



BLANNING & BAKER

Associates, Inc.

**CSR Legislative Report
10/7/2022**

Support

AB 458

(Kamlager) Importation of prescription drugs.

Current Text: Amended: 3/23/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Last Amend: 3/23/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/14/2022-A. DEAD

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

Memo:

Support letter sent to Author -- 3/19/21

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: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. HEALTH on 2/14/2022)

Location: 7/5/2022-S. DEAD

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

AB 1855

(Nazarian D) Long-Term Care Ombudsman Program: facility access.

Current Text: Chaptered: 9/28/2022 [html](#) [pdf](#)

Introduced: 2/8/2022

Last Amend: 8/16/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 583, Statutes of 2022.

Location: 9/28/2022-A. CHAPTERED

Summary: Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman,

in the California Department of Aging. Existing law provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities and residential care facilities by, among other things, investigating and seeking to resolve complaints against these facilities, and providing services to assist residents in the protection of their health, safety, welfare, and rights. Under existing law, if an individual is a patient in a skilled nursing facility when a written advance health care directive is executed, the advance health care directive is not effective unless a patient advocate or ombudsman signs the advance directive as a witness, as specified. This bill would prohibit a skilled nursing facility or residential care facility from denying entry to a representative of the office acting in their official capacity, except as specified. The bill would authorize a facility, during a state of emergency, health emergency, or local health emergency to require a representative of the office entering the facility to adhere to infection control protocols for the duration of their visit that are no more stringent than those required for facility staff. The bill would make related findings and declarations.

Memo:

Support letter sent to Author -- 5/27/22
Support letter sent to Sen. HumServ -- 6/10/22
Support letter sent to Sen. Health -- 6/17/22

[ACR 69](#)

([Nguyen R](#)) Older Americans Month.

Current Text: Chaptered: 6/11/2021 [html](#) [pdf](#)

Introduced: 4/12/2021

Status: 6/2/2021-Chaptered by Secretary of State- Chapter 48, Statutes of 2021

Location: 6/2/2021-A. CHAPTERED

Summary: This bill would recognize the month of May 2021 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.

[ACR 115](#)

([Nguyen R](#)) Older Americans Month.

Current Text: Chaptered: 6/8/2022 [html](#) [pdf](#)

Introduced: 1/3/2022

Status: 6/8/2022-Chaptered by Secretary of State - Res. Chapter 84, Statutes of 2022.

Location: 6/8/2022-A. CHAPTERED

Summary: This bill 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

[SB 278](#)

([Leyva D](#)) Public Employees' Retirement System: disallowed compensation: benefit adjustments.

Current Text: Chaptered: 9/27/2021 [html](#) [pdf](#)

Introduced: 1/29/2021

Last Amend: 9/3/2021

Status: 9/27/2021-Approved by the Governor. Chaptered by Secretary of State. Chapter 331, Statutes of 2021.

Location: 9/27/2021-S. CHAPTERED

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

discontinue the reporting of the disallowed compensation. The bill would require that contributions made on the disallowed compensation, for active members, be credited against future contributions on behalf of the state, school employer, or contracting agency that reported the disallowed compensation and would require that the state, school employer, or contracting agency return to the member any contributions paid by the member or on the member's behalf. This bill contains other related provisions and other existing laws.

Memo:

Support letter sent to Author -- 3/2/21
Support letter sent to Sen. LPE&R -- 3/2/21
Support letter sent to Sen. JUD -- 3/17/21
Support letter sent to Sen. APPR -- 5/3/21
Support letter sent to Asm. PE&R -- 6/21/21
Support letter sent to Asm. APPR -- 6/30/21
Signature request letter sent to Gov -- 9/9/21

SCR 112

(Dodd D) Elder and Dependent Adult Abuse Awareness Month.

Current Text: Chaptered: 8/1/2022 [html](#) [pdf](#)

Introduced: 5/27/2022

Status: 6/30/2022-Chaptered by Secretary of State- Chapter 111, Statutes of 2022

Location: 6/30/2022-S. CHAPTERED

Summary: This measure would proclaim and acknowledge the month of June 2022 as Elder and Dependent Adult Abuse Awareness Month in California and would reiterate the importance of annually recognizing Elder and Dependent Adult Abuse Awareness Month in the state.

Memo:

Support letter sent to Author -- 6/17/22
Support letter sent to Asm. Rules -- 6/17/22

SJR 11

(Skinner D) The Social Security 2100 Act: A Sacred Trust.

Current Text: Chaptered: 8/30/2022 [html](#) [pdf](#)

Introduced: 2/18/2022

Status: 8/16/2022-Chaptered by Secretary of State- Chapter 157, Statutes of 2022

Location: 8/16/2022-S. CHAPTERED

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
Support letter sent to Sen. LPE&R -- 3/15/22
Support letter sent to Asm. PE&R -- 6/17/22

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: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. 2 YEAR on 7/14/2021)

Location: 7/5/2022-S. DEAD

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: 2/1/2022-Died at Desk.

Location: 1/21/2022-A. DEAD

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.

[AB 2782](#)

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

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

Introduced: 2/18/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was P.E. & R. on 3/17/2022)

Location: 4/29/2022-A. DEAD

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

Oppose letter sent to Asm. PE&R -- 4/7/22

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: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. on 8/17/2021)

Location: 8/12/2022-S. DEAD

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 154](#)

(Ting D) Budget Act of 2022.

Current Text: Amended: 6/8/2022 [html](#) [pdf](#)

Introduced: 1/8/2021

Last Amend: 6/8/2022

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was INACTIVE FILE on 8/15/2022)

Location: 8/31/2022-S. DEAD

Summary: This bill would make appropriations for the support of state government for the 2022–23 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

[AB 238](#)

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

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

Introduced: 1/13/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/14/2022-A. DEAD

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

[AB 323](#)

(Kalra D) Long-term health facilities.

Current Text: Chaptered: 10/5/2021 [html](#) [pdf](#)

Introduced: 1/26/2021

Last Amend: 7/15/2021

Status: 10/4/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 458, Statutes of 2021.

Location: 10/4/2021-A. CHAPTERED

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

[AB 383](#)

(Salas D) Behavioral health: older adults.

Current Text: Amended: 6/21/2021 [html](#) [pdf](#)

Introduced: 2/2/2021

Last Amend: 6/21/2021

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/16/2021)

Location: 8/12/2022-S. DEAD

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 444](#)

(Committee on Public Employment and Retirement) State and local employees: pay warrants:

designees.

Current Text: Chaptered: 7/9/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Status: 7/9/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 55, Statutes of 2021.

Location: 7/9/2021-A. CHAPTERED

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

[AB 454](#)

(Rodriguez D) Health care provider emergency payments.

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

Introduced: 2/8/2021

Last Amend: 5/3/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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 457](#)

(Santiago D) Protection of Patient Choice in Telehealth Provider Act.

Current Text: Chaptered: 10/1/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Last Amend: 9/3/2021

Status: 10/1/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 439, Statutes of 2021.

Location: 10/1/2021-A. CHAPTERED

Summary: (1) Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend or endorse a specific licensee to a prospective patient. 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: 2/1/2022-Died at Desk.

Location: 1/21/2022-A. DEAD

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Existing law requires

the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, nonsubstantive changes to those provisions.

[AB 510](#)

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

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

Introduced: 2/9/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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

[AB 636](#)

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

Current Text: Chaptered: 10/7/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Last Amend: 8/26/2021

Status: 10/7/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 621, Statutes of 2021.

Location: 10/7/2021-A. CHAPTERED

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

[AB 685](#)

(Maienschein D) Health care service plans: reimbursement.

Current Text: Amended: 3/11/2021 [html](#) [pdf](#)

Introduced: 2/16/2021

Last Amend: 3/11/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/14/2022-A. DEAD

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan to reimburse complete claims, or portions thereof, within specified timeframes. Existing law establishes the process and for a health care service plan to contest or deny a claim for reimbursement. Existing law requires every insurer issuing group or individual policies of health insurance that cover hospital, medical, or surgical expenses to reimburse claims within specified timeframes and establishes the process for an insurer to contest or deny a claim for reimbursement. This bill would require health service plans and insurers to obtain an independent board-certified emergency physician review of the medical decisionmaking related to a service before denying benefits, reimbursing for a lesser procedure, reducing reimbursement based on the absence of a medical emergency, or making a determination that medical necessity was not present for claims billed by a licensed physician and surgeon for emergency

medical services, as specified. 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.

[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: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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 890](#)

(Cervantes D) Public employee retirement systems: investment management: reports.

Current Text: Chaptered: 10/5/2021 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 5/24/2021

Status: 10/4/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 472, Statutes of 2021.

Location: 10/4/2021-A. CHAPTERED

Summary: The Public Employees' Retirement Law establishes the Public Employees' Retirement System, which is funded by employer and employee contributions and investment earnings. Existing law creates the Public Employees' Retirement Fund, a trust fund, which the Board of Administration of the Public Employees' Retirement System administers for support of the system. The Teachers' Retirement Law establishes the State Teachers' Retirement System, which is funded by employer and employee contributions, state contributions, and investment earnings. Existing law creates the Teachers' Retirement Fund, a trust fund, which the Teachers' Retirement Board administers for support of the system. The California Constitution grants a retirement board sole and exclusive responsibility over the assets of a public retirement system and its administration, as specified. This bill, until January 1, 2028, would require the Board of Administration of the Public Employees' Retirement System and the Teachers' Retirement Board to provide reports to the Legislature, commencing March 1, 2023, and annually thereafter, on the status of achieving objectives and initiatives, to be defined by the boards, regarding participation of emerging managers or diverse managers responsible for asset management within each retirement system's portfolio of investments. The bill would require the reports to contain specified information and would require the boards to define "emerging manager" and "diverse manager" for purposes of these reports. The bill would require that the reports be based on contracts that the system enters into on and after January 1, 2022, and be based on information from the prior fiscal year.

[AB 895](#)

(Holden D) Skilled nursing facilities, intermediate care facilities, and residential care facilities for the elderly: notice to prospective residents.

Current Text: Chaptered: 9/28/2022 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 6/29/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 577, Statutes of 2022.

Location: 9/28/2022-A. CHAPTERED

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. Existing law also regulates residential care facilities for the elderly, which are licensed by the State Department of Social Services. A violation of the provisions relating to the operation or maintenance of a long-term health care facility, or a residential care facility for the elderly, is a misdemeanor. Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law requires the State Long-Term Care Ombudsman to investigate and seek to resolve complaints against long-term health care facilities and to provide services to assist residents in the protection of their health, safety, welfare, and rights. Existing law also provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities. This bill would require a skilled nursing facility or an intermediate care facility to provide a prospective resident of the 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 internet websites relating to these facilities. The bill would require the notice to include a statement that the ombudsman is intended as a resource for purposes of accessing additional information regarding resident care at the facility and reporting resident complaints. The bill would require an admission agreement for a residential care facility for the elderly to include a notice with similar information. By expanding the definition of existing crimes, 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: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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 1019](#)

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

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

Introduced: 2/18/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/14/2022-A. DEAD

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

AB 1107

(Boerner Horvath D) Emergency ground medical transportation.

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

Introduced: 2/18/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/14/2022-A. DEAD

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

AB 1131

(Wood D) Health information network.

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

Introduced: 2/18/2021

Last Amend: 3/29/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/21/2022-A. DEAD

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 1293](#)

(Cooley D) Judges' Retirement System II: federal law limits: adjustments.

Current Text: Chaptered: 9/24/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/6/2021

Status: 9/24/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 304, Statutes of 2021.

Location: 9/24/2021-A. CHAPTERED

Summary: Existing law establishes the Judges' Retirement System and the Judges' Retirement System II, both of which are administered by the Board of Administration of the Public Employees' Retirement System, which provide pension and other benefits to judges who are members. Existing law establishes the Legislators' Retirement System, also administered by the Board of Administration of the Public Employees' Retirement System, which provides pension and other benefits to those members of the Legislature and specified state and statutory officers who have elected to become members. Existing California constitutional provisions prohibit the provision of retirement benefits to members of the Legislature and, on and after January 1, 2013, the Legislators' Retirement System was closed generally to new members. This bill would prohibit the amount payable to a member or a judge under the Legislators' Retirement System, the Judges' Retirement System, and the Judges' Retirement System II, including specified adjustments, from exceeding the federal limits on annual defined benefit plan payments and would incorporate specified provisions of federal law by reference. The bill would also require the retirement allowance of a judge who is a member of the Judges' Retirement System or the Judges Retirement System II, or a person who is a member of the Legislators' Retirement System, to be increased to reflect adjustments to payment limits prescribed by federal law, provided that the member's allowance determined without regard to that law equals or exceeds the applicable limit as indexed. The bill, for judges in the Judges Retirement System II, would also apply this requirement to a monetary payments annuity that is payable to a judge. This bill contains other existing laws.

[AB 1354](#)

(Grayson D) Public employees' retirement.

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

Introduced: 2/19/2021

Status: 2/1/2022-Died at Desk.

Location: 1/21/2022-A. DEAD

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 1400](#)

(Kalra D) Guaranteed Health Care for All.

Current Text: Amended: 1/24/2022 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 1/24/2022

Status: 2/1/2022-Died on third reading file.

Location: 2/1/2022-A. DEAD

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds. 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: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was BUDGET on 1/10/2022)

Location: 8/31/2022-A. DEAD

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: Vetoed: 9/13/2022 [html](#) [pdf](#)

Introduced: 1/26/2022

Status: 9/13/2022-Vetoed by Governor.

Location: 9/13/2022-A. VETOED

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 specified provisions relating to property tax postponement. 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 holidays: Genocide Remembrance Day.

Current Text: Chaptered: 9/29/2022 [html](#) [pdf](#)

Introduced: 2/7/2022

Last Amend: 8/18/2022

Status: 9/29/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 761, Statutes of 2022.

Location: 9/29/2022-A. CHAPTERED

Summary: Existing law designates specific days as holidays in this state. Existing law designates holidays on which community colleges and public schools are authorized to close pursuant to a memorandum of understanding between the governing board and represented employees, including "Native American Day" on the 4th Friday in September. Existing law entitles state employees, with specified exceptions, to be given time off with pay for specified holidays. This bill would add April 24, known as "Genocide Remembrance Day," to the list of state holidays. The bill would authorize community colleges and public schools to close on April 24, known as "Genocide Remembrance Day," as specified. The bill would authorize state employees to elect to take time off with pay in recognition of "Genocide Remembrance Day," as specified. This bill contains other related provisions and other existing laws.

[AB 1824](#)

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

Current Text: Chaptered: 9/2/2022 [html](#) [pdf](#)

Introduced: 2/7/2022

Last Amend: 8/1/2022

Status: 9/2/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 231, Statutes of 2022.

Location: 9/2/2022-A. CHAPTERED

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) Local government: bus shelters.

Current Text: Amended: 4/18/2022 [html](#) [pdf](#)

Introduced: 2/10/2022

Last Amend: 4/18/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/18/2022)

Location: 5/20/2022-A. DEAD

Summary: Existing law sets forth provisions that govern the use of real property belonging to local agencies, as provided. This bill would require each city, including a charter city, county, or city and county, to submit a report to the appropriate policy committees of the Legislature on or before January 1, 2024, and annually thereafter, that identifies the number of bus shelters within the local agency. By imposing additional duties on local agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 2080](#)

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

Current Text: Amended: 5/19/2022 [html](#) [pdf](#)

Introduced: 2/14/2022

Last Amend: 5/19/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. HEALTH on 6/8/2022)

Location: 7/5/2022-S. DEAD

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 or health facility'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) Health care coverage: dependent adults.

Current Text: Chaptered: 7/19/2022 [html](#) [pdf](#)

Introduced: 2/15/2022

Last Amend: 3/24/2022

Status: 7/19/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 118, Statutes of 2022.

Location: 7/19/2022-A. CHAPTERED

Summary: Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. 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 an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. Existing law requires a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP at the time of solicitation and on the application. This bill would clarify that a health care service plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number at the time of solicitation and, for a plan or insurer, on the application. Because a violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would state the intent of the Legislature to ensure an individual is informed of and understands their specific rights and health care options before enrolling a Medicare-eligible or enrolled dependent parent or stepparent in individual health care coverage. This bill contains other related provisions and other existing laws.

[AB 2352](#)

(Nazarian D) Prescription drug coverage.

Current Text: Chaptered: 9/28/2022 [html](#) [pdf](#)

Introduced: 2/16/2022

Last Amend: 8/24/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 590, Statutes of 2022.

Location: 9/28/2022-A. CHAPTERED

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 contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2023, 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 prescribing 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 prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative 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.

[AB 2443](#)

(Cooley D) Judges' Retirement System II: benefits.

Current Text: Chaptered: 9/25/2022 [html](#) [pdf](#)

Introduced: 2/17/2022

Last Amend: 8/24/2022

Status: 9/25/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 531, Statutes of 2022.

Location: 9/25/2022-A. CHAPTERED

Summary: Existing law establishes the Judges' Retirement System II, which provides retirement and other benefits to its members and is administered by the Board of Administration of the Public Employees' Retirement System. Under the Judges' Retirement System II, a judge is eligible to retire upon attaining both 65 years of age and 20 or more years of service, or upon attaining 70 years of age with a minimum of 5 years of service. Existing law entitles a judge who retires pursuant to this authorization to elect between a specified a monthly retirement allowance for life or certain monetary credits. Existing law grants the surviving spouse of a judge who was eligible to retire, as specified, the right to elect to receive either a monthly retirement allowance or monetary credits within 90 days after the judge's death. Existing law establishes the right of the surviving spouse of a retired judge who elected to receive a monthly allowance, or who was retired for disability and receiving an allowance, to a specified monthly allowance. This bill, on and after January 1, 2024, and until January 1, 2029, would authorize a judge who is not eligible to retire pursuant to the provisions described above to elect to retire and defer receipt of a monthly allowance, subject to specified formulations. In order to be eligible for these benefits, the bill would require a judge to be at least 60 years of age and have 15 years or more of service or 65 years of age with a minimum of 10 years of service. The retirement allowances prescribed by the bill would be based on a judge's final compensation and years of service credit adjusted by certain percentages that vary in relation to "full retirement age," as defined, and when the judge retires. The bill would prohibit a retirement allowance calculated pursuant to these provisions from exceeding, at the time of retirement, 75 percent of a judge's final compensation and would prohibit the calculation of the retirement allowance under these provisions from including more than 20 years of service. The bill would prescribe a process for electing these benefits. The bill would specify that a retirement pursuant to these provisions is a service retirement for purposes of law that regulates the employment of retired judges. This bill would also make conforming changes to account for the right to elect to retire and defer receipt of a monthly allowance in connection with the above-described rights of surviving spouses of judges. This bill contains other related provisions and other existing laws.

[AB 2604](#)

(Calderon D) Long-term care insurance.

Current Text: Chaptered: 9/25/2022 [html](#) [pdf](#)

Introduced: 2/18/2022

Last Amend: 8/24/2022

Status: 9/25/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 534, Statutes of 2022.

Location: 9/25/2022-A. CHAPTERED

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 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 protection against inflation that automatically increases benefit levels by, at a minimum, either 3% each year over the previous year or a fixed amount each year equal to 5% of the original benefit levels, but would authorize a policy or certificate to be certified if it automatically increases benefit levels by 1% each year over the previous year if the policyholder or certificate holder meets specified criteria. The bill would require policyholders and certificate holders to be offered various options, if applicable, if a premium increases, including the option to reduce the daily benefit, as specified. The bill would also make conforming changes.

[AB 2888](#)

(Daly D) State budget: reserves.

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

Introduced: 2/18/2022

Status: 5/6/2022-Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. BUDGET on 3/24/2022)

Location: 5/6/2022-A. DEAD

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: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/17/2022)

Location: 4/29/2022-A. DEAD

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: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was PRINT on 1/5/2022)

Location: 8/31/2022-A. DEAD

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.

ACR 5 **(Mathis R) AMVETS 75th Anniversary.**
Current Text: Chaptered: 7/20/2021 [html](#) [pdf](#)
Introduced: 12/14/2020
Status: 7/15/2021-Chaptered by Secretary of State- Chapter 93, Statutes of 2021
Location: 7/15/2021-A. CHAPTERED
Summary: This measure would commend AMVETS Department of California on its 75th year of providing benefits and services to Veterans.

SB 154 **(Skinner D) Budget Act of 2022.**
Current Text: Chaptered: 6/27/2022 [html](#) [pdf](#)
Introduced: 1/8/2021
Last Amend: 6/8/2022
Status: 6/27/2022-Approved by the Governor. Chaptered by Secretary of State. Chapter 43, Statutes of 2022.
Location: 6/27/2022-S. CHAPTERED
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 221 **(Wiener D) Health care coverage: timely access to care.**
Current Text: Chaptered: 10/8/2021 [html](#) [pdf](#)
Introduced: 1/13/2021
Last Amend: 9/3/2021
Status: 10/8/2021-Approved by the Governor. Chaptered by Secretary of State. Chapter 724, Statutes of 2021.
Location: 10/8/2021-S. CHAPTERED
Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified. The bill would additionally require, commencing July 1, 2022, a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards. If a health care service plan is operating in a service area that has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan's contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

SB 280 **(Limón D) Health insurance: large group health insurance.**
Current Text: Chaptered: 10/7/2021 [html](#) [pdf](#)
Introduced: 2/1/2021
Status: 10/7/2021-Approved by the Governor. Chaptered by Secretary of State. Chapter 636, Statutes of 2021.
Location: 10/7/2021-S. CHAPTERED

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

SB 294

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

Current Text: Chaptered: 10/5/2021 [html](#) [pdf](#)

Introduced: 2/2/2021

Last Amend: 6/14/2021

Status: 10/5/2021-Approved by the Governor. Chaptered by Secretary of State. Chapter 539, Statutes of 2021.

Location: 10/5/2021-S. CHAPTERED

Summary: The Public Employees' Retirement Law (PERL) establishes the Public Employees' Retirement System (PERS) for the purpose of providing pension benefits to state employees and employees of contracting agencies. Existing law requires administration of PERS by the Board of Administration of PERS. Existing law creates the Public Employees' Retirement Fund, a continuously appropriated fund, as a trust fund to be expended for purposes related to the system and its administration, and into which employee contributions are deposited. This bill would remove the 12-year limitation for service credit earned on a compensated leave of absence for purposes of service with an employee organization, as described above. The bill would state that this leave is in addition to any leave to which public employees may be entitled by other laws or by a memorandum of understanding or collective bargaining agreement. The bill, for purposes of provisions relating to community college districts, would apply its provisions retroactively to service as an elected officer in a public employee organization occurring after August 31, 1978, and would prescribe a process and conditions for receiving service credit in this context. The bill would prescribe the rates at which contributions are to be made for certain provisions. The bill would make conforming changes consistent with its retroactive effect and would make technical changes. By increasing contributions into the continuously appropriated Public Employees' Retirement Fund and Teachers' Retirement Fund, the bill would make an appropriation. This bill contains other existing laws.

SB 457

(Portantino D) Personal income taxes: credit: reduction in vehicles.

Current Text: Vetoed: 9/28/2022 [html](#) [pdf](#)

Introduced: 2/16/2021

Last Amend: 8/25/2022

Status: 9/28/2022-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Location: 9/28/2022-S. VETOED

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by the law. Existing law establishes the continuously appropriated Tax Relief and Refund Account and provides that payments required to be made to taxpayers or other persons from the Personal Income Tax Fund are to be paid from that account, including any amount to be paid as a refundable tax credit in excess of any tax liabilities. This bill, for taxable years beginning on or after January 1, 2023, and before January 1, 2028, would allow a credit against those taxes to a qualified taxpayer in an amount equal to \$1,000 for each household with zero registered vehicles, as defined. The bill would require the qualified taxpayer to self-certify the number of registered vehicles owned by the qualified taxpayer and their dependents and by each entity in which the qualified taxpayer or their dependent holds a controlling interest, and that the qualified taxpayer and their dependent do not own or operate a vehicle within the state that is required to be registered with the Department of Motor Vehicles but is not. The bill would require the Department of Motor Vehicles to provide necessary taxpayer and vehicle information to the Franchise Tax Board for administration of the credit. For a qualified taxpayer that was allowed the California Earned Income Tax Credit, the bill would require amounts of this credit in excess of the tax liability be paid to the qualified taxpayer from the Tax Relief and Refund Account. By authorizing new refund payments to be paid from the continuously appropriated Tax Relief and Refund Account, the bill would make an appropriation. This bill contains other related provisions and other existing laws.

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: 2/1/2022-Died on file pursuant to Joint Rule 56.

Location: 2/1/2022-S. DEAD

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 650](#)

(Stern D) Skilled nursing facilities.

Current Text: Chaptered: 10/4/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 9/2/2021

Status: 10/4/2021-Approved by the Governor. Chaptered by Secretary of State. Chapter 493, Statutes of 2021.

Location: 10/4/2021-S. CHAPTERED

Summary: Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the Office of Statewide Health Planning and Development specified reports relating to the facility's finances, including, among other things, a balance sheet detailing the assets, liabilities, and net worth of the health facility at the end of its fiscal year. This bill, commencing with fiscal years ending December 31, 2023, would, except as specified, require an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility or facilities to prepare and file with the office an annual consolidated financial report that includes data from all operating entities, licenseholders, and related parties in which the organization has an ownership or control interest of 5% or more and that provides any service, facility, or supply to the skilled nursing facility. The bill would require a duly authorized official of the organization to certify the report, as specified. The bill would require the office to develop policies and procedures to outline the format of information to be submitted, determine if the annual consolidated financial report is complete, and post those reports and related documents to its internet website.

[SB 840](#)

(Skinner D) Budget Act of 2022.

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

Introduced: 1/10/2022

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was BUDGET & F.R. on 1/10/2022)

Location: 8/31/2022-S. DEAD

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: 6/2/2022 [html](#) [pdf](#)

Introduced: 1/19/2022

Last Amend: 6/2/2022

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/3/2022)

Location: 8/12/2022-A. DEAD

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 disability insurers, including 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 drug, dose, or

dosage form, and would apply the prohibition to blanket disability insurance policies and certificates. The bill would prohibit a health care service plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed, or imposing additional cost sharing for covering a drug as prescribed, if specified criteria apply. The bill would provide that a reduction or termination of an ongoing and approved course of treatment before the end of the treatment or the end or amendment of the policy is an adverse benefit determination, and would require a health care service plan or disability insurer to notify an enrollee or insured, or their representative, and the enrollee's or insured's provider in writing of the adverse benefit determination no fewer than 7 calendar days before the effective date. The bill would require a plan or insurer that has approved an ongoing course of treatment to provide continuing coverage pending appeal or review. 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.

[SB 939](#)

(Pan D) Prescription drug pricing.

Current Text: Amended: 6/15/2022 [html](#) [pdf](#)

Introduced: 2/8/2022

Last Amend: 6/15/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. HEALTH on 5/27/2022)

Location: 7/5/2022-A. DEAD

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 that are not required under federal law or regulations.

[SB 1343](#)

(Leyva D) Public employees' retirement: charter schools.

Current Text: Amended: 8/15/2022 [html](#) [pdf](#)

Introduced: 2/18/2022

Last Amend: 8/15/2022

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was RECONSIDERATION on 8/16/2022)

Location: 8/31/2022-A. DEAD

Summary: The Teachers' Retirement Law 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, credited service, and age at retirement, subject to certain variations. Existing law also establishes the Cash Balance Benefit Program for the purpose of providing a retirement plan for specified teachers whose service is less than 50% of the full-time equivalent for the person's position or who are employed on a temporary basis or as a substitute, as specified. The Cash Balance Benefit Program and STRS are administered by the Teachers' Retirement Board. The Public Employees' Retirement Law establishes the Public Employees' Retirement System (PERS), which provides defined benefits to members of the system based on final compensation, credited service, and age at retirement, subject to certain variations. PERS is administered by its board of administration. The California Constitution grants plenary authority for the administration of a public pension or retirement system to its retirement board, as specified, and provides that the assets of a retirement system are trust funds, as specified. This bill would require a charter school initially authorized to commence operations on and after January 1, 2025, to participate in STRS or PERS, or both. The bill would specify that this provision does not apply to a charter school seeking a renewal authorization on or after January 1, 2025, if the charter school initially received authorization to commence operations before January 1, 2025, and has continuously operated as a charter school since that initial authorization. The bill would generally require STRS, the Cash Balance Benefit Program, and PERS to apply to a charter school in the same manner as the systems and program apply to other public schools. This bill contains other related provisions and other existing laws.

Total Measures: 59

Total Tracking Forms: 59