

**CalRTA Watch Bills
Monday, October 13, 2025**

Bills Impacting Budget

[AB 21](#) (DeMaio R) Common interest developments: association management and meeting procedures.

Introduced: 12/2/2024

Last Amend: 3/24/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was H. & C.D. on 3/24/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: The Davis-Stirling Common Interest Development Act governs the management and operation of common interest by an association. If a provision of that act requires an association to deliver a document by "individual delivery" or "individual notice," the act requires the association to deliver that document in accordance with the preferred delivery method specified by the member. Current law also requires the board of an association to provide general notice of a proposed rule change at least 28 days before making the rule change, in accordance with certain procedures. This bill would revise the above-described rule change provision to require the board to provide individual notice pursuant to the above-described provision governing document delivery.

Position

Watch

[AB 23](#) (DeMaio R) The Cost of Living Reduction Act of 2025.

Introduced: 12/2/2024

Last Amend: 3/25/2025

Status: 3/26/2025-Re-referred to Com. on U. & E.

Location: 3/24/2025-A. U. & E.

Summary: Current law vests the State Energy Resources Conservation and Development Commission (Energy Commission) with various responsibilities for developing and implementing the state's energy policies. This bill, the Cost of Living Reduction Act of 2025, would require the Energy Commission and the Public Utilities Commission to post, and update monthly, dashboards on their internet websites that include the difference in average gasoline prices and the average total price of electricity or natural gas in California compared to national averages, and any California-specific taxes, fees, regulations, and policies that directly or indirectly contribute to higher gasoline and electricity or natural gas prices within the state, as specified. The bill would require the Energy Commission and the PUC, on or before July 1, 2026, to each submit a report to the Legislature on the governmental and nongovernmental drivers of California's higher gasoline prices and higher electricity and natural gas prices, and recommendations for policy changes to reduce the costs associated with those drivers, as specified. If the average price of gasoline in California exceeds 10% of the national average in the preceding quarter, the bill would require all taxes and fees on gasoline, as specified, to be suspended for a period of 6 months, and, if the average price of electricity or natural gas in California exceeds 10% of the national average in the preceding quarter, the bill would require the PUC to suspend the collection of all fees, as specified, charged on electricity and natural gas bills for a period of 6 months.

Position

Watch

[AB 24](#) (DeMaio R) San Diego Association of Governments: board of directors.

Introduced: 12/2/2024

Last Amend: 4/8/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L. GOV. on 3/24/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: The San Diego Regional Transportation Consolidation Act reorganizes the transportation responsibilities in the San Diego region by consolidating the San Diego Association of Governments and the transit operations of 2 specified transit boards. Current law establishes a 21-member board of directors to govern the consolidated agency that includes, among others, 2 members of the Board of Supervisors of San Diego County. This bill, the Give San Diego Rural Communities a Voice Act, would instead require the board of directors to include, among others, one member of the Board of Supervisors of San Diego County from an unincorporated area of the county and one representative from the Association of Planning Groups - San Diego County to be selected by their respective governing bodies.

Position

Watch

ACA 1**(Valencia D) Public finance.****Introduced:** 12/2/2024**Status:** 1/29/2025-Introduced measure version corrected.**Location:** 12/2/2024-A. PRINT

Summary: The California Constitution prohibits the total annual appropriations subject to limitation of the State and of each local government from exceeding the appropriations limit of the entity of government for the prior year adjusted for the change in the cost of living and the change in population. The California Constitution defines "appropriations subject to limitation" of the State for these purposes. This measure would change the 1.5% required transfer to an undetermined percentage of the estimated amount of General Fund revenues for that fiscal year. The measure would change the 10% limit on the balance in the Budget Stabilization Account to 20% of the amount of the General Fund proceeds of taxes for the fiscal year estimate, as specified. The measure would specify that funds transferred under these provisions to the Budget Stabilization Account do not constitute appropriations subject to the above-described annual appropriations limit.

Position

Watch

Budget**ABX1 1****(Gabriel D) Budget Act of 2024.****Introduced:** 12/2/2024**Last Amend:** 1/10/2025**Status:** 2/3/2025-From committee without further action.**Location:** 1/9/2025-A. BUDGET

Summary: Would amend the Budget Act of 2024 by making changes to existing appropriations, as provided. This bill contains other related provisions.

Position

Watch

SBX1 1**(Wiener D) Budget Act of 2024.****Introduced:** 12/2/2024**Last Amend:** 1/10/2025

Status: 2/7/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 3, Statutes of 2025.

Location: 2/7/2025-S. CHAPTERED

Summary: The Budget Act of 2024 made appropriations for the support of state government for the 2024-25 fiscal year. This bill would amend the Budget Act of 2024 by making changes to existing appropriations, as provided.

Position

Watch

Health Care/Healthy Aging**AB 92****(Gallagher R) Patient visitation.****Introduced:** 1/6/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/3/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Current law requires a health facility to allow a patient's domestic partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit unless no visitors are allowed, the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility, or the patient has indicated to the health facility staff that the patient does not want this person to visit. A violation of this provision is a misdemeanor. This bill, Dianne's Law, would require a health facility to allow specified persons to visit, including the patient's children and grandparents. The bill would require the health facility to develop alternate visitation protocols, if circumstances require the health facility to restrict visitor access to the facility due to health or safety concerns, that allow visitation to the greatest extent possible while maintaining patient, visitor, and staff health and safety. Notwithstanding the requirement mentioned above, the bill would prohibit a health facility from prohibiting in-person visitation in end-of-life situations unless the patient has indicated to the health facility staff that the patient does not want this person to visit, as specified, and would authorize a health facility to require

visitors to adhere to personal protective equipment and testing protocols not greater than those required of facility staff for the duration of their visit.

Position

Watch

AB 278 (Ransom D) Health care affordability.

Introduced: 1/21/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/10/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Current law establishes the Health Care Affordability Board to establish, among other things, a statewide health care cost target and the standards necessary to meet exemptions from health care cost targets or submitting data to the Office of Health Care Affordability. Current law authorizes the office to establish advisory or technical committees, as necessary, in order to support the board's decisionmaking. This bill would require the board, on or before June 1, 2026, to establish a Patient Advocate Advisory Standing Committee, as specified, that is required to publicly meet, and receive public comments, at least 4 times annually. The bill would require the committee to include specified data from the meetings to the board as part of its annual report.

Position

Watch

AB 283 (Haney D) In-Home Supportive Services Employer-Employee Relations Act.

Introduced: 1/22/2025

Last Amend: 8/29/2025

Status: 9/11/2025-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/9/2025)(May be acted upon Jan 2026)

Location: 9/11/2025-S. 2 YEAR

Summary: Current law establishes the In-Home Supportive Services (IHSS) program, which is administered by the State Department of Social Services, counties, and other entities, under which qualified aged, blind, or disabled persons are provided with supportive services in order to permit them to remain in their own homes. Current law authorizes a county board of supervisors to elect to contract with a nonprofit consortium to provide for the delivery of in-home supportive services or to establish, by ordinance, a public authority to provide for the delivery of those services, in accordance with certain procedures. Current law deems a public authority created under these provisions to be the employer of in-home supportive services personnel under the Meyers-Milias-Brown Act, which governs labor relations between local public employers and employees. Existing law also deems a nonprofit consortium contracting with a county to be the employer of in-home supportive services personnel for purposes of collective bargaining over wages, hours, and other terms and conditions of employment. Current law grants recipients of in-home supportive services the right to hire, fire, and supervise the work of any in-home supportive services personnel providing services for them. Current law prohibits the state and specified local public employers from deterring or discouraging public employees from becoming or remaining members of an employee organization. Current law also requires specified public employers to provide exclusive employee representatives access to new employee orientations. Current law generally grants the Public Employment Relations Board jurisdiction over violations of these provisions. Existing law defines "public employers" who are subject to these provisions as including, among others, public agencies, cities, counties, and districts. This bill would expand the definition of "public employer," for purposes of those provisions, to include an employer who is subject to the In-Home Supportive Services Employer-Employee Relations Act, which the bill would create. The bill would establish a method for resolving disputes regarding wages, benefits, and other terms and conditions of employment between the state and recognized employee organizations representing individual providers.

Position

Watch

AB 302 (Bauer-Kahan D) Data brokers: elected officials and judges.

Introduced: 1/23/2025

Last Amend: 7/17/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Location: 8/28/2025-S. 2 YEAR

Summary: The California Consumer Privacy Act of 2018 (CCPA) grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to request that a business delete any personal information about the consumer that the business has collected from the consumer. The California Privacy Rights Act of 2020, approved by the voters as Proposition 24 at the November 3, 2020, statewide general election, amended, added to, and reenacted the CCPA and establishes the California Privacy Protection Agency (agency) and vests the agency with full administrative power, authority, and jurisdiction to enforce the CCPA. Current

law requires the agency to establish an accessible deletion mechanism that, among other things, allows a consumer to request the deletion of all personal information related to that consumer through a single deletion request. Current law requires, beginning August 1, 2026, a data broker to access the accessible deletion mechanism at least once every 45 days and, within 45 days after receiving a request, process all deletion requests and delete all personal information related to the consumers making the requests, as prescribed. Current law requires a data broker to delete all personal information of the consumer at least once every 45 days unless the consumer requests otherwise, as prescribed. Current law defines "data broker" to mean a business, as defined, that knowingly collects and sells to third parties the personal information of a consumer with whom the business does not have a direct relationship, except as provided. This bill would require the agency to obtain a list of all state and local elected officials, would require the Judicial Council to provide the agency with a list of all California judges, and would require the agency to allow elected officials or a judges to remove their information from those lists, as prescribed. The bill would require the lists to be kept confidential, as specified.

Position
Watch

AB 346 (Nguyen D) In-home supportive services: licensed health care professional certification.

Introduced: 1/29/2025

Last Amend: 7/9/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/14/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: Current law defines supportive services for purposes of the county-administered In-Home Supportive Services (IHSS) program to include those necessary paramedical services that are ordered by a licensed health care professional, which persons could provide for themselves, but for their functional limitations. Current law requires an applicant for, or recipient of, in-home supportive services, as a condition of receiving these services, to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care, and defines a licensed health care professional for this purpose to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code. This bill would use the above-described definition of "licensed health care professional" for purposes of the provisions relating to paramedical services, and would, for purposes of the certification requirement, add to the above-described definition of "licensed health care professional" that the licensed individual has primary responsibilities to diagnose or provide treatment and care for physical or mental impairments that cause or contribute to an individual's functional limitations.

Position
Watch

AB 360 (Papan D) Menopause.

Introduced: 1/30/2025

Last Amend: 4/9/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/23/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Would require the Department of Health Care Access and Information to work with the Medical Board of California, the Osteopathic Medical Board of California, and state higher education entities to assess, among other things, physicians and surgeons' education and training, as specified, relating to menopause diagnosis and treatment. The bill would require the department to prepare a report to the Legislature on or before January 1, 2027, that, among other things, identifies gaps in medical education and training related to menopause and in menopause diagnosis and management practices among physicians and surgeons.

Position
Watch

AB 508 (Aguiar-Curry D) Residential care facilities for the elderly: direct care ratios.

Introduced: 2/10/2025

Last Amend: 4/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: The California Residential Care Facilities for the Elderly Act requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly (RCFEs), as defined, and imposes criminal penalties on a person who violates the act or who willfully or repeatedly

violates any rule or regulation adopted under the act. This bill would require each RCFE to calculate a direct care ratio, as defined, and maintain records of its direct care ratios for a minimum of 12 months. The bill would require RCFEs to disclose its direct care ratios to residents or to the resident's representatives upon admission and any time there is a rate increase, as specified. The bill would require these disclosures to be provided in writing and signed by the resident, the resident's representative, or the licensee or an employee of the licensee, as specified, to confirm receipt. The bill would require copies of the signed disclosure to be provided to the resident or the resident's representative. The bill would require each RCFE to make its direct care ratios available to the public by specified means, including, among others, by posting the daily direct care ratio on the facility's internet website. The bill would require the RCFE's internet website and any literature or internet website used to advertise the RCFE and the level of care provided by that facility to include a statement that direct care ratios are calculated on a daily basis, that direct care ratios are available to the public upon request for any given day within the prior 12 months, and that direct care ratios are required to be disclosed to residents or their representatives at the points of time described above.

Position

Watch

AB 517 (Krell D) Medi-Cal: complex rehabilitation technology: wheelchairs.

Introduced: 2/10/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and 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 prohibit the department from requiring prior authorization for the repair of a CRT-powered wheelchair if the cost of the repair does not exceed \$1,250. Under the bill, a treatment authorization request for repair or replacement of a CRT-powered wheelchair would not require an individual prescription or documentation of medical necessity from the treating practitioner if the CRT-powered wheelchair has already been approved for use by the patient.

Position

Watch

AB 536 (Patterson R) Health care coverage: colorectal cancer screening.

Introduced: 2/11/2025

Last Amend: 3/24/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/14/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: Current law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test assigned either a grade of A or a grade of B by the United States Preventive Services Task Force and for a required colonoscopy for a positive result on a test with those grades. This bill would additionally require that coverage if the screening test is approved by the United States Food and Drug Administration and either meets requirements for coverage established by the federal Centers for Medicare and Medicaid Services, as specified, or is included in the most recently published guidelines from the American Cancer Society.

Position

Watch

AB 546 (Caloza D) Health care coverage: portable HEPA purifiers.

Introduced: 2/11/2025

Last Amend: 9/3/2025

Status: 9/16/2025-Enrolled and presented to the Governor at 2 p.m.

Location: 9/16/2025-A. ENROLLED

Summary: Would require a large group health care service plan contract or large group health insurance policy, except a specialized health care service plan contract or health insurance policy, that is issued, amended, or renewed on or after January 1, 2026, to include coverage for one portable high-efficiency particulate air (HEPA) purifier for an enrollee or insured who is pregnant or diagnosed with asthma or chronic obstructive pulmonary disease if the enrollee or insured is residing in or displaced from a county where a local or state emergency has been declared due to wildfires and the HEPA purifier is prescribed by the enrollee's or insured's health care provider. The bill would prohibit the cost of the HEPA purifier from exceeding \$500, adjusted for inflation, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

Position

AB 554 (González, Mark D) Health care coverage: antiretroviral drugs, drug devices, and drug products.**Introduced:** 2/11/2025**Last Amend:** 9/4/2025**Status:** 9/22/2025-Enrolled and presented to the Governor at 3 p.m.**Location:** 9/22/2025-A. ENROLLED

Summary: Current law generally prohibits a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under current law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy. This bill, the Protecting Rights, Expanding Prevention, and Advancing Reimbursement for Equity (PrEPARE) Act of 2025, would instead prohibit a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are medically necessary for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy. The bill would specify that, for therapeutically equivalent coverage purposes, a long-acting drug, drug device, or drug product is not therapeutically equivalent to a long-acting drug, drug device, or drug product with a different duration. The bill would require a plan or insurer that covers non-self-administered antiretroviral drugs, drug devices, or drug products that are approved by the United States Food and Drug Administration (FDA) for the prevention of HIV/AIDS as a medical benefit to also include those non-self-administered antiretroviral drugs, drug devices, or drug products as an outpatient prescription drug benefit.

Position

Watch

AB 586 (Flora R) Professional fiduciaries.**Introduced:** 2/12/2025**Last Amend:** 8/18/2025**Status:** 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/25/2025)(May be acted upon Jan 2026)**Location:** 8/28/2025-S. 2 YEAR

Summary: The Professional Fiduciaries Act, establishes, until January 1, 2028, the Professional Fiduciaries Bureau, and requires the bureau to license and regulate professional fiduciaries. The act defines various terms for these purposes. The act requires the bureau to maintain specified information in each licensee's file, and requires a licensee to annually file with the bureau a statement under penalty of perjury containing specified information, including among other things, any licenses or professional certificates held by the licensee. The Moscone-Knox Professional Corporation Act defines and regulates professional corporations. The act provides that a professional organization renders professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by, among others, the Business and Professions Code pursuant to a certificate of registration issued by the governmental agency regulating the profession, as specified. This bill would authorize licensees to organize professional fiduciary professional corporations to provide professional fiduciary services, and would prescribe requirements and regulations for those professional corporations to provide fiduciary services. The bill would require a professional fiduciary professional corporation to register with the Secretary of State, as provided, and would require the corporation, its officers, directors, shareholders, and employees rendering professional fiduciary services to be in compliance with the Moscone-Knox Professional Corporation Act.

Position

Watch

AB 618 (Krell D) Medi-Cal: behavioral health: data sharing.**Introduced:** 2/13/2025**Last Amend:** 6/23/2025**Status:** 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/7/2025)(May be acted upon Jan 2026)**Location:** 8/28/2025-S. 2 YEAR

Summary: Under current Medi-Cal provisions, behavioral health services, including specialty mental health services and substance use disorder treatment, are provided under the Medi-Cal Specialty Mental Health Services Program, the Drug Medi-Cal Treatment Program, and the Drug Medi-Cal organized delivery system (DMC-ODS) program, as specified. This bill would require each Medi-Cal managed care plan, county specialty mental health plan, Drug Medi-Cal certified program, and DMC-ODS program to electronically provide data for members of the respective entities to support member care. The bill would require the department to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be

Position
Watch

AB 676 (Gonzalez, Jeff R) Medi-Cal: unrecovered payments: interest rate.

Introduced: 2/14/2025

Last Amend: 4/9/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and 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. Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under current law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would require the department to waive the interest, as part of a repayment agreement entered into with the provider, if the latest date of service for a retroactive payment adjustment or audit period end date for the unrecovered overpayment occurred 4 or more years before the issuance of the first statement of account status or demand for repayment, and the department determines that certain factors apply.

Position
Watch

AB 682 (Ortega D) Health care coverage reporting.

Introduced: 2/14/2025

Last Amend: 9/4/2025

Status: 10/6/2025-Vetoed by Governor.

Location: 10/6/2025-A. VETOED

Summary: Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires a health care service plan or health insurer to file various reports with the relevant regulating department. This bill would require a health care service plan or health insurer that imposes prior authorization to report specified prior authorization data from the previous calendar year on its internet website on or before February 1, 2026, for health care service plans, on or before February 1, 2028, for health insurers, and annually on or before February 1 thereafter. The bill would require a health care service plan or health insurer to annually report specified claims and prior authorization data to the relevant department by February 1 of each year, beginning February 1, 2027, for health care service plans and February 1, 2028, for health insurers. The bill would require the departments to post this information, disaggregated by plan or insurer, on their internet websites by April 15 of each year, beginning April 15, 2027, for health care service plans and April 15, 2028, for health insurers. The bill would authorize the Director of the Department of Managed Health Care and the Insurance Commissioner to reject a report required pursuant to these provisions, and would authorize the commissioner to assess an administrative penalty against a health insurer for a failure to correct a deficiency in the report. The bill would authorize the director and commissioner to make rules and regulations specifying the form and content of the reports posted online and submitted to the relevant department, as specified.

Governor's Message: VETOED: 10/6/2025 [PDF](#)

Position
Watch

AB 688 (González, Mark D) Telehealth for All Act of 2025.

Introduced: 2/14/2025

Last Amend: 7/7/2025

Status: 10/7/2025-Chaptered by Secretary of State - Chapter 437, Statutes of 2025

Location: 10/7/2025-A. CHAPTERED

Summary: Under current law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Current law required the State Department of Health Care Services, on or before January 1,

2023, to develop a research and evaluation plan that, among other things, proposes strategies to analyze the relationship between telehealth and access to care, quality of care, and Medi-Cal program costs, utilization, and program integrity. The department created that plan in December of 2022 and published the Biennial Telehealth Utilization Report in April of 2024. This bill, the Telehealth for All Act of 2025, would require the department, commencing in 2028 and every 2 years thereafter, to use Medi-Cal data and other data sources available to the department to produce analyses in a publicly available Medi-Cal telehealth utilization report. The bill would authorize the department to include those analyses in each of the department's Biennial Telehealth Utilization Reports, as specified.

Position

Watch

AB 789 (Bonta D) Political Reform Act of 1974: security expenses.

Introduced: 2/18/2025

Last Amend: 9/3/2025

Status: 10/11/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 621, Statutes of 2025.

Location: 10/11/2025-A. CHAPTERED

Summary: The Political Reform Act of 1974 authorizes a candidate or elected officer to use campaign funds to pay or reimburse the state for the reasonable costs of installing and monitoring a home or office electronic security system or for another tangible item related to security, and for the reasonable costs of providing personal security to a candidate, elected officer, or the immediate family or staff of a candidate or elected officer, provided that the threat or potential threat to safety arises from the candidate's or elected officer's activities, duties, or status as a candidate or elected officer or from staff's position as staff of the candidate or elected officer. The act permits a candidate or elected officer to expend a maximum of \$10,000 of campaign funds for these purposes during their lifetime. This bill would eliminate that monetary cap until January 1, 2029. Beginning January 1, 2029, the bill would instead permit a candidate or elected officer to expend a maximum of \$10,000 of campaign funds for these purposes per calendar year.

Position

Watch

AB 804 (Wicks D) Medi-Cal: housing support services.

Introduced: 2/18/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy sustaining services. Current law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Current law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Current law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would delete the requirement for the department to complete that analysis, and instead would make housing support services for specified populations a covered Medi-Cal benefit when the Legislature has made an appropriation for purposes of the housing support services. The bill would require the department to seek federal approval for the housing support services benefit, as specified.

Position

Watch

AB 849 (Soria D) Health providers: medical chaperones.

Introduced: 2/19/2025

Last Amend: 9/4/2025

Status: 10/7/2025-Chaptered by Secretary of State - Chapter 442, Statutes of 2025

Location: 10/7/2025-A. CHAPTERED

Summary: Current law requires a licensed health facility that provides specified prenatal screening ultrasound to require that the ultrasound be performed by a sonographer that is nationally certified, as specified. This bill would, except as specified, require a provider, as defined, that offers a sensitive examination to provide notice to patients that a medical chaperone will be made available, upon their request, to assist or observe the sensitive examination. The bill would require the notice be provided

as a hard copy, an electronic transmission, or verbally to the patient or their legal guardian, as specified. The bill would provide that the provider has the right to decline performing a sensitive examination in the absence of a medical chaperone if the provider determines that a medical chaperone must be present. The bill would require a provider to educate sonographers and clinical and nonclinical staff who may serve as a medical chaperone regarding specified topics, including, among others, appropriate observational and intervention techniques. The bill would require, if a patient requests a medical chaperone, a provider to document a medical chaperone's presence in the patient's health record. The bill would define various terms for purposes of these provisions, including that sensitive examination means an ultrasound examination performed by a sonographer of certain areas of the body, including genitalia. The bill would make these provisions operative on January 1, 2027.

Position

Watch

AB 876 (Flora R) Nurse anesthetists: scope of practice.

Introduced: 2/19/2025

Last Amend: 7/9/2025

Status: 10/1/2025-Chaptered by Secretary of State - Chapter 169, Statutes of 2025

Location: 10/1/2025-A. CHAPTERED

Summary: The Nurse Anesthetists Act provides for the certification and regulation of nurse anesthetists by the Board of Registered Nursing. Current law requires the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility to be approved by the acute care facility administration and the appropriate committee, as defined, and at the discretion of the physician, dentist, or podiatrist. Current law makes a nurse anesthetist who is not an employee of an acute care facility subject to the bylaws of the facility. This bill would expressly provide that a nurse anesthetist is authorized to perform anesthesia services. The bill would define "anesthesia services" for purposes of the act to mean, among other things, preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services. Under the bill, an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient would be deemed the authorization for the nurse anesthetist to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia during the course of care. The bill would provide that the selection and administration of medication by a nurse anesthetist for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist shall not constitute a prescription as that term is defined in a specified provision of federal law.

Position

Watch

AB 910 (Bonta D) Pharmacy benefit management.

Introduced: 2/19/2025

Last Amend: 4/10/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law provides for the regulation of health care service plans by the Department of Managed Health Care. Current law requires health care service plans that cover prescription drug benefits and contract with pharmacy providers and pharmacy benefit managers to meet specified requirements, including requiring pharmacy benefit managers with whom they contract to register with the department and exercise good faith and fair dealing, among other requirements. This bill would modify the above-described requirement that the pharmacy benefit manager exercise good faith and fair dealing to instead require the pharmacy benefit manager to hold a fiduciary duty in the performance of its contractual duties and carry out that duty in accordance with state and federal law. The bill would require the pharmacy benefit manager to remit 100% of specified rebates, fees, alternative discounts, and other remuneration received to the health care service plan and would prohibit the pharmacy benefit manager from entering into any contract for pharmacy benefit management services that is contrary to that requirement.

Position

Watch

AB 960 (Garcia D) Patient visitation.

Introduced: 2/20/2025

Last Amend: 8/25/2025

Status: 10/1/2025-Chaptered by Secretary of State - Chapter 172, Statutes of 2025

Location: 10/1/2025-A. CHAPTERED

Summary: Current law requires a health facility to allow a patient's domestic partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit unless no visitors are allowed, the facility reasonably determines that the presence of a particular visitor

would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility, or the patient has indicated to the health facility staff that the patient does not want this person to visit. This bill would require a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities, a patient with cognitive impairment, including dementia, and a patient with another disability, as specified, to have a family or friend caregiver with them as needed, including outside standard visiting hours, unless specified conditions are met, including, but not limited to, that the hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of the visitor, a patient, a member of the staff, or other visitor to the hospital, or would significantly disrupt the operations of the hospital. The bill would not prohibit a hospital from otherwise establishing reasonable restrictions upon visitation. The bill would authorize the hospital to impose legitimate health and safety requirements on visitors, as specified. The bill would specify that its provisions do not prohibit restrictions to patient visitation policies implemented during a state of emergency declared by the Governor, a health emergency declared by the State Public Health Officer, or a local health emergency declared by a local health officer, as specified. The bill would specify that its provisions do not create any new civil or criminal liability, including, but not limited to, liability for any illness, infection, or injury experienced by a patient or visitor on the part of a hospital that complies with its requirements.

Position

Watch

AB 974 (Patterson R) Medi-Cal managed care plans: enrollees with other health care coverage.

Introduced: 2/20/2025

Last Amend: 3/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current federal law, in accordance with third-party liability rules, Medicaid is generally the payer of last resort if a beneficiary has another source of health care coverage in addition to Medicaid coverage. Under this bill, in the case of a Medi-Cal managed care plan enrollee who also has other health care coverage and for whom the Medi-Cal program is a payer of last resort, the department would be required to ensure that a provider that is not contracted with the plan and that is billing the plan for Medi-Cal allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system. Under the bill, in the case of an enrollee who meets those coverage criteria, except as specified, a Medi-Cal fee-for-service provider would not be required to contract as an in-network provider with the Medi-Cal managed care plan in order to bill the plan for Medi-Cal allowable costs for covered health care services.

Position

Watch

AB 980 (Arambula D) Health care: medically necessary treatment.

Introduced: 2/20/2025

Last Amend: 4/21/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/10/2025) (May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a health care service plan contract or health insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. Current law generally authorizes a health care service plan or health insurer to use utilization review to approve, modify, delay, or deny requests for health care services based on medical necessity. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for medically necessary treatment of physical conditions and diseases under the same terms and conditions applied to other medical conditions, as specified. The bill would require the delivery of medically necessary services out of network if those services are not available within geographic and timely access standards. The bill would require a plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits for physical conditions and diseases. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violation of the requirements relating to utilization review.

Position

Watch

AB 1012 (Essayli R) Medi-Cal: immigration status.

Introduced: 2/20/2025

Status: 2/21/2025-From printer. May be heard in committee March 23.

Location: 2/20/2025-A. PRINT

Summary: Would create the Serving Our Seniors Fund to make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits, and would transfer funds previously appropriated for the provision of Medi-Cal benefits to those individuals to that fund. The bill would appropriate the moneys in that fund to the State Department of Health Care Services to restore and maintain payments for Medicare Part B premiums for eligible individuals. By making the moneys available without regard to fiscal years, the bill would create a continuous appropriation.

Position

Watch

AB 1041 (Bennett D) Health care coverage: health care provider credentials.

Introduced: 2/20/2025

Last Amend: 8/29/2025

Status: 10/11/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 630, Statutes of 2025.

Location: 10/11/2025-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's requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. This bill would require every full service health care service plan or health insurer, or its delegate, to subscribe to and use the Council for Affordable Quality Healthcare credentialing form on and after January 1, 2028, except as specified.

Position

Watch

AB 1131 (Ta R) General plan: annual report: congregate care for the elderly.

Introduced: 2/20/2025

Last Amend: 4/10/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/14/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: The Planning and Zoning law requires each planning agency to prepare and the legislative body of each county and city to adopt a comprehensive, long-term general plan containing specified elements, including a housing element. After the legislative body has adopted all or part of a general plan, current law requires the planning agency to provide by April 1 of each year an annual report to various entities that includes specified information. Current law requires the Department of Housing and Community Development, in consultation with each council of governments, to determine each region's existing and projected housing need, as provided. Current law requires each council of governments, or the department for cities and counties without a council of governments, to adopt a final regional housing need plan that allocates a share of the regional housing need to each city, county, or city and county and that furthers specified objectives. This bill would, for the 7th and each subsequent revision of the housing element, authorize a planning agency to include in that report the number of units approved for congregate care for the elderly, as defined, for up to 15% of a jurisdiction's regional housing need allocation for any income category.

Position

Watch

AB 1205 (Muratsuchi D) Mental health services: assisted outpatient treatment.

Introduced: 2/21/2025

Status: 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/21/2025) (May be acted upon Jan 2026)

Location: 5/8/2025-A. 2 YEAR

Summary: Laura's Law requires a county or group of counties to provide assisted outpatient treatment as part of mental health services, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. Current law authorizes participating counties to pay for the services using moneys distributed to the counties from various continuously appropriated funds, including the Behavioral Health Services Fund when included in a county plan, as specified. For participating counties, current law authorizes a court to order a person who is the subject of a certain petition to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that various conditions are met, including, among others, that the person is experiencing a mental illness and that the person has a history of lack of compliance with treatment for their mental illness,

as specified. Current law sets forth certain rights of the person relating to the hearing and imposes conditions on an extension to an initial treatment order. This bill would make technical, nonsubstantive changes to those provisions.

Position

Watch

AB 1415 (Bonta D) California Health Care Quality and Affordability Act.

Introduced: 2/21/2025

Last Amend: 8/21/2025

Status: 10/11/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 641, Statutes of 2025.

Location: 10/11/2025-A. CHAPTERED

Summary: The California Health Care Quality and Affordability Act establishes within the Department of Health Care Access and Information 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. Current law requires the office to conduct ongoing research and evaluation on payers, fully integrated delivery systems, and providers to determine whether the definitions or other provisions of the act include those entities that significantly affect health care cost, quality, equity, and workforce stability. Current law defines multiple terms relating to these provisions, including a health care entity to mean a payer, provider, or a fully integrated delivery system and a provider to mean specified entities delivering or furnishing health care services. This bill would update the definitions applying to these provisions, including defining a provider to mean specified entities delivering or furnishing health care services. The bill would include additional definitions, including, but not limited to, a hedge fund to mean a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of strategies used to manage the funds, subject to certain exceptions.

Position

Watch

AB 1418 (Schiavo D) Department of Health Care Access and Information.

Introduced: 2/21/2025

Last Amend: 9/5/2025

Status: 10/6/2025-Chaptered by Secretary of State - Chapter 398, Statutes of 2025

Location: 10/6/2025-A. CHAPTERED

Summary: Existing law requires the Department of Health Care Access and Information to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state. Existing law requires the department to prepare an annual report to the Legislature that, among other things, identifies education and employment trends in the health care profession and describes the health care workforce program outcomes and effectiveness. Existing law requires health facilities and clinics, among others, to annually report to the department specified information on forms supplied by the department. This bill would require health facilities, clinics, home health agencies, and hospices, as defined, to additionally report whether their health care employees eligible for employer-sponsored health care are eligible for health care coverage at the commencement of employment without a waiting period, as defined. If not all employees are eligible without a waiting period, the bill would require the entities listed above to report the length of the waiting period if it applies to all eligible employees, and, if different waiting periods apply to different classifications of employees, as specified, the length of the waiting period for each classification. The bill would require the department to integrate this reporting obligation with existing reports and would not require those specified entities to report if they are not required to file reports with the department. The bill would require the department to post this information on its internet website on at least an annual basis.

Position

Watch

AB 1419 (Addis D) California Health Benefit Exchange: automatic health care coverage enrollment.

Introduced: 2/21/2025

Last Amend: 7/3/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: Current law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under the federal Patient Protection and Affordable Care Act. Current law requires the Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from an insurance affordability program. Current law requires enrollment to occur before coverage through the insurance affordability program is terminated and prohibits the premium due date from being sooner than the last day of the first

month of enrollment. This bill would, commencing July 1, 2026, additionally authorize the Exchange to enroll an individual in the plan in which other members of the individual's household are enrolled, as specified, or the lowest cost plan available to an Indian who is eligible for specified reduced cost sharing, as determined by the Exchange, and would require the Exchange to enroll an individual in any of the plans described above upon receipt of a complete application for an insurance affordability program submitted through the Statewide Automated Welfare System.

Position
Watch

AB 1495 **(Valencia D) Home health aides: training and certification.**

Introduced: 2/21/2025

Status: 10/6/2025-Chaptered by Secretary of State - Chapter 400, Statutes of 2025

Location: 10/6/2025-A. CHAPTERED

Summary: Existing law requires the State Department of Public Health to license and regulate home health agencies and to certify and regulate home health aides. Under existing law, a violation of these provisions or the rules and regulations promulgated under these provisions is a misdemeanor. Existing law specifically requires an applicant for certification as a home health aide to complete, among other requirements, a training program approved by the department. Under existing law, a certification for a home health aide is renewed every two years, and to renew an unexpired certificate, the certificate holder is required to apply for renewal on a form provided by the state, as specified. This bill would require that either a registered nurse or a licensed vocational nurse, as specified, provide the classroom or supervised practical training required for qualification as a certified home health aide. The bill would require an online or distance learning training program for home health aide certification or in-service training for certified home health aides to include specific requirements, including, among others, requiring a trainee to sign an affidavit attesting under penalty of perjury to confirm their identity while completing the program. By expanding the crime of perjury, this bill would impose a state-mandated local program. The bill would require these training programs, among other things, to allow the department access to monitor online or distance learning sessions. This bill would require a certified home health aide, seeking to renew their unexpired certificate, to submit evidence of completing at least 12 hours of in-service training during each 12-month period of the certification. By expanding the duties on home health agencies, applicants for certification as a certified home health aide, or certified home health aides, this bill would expand an existing crime, thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws.

Position
Watch

SB 40 **(Wiener D) Health care coverage: insulin.**

Introduced: 12/3/2024

Last Amend: 8/29/2025

Status: 9/16/2025-Enrolled and presented to the Governor at 3 p.m.

Location: 9/16/2025-S. ENROLLED

Summary: Would prohibit a large group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2026, or an individual or small group health care service plan contract or health insurance policy on or after January 1, 2027, from imposing a copayment, coinsurance, deductible, or other cost sharing of more than \$35 for a 30-day supply of an insulin prescription drug, except as specified. On and after January 1, 2026, the bill would prohibit a health care service plan or health insurer from imposing step therapy as a prerequisite to authorizing coverage of insulin, and, for a large group health care service plan contract or health insurance policy, would require at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary. The bill would limit the \$35 cap for an individual or small group health care service plan contract or health insurance policy to only Tier 1 and Tier 2 insulin if the drug formulary is grouped into tiers, except as provided. 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.

Position
Watch

SB 41 **(Wiener D) Pharmacy benefits.**

Introduced: 12/3/2024

Last Amend: 9/4/2025

Status: 10/11/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 605, Statutes of 2025.

Location: 10/11/2025-S. CHAPTERED

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a pharmacy benefit manager engaging in business with a health care service plan or health insurer to secure a license from the Department of Managed Health Care on or after January 1, 2027, or the date on which the department has established the licensure process, whichever is later. This bill would prohibit a pharmacy benefit manager from, among other things, requiring use of

only an affiliated pharmacy, as specified, and from imposing requirements, conditions, or exclusions that discriminate against a nonaffiliated pharmacy in connection with dispensing drugs. The bill would limit a pharmacy benefit manager's income to that derived from a pharmacy benefit management fee for pharmacy benefit management services provided, and would require a pharmacy benefit manager to use a passthrough pricing model. The bill would authorize the Attorney General to recover specified civil penalties and receive equitable relief for violations of the pharmacy benefit manager licensing provisions. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program.

Position

Watch

SB 237 (Grayson D) Oil spill prevention: gasoline specifications: suspension: California Environmental Quality Act: exemptions: County of Kern: transportation fuels assessment: coastal resources.

Introduced: 1/29/2025

Last Amend: 9/10/2025

Status: 9/19/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 118, Statutes of 2025.

Location: 9/19/2025-S. CHAPTERED

Summary: The Lempert-Keene-Seastrand Oil Spill Prevention and Response Act generally requires the administrator for oil spill response, acting at the direction of the Governor, to implement activities relating to oil spill response, including emergency drills and preparedness, and oil spill containment and cleanup, and to represent the state in any coordinated response efforts with the federal government. Current law requires the Governor to establish a California oil spill contingency plan that provides for an integrated and effective state procedure to combat the results of major oil spills within the state and that specifies state agencies to implement the plan. Current law requires the administrator to adopt and implement regulations governing the adequacy of oil spill contingency plans to be prepared and implemented and requires the regulations to provide for the best achievable protection of coastal and marine waters. Current law requires these regulations to permit the development, application, and use of an oil spill contingency plan for similar vessels, pipelines, terminals, and facilities within a single company or organization, and across companies and organizations. Current law requires these regulations to ensure, among other things, standards for determining a reasonable worst case oil spill. Under the act, the owner or operator of a facility where a spill could impact waters of the state is required apply for and obtain a certificate of financial responsibility issued by the administrator for the facility or the oil to be handled, stored, or transported by the facility. This bill would require the administrator to publicly post a list of all applications for certificates of financial responsibility submitted by facility owners and operators on the internet website of the Office of Spill Prevention and Response and would require the posting to include specified information about applicants, including reasonable worst case spill volume of the facility to be covered by the certificate and the amount of financial responsibility demonstrated, as provided.

Position

Watch

SB 242 (Blakespear D) Medicare supplement coverage: open enrollment periods.

Introduced: 1/30/2025

Last Amend: 5/5/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

Summary: Current federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Current law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Current law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Current law requires an issuer to make available specified Medicare supplement benefit plans to a qualifying applicant under those circumstances who is 64 years of age or younger who does not have end stage renal disease. This bill would delete the exclusion of otherwise qualified applicants who have end stage renal disease, thereby making the specified Medicare supplement benefit plans available to those individuals. The bill, on and after January 1, 2026, 2027, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care,

medical condition, or age of an applicant, except as specified, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require applications to be accepted for any Medicare supplement coverage available from an issuer, as specified. The bill would require the open enrollment period to be a guaranteed issue period. The bill would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicants' age at the time of issue, as specified, but would prohibit the premiums from varying based on age after the contract is issued.

Position

Watch

SB 250 (Ochoa Bogh R) Medi-Cal: provider directory: skilled nursing facilities.

Introduced: 1/30/2025

Last Amend: 6/17/2025

Status: 10/3/2025-Chaptered by Secretary of State - Chapter 309, Statutes of 2025

Location: 10/3/2025-S. CHAPTERED

Summary: Current federal Medicaid law requires the state to publish an online directory of physicians and, at state option, other providers, as specified. Current state law sets forth Medi-Cal managed care provisions relating to a Medi-Cal applicant or beneficiary being informed of the health care options available regarding methods of receiving Medi-Cal benefits, including through certain provider directories. The State Department of Health Care Services has administratively created an online provider directory through an internet website known as Medi-Cal Managed Care Health Care Options. This bill would require, as part of the health care options information posted by the department, in the provider directory that lists accepted Medi-Cal managed care plans, through the Medi-Cal Managed Care Health Care Options internet website and any other applicable mechanisms, that the directory include skilled nursing facilities as one of the available searchable provider types. The bill would require that this provision be implemented in conjunction with implementation of the above-described provisions. The bill would require the department to annually update that provider directory to ensure that information is accurate and readily accessible to the public.

Position

Watch

SB 306 (Becker D) Health care coverage: prior authorizations.

Introduced: 2/10/2025

Last Amend: 9/4/2025

Status: 10/6/2025-Chaptered by Secretary of State - Chapter 408, Statutes of 2025

Location: 10/6/2025-S. CHAPTERED

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. This bill would require the departments to issue instructions on or before July 1, 2026, to health care service plans and health insurers to report statistics regarding covered health care services subject to prior authorization and the percentage rate at which they are approved or modified, among other things. The bill would require a health care service plan or health insurer to report those statistics, including information from another entity to which the plan or insurer delegates responsibility for prior authorization decisions, to the appropriate department on or before December 31, 2026. The bill would require the departments to evaluate these reports, identify the health care services approved at a rate that meets or exceeds the threshold rate of 90%, and, on or before July 1, 2027, publish a list of the services identified. Beginning on the date specified by the relevant department, but no later than January 1, 2028, the bill would require a plan or insurer, or its delegated entities, to cease requiring prior authorization for the most frequently approved covered health care services. The bill would authorize a plan or insurer to reinstate prior authorization for a specific health care provider if it determines that the provider has engaged in fraudulent activity or clinically inappropriate care, as specified.

Position

Watch

Notes : Rationale: Health plans should not delay medical authorizations unnecessarily.

CalRTA Platform: Advocate for and support full and comprehensive guaranteed affordable health care, including the inclusion of caregivers, community-based services, and affordable, accessible prescription drug benefits.

SB 363 (Wiener D) Health care coverage: independent medical review.

Introduced: 2/13/2025

Last Amend: 7/17/2025

Status: 8/28/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Location: 8/28/2025-A. 2 YEAR

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or health insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a health care service plan or health insurer to annually report to the appropriate department the total number of claims processed by the health care service plan or health insurer for the prior year and its number of treatment denials or modifications, separated and disaggregated as specified, commencing on or before June 1, 2026. The bill would require the departments to compare the number of a health care service plan's or health insurer's treatment denials and modifications to (1) the number of successful independent medical review overturns of the plan's or insurer's treatment denials or modifications and (2) the number of treatment denials or modifications reversed by a plan or insurer after an independent medical review for the denial or modification is requested, filed, or applied for. For a health care service plan or health insurer with 10 or more independent medical reviews in a given year, the bill would make the health care service plan or health insurer liable for an administrative penalty, as specified, if more than 50% of the independent medical reviews filed with a health care service plan or health insurer result in an overturning or reversal of a treatment denial or modification in any one individual category of specified general types of care.

Position

Watch

SB 387

(Rubio D) Physicians and surgeons: special faculty permits: academic medical centers.

Introduced: 2/14/2025

Last Amend: 6/16/2025

Status: 9/2/2025-Enrolled and presented to the Governor at 11 a.m.

Location: 9/2/2025-S. ENROLLED

Summary: The Medical Practice Act authorizes a person who meets certain eligibility requirements to apply to the Medical Board of California for a special faculty permit, which authorizes the holder to practice medicine without a physician's and surgeon's certificate only within a medical school itself, in any affiliated institution of the medical school, or in an academic medical center and any affiliated institution in which the permitholder is providing instruction as part of the medical school's or academic medical center's educational program and for which the medical school or academic medical center has assumed direct responsibility. Current law defines "academic medical center" for these purposes as a facility that meets certain requirements. Among those requirements, current law requires the facility to train a minimum of 250 resident physicians annually and to be accredited by both the Western Association of Schools and Colleges and the Accreditation Council for Graduate Medical Education. This bill would modify the requirements for a National Cancer Institute-designated comprehensive cancer center to qualify as an academic medical center by, instead, requiring the facility to train 25 resident or fellow physicians annually and exempting the facility from the Western Association of Schools and Colleges accreditation requirement.

Position

Watch

SB 403

(Blakespear D) End of Life Option Act: sunset.

Introduced: 2/14/2025

Last Amend: 9/2/2025

Status: 10/3/2025-Chaptered by Secretary of State - Chapter 315, Statutes of 2025

Location: 10/3/2025-S. CHAPTERED

Summary: The End of Life Option Act, until January 1, 2031, authorizes an adult who meets certain qualifications, including, among other things, being a resident of the State of California, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Current law makes specified violations of the act a crime, including knowingly coercing or exerting undue influence on an individual to request or ingest an aid-in-dying drug for the purpose of ending their life. This bill would repeal the January 1, 2031, expiration date of the act, thereby extending the operation of the act indefinitely.

Position

Watch

SB 412

(Limón D) Home care aides.

Introduced: 2/14/2025

Last Amend: 6/18/2025

Status: 10/6/2025-Chaptered by Secretary of State - Chapter 414, Statutes of 2025

Location: 10/6/2025-S. CHAPTERED

Summary: The Home Care Services Consumer Protection Act requires a home care organization, as defined, to ensure that an affiliated home care aide completes specified training requirements prior to providing home care services, including annual training related to the aide's clients' rights and safety and how to provide for a client's daily living needs. This bill would, beginning on January 1, 2027, additionally require a home care organization to ensure that a home care aide completes, prior to providing home care and annually thereafter, training related to the special care needs of clients with dementia.

Position

Watch

SB 418

(Menjivar D) Health care coverage: prescription hormone therapy and nondiscrimination.

Introduced: 2/18/2025

Last Amend: 9/5/2025

Status: 9/22/2025-Enrolled and presented to the Governor at 2 p.m.

Location: 9/22/2025-S. ENROLLED

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 also 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 pursuant to a schedule of benefits. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after the bill's operative date that provides outpatient prescription drug benefits to cover up to a 12-month supply of a United States Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice and dispensed at one time, as specified. The bill would make the same prescription hormone therapy a covered benefit under the Medi-Cal program, as specified. The bill would prohibit a plan or an insurer from imposing utilization controls or other forms of medical management limiting the supply of this hormone therapy to an amount that is less than a 12-month supply, but would not prohibit a contract, a policy, or the Medi-Cal program from limiting refills that may be obtained in the last quarter of the plan, policy, or coverage year if a 12-month supply of the prescription hormone therapy has already been dispensed during that year. The bill would exclude a Medi-Cal managed care plan contracting with the State Department of Health Care Services from these requirements. The bill would repeal these provisions on January 1, 2035. This bill contains other related provisions and other existing laws.

Position

Watch

SB 508

(Valladares R) California Environmental Quality Act: transportation impact mitigation.

Introduced: 2/19/2025

Last Amend: 9/9/2025

Status: 9/9/2025-From committee with author's amendments. Read second time and amended. Re-referred to Com. on B. & P.

Location: 9/9/2025-A. B.&P.

Summary: The California Environmental Quality Act (CEQA) requires a lead agency to prepare a mitigated negative declaration for a project that may have a significant effect on the environment if revisions in the project would avoid or mitigate that effect and there is no substantial evidence that the project, as revised, would have a significant effect on the environment. If a lead agency determines that a project will have a significant transportation impact, current law authorizes the lead agency to mitigate the transportation impact to a less than significant level by helping to fund or otherwise facilitating housing or related infrastructure projects, including by contributing an amount, to be determined pursuant to guidance issued by the Office of Land Use and Climate Innovation, to the Transit-Oriented Development Implementation Fund for purposes of the Transit-Oriented Development Implementation Program. Current law authorizes the deposit of those contributions into the fund beginning on or before July 1, 2026, as determined by the Department of Housing and Community Development, and makes those moneys available to the department, upon appropriation by the Legislature, for the purpose of awarding funding for affordable housing or related infrastructure projects under the program in accordance with specified priorities. On or before July 1, 2026, and at least once every 3 years thereafter, current law requires the office, in consultation with other state agencies, to issue guidance related to the implementation of these provisions, as provided. Current law makes related findings and declarations. This bill would require a contribution to the fund to be deemed full and complete mitigation for that portion of the project's significant transportation impact mitigated by the contribution to the fund and a legally sufficient mitigation measure under CEQA. The bill would authorize the deposit of those contributions into the fund beginning on the date of the issuance of the initial guidance by the office.

Position
Watch

SB 582 (Stern D) Health and care facilities: licensing during emergencies or disasters.

Introduced: 2/20/2025

Last Amend: 9/2/2025

Status: 10/10/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 546, Statutes of 2025.

Location: 10/10/2025-S. CHAPTERED

Summary: The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license, inspect, and regulate long-term health care facilities, including skilled nursing facilities. Current law makes it a misdemeanor for any person to willfully or repeatedly violate the act, as specified. Existing regulations require skilled nursing facilities to adopt and follow a written external disaster and mass casualty program plan developed with the advice and assistance of county or regional and local planning offices. This bill would require skilled nursing facilities to review the external disaster and mass casualty program plan at least once per year. The bill would require, in adopting and updating the plan, skilled nursing facilities to, among other things, seek input from county or regional and local planning offices, including the medical health operational area coordinator (MHOAC). By expanding the scope of an existing crime, the bill would impose a state-mandated local program.

Position
Watch

Public Education

AB 19 (DeMaio R) Education expenses: Education Choice and Parental Empowerment Act of 2025.

Introduced: 12/2/2024

Last Amend: 3/28/2025

Status: 4/28/2025-In committee: Set, second hearing. Held under submission.

Location: 4/21/2025-A. REV. & TAX SUSPENSE FILE

Summary: Current law establishes a system of elementary and secondary education in this state. This system consists of the public and private schools that provide instruction in kindergarten and in grades 1 to 12, inclusive. Current law establishes a system of higher education in this state, consisting of 4 segments: the University of California, under the administration of the Regents of the University of California; the California State University, under the administration of the Trustees of the California State University; the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges; and independent institutions of higher education. This bill would enact the Education Choice and Parental Empowerment Act of 2025 and establish the Education Savings Account (ESA) Trust, to be known as the ESA Trust, as a fund within the State Treasury to be administered by the ESA Trust Board. For the 2027–28 to 2030–31, inclusive, school years, the bill would authorize certain children eligible to be enrolled in kindergarten or any of grades 1 to 12, inclusive, to establish an ESA, based on parent or guardian income. The bill, beginning with the 2031–32 school year, would authorize every child eligible to be enrolled in kindergarten or any of grades 1 to 12, inclusive, to establish an ESA. The bill would credit a deposit amount to the account of every eligible student enrolled in an eligible school for tuition, elementary and secondary eligible education expenses, and undergraduate or graduate eligible education expenses, as defined. The bill would specify the deposit amounts for the 2027–28 school year, and would require the Department of Finance, beginning on July 1, 2028, to determine the ESA deposit amount annually for the upcoming school year, as provided.

Position
Watch

AB 48 (Alvarez D) Education finance: postsecondary education facilities: College Health and Safety Bond Act of 2026.

Introduced: 12/2/2024

Last Amend: 5/29/2025

Status: 6/5/2025-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 6/5/2025-S. RLS.

Summary: The California Constitution prohibits the Legislature from creating a debt or liability that singly or in the aggregate with any previous debts or liabilities exceeds the sum of \$300,000, except by an act that (A) authorizes the debt for a single object or work specified in the act, (B) has been passed by a 2/3 vote of all the Members elected to each house of the Legislature, (C) has been submitted to the people at a statewide general or primary election, and (D) has received a majority of all the votes cast for and against it at that election. This bill would set forth the College Health and Safety Bond Act of 2026 as a state general obligation bond act that would provide \$_____ to construct

and modernize education facilities, as specified. This bond act would become operative only if approved by the voters at an undefined statewide election.

Position

Watch

AB 477 (Muratsuchi D) Fair Pay for Educators Act: local control funding formula: base grants: funding targets.

Introduced: 2/10/2025

Last Amend: 6/23/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/14/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: Current law requires the Superintendent of Public Instruction to annually calculate a county local control funding formula for each county superintendent of schools that includes, among other components, a county office of education operations grant composed of (A) \$655,920, as adjusted each fiscal year for inflation; (B) \$109,320 per school district under the county office of education's jurisdiction, as adjusted each fiscal year for inflation; (C) \$70 per unit of countywide average daily attendance up to 30,000 units, \$60 per unit for 30,001 to 60,000 units, \$50 per unit for 60,001 to 140,000 units, and \$40 per unit above 140,000 units, as adjusted each fiscal year for inflation; and (D) commencing with the 2022-23 fiscal year, add-ons of (i) \$175,000 to the per-school district amount and (ii) \$14 to each per-unit amount. This bill, commencing with the 2036-37 fiscal year, would increase each of those inflation-adjusted amounts to instead be \$1,308,227, \$520,751, \$164, \$144, \$124, and \$104, respectively, and would retain the requirement to adjust those amounts for inflation each fiscal year. The bill, commencing with the 2036-37 fiscal year, would increase the per-school district and per-unit add-on amounts to instead be \$262,500 and \$21, respectively.

Position

Watch

AB 642 (Muratsuchi D) Emergencies proclaimed by the Governor: school employee catastrophic leave.

Introduced: 2/13/2025

Last Amend: 6/23/2025

Status: 7/30/2025-Chaptered by Secretary of State - Chapter 83, Statutes of 2025

Location: 7/30/2025-A. CHAPTERED

Summary: Current law authorizes the governing board of a school district or county office of education to establish a catastrophic leave program to permit employees of that school district or county office of education, if specified conditions are met, to donate eligible leave credits to an employee when that employee or a member of their family suffers from a catastrophic illness or injury, as provided. This bill would extend the above-described authorization to the governing body of a charter school and would authorize the governing board or body of a school district, county office of education, or charter school to also permit employees to donate eligible leave credits to an employee impacted by a state of emergency that has been proclaimed by the Governor, as provided.

Position

Watch

AB 1204 (Alvarez D) Local control funding formula: school districts and charter schools: pupils experiencing homelessness: supplemental and concentration grants: regional adjustment factors: grade-span adequacy adjustments.

Introduced: 2/21/2025

Last Amend: 5/5/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law establishes a public school financing system that requires state funding for school districts and charter schools to be calculated pursuant to a local control funding formula, as specified. Current law requires funding pursuant to the local control funding formula to include a base grant that in each fiscal year is adjusted for inflation by the percentage change in the annual average value of the Implicit Price Deflator for State and Local Government Purchases of Goods and Services for the United States, as specified. If the inflation adjustment for the base grant for a school district or charter school is calculated to be less than 4%, this bill would require the inflation adjustment for the base grant for a school district or charter school to instead be 4%. The bill would require the State Department of Education, on or before January 1, 2030, to establish and publish on its internet website regional cost adjustment factors in order address regional cost differences in housing and labor.

Position

Watch

AB 1348**(Bains D) Average daily attendance: emergencies: immigration enforcement activity: independent study plans.****Introduced:** 2/21/2025**Last Amend:** 8/29/2025**Status:** 9/16/2025-Enrolled and presented to the Governor at 2 p.m.**Location:** 9/16/2025-A. ENROLLED

Summary: Existing law establishes a public school financing system that requires state funding for county superintendents of schools, school districts, and charter schools to be calculated pursuant to a local control funding formula, as specified. Existing law requires the local control funding formula, in part, to be based on average daily attendance, as defined. This bill would, until July 1, 2029, add an immigration enforcement activity, as defined, to the list of emergencies for which the above-described provisions related to calculating average daily attendance for purposes of state apportionments apply, as provided. The bill would, for purposes of these provisions related to calculating average daily attendance for purposes of state apportionments, prohibit a school district, county office of education, or charter school from being credited for more than 10 days of missed attendance for a pupil due to an immigration enforcement activity.

Position

Watch

SB 64**(Grove R) Education expenses: School Choice Flex Account Act of 2025.****Introduced:** 1/9/2025**Last Amend:** 2/27/2025**Status:** 3/19/2025-March 19 set for first hearing. Failed passage in committee. (Ayes 2. Noes 5.) Reconsideration granted.**Location:** 1/29/2025-S. ED.

Summary: Would enact the School Choice Flex Account Act of 2025 and establish the School Choice Flex Account (SCFA) Trust, to be known as the SCFA Trust, as a fund within the State Treasury to be administered by the SCFA Trust Board. For the 2027–28 to 2030–31, inclusive, school years, the bill would authorize certain children eligible to be enrolled in kindergarten or any of grades 1 to 12, inclusive, to establish an SCFA or Special Education Flex Account (SEFA), based on parent or guardian income. The bill would, beginning with the 2031–32 school year, authorize every child eligible to be enrolled in kindergarten or any of grades 1 to 12, inclusive, to establish an SCFA or SEFA. The bill would credit a deposit amount to the account of every eligible student enrolled in an eligible school for tuition and certain school expenses. The bill would specify the deposit amounts for the 2027–28 school year, and require the Department of Finance, beginning on July 1, 2028, to determine the SCFA and SEFA deposit amounts annually for the upcoming school year, as provided. The bill would require the Controller to transfer an amount of money from the General Fund to the SCFA Trust in those amounts. The bill would require any unused funds remaining in an SCFA or SEFA account on June 30 of each school year to be returned to the state for the benefit of elementary and secondary education, upon appropriation by the Legislature.

Position

Watch

SCA 1**(Grove R) Educational expenses: school choice flex accounts and special education flex accounts.****Introduced:** 1/15/2025**Status:** 1/16/2025-From printer. May be acted upon on or after February 15.**Location:** 1/15/2025-S. RLS.

Summary: The California Constitution requires the Legislature to provide for a system of common schools by which a free school is kept up and supported in each district at least 6 months in every year. The California Constitution prohibits public money from being appropriated for the support of any sectarian or denominational school or any school not under the exclusive control of the officers of the public schools. This measure, notwithstanding the constitutional provisions referenced above or any other provision of the California Constitution, would authorize the state, and every agency or political subdivision of the state, to disburse funds pursuant to an agreement between the state and a parent or legal guardian of an eligible child for tuition and education-related expenses associated with attending a private school serving students in kindergarten or any of grades 1 to 12, inclusive, irrespective of religious affiliation, as provided by statute, and provide tax or other public benefits to private schools serving students in kindergarten or any of grades 1 to 12, inclusive, irrespective of religious affiliation, to further the promotion of intellectual, scientific, moral, and agricultural improvement.

Position

Watch

Retirement

[AB 569](#)**([Stefani D](#)) California Public Employees' Pension Reform Act of 2013: exceptions: supplemental defined benefit plans.****Introduced:** 2/12/2025**Last Amend:** 4/24/2025**Status:** 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/21/2025)(May be acted upon Jan 2026)**Location:** 5/23/2025-A. 2 YEAR

Summary: The California Public Employees' Pension Reform Act of 2013 (PEPRA) on and after January 1, 2013, requires a public retirement system, as defined, to modify its plan or plans to comply with PEPRA, as specified. PEPRA prohibits a public employer from offering a defined benefit pension plan exceeding specified retirement formulas, requires new members of public retirement systems to contribute at least a specified amount of the normal cost, as defined, for their defined benefit plans, and prohibits an enhancement of a public employee's retirement formula or benefit adopted after January 1, 2013, from applying to service performed prior to the operative date of the enhancement. PEPRA prohibits a public employer from offering a supplemental defined benefit plan if the public employer did not do so before January 1, 2013, or, if it did, from offering that plan to an additional employee group after that date. This bill would authorize a public employer, as defined, to bargain over contributions for supplemental retirement benefits administered by, or on behalf of, an exclusive bargaining representative of one or more of the public employer's bargaining units, subject to the limitations specified above.

Position

Watch

[AB 909](#)**([Schiavo D](#)) Financial abuse of an elder or dependent adult: fraudulent transactions: liability.****Introduced:** 2/19/2025**Last Amend:** 3/28/2025**Status:** 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B. & F. on 3/28/2025) (May be acted upon Jan 2026)**Location:** 5/1/2025-A. 2 YEAR

Summary: The Uniform Commercial Code (UCC) provides that, unless displaced by the particular provisions of the UCC, the principles of law and equity, including the law merchant and the law relative to capacity to contract, principal and agent, estoppel, fraud, misrepresentation, duress, coercion, mistake, bankruptcy, and other validating or invalidating cause supplement the UCC. Current law generally regulates fund transfers, including by prescribing rules applicable to a transfer pursuant to a security procedure for the detection of error to a beneficiary not intended by the sender. This bill would similarly specify that those fund transfer provisions do not displace those principles of law and equity.

Position

Watch

[AB 1323](#)**([Chen R](#)) County employees' retirement: administration: Orange County.****Introduced:** 2/21/2025**Last Amend:** 3/24/2025**Status:** 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was P.E. & R. on 3/24/2025) (May be acted upon Jan 2026)**Location:** 5/8/2025-A. 2 YEAR

Summary: The County Employees Retirement Law of 1937 authorizes counties to establish retirement systems pursuant to its provisions in order to provide pension benefits to county, city, and district employees and their beneficiaries. Current law sets forth the membership composition for boards of retirement and boards of investment, as specified. Current law authorizes the board of supervisors for counties for which these provisions apply to provide that certain members of these boards shall receive compensation at a rate of not more than \$100 for a meeting or for a meeting of a committee authorized by the entire board. This bill would authorize the above-described compensation rate to be increased by the board of retirement, for members in Orange County only, to not more than \$320 per meeting.

Position

Watch

[AB 1451](#)**([Muratsuchi D](#)) State Teachers' Retirement System.****Introduced:** 2/21/2025**Status:** 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/21/2025) (May be acted upon Jan 2026)**Location:** 5/8/2025-A. 2 YEAR

Summary: Existing law, 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. This bill would make a nonsubstantive change to

the provision naming that law.

Position

Watch

ACA 2

(Jackson D) Legislature: retirement.

Introduced: 12/2/2024

Status: 12/3/2024-From printer. May be heard in committee January 2.

Location: 12/2/2024-A. PRINT

Summary: The California Constitution prohibits Members of the Legislature from accruing any pension or retirement benefit other than participation in the federal Social Security program as a result of legislative service. This measure, the Legislative Diversification Act, would repeal that prohibition and instead require the Legislature to establish a retirement system for Members elected to or serving in the Legislature on or after November 1, 2010. The measure would require a Member to serve at least 10 years in the Legislature to be eligible to receive benefits under the retirement system. The measure would authorize a Member who serves fewer than 10 years to transfer the service credit earned as a result of service in the Legislature to any other public employees' pension or retirement system in which the Member participates.

Position

Watch

SB 538

(Dahle R) Public Employees' Retirement System: teaching service.

Introduced: 2/20/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L., P.E. & R. on 3/5/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-S. 2 YEAR

Summary: Current law authorized, until January 1, 2024, a member of the Public Employees' Retirement System (PERS) who provided emergency teaching services pursuant to a specified executive order to elect to retain coverage notwithstanding the failure to meet specified administrative requirements. This bill would authorize a member providing services as a substitute teacher, as defined, under certain circumstances to elect to retain coverage under PERS.

Position

Watch

Total Measures: 65

Total Tracking Forms: 65