existing law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital's fiscal year ends. Existing law authorizes the department to impose a fine not to exceed \$5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department to define the term "community" by regulation within certain parameters, would redefine the term "community benefit" to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term "vulnerable populations" to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. The bill would require that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coordination with a local health department, and require that it be updated at least once every 2 years. The bill would require that a community benefits plan demonstrate alignment with the State Health Improvement Plan and the Community Health Improvement Plan, include the proportion and amount of community benefit spending on vulnerable populations, and include measurable objectives that outline equity benchmarks. The bill would additionally require a hospital to annually submit a copy of a specified Internal Revenue Service form to the department. The bill would increase the maximum fine for failure to adopt, update, or submit, a community benefits plan to \$25,000 and would authorize the department to impose a maximum fine of \$50,000 for a hospital's failure to demonstrate implementation of a community benefits plan. The bill would require the department to include in its annual report the amount of community benefits spending attributable to public health needs and a list of hospitals that fail to comply with specified requirements.

[AB 729](#)**(Bonta D) Elder abuse.****Current Text:** Introduced: 2/13/2023 [html](#) [pdf](#)**Introduced:** 2/13/2023**Status:** 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/13/2023) (May be acted upon Jan 2024)**Location:** 5/5/2023-A. 2 YEAR**Summary:** Existing law makes a person who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, punishable as a misdemeanor or a felony, as specified. This bill would state the intent of the Legislature to enact legislation pertaining to scams targeting vulnerable seniors and their communities.**[AB 739](#)****(Lackey R) Public retirement systems: defined benefit plans: funding.****Current Text:** Introduced: 2/13/2023 [html](#) [pdf](#)**Introduced:** 2/13/2023**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was P.E. & R. on 2/23/2023) (May be acted upon Jan 2024)**Location:** 4/28/2023-A. 2 YEAR**Summary:** Existing law, the California Public Employees' Pension Reform Act of 2013 (PEPRA), generally requires a public retirement system, as defined, to modify its plan or plans to comply with the act. PEPRA prohibits a public employer's contribution to a defined benefit plan, in combination with employee contributions to the plan, from being less than the normal cost rate, as defined, for the plan in a fiscal year. Existing law authorizes a public retirement system to suspend contributions if certain conditions are satisfied, one of which is that the plan be funded by more than 120%, based on a computation by the retirement system actuary in accordance with specified standards, that is included in the annual valuation. This bill would revise the conditions for suspending contributions to a public retirement system defined benefit plan to increase the threshold percentage amount of plan funding to more than 130%.**[AB 845](#)****(Alvarez D) Behavioral health: older adults.****Current Text:** Amended: 4/13/2023 [html](#) [pdf](#)**Introduced:** 2/14/2023**Last Amend:** 4/13/2023**Status:** 5/18/2023-Joint Rule 62(a), file notice suspended. In committee: Held under submission.**Location:** 5/17/2023-A. APPR. SUSPENSE FILE**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the intent of the MHSA. This bill would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and their responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2024, and would require the report to be posted on the department's internet website. The bill would also require the administrator to develop a strategy and standardized training for all county behavioral health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. By expanding the purposes for which funds from a continuously appropriated fund may be spent, this bill would make an appropriation. This bill contains other related provisions.**[AB 913](#)****(Petrie-Norris D) Pharmacy benefit managers.****Current Text:** Amended: 3/16/2023 [html](#) [pdf](#)**Introduced:** 2/14/2023**Last Amend:** 3/16/2023**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B.&P. on 3/16/2023) (May be acted upon Jan 2024)**Location:** 4/28/2023-A. 2 YEAR

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

[AB 1006](#)

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

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

Introduced: 2/15/2023

Last Amend: 4/27/2023

Status: 7/3/2023-In committee: Referred to APPR suspense file.

Location: 7/3/2023-S. APPR. SUSPENSE FILE

Calendar: 9/1/2023 Upon adjournment of Session - 1021 O Street, Room 2200

SENATE APPROPRIATIONS SUSPENSE, PORTANTINO, ANTHONY, Chair

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

[AB 1369](#)

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

Current Text: Amended: 8/24/2023 [html](#) [pdf](#)

Introduced: 2/17/2023

Last Amend: 8/24/2023

Status: 8/24/2023-Read third time and amended. Ordered to second reading.

Location: 8/24/2023-S. SECOND READING

Calendar: 8/28/2023 #4 SENATE ASSEMBLY BILLS - SECOND READING FILE

Summary: Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of the practice of medicine by physicians and surgeons. Existing law generally prohibits the practice of medicine without a physician's and surgeon's certificate issued by the board. Existing law authorizes a health care provider to deliver health care via telehealth to a patient pursuant to specified protocols and conditions. Existing law defines "telehealth" as the delivery of health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care, and that telehealth includes synchronous interactions and asynchronous store and forward transfers. Under this bill, the David Hall Act, a person licensed as a physician and surgeon in another state, as specified, would be authorized to deliver health care via telehealth to an eligible patient who, among other requirements, has an immediately life-threatening disease or condition, as specified. This bill contains other existing laws.

[AB 1690](#)

(Kalra D) Universal health care coverage.

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

Introduced: 2/17/2023

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)
(May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

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

[SB 278](#)

(Dodd D) Elder abuse.

Current Text: Amended: 5/16/2023 [html](#) [pdf](#)

Introduced: 2/1/2023

Last Amend: 5/16/2023

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was B. & F. on 6/1/2023)
(May be acted upon Jan 2024)

Location: 7/14/2023-A. 2 YEAR

Summary: Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law defines financial abuse for those purposes and provides that it occurs when, among other instances, a person or entity takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both. Existing law requires a person or entity to be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes the property and the person or entity knew or should have known that the conduct is likely to be harmful to the elder or dependent adult. Existing law requires the court to award specified costs if a defendant is found liable for financial abuse, as specified. Existing law makes the failure to report, or impeding or inhibiting a report of, among other things, financial abuse of an elder or dependent adult, in violation of certain reporting requirements a misdemeanor. This bill would add to the definition of "financial abuse" knowingly aiding and abetting in the taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both. The bill would also define "assists" for those purposes. The bill would also specifically state that the above-described provision regarding when a person or entity is deemed to have taken property for a wrongful use includes when a person or entity assisted in taking, secreting, appropriating, obtaining, or retaining property for a wrongful use. The changes made by this bill would not apply to criminal prosecutions and, therefore, the bill would not expand the above-described crime. The bill would make the provisions severable. This bill contains other existing laws.

[SB 334](#)

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

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

Introduced: 2/7/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/24/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-S. 2 YEAR

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

[SB 598](#)

(Skinner D) Health care coverage: prior authorization.

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

Introduced: 2/15/2023

Last Amend: 8/14/2023

Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.

Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

SB 660

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

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

Introduced: 2/16/2023

Last Amend: 3/21/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/1/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-S. 2 YEAR

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

SB 770

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

Current Text: Amended: 4/24/2023 [html](#) [pdf](#)

Introduced: 2/17/2023

Last Amend: 4/24/2023

Status: 7/12/2023-July 12 set for first hearing. Placed on APPR. suspense file.

Location: 7/12/2023-A. APPR. SUSPENSE FILE

Summary: Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential

services and treatments. The bill would further require the secretary to establish a Waiver Development Workgroup comprised of members appointed by the Governor, Speaker of the Assembly, and President Pro Tempore of the Senate, as specified. The bill would require the workgroup to include stakeholders representing various specified interests, including consumers, patients, health care professionals, labor unions, government agencies, and philanthropic organizations. The bill would require the secretary to provide quarterly reports to the chairs of the Assembly and Senate Health Committees on the status and outcomes of waiver discussions with the federal government and the progress of the workgroup. The bill would also require the secretary to submit a complete set of recommendations regarding the elements to be included in a formal waiver application, as specified, by no later than June 1, 2024. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

[SB 786](#)

(Portantino D) Prescription drug pricing.

Current Text: Amended: 6/15/2023 [html](#) [pdf](#)

Introduced: 2/17/2023

Last Amend: 6/15/2023

Status: 8/24/2023-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending.

Location: 8/24/2023-S. CONCURRENCE

Calendar: 8/28/2023 #40 SENATE UNFINISHED BUSINESS

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

[SB 875](#)

(Glazer D) Referral source for residential care facilities for the elderly: duties.

Current Text: Amended: 4/11/2023 [html](#) [pdf](#)

Introduced: 2/17/2023

Last Amend: 4/11/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HUM. S. on 4/11/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-S. 2 YEAR

Summary: The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime. This bill additionally would impose requirements for referral sources, defined to mean any specified county department, stated-funded program, entity, or person that is engaged in identifying senior housing options at residential care facilities for the elderly. The bill would require a referral source, before sending a compensated referral, as defined, to a residential care facility for the elderly, to provide a person or their representative with specific written, electronic, or verbal disclosures that include, among others, the referral source's privacy policy. The bill would additionally require a compensated referral source to comply with additional requirements that include, among others, maintaining a minimum amount of liability insurance coverage. The bill would impose civil penalties for a violation of these provisions, as specified, in addition to any other remedy available by law.

Total Measures: 26

Total Tracking Forms: 26