



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
1/19/2022**

Support

AB 1130

(Wood D) California Health Care Quality and Affordability Act.

Current Text: Amended: 6/1/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 6/1/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-S. 2 YEAR

Summary: Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Advisory Board, composed of 11 members and 2 ex officio, nonvoting members, appointed as prescribed, to recommend health care cost targets and to make recommendations to the Director of Statewide Health Planning and Development and the office. This bill contains other related provisions and other existing laws.

ACR 115

(Nguyen R) Older Americans Month.

Current Text: Introduced: 1/3/2022 [html](#) [pdf](#)

Introduced: 1/3/2022

Status: 1/6/2022-Referred to Com. on RLS.

Location: 1/6/2022-A. RLS.

Summary: Would recognize the month of May 2022 as Older Americans Month and would encourage all Californians to recognize and treat all older adults with compassion and respect, and to participate in services and activities that contribute to the health, welfare, and happiness of older adults.

Oppose

AB 386

(Cooper D) Public Employees' Retirement Fund: investments: confidentiality.

Current Text: Amended: 6/29/2021 [html](#) [pdf](#)

Introduced: 2/2/2021

Last Amend: 6/29/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was JUD. on 6/9/2021) (May be acted upon Jan 2022)

Location: 7/14/2021-S. 2 YEAR

Summary: Existing law, the California Public Records Act, requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. Existing law excludes from the disclosure requirement certain records regarding alternative investments in which public investment funds invest. This bill would exempt from disclosure under the act specified records regarding an internally managed private loan made directly by the Public Employees' Retirement Fund. Under the bill, these records would include quarterly and annual financial statements of the borrower or its constituent owners, unless the information has already been publicly released by the keeper of the information. The bill would prescribe specified exceptions to this exemption from disclosure. This bill contains other related provisions and other existing laws.

Memo:

Oppose letter sent to Author -- 5/6/21

Oppose letter sent to Asm. Floor -- 5/13/21

Oppose letter sent to Sen. LPE&R -- 6/11/21

Oppose letter sent to Sen. JUD -- 7/9/21

[AB 1133](#)**(Chen R) State employee hybrid pension system.****Current Text:** Introduced: 2/18/2021 [html](#) [pdf](#)**Introduced:** 2/18/2021**Status:** 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/18/2021) (May be acted upon Jan 2021)**Location:** 5/7/2021-A. 2 YEAR

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 97](#)**(Nazarian D) Health care coverage: insulin affordability.****Current Text:** Amended: 8/17/2021 [html](#) [pdf](#)**Introduced:** 12/8/2020**Last Amend:** 8/17/2021**Status:** 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)**Location:** 8/27/2021-S. 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'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 disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug, except as specified for a high deductible health plan, as defined. 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 383](#)**(Salas D) Behavioral health: older adults.****Current Text:** Amended: 6/21/2021 [html](#) [pdf](#)**Introduced:** 2/2/2021**Last Amend:** 6/21/2021**Status:** 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021)(May be acted upon Jan 2022)**Location:** 8/27/2021-S. 2 YEAR

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 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 its 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, 2022, 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. This bill contains other related provisions.

[AB 454](#)

(Rodriguez D) Health care provider emergency payments.

Current Text: Amended: 5/3/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Last Amend: 5/3/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-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 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 or other circumstance if two conditions occur, as specified. The bill would require that, when determining the appropriate amount and type of support to be provided by the health care service plan or health insurer, the director or commissioner take specified factors into consideration, including whether the plan or insurer's providers have received support from the Federal Emergency Management Agency. 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 507](#)

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

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

Introduced: 2/9/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-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. 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: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was HEALTH on 2/18/2021) (May be acted upon Jan 2021)

Location: 5/7/2021-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. 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 752](#)

(Nazarian D) Prescription drug coverage.

Current Text: Amended: 4/15/2021 [html](#) [pdf](#)

Introduced: 2/16/2021

Last Amend: 4/15/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-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 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 to furnish specified information about a prescription drug upon request by an enrollee or insured or their health care provider. The bill would require a health care service plan or health insurer to, among other things, respond in real time to a request for the above-described information. The bill would prohibit a health care service plan or health insurer from, among other things, 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) Skilled nursing facilities and intermediate care facilities: notice to prospective residents.

Current Text: Amended: 1/13/2022 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 1/13/2022

Status: 1/14/2022-Re-referred to Com. on APPR.

Location: 1/11/2022-A. APPR.

Calendar: 1/20/2022 Upon adjournment of Session - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

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. Existing law defines a "long-term health care facility" to include, among other facility types, a skilled nursing facility and an intermediate care facility. A violation of the provisions relating to the operation or maintenance of a long-term health care facility is a misdemeanor. This bill would require a skilled nursing facility or intermediate care facility to provide a prospective resident of a skilled nursing facility or intermediate care facility, or their representative, prior to or at the time of admission, a written notice that includes specified contact information for the local long-term care ombudsman and links to specified websites relating to these facilities. The bill would require the notice to include a statement that it is intended as a resource for purposes of accessing additional information regarding resident care at the facility and reporting resident complaints. By expanding the definition of a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 933

(Daly D) Prescription drug cost sharing.

Current Text: Amended: 1/14/2022 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 1/14/2022

Status: 1/18/2022-Re-referred to Com. on APPR.

Location: 1/11/2022-A. APPR.

Calendar: 1/20/2022 Upon adjournment of Session - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary: (1) 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 under authority of the Director of 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 under the authority of the Insurance Commissioner. 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 require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information

to the dispensing pharmacy, as specified. The bill would require a health care service plan or health insurer to disclose information, as specified, sufficient to show compliance with these provisions to the director or commissioner. 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. The bill would make a violation of its provisions not a crime under the act. The bill would authorize the director or commissioner to assess a civil penalty for each violation of these provisions, as specified. The bill would make those provisions inoperative on January 1, 2025. This bill contains other related provisions and other existing laws.

AB 1131

(Wood D) Health information network.

Current Text: Amended: 3/29/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 3/29/2021

Status: 5/20/2021-In committee: Hearing postponed by committee. (Set for hearing on 01/20/2022)

Location: 1/15/2022-A. APPR. SUSPENSE FILE

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. 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. 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. This bill would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network. The bill would require the statewide HIN to convene a health technology advisory committee with specified membership to advise the statewide HIN and set agendas, hold public meetings with stakeholders, and solicit external input on behalf of the statewide HIN. This bill contains other existing laws.

AB 1162

(Villapudua D) Health care coverage: claims payments.

Current Text: Amended: 4/26/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 4/26/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-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 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 disability insurer that provides hospital, medical, or surgical coverage 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 of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions. This bill contains other related provisions and other existing laws.

AB 1354

(Grayson D) Public employees' retirement.

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

Introduced: 2/19/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/19/2021) (May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

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.

AB 1624

(Ting D) Budget Act of 2022.

Current Text: Introduced: 1/10/2022 [html](#) [pdf](#)

Introduced: 1/10/2022

Status: 1/11/2022-From printer. May be heard in committee February 10.

Location: 1/10/2022-A. PRINT

Summary: This bill would make appropriations for the support of state government for the 2022-23 fiscal year. This bill contains other related provisions.

ACA 11

(Kalra D) Taxes to fund health care coverage and cost control.

Current Text: Introduced: 1/5/2022 [html](#) [pdf](#)

Introduced: 1/5/2022

Status: 1/6/2022-From printer. May be heard in committee February 5.

Location: 1/5/2022-A. PRINT

Summary: Existing law imposes various taxes, including personal income and excise taxes. The California Constitution requires a 2/3 vote of both houses of the Legislature for the passage of any change in statute that results in any taxpayer paying a higher tax. The California Constitution generally prohibits the total annual appropriations subject to limitation of the state and each local government from exceeding the appropriations limit of the entity of government for the prior fiscal year, adjusted for the change in the cost of living and the change in population, and prescribes procedures for making adjustments to the appropriations limit. This measure would impose an excise tax, payroll taxes, and a State Personal Income CalCare Tax at specified rates to fund comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of every resident of the state, as well as reserves deemed necessary to ensure payment, to be established in statute. The measure would authorize the Legislature, upon an economic analysis determining insufficient amounts to fund these purposes, to increase any or all of these tax rates by a statute passed by majority vote of both houses of the Legislature. This bill contains other related provisions.

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: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was P.E. & R. on 5/28/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-A. 2 YEAR

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) Long-term health facilities: patient representatives.

Current Text: Amended: 3/16/2021 [html](#) [pdf](#)

Introduced: 2/16/2021

Last Amend: 3/16/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/26/2021)(May be acted upon Jan 2022)

Location: 6/4/2021-S. 2 YEAR

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 capacity, as defined, to make decisions and no surrogate decisionmaker is available, as specified. This bill contains other existing laws.

[SB 840](#)

(Skinner D) Budget Act of 2022.

Current Text: Introduced: 1/10/2022 [html](#) [pdf](#)

Introduced: 1/10/2022

Status: 1/11/2022-From printer.

Location: 1/10/2022-S. BUDGET & F.R.

Summary: This bill would make appropriations for the support of state government for the 2022-23 fiscal year. This bill contains other related provisions.

Total Measures: 20

Total Tracking Forms: 20