



**BLANNING & BAKER**

Associates, Inc.

**CSR Legislative Report  
3/15/2022**

**Support**

**[AB 1130](#)**

**([Wood](#) D) California Health Care Quality and Affordability Act.**

**Current Text:** Amended: 2/14/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2021

**Last Amend:** 2/14/2022

**Status:** 2/14/2022-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

**Location:** 2/14/2022-S. HEALTH

**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 HCAI, 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 and purchasers, 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 Board, composed of 8 members, appointed as prescribed. This bill contains other related provisions and other existing laws.

**Memo:**

Support letter sent to Author -- 2/15/22

Support letter sent to Sen. Health -- 2/15/22

**[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.

**Memo:**

Support letter sent to Author -- 2/15/22

Support letter sent to Asm. Rules -- 2/15/22

**[SJR 11](#)**

**([Skinner](#) D) The Social Security 2100 Act: A Sacred Trust.**

**Current Text:** Introduced: 2/18/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2022

**Status:** 3/11/2022-Set for hearing March 21.

**Location:** 3/2/2022-S. L., P.E. & R.

**Calendar:** 3/21/2022 3 p.m. or upon adjournment of Session - 1021 O Street, Room 2200 SENATE LABOR, PUBLIC EMPLOYMENT AND RETIREMENT, CORTESE, Chair

**Summary:** This measure would affirm the Legislature's support for expanding Social Security and requests California Representatives in Congress to support expanding Social Security by voting in favor of the Social Security 2100 Act: A Sacred Trust.

**Memo:**

Support letter sent to Author -- 3/14/22

**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 2782](#)

**(Mayer I) Public employment: health benefits and reimbursement: Medicare.**

**Current Text:** Introduced: 2/18/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2022

**Status:** 2/19/2022-From printer. May be heard in committee March 21.

**Location:** 2/18/2022-A. PRINT

**Summary:** The Public Employees' Medical and Hospital Care Act (PEMHCA), which is administered by the Board of Administration of the Public Employees' Retirement System, governs the funding and provision of postemployment health care benefits for eligible retired public employees and their families. PEMHCA prohibits employees, annuitants, and family members who become eligible to enroll on or after January 1, 1985, in Part A and Part B of Medicare from being enrolled in a basic health benefit plan. Existing law provides that if the employee, annuitant, or family member is enrolled in Part A and Part B of Medicare, they may enroll in a Medicare health benefit plan. This bill would prohibit a person who enters into service with the state or any agency, department, authority, or instrumentality of the state or a contracting agency subject to PEMHCA, on or after January 1, 2023, from being reimbursed for, or receiving, any subsidy for health care expenses or coverage after retirement from service, if that the person is eligible to enroll in Part A and Part B of Medicare.

**Memo:**

Oppose letter sent to Author -- 3/14/22

**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 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:** 1/27/2022-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

**Location:** 1/27/2022-S. RLS.

**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 1624](#)

**(Ting D) Budget Act of 2022.**

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

**Introduced:** 1/10/2022

**Status:** 1/20/2022-Referrred to Com. on BUDGET.

**Location:** 1/10/2022-A. BUDGET

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

#### [AB 1707](#)

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

**Current Text:** Introduced: 1/26/2022 [html](#) [pdf](#)

**Introduced:** 1/26/2022

**Status:** 2/3/2022-Referrred to Com. on REV. & TAX.

**Location:** 2/3/2022-A. REV. & TAX

**Calendar:** 3/21/2022 2:30 p.m. - State Capitol, Room 126 ASSEMBLY REVENUE AND TAXATION, IRWIN, 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 to, on June 30, 2018, and on June 30 each year thereafter, transfer any moneys in the fund in excess of \$15,000,000 to the General Fund. The bill would require money to be transferred, on June 30, 2023, 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 authorizing the expenditure of additional General Fund moneys for the purpose of the property tax postponement program, this bill would make an appropriation.

#### [AB 1801](#)

##### **(Nazarian D) State retirement systems: indemnification.**

**Current Text:** Introduced: 2/7/2022 [html](#) [pdf](#)

**Introduced:** 2/7/2022

**Status:** 2/8/2022-From printer. May be heard in committee March 10.

**Location:** 2/7/2022-A. PRINT

**Summary:** Existing law requires present, future, and former board members of the Public Employees' Retirement System or the State Teachers' Retirement System, jointly and individually, state officers and employees, specified research firms, and investment managers under contract with these retirement systems to be indemnified from the General Fund and held harmless by the State of California from all claims, demands, suits, actions, damages, judgments, costs, charges, and expenses, and against all liability, losses, and damages that those persons or entities may sustain by reason of a decision to restrict, reduce, or eliminate certain types of investments. This bill would make nonsubstantive changes to those provisions.

#### [AB 1824](#)

##### **(Committee on Public Employment and Retirement) Public employees' retirement.**

**Current Text:** Amended: 3/7/2022 [html](#) [pdf](#)

**Introduced:** 2/7/2022

**Last Amend:** 3/7/2022

**Status:** 3/8/2022-Re-referred to Com. on P.E. & R.

**Location:** 3/8/2022-A. P.E. & R.

**Calendar:** 3/16/2022 9 a.m. - State Capitol, Room 444 ASSEMBLY PUBLIC EMPLOYMENT AND RETIREMENT, COOPER, Chair

**Summary:** Existing law, the Teachers' Retirement Law (TRL), establishes the State Teachers' Retirement System (STRS) and creates the Defined Benefit Program of the State Teachers' Retirement Plan, which provides a defined benefit to members of the program, based on final compensation, creditable service, and age at retirement, subject to certain variations. STRS is administered by the Teachers' Retirement Board. Existing law creates the Cash Balance Benefit Program, which is administered by the board, to provide a retirement plan for the benefit of participating employees who provide creditable service for less than 50% of full time. The TRL defines "creditable service" in connection with the Cash Balance Benefit Program with reference to specified activities performed for certain employers, including for a prekindergarten through grade 12 employer, as specified, and for a community college employer, as specified. STRS prescribes the activities that earn creditable service in this regard to include trustee service, as specified. This bill would revise the description of trustee service to link it to the definition of this service, which means duties performed by a member of the governing body of an employer. This bill contains other related provisions and other existing laws.

#### [AB 1975](#)

##### **(Nazarian D) Residential care facilities for the elderly.**

**Current Text:** Introduced: 2/10/2022 [html](#) [pdf](#)

**Introduced:** 2/10/2022

**Status:** 2/11/2022-From printer. May be heard in committee March 13.

**Location:** 2/10/2022-A. PRINT

**Summary:** Existing law provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. Existing law prohibits a person, firm, partnership, association, or corporation within the state, as well as any state or local public agency, from operating, establishing, managing, conducting, or maintaining a residential facility for the elderly in this state without a current valid license or current valid special permit. A violation of those provisions is a crime. This bill would express the intent of the Legislature to enact legislation that would prohibit the owner of a residential care facility for the elderly from operating the same facility.

#### [AB 2080](#)

##### **(Wood D) Health Care Consolidation and Contracting Fairness Act of 2022.**

**Current Text:** Introduced: 2/14/2022 [html](#) [pdf](#)

**Introduced:** 2/14/2022

**Status:** 2/24/2022-Referred to Coms. on HEALTH and JUD.

**Location:** 2/24/2022-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 regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's entrance into a contract that contains specified terms. 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 2127](#)

**(Santiago D) Medical information: confidentiality.**

**Current Text:** Introduced: 2/15/2022 [html](#) [pdf](#)

**Introduced:** 2/15/2022

**Status:** 2/15/2022-From printer. May be heard in committee March 18.

**Location:** 2/15/2022-A. PRINT

**Summary:** Existing law, on and after July 1, 2022, requires a health insurer, to the extent permitted by federal law, to take specified steps to protect the confidentiality of an insured's medical information. In this regard, existing law prohibits a health insurer from requiring a protected individual, as defined, to obtain the policyholder's, the primary subscriber's, or other enrollee's authorization to receive sensitive services or to submit a claim for sensitive services if the protected individual has the right to consent to care. This bill would make technical, nonsubstantive changes to those provisions governing the confidentiality of medical information.

#### [AB 2352](#)

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

**Current Text:** Introduced: 2/16/2022 [html](#) [pdf](#)

**Introduced:** 2/16/2022

**Status:** 3/3/2022-Referred to Com. on HEALTH.

**Location:** 3/3/2022-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 the applicable deductible. This bill would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their health care provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. 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 2604](#)

**(Calderon D) Long-term care insurance.**

**Current Text:** Introduced: 2/18/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2022

**Status:** 3/10/2022-Referred to Coms. on AGING & L.T.C. and INS.

**Location:** 3/10/2022-A. AGING & L.T.C.

**Summary:** Existing law establishes the California Partnership for Long-Term Care Program, administered by the State Department of Health Care Services, to link private long-term care insurance policies and health care service plan contracts that cover long-term care with the In-Home Supportive Services Program and the Medi-Cal program. Existing law requires a long-term care insurance policy or a health care service plan contract to contain certain provisions to be certified by the department, including protection against loss of benefits due to inflation and a periodic record issued to the insured. Existing

law requires an applicant to be offered one option that provides, at a minimum, protection against inflation that automatically increases benefit levels by 5% each year over the previous year, as specified, and at least one lower-cost option. This bill would require that lower-cost option to provide, at a minimum, protection against inflation that automatically increases benefit levels by 3% each year over the previous year. The bill would require policyholders to be offered at least one specified option if a premium increases, including the option to reduce the daily benefit.

#### [AB 2888](#)

##### **(Daly D) State budget: reserves.**

**Current Text:** Introduced: 2/18/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2022

**Status:** 2/19/2022-From printer. May be heard in committee March 21.

**Location:** 2/18/2022-A. PRINT

**Summary:** Existing law requires the Legislature to pass a budget bill each year prescribing appropriations and expenditures for the ensuing fiscal year. Existing law specifies that General Fund money consists of money received into the state treasury and not required by law to be credited to any other fund. Existing law requires a minimum level of funding to be allocated from the General Fund each year for school districts and community colleges. Existing law also provides for state budget reserves, including the Budget Stabilization Account, the Special Fund for Economic Uncertainties, and the Safety Net Reserve. This bill would state the intent of the Legislature to enact legislation providing for budget reserves equal to or greater than 20% of the General Fund budget, excluding funds for the minimum level of school funding allocated pursuant to Proposition 98 of 1988.

#### [AB 2942](#)

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

**Current Text:** Introduced: 2/18/2022 [html](#) [pdf](#)

**Introduced:** 2/18/2022

**Status:** 2/19/2022-From printer. May be heard in committee March 21.

**Location:** 2/18/2022-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 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.

#### [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 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.

[SB 853](#)

**(Wiener D) Prescription drug coverage.**

**Current Text:** Amended: 2/28/2022 [html](#) [pdf](#)

**Introduced:** 1/19/2022

**Last Amend:** 2/28/2022

**Status:** 2/28/2022-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

**Location:** 1/26/2022-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, 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 utilization review, 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 prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug or dosage form. The bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that covers prescription drug benefits to provide coverage for a drug, dose of a drug, or dosage form during utilization review and any appeals if that drug has been previously approved for a medical condition of the enrollee or insured and has been prescribed by a health care provider. The bill would prohibit a plan or insurer from seeking reimbursement for that coverage if the final utilization review decision is to deny coverage for the prescription drug, dose, or dosage form. This bill contains other related provisions and other existing laws.

[SB 939](#)

**(Pan D) Prescription drug pricing.**

**Current Text:** Introduced: 2/8/2022 [html](#) [pdf](#)

**Introduced:** 2/8/2022

**Status:** 3/11/2022-Set for hearing March 23.

**Location:** 2/16/2022-S. HEALTH

**Calendar:** 3/23/2022 1 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

**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. The bill would prohibit a drug manufacturer that is subject to federal pricing requirements from imposing preconditions, limitations, delays, or other barriers to the purchase of covered drugs.

**Total Measures: 24**

**Total Tracking Forms: 24**