

**CalRTA Position Bills
Thursday, October 16, 2025**

Health Care/Healthy Aging

AB 83

(Pacheco D) The California Elder Financial Abuse Prevention Act.

Introduced: 12/20/2024

Last Amend: 5/1/2025

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

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

Summary: Would enact the California Elder Financial Abuse Prevention Act, which would authorize a depository institution, as defined, to take specified actions when, based on their own observations or information received from a governmental or law enforcement agency, the institution believes that an eligible adult, as defined, is the victim or target of financial abuse, including delaying or refusing a transaction involving the eligible adult and preventing the transfer of funds from the eligible adult's account. The bill would authorize a depository institution to notify an associated third party, as defined, if the depository institution believes an eligible adult may be the victim of financial abuse, and would exempt that disclosure from state privacy laws or requirements.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Business and Finance Committee

05/05/2025 - Support as amended letter to Assembly Business and Finance Committee

Notes : Rationale: Seniors should be protected from financial abuse.

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.

AB 251

(Kalra D) Elders and dependent adults: abuse or neglect.

Introduced: 1/15/2025

Last Amend: 6/23/2025

Status: 10/7/2025-Chaptered by Secretary of State - Chapter 433, Statutes of 2025

Location: 10/7/2025-A. CHAPTERED

Summary: The Elder Abuse and Dependent Adult Civil Protection Act provides for the award of attorney's fees and costs to, and the recovery of damages by, a plaintiff when it is proven by clear and convincing evidence that the defendant is liable for physical abuse or neglect, and the defendant has also been found guilty of recklessness, oppression, fraud, or malice in the commission of that abuse. This bill would authorize a court to apply a preponderance of the evidence standard to any claim brought against a residential care facility for the elderly, an adult community care facility, or a skilled nursing facility, except as specified, for remedies sought pursuant to the above provisions, upon circumstances in which spoliation of evidence, as defined, has been committed by the defendant, as specified.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Judiciary Committee

05/09/2025 - Support Letter to Senate Judiciary Committee

05/09/2025 - Support Letter to Senate Appropriations Committee

06/27/2025 - Support as amended letter to Senate Appropriations Committee

09/02/2025 - Support Senate Floor Alert

09/10/2025 - Request Governor's Signature Letter

Notes : Rationale: Seniors should not have to suffer from abuse as well as to suffer again from a cover up.

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.

AB 280

(Aguiar-Curry D) Health care coverage: provider directories.

Introduced: 1/21/2025

Last Amend: 7/15/2025

Status: 9/11/2025-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)

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

Summary: 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. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Current law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a plan's or insurer's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing, which would count toward the in-network deductible and out-of-pocket maximum. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee

04/09/2025 - Support Letter to Assembly Appropriations Committee

05/29/2025 - Support as amended Assembly Floor Alert

06/17/2025 - Support Letter to Senate Health Committee

07/03/2025 - Support Letter to Senate Health Committee

08/12/2025 - Support As Amended Letter to Senate Appropriations Committee

09/02/2025 - Support Senate Floor Alert

Notes : Rationale: Patients should not have to filter through inaccurate information provided by their health insurance plans, and should not have to pay for costs associated with this inaccurate information.

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. Advocate for affordable, long-term care that cannot be terminated and includes cost protections.

AB 432

(Bauer-Kahan D) Menopause.

Introduced: 2/5/2025

Last Amend: 9/5/2025

Status: 10/13/2025-Vetoed by Governor. Consideration of Governor's veto pending.

Location: 10/13/2025-A. VETOED

Summary: Current law requires the Medical Board of California, in determining its continuing education requirements, to consider including a course in menopausal mental or physical health. This bill would delete that requirement of the board. The bill would require, beginning July 1, 2026, and until July 1, 2032, a qualifying physician and surgeon, as defined, who completes continuing medical education courses in perimenopause, menopause, and postmenopausal care to receive 2 hours of credit for each hour completed of that coursework, as specified. This bill contains other related provisions and other existing laws.

Governor's Message: VETOED: 10/13/2025 [PDF](#)

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Business and Professions Committee

05/05/2025 - Support as amended letter to Assembly Appropriations Committee

05/29/2025 - Support as amended Assembly Floor Alert

06/20/2025 - Support Letter to Senate Business, Professions and Economic Development Committee

06/20/2025 - Support Letter to Senate Health Committee

08/12/2025 - Support As Amended Letter to Senate Appropriations Committee

09/02/2025 - Support As Amended - Senate Floor Alert

09/09/2025 - Support As Amended - Senate Floor Alert

09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: Women compose 72 percent of CalSTRS members and should have equitable representation in the knowledge their medical providers receive.

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.

AB 489 (Bonta D) Health care professions: deceptive terms or letters: artificial intelligence.

Introduced: 2/10/2025

Last Amend: 7/8/2025

Status: 10/11/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 615, Statutes of 2025.

Location: 10/11/2025-A. CHAPTERED

Summary: Current law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Current laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession. Current law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Current law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Business and Professions Committee

04/09/2025 - Support Letter to Assembly Privacy and Consumer Protection Committee

04/14/2025 - Support as amended letter to Assembly Privacy and Consumer Protection Committee

05/05/2025 - Support as amended letter to Assembly Appropriations Committee

05/29/2025 - Support Assembly Floor Alert

06/17/2025 - Support as amended letter to Senate Business, Professions and Economic Development Committee

06/17/2025 - Support as amended letter to Senate Judiciary Committee

08/12/2025 - Support As Amended Letter to Senate Appropriations Committee

09/02/2025 - Support Senate Floor Alert

09/10/2025 - Request Governor's Signature Letter

Notes : Rationale: Patients deserve to know if they are being served by AI or a human to ensure they are being adequate served by a licensed medical professional.

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.

AB 510 (Addis D) Health care coverage: utilization review: peer-to-peer review.

Introduced: 2/10/2025

Last Amend: 4/28/2025

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 generally authorizes a health care service plan or disability 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. This bill, upon communication of a decision by a health care service plan or health insurer delaying, denying, or modifying a health care service based in whole or in part on medical necessity, would authorize a provider to request review of the decision by a licensed physician, or a licensed health care professional under specified circumstances, who is competent to evaluate the specific clinical issues involved in the health care service being requested, and is of the same or similar specialty as the requesting provider. The bill would authorize a licensed health care professional to be the reviewer if the provider requesting peer-to-peer review is not a physician. The bill, notwithstanding any other law, would require these reviews to occur within 2 business days, or if an enrollee or insured faces an imminent and serious threat to their health, within a timely fashion appropriate for the nature of the enrollee's or insured's condition, as specified. If a health care service plan or health insurer fails to meet those timelines, the bill would deem the request for the health care service as approved and

supersede any prior delay, denial, or modification. This bill contains other related provisions and other existing laws.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee

04/14/2025 - Support as amended letter to Assembly Health Committee

05/05/2025 - Support as amended letter to Assembly Appropriations Committee

Notes : Rationale: All medical decisions regarding health care plan options should be decided by licensed physicians.

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.

AB 512 (Harabedian D) Health care coverage: prior authorization.

Introduced: 2/10/2025

Last Amend: 9/5/2025

Status: 10/6/2025-Vetoed by Governor. Consideration of Governor's veto pending.

Location: 10/6/2025-A. VETOED

Summary: Current law provides for the regulation of disability insurers by the Department of Insurance. Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including pursuant to contracts with various types of managed care plans. Current law generally authorizes a health care service plan, including a Medi-Cal managed care plan, or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. For a request prior to or concurrent with the provision of health care services, existing law requires utilization review decisions to be made within 5 business days from the plan's or insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination, or within 72 hours if the enrollee or insured faces an imminent and serious threat to their health or the normal timeframe would be detrimental to their life or health, as specified. This bill would change the timeline for prior or concurrent authorization requests to no more than 3 business days from the plan's or insurer's receipt via electronic submission, or 5 business days from receipt via submission that is not electronic, of the information reasonably necessary and requested by the plan or insurer to make the determination. The bill would require a utilization review decision to be made within 24 hours from receipt of a prior or concurrent authorization request via electronic submission, or 48 hours from receipt via submission that is not electronic, if the enrollee or insured faces an imminent and serious threat to their health or the normal timeframe would be detrimental to their life or health.

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

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee

04/15/2025 - Support as amended letter to Assembly Health Committee

05/05/2025 - Support as amended letter to Assembly Appropriations Committee

05/29/2025 - Support Assembly Floor Alert

06/17/2025 - Support Letter to Senate Health Committee

08/12/2025 - Support As Amended Letter to Senate Appropriations Committee

09/02/2025 - Support Senate Floor Alert

09/09/2025 - Support As Amended - Senate Floor Alert

09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: Patients deserve to have timely authorization request for medical decisions.

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.

AB 539 (Schiavo D) Health care coverage: prior authorizations.

Introduced: 2/11/2025

Last Amend: 4/28/2025

Status: 7/17/2025-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 5/21/2025)(May be acted upon Jan 2026)

Location: 7/17/2025-S. 2 YEAR

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law provides that a health care service plan or a health insurer that authorizes a specific type of treatment by a health care provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This bill would require a prior authorization for a health care service by a health care service plan or a health insurer to remain valid for a period of at least one year from the date of approval, or throughout the course of

prescribed treatment, if less than one year. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee
05/05/2025 - Support as amended letter to Assembly Appropriations Committee
05/29/2025 - Support Letter to Senate Health Committee

Notes : Rationale: Red tape should not impact patient care, particularly it is can impact the health and well-being of a patient.

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.

AB 577 (Wilson D) Health care coverage: antisteering.

Introduced: 2/12/2025

Last Amend: 5/1/2025

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 requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. For a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, this bill would prohibit a health care service plan, health insurer, or pharmacy benefit manager from engaging in specified steering practices, including, among others, requiring an enrollee or insured to use a retail pharmacy for dispensing prescription oral medications, as specified, and imposing any requirements, conditions, or exclusions that discriminate against an in-network physician in connection with dispensing prescription oral medications. The bill would require a health care provider, physician's office, clinic, or infusion center to obtain consent from an enrollee or insured and disclose a good faith estimate of the enrollee's or insured's applicable cost-sharing amount before supplying or administering an injected or infused medication to an enrollee or insured, or sending an enrollee or insured to receive an injected or infused medication, if the setting or manner of administration is different than the setting or manner of administration for which the health care service plan, health insurer, or pharmacy benefit manager directed the enrollee or insured, as specified. Because a willful violation of these provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee
05/05/2025 - Support as amended letter to Assembly Appropriations Committee

Notes : Rationale: Health plans should not control medical recommendations from a medical physician. 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.

AB 1032 (Harabedian D) Coverage for behavioral health visits.

Introduced: 2/20/2025

Last Amend: 8/29/2025

Status: 10/13/2025-Vetoed by Governor. Consideration of Governor's veto pending.

Location: 10/13/2025-A. VETOED

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would generally require a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health provider if the enrollee or insured lives in a county where a local or state emergency has been declared due to wildfires and the enrollee or insured has experienced a loss, trauma, or displacement because of the fire. The bill would prohibit these benefits from being subject to utilization review. The bill would require a health care service plan contract or health insurer to provide notice to all affected enrollees of these provisions, as specified. 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.

Governor's Message: VETOED: 10/13/2025 [PDF](#)

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee
05/09/2025 - Support as amended letter to Assembly Appropriations Committee
05/29/2025 - Support Assembly Floor Alert
06/17/2025 - Support Letter to Senate Health Committee
08/12/2025 - Support As Amended Letter to Senate Appropriations Committee
09/02/2025 - Support As Amended - Senate Floor Alert
09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: The rise of natural disasters has created a need for improved behavioral health, which should be provided by health plans.
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.

AB 1069 (Bains D) Older adults: emergency shelters.

Introduced: 2/20/2025

Last Amend: 9/5/2025

Status: 10/7/2025-Chaptered by Secretary of State - Chapter 445, Statutes of 2025

Location: 10/7/2025-A. CHAPTERED

Summary: The Mello-Granlund Older Californians Act establishes various programs that serve older individuals. The act requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging (AAAs) to work within a planning and service area and provide a broad array of social and nutritional services. The act also establishes Aging and Disability Resource Connection (ADRC) programs to provide information to consumers and their families on available long-term services and supports (LTSS) programs, with assistance to older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Under the act, AAAs and ILCs are the core local partners in developing ADRC programs. Current law sets forth various provisions relating to emergency shelters, including, among others, the California Emergency Services Act. Under that act, the State Emergency Plan is the official document approved by the Governor that describes the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies. Current law requires the Office of Emergency Services to update the State Emergency Plan on or before January 1, 2019, and every 5 years thereafter. Current law authorizes the Governor to assign to a state agency any activity concerned with the mitigation of the effects of an emergency of a nature related to the existing powers and duties of that agency. This bill would, as part of disaster planning and response, require a representative of the county welfare director, in coordination with the lead local agency designated with sheltering support duties under the State Emergency Plan Emergency Support Functions, to initiate a memorandum of understanding with an AAA, an ILC, or an ADRC program to allow access by the AAA, the ILC, or the ADRC program to an emergency shelter, as defined, established for evacuation purposes during an active event, in order to ensure that older adults and persons with disabilities receive continuous services and necessary support. By creating new duties for local officials, the bill would impose a state-mandated local program.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Aging and Long-Term Care Committee
04/09/2025 - Support Letter to Assembly Emergency Management Committee
05/05/2025 - Support as amended letter to Assembly Appropriations Committee
05/29/2025 - Support as amended Assembly Floor Alert
06/17/2025 - Support Letter to Senate Human Services Committee
06/17/2025 - Support Letter to Senate Governmental Organization Committee
08/12/2025 - Support Letter to Senate Appropriations Committee
08/22/2025 - Support Senate Floor Alert
09/02/2025 - Support As Amended - Senate Floor Alert
09/09/2025 - Support As Amended - Senate Floor Alert
09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: Seniors are disproportionately vulnerable during natural disasters and must receive emergency shelter to meet their needs.
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.

AB 1460 (Rogers D) Prescription drug pricing.

Introduced: 2/21/2025

Last Amend: 6/27/2025

Status: 7/17/2025-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 5/28/2025)(May be acted upon Jan 2026)

Location: 7/17/2025-S. 2 YEAR

Summary: Current federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered outpatient drugs to ensure the amount a

covered entity is required to pay for those drugs does not exceed the average manufacturer price of the drug under the federal Medicaid program. Current state law requires a covered entity to dispense only drugs subject to these federal pricing requirements to Medi-Cal beneficiaries. Current law prohibits a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs. This bill would prohibit a prescription drug manufacturer from engaging in discriminatory practices that would impose additional conditions, prohibit, restrict, deny, or interfere with a qualifying nonhospital 340B community clinic's purchase or delivery of a drug subject to federal pricing requirements if the qualifying nonhospital 340B community clinic utilizes a specified pharmacy, including a contract pharmacy, that dispenses the drug to an eligible patient of the qualifying nonhospital 340B community clinic. The bill would define "discriminatory practices" and "qualifying nonhospital 340B community clinic" for these purposes.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Health Committee

05/29/2025 - Support Letter to Senate Health Committee

06/30/2025 - Support As Amended Letter to Senate Health Committee

Notes : Rationale: Patients should be able to afford prescription drugs without predatory practices to inflate costs.

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.

AB 1476 (Wallis R) Meal program: senior citizens.

Introduced: 2/21/2025

Last Amend: 8/29/2025

Status: 10/3/2025-Chaptered by Secretary of State - Chapter 302, Statutes of 2025

Location: 10/3/2025-A. CHAPTERED

Summary: Existing law establishes the California Department of Aging within the California Health and Human Services Agency. Existing law authorizes the department to make specified funds available for nutrition projects serving the needs of individuals 60 years of age or older and their spouses, as specified. Existing law, the McCarthy-Kennick Nutrition Program for the Elderly Act of 1972, among other things, establishes the Nutrition Reserve Fund for the purpose of maintaining existing nutrition services and lending moneys to senior nutrition projects, as specified. Existing law requires the California Commission on Aging, with the approval of the Secretary of the California Health and Human Services Agency, to develop and submit to the federal government a state plan for implementing the federal Older Americans Act of 1965, as amended, by May 1 of each year. Existing law requires the state plan to include the establishment of projects that provide at least one hot meal per day for 5 or more days per week, as specified, and any additional meals that the agency or organization elects to provide that ensure recommended dietary allowances. This bill would instead require that the projects provide those meals either served in an in-person setting, or provided for to-go pickup to be consumed in a virtual congregate setting by eligible individuals, and removes the requires that any additional meals provided have to ensure recommended dietary allowances.

Position

Support

Letter History: 03/25/2025 - Support Letter to Assembly Aging and Long-Term Care Committee

05/05/2025 - Support Letter to Assembly Appropriations Committee

05/29/2025 - Support Assembly Floor Alert

06/17/2025 - Support Letter to Senate Human Services Committee

07/03/2025 - Support Letter to Senate Appropriations Committee

09/02/2025 - Support As Amended - Senate Floor Alert

09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: Seniors that need meal services should be provided with easy, flexible options to maximize participation.

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 351 (Cabaldon D) Health facilities.

Introduced: 2/12/2025

Last Amend: 9/8/2025

Status: 10/6/2025-Chaptered by Secretary of State - Chapter 409, Statutes of 2025

Location: 10/6/2025-S. CHAPTERED

Summary: Under current law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists. The Nonprofit Public Benefit Corporation Law generally requires a nonprofit public benefit corporation to give written notice to the Attorney General before it sells, leases, conveys, exchanges, transfers, or disposes of its assets, except as specified. Current law provides specific

procedures for health facilities and additionally requires these facilities to obtain the consent of the Attorney General prior to entering into a specified agreement or transaction. This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into a contract or other agreement or arrangement with a physician or dental practice if the contract or other agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those contracts or other agreements void and unenforceable. The bill would prohibit and render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund, as specified.

Position

Support

Letter History: 03/25/2025 - Support Letter to Senate Business, Professions & Economic Development Committee

04/09/2025 - Support Letter to Senate Judiciary Committee

05/05/2025 - Support Letter to Senate Appropriations Committee

06/12/2025 - Support Letter to Assembly Business & Professions Committee

06/12/2025 - Support Letter to Assembly Judiciary Committee

06/17/2025 - Support As Amended Letter to Assembly Business & Professions Committee

06/17/2025 - Support As Amended Letter to Assembly Judiciary Committee

07/03/2025 - Support Letter to Assembly Appropriations Committee

08/12/2025 - Support Assembly Floor Alert

08/25/2025 - Support As Amended - Assembly Floor Alert

09/09/2025 - Support As Amended - Assembly Floor Alert

09/16/2025 - Request for Governor's Signature Letter

Notes : Rationale: Private equity groups must not inhibit the ability for patients to receive medical service.

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 433

(Wahab D) Residential care facilities for the elderly: assisted living waiver rental rate protection.

Introduced: 2/18/2025

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 Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services. This bill would prohibit a residential care facility for the elderly that is contracted to receive Medi-Cal reimbursement for services provided to a resident enrolled in Medi-Cal from charging that resident a room and board rate exceeding the difference between their income, as defined, and the personal and incidental needs allowance set by the department for recipients of SSI/SSP in nonmedical out-of-home care. By creating a new crime, this bill would impose a state-mandated local program. This bill would, for the purposes of determining Medi-Cal eligibility, exclude the difference between the resident's income and the rate charged by a residential care facility for the elderly and retained by the resident from countable income. The bill would state that the exclusion does not apply to the portion of the difference retained by the resident that exceeds the personal and incidental needs allowance set by the department for recipients of SSI/SSP in nonmedical out-of-home care. Because counties are required to make Medi-Cal eligibility determinations, and this bill would alter Medi-Cal eligibility by changing the income disregard amounts and would increase the responsibility of counties in determining Medi-Cal eligibility, the bill would impose a state-mandated local program.

Position

Support

Letter History: 03/25/2025 - Support Letter to Senate Human Services Committee

04/09/2025 - Support Letter to Senate Appropriations Committee

05/29/2025 - Support Senate Floor Alert

06/17/2025 - Support Letter to Assembly Aging & Long -Term Care Committee

06/17/2025 - Support Letter to Assembly Human Services Committee

06/20/2025 - Support As Amended Letter to Assembly Aging & Long -Term Care Committee

06/20/2025 - Support As Amended Letter to Assembly Human Services Committee

08/12/2025 - Support As Amended Letter to Assembly Appropriations Committee

Notes : Rationale: Medi-Cal recipients should not pay high rates for services than what Medi-Cal covers.

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 434

(Wahab D) Residential care facilities for the elderly: housing protections.

Introduced: 2/18/2025

Last Amend: 4/1/2025

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

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

Summary: Current law provides for the licensure and regulation of residential care facilities for the elderly (RCFEs) by the State Department of Social Services. Under current law, a licensee of an RCFE that sends a notice of eviction to a resident is required to include in that notice specified information, including the effective date of the eviction and resources available to assist the resident in identifying alternative housing. Under current law, the RCFE is also required to notify, or mail a copy of the notice to quit to, the resident's responsible person. Current law requires that a licensee of an RCFE provide a resident with a 30-day notice of eviction, except where the department has approved the RCFE to provide a 3-day notice. This bill would extend the length of notice that a licensee is required to provide to a resident to 30, 60, or 90 days, depending on the length of the resident's residency in the RCFE, among other factors relating to nonpayment of the rate for basic services within 10 days of the due date. The bill would additionally require a licensee of an RCFE to include in a notice of eviction documentation of the licensee's reasonable efforts to create a safe discharge plan, and would require the plan to include a list of the resident's posteviction needs, goals, and preferences, and a list of discharge locations that meet specified criteria, such as being financially practicable for the resident.

Position

Support

Letter History: 03/25/2025 - Support Letter to Senate Human Services Committee

04/09/2025 - Support Letter to Senate Judiciary Committee

05/05/2025 - Support as amended letter to Senate Appropriations Committee

Notes : Rationale: Seniors facing eviction at residential care facilities deserve to have adequate time to find another location to live.

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.

Retirement

AB 65

(Aguiar-Curry D) School and community college employees: paid disability and parental leave.

Introduced: 12/3/2024

Status: 7/17/2025-Failed Deadline pursuant to Rule 61(a)(10). (Last location was ED. on 6/11/2025) (May be acted upon Jan 2026)

Location: 7/17/2025-S. 2 YEAR

Summary: Current law requires the governing board of a school district, and the governing board of a community college district, to provide for a leave of absence from duty for a certificated employee or an academic employee of the district who is required to be absent from duty because of pregnancy, miscarriage, childbirth, and recovery from those conditions. Current law authorizes the governing board of a school district, and the governing board of a community college district, to provide for a leave of absence from duty as it deems appropriate for a female employee in the classified service of the district who is required to be absent from duty because of pregnancy or convalescence following childbirth. Current law authorizes a governing board to adopt rules and regulations about leaves of absence for classified employees for these purposes, and authorizes a governing board to provide in the rules and regulations whether the leave granted shall be with or without pay, as provided. This bill would delete the latter provisions authorizing a governing board of a school district and the governing board of a community college district to adopt those rules and regulations. The bill instead would require a public school employer to, for a certificated employee or an employee in the classified service of the public school employer, and would require a community college district to, for an academic employee or an employee in the classified service of the community college district, provide up to 14 weeks of a leave of absence with specified pay benefits for an employee who is required to be absent from duty because of pregnancy, miscarriage, childbirth, termination of pregnancy, or recovery from those conditions, as provided. The bill would authorize the paid leave to begin before and continue after childbirth if the employee is actually disabled by pregnancy, childbirth, termination of pregnancy, or a related condition.

Position

Support

Letter History: 12/20/2024 - Support Letter to the Author
02/14/2025 - Support Letter to the Assembly Education Committee
03/18/2025 - Support Letter to the Assembly Higher Education Committee
05/05/2025 - Support Letter to Assembly Appropriations Committee
05/29/2025 - Support Assembly Floor Alert
06/17/2025 - Support Letter to Senate Education Committee
06/17/2025 - Support Letter to Senate L., P. E. & R. Committee
06/17/2025 - Support Letter to Senate Appropriations Committee

Notes : Rationale: Teachers should be able to maximize the amount of service credit they receive to ensure they can have a secure retirement.

CalRTA Platform: Advocate for pension equity and sustainability for all present and future CalSTRS members.

AB 871

(Stefani D) Mandated reporters of suspected financial abuse of an elder or dependent adult.

Introduced: 2/19/2025

Status: 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was B. & F. on 3/28/2025)
(May be acted upon Jan 2026)

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

Summary: The Elder Abuse and Dependent Adult Civil Protection Act establishes procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Current law requires a mandated reporter of suspected financial abuse of an elder or dependent adult, as defined, to report financial abuse in a specified manner. Current law deems specified persons to be mandated reporters of suspected financial abuse of an elder or dependent adult, including, among others, all officers and employees of a financial institution. A mandated reporter who fails to report financial abuse of an elder or dependent adult is liable for civil penalties, as specified. This bill would require a financial institution to provide annual training to its mandated reporters on how to report suspected financial abuse of an elder or a dependent adult to both local and federal authorities, as specified. The bill would require a financial institution to share information on reporting mechanisms with clients immediately upon discovering potential financial abuse and would require the financial institution to encourage clients to submit complaints within 24 to 48 hours.

Position

Support

Letter History: 03/25/2025 - Support Letter to Author
04/09/2025 - Support Letter to Assembly Banking and Finance Committee
04/09/2025 - Support Letter to Assembly Judiciary Committee

Notes : Rationale: Financial scams can impede the mental health and retirement security of older residents.

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.

Total Measures: 18

Total Tracking Forms: 18