

CalRTA Board Legislative Update

Chaptered Measures

Position Bills

Health Care/Healthy Aging

AB 2207 (**Reyes** D) **State boards and commissions: representatives of older adults.**

Status: 9/21/2024-Chaptered by Secretary of State - Chapter 332, Statutes of 2024

Location: 9/21/2024-A. CHAPTERED

Summary: Current law establishes the California Department of Aging and provides for a director of that department. Current law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, the California Workforce Development Board, and the California Behavioral Health Planning Council to include the Executive Director of the California Commission on Aging, or other persons that serve or advocate for older adults, as specified.

Position
Support

Priority
Approved Position

Notes:

Rationale – A number of state Boards and Commissions impact services that are provided to seniors and must ensure decision-makers reflect the populations they serve.

Platform - Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Aging and Long-Term Care

May 31, 2024 - Senate Human Services

June 27, 2024 - Senate Health

July 10, 2024 - Senate Appropriations

August 16, 2024 - Senate Floor Alert

August 19, 2024 - Senate Floor Alert

August 26, 2024 - Senate Floor Alert

August 30, 2024 - Request for Governor's Signature

AB 2258 (**Zbur** D) **Health care coverage: cost sharing.**

Status: 9/27/2024-Approved by the Governor. Chaptered by Secretary of State - Chapter 708, Statutes of 2024.

Location: 9/27/2024-A. CHAPTERED

Summary: Current law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual nongrandfathered health care service plan contract or health

insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. 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. The bill would authorize the Insurance Commissioner to impose a civil penalty of not more than \$5,000 against an insurer for each violation of these provisions, or not more than \$10,000 per violation if the violation was willful.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care and screening.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Appropriations

May 17, 2024 - Assembly Floor

June 6, 2024 - Senate Health

June 21, 2024 - Senate Appropriations

June 28, 2024 - Senate Appropriations

August 16, 2024 - Senate Floor Alert

September 6, 2024 - Request for Governor's signature

AB 2270 (Maienschein D) Healing arts: continuing education: menopausal mental or physical health.

Status: 9/27/2024-Approved by the Governor. Chaptered by Secretary of State - Chapter 636, Statutes of 2024.

Location: 9/27/2024-A. CHAPTERED

Summary: The Medical Practice Act establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons, including osteopathic physicians and surgeons. The Nursing Practice Act establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. The Psychology Licensing Law establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. The Physician Assistant Practice Act establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants. The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences. Current law establishes continuing education requirements for all of these various healing arts practitioners. This bill would require the above-specified boards, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

Position	Priority
Support	Approved Position

Notes:

Rationale – Since a disproportionate number of teachers are women, ensuring medical professionals can expand their medical expertise to focus on care for their medical issues will provide greater overall care.

Platform - Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Business and Professions

April 12, 2024 - Asm. Appropriations

May 28, 2024 - Senate Business, Professions and Economic Development Committee

June 5, 2024 - Sen. Appropriations

August 19, 2024 - Senate Floor Alert

August 27, 2024 - Request for Governor's Signature

AB 2297 (Friedman D) Hospital and Emergency Physician Fair Pricing Policies.

Status: 9/24/2024-Chaptered by Secretary of State - Chapter 511, Statutes of 2024

Location: 9/24/2024-A. CHAPTERED

Summary: Current law requires a hospital to maintain a written charity care policy and a discount payment policy for uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Current law requires the written policy regarding discount payments to also include a statement that an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Current law authorizes an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 350% of the federal poverty level. Current law defines “high medical costs” for these purposes to mean, among other things, specified annual out-of-pocket costs incurred by the individual at the hospital or a hospital that provided emergency care. This bill would authorize an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level.

Position

Support

Priority

Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical emergency care without fear of property loss.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Judiciary

April 25, 2024 - Asm. Appropriations

May 21, 2024 - Senate Health

June 13, 2024 - Senate Judiciary

June 21, 2024 - Senate Judiciary

June 27, 2024 - Senate Appropriations

August 8, 2024 - Senate Appropriations

August 21, 2024 - Senate Floor Alert

August 26, 2024 - Senate Floor Alert

August 30, 2024 - Request for Governor's Signature

AB 2620 **(Bains D)** **California Commission on Aging.**
Status: 9/21/2024-Chaptered by Secretary of State - Chapter 334, Statutes of 2024
Location: 9/21/2024-A. CHAPTERED
Summary: The Mello-Granlund Older Californians Act establishes the California Commission on Aging, comprised of 25 members, appointed as specified, including 19 members appointed by the Governor. Current law requires the commission to be comprised of actual consumers of services provided under the federal Older Americans Act. Under existing law, the commission’s mission is, among other things, to serve as the principal advocate body in the state on behalf of older individuals, to participate with and advise the California Department of Aging in various ways relating to the State Plan on Aging, and to develop a method for the selection of delegates to the statewide legislative meeting of senior advocates. Current law sets forth the duties and powers of the commission, including participating with the department in training workshops for community, regional, and statewide senior advocates, to help older individuals to understand legislative, regulatory, and program implementation processes, and meeting at least 6 times annually in order to study problems of older individuals and present findings and make recommendations. This bill would reduce the number of members of the commission to 18, and require 12 members to be appointed by the Governor, with at least 2 appointed from a list of nominees submitted by, among others, area agency on aging directors and the Area Agency on Aging Advisory Council of California. The bill would require the members of the commission be comprised of consumers and providers of services under the federal Older Americans Act, instead of just consumers, who have professional, lived, or academic expertise both within and outside of the field of aging, in specified areas, including health, behavioral health, and housing.

Position	Priority
Support	Approved Position

Notes:
Rationale – Seniors should be able to have individuals reflecting their experiences making recommendations regarding medical care.
Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.
Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.
Letter Sent:
March 8, 2024 - Asm. Aging and Long-Term Care
May 28, 2024 - Senate Human Services Committee
June 5, 2024 - Senate Appropriations
August 21, 2024 - Senate Floor Alert
August 23, 2024 - Request for Signature

SB 1354 **(Wahab D)** **Long-term health care facilities: payment source and resident census.**
Status: 9/21/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 339, Statutes of 2024.
Location: 9/21/2024-S. CHAPTERED
Summary: Current law provides for the licensing and regulation of long-term health care facilities, including, among others, skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. A violation of those provisions is generally a crime. Existing 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 require the facility to provide aid, care, service, and other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality

as provided to the general public, regardless of payment source. The bill would find and declare that this requirement is declaratory of existing law and thus not reimbursable under Medi-Cal Long-Term Care Reimbursement Act or any other Medi-Cal ratesetting provisions, as specified. The bill would specify that if reimbursement is found to be required by state or federal law or regulation, as specified, the above requirement shall only become operative upon appropriation by the Legislature. The bill would also provide that this requirement and the above-described prohibition against discrimination on the basis of payment source be implemented only to the extent that these provisions do not conflict with federal law, that any necessary federal approvals are obtained, and that federal financial participation for the Medi-Cal program is available and is not otherwise jeopardized.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable and equitable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Sen. Health

April 30, 2024 - Sen. Appropriations

June 5, 2024 - Asm. Health

June 21, 2024 - Asm. Health

June 27, 2024 - Asm. Appropriations

August 16, 2024 - Asm. Floor Alert

August 20, 2024 - Asm. Floor Alert

August 29, 2024 - Request for Governor's Signature

SB 1406 (Allen D) Residential care facilities for the elderly: resident services.

Status: 9/21/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 340, Statutes of 2024.

Location: 9/21/2024-S. CHAPTERED

Summary: The California Residential Care Facilities for the Elderly Act (act), requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly, 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. Existing law gives residents of those facilities specified rights, including, but not limited to, the right to be accorded dignity in their personal relationships with staff, residents, and other persons, and the right to reasonable accommodation of individual needs and preferences in all aspects of life in the facility, except when the health or safety of the individual or other residents would be endangered. This bill would add to those rights the right to request, refuse, or discontinue a service.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Sen. Human Services

March 25, 2024 - Sen. Human Services
April 12, 2024 - Sen. Human Services
April 25, 2024 - Sen. Appropriations
May 17, 2024 - Senate Floor
June 5, 2024 - Asm. Aging and Long-Term Care
June 13, 2024 - Asm. Aging and Long-Term Care
June 21, 2024 - Asm. Human Services
June 27, 2024 - Asm. Appropriations
August 16, 2024 - Asm. Floor Alert
August 20, 2024 - Asm. Floor Alert
August 30, 2024 - Request for Governor's Signature

Public Education

[AB 247](#) ([Muratsuchi D](#)) Education finance: school facilities: Kindergarten Through Grade 12 Schools and Local Community College Public Education Facilities Modernization, Repair, and Safety Bond Act of 2024.

Status: 7/3/2024-Chaptered by Secretary of State - Chapter 81, Statutes of 2024

Location: 7/3/2024-A. CHAPTERED

Summary: Would set forth the Kindergarten Through Grade 12 Schools and Local Community College Public Education Facilities Modernization, Repair, and Safety Bond Act of 2024 as a state general obligation bond act that would provide \$10,000,000,000 to construct and modernize education facilities, including \$8,500,000,000 for elementary and secondary educational facilities and \$1,500,000,000 for community college facilities, as specified. This bond act would become operative only if approved by the voters.

Position	Priority
Support	Approved Position

Notes:

Rationale – Children, the teachers, and the educational staff that teach them must be in a safe, constructive environment to be supported and successful.

Platform - Advocate for achieving the California Constitutional goal (Article XVI Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Sen. Approps.

[SB 956](#) ([Cortese D](#)) School facilities: design-build contracts.

Status: 8/19/2024-Chaptered by Secretary of State - Chapter 177, Statutes of 2024

Location: 8/19/2024-S. CHAPTERED

Summary: Current law, until January 1, 2025, authorizes a school district, with the approval of the governing board of the school district, to procure design-build contracts for public works projects in excess of \$1,000,000, awarding the contract to either the low bid or the best value, as provided. Current law requires specified information to be verified under penalty of perjury. This bill would delete the provision making this authorization inoperative on January 1, 2025, thereby extending it indefinitely.

Position	Priority
Support	Approved Position

Notes:

Rationale – Children, the teachers, and the educational staff that teach them must be in a safe, constructive environment to be supported and successful.

Platform - Advocate for achieving the California Constitutional goal (Article XVI Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Sen. Education

March 22, 2024 - Sen. Appropriations

April 25, 2024 - Sen. Floor Alert

May 29, 2024 - Asm. Education

June 13, 2024 - Asm. Appropriations

August 13, 2024 - Request for Signature

Retirement

AB 1997 **(McKinnor D)** **Teachers' Retirement Law.**

Status: 9/27/2024-Approved by the Governor. Chaptered by Secretary of State - Chapter 690, Statutes of 2024.

Location: 9/27/2024-A. CHAPTERED

Summary: The Teachers' Retirement Law establishes the State Teachers' Retirement System (STRS) and creates the Defined Benefit Program of the State Teachers' Retirement Plan, which provides a defined benefit to members of the program, based on final compensation, creditable service, and age at retirement, subject to certain variations. STRS is administered by the Teachers' Retirement Board. Current law requires employers and employees to make contributions to the system based on the member's creditable compensation. Current law defines terms for the purposes of STRS. Existing law defines "annualized pay rate" to mean the salary or wages, as described, a person could earn during a school term for an assignment if creditable service were performed for that assignment on a full-time basis. Current law establishes a pay rate when creditable service is not performed on a full-time basis because a member is performing activities pursuant to specified law. This bill would redefine "annualized pay rate" to mean the salary, as described, a person could earn during a school term in a position subject to membership if creditable service were performed for that position on a full-time basis, to be determined pursuant to a publicly available pay schedule by a prescribed method.

Position	Priority
Support	Approved Position

Notes:

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

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

Letter Sent:

March 6, 2024 - Asm. Public Employment & Retirement

March 14, 2024 - Asm. Public Employment & Retirement
April 2, 2024 - Asm. Public Employment & Retirement
April 9, 2024 - Asm. Appropriations
May 17, 2024 - Assembly Floor
May 31, 2024 - Senate Labor, Public Employment & Retirement
June 13, 2024 - Senate Appropriations
August 16, 2024 - Senate Floor Alert
August 29, 2024 - Request for Governor's Signature

AB 2134 **(Muratsuchi D) School employees: transfer of leave of absence for illness or injury.**

Status: 9/22/2024-Chaptered by Secretary of State - Chapter 381, Statutes of 2024

Location: 9/22/2024-A. CHAPTERED

Summary: Current law provides that a certificated employee of a school district and a classified employee of a school district, county superintendent of schools, or community college district who meets specified criteria involving employment with another school district, county superintendent of schools, or community college district is entitled to have their total earned amount of leave of absence for illness or injury transferred to the 2nd employing school district, county superintendent of schools, or community college district, as specified. Current law requires the State Board of Education to adopt rules and regulations related to these provisions, as specified. This bill would delete the requirement on the state board to adopt those rules and regulations. The bill would require the employing school district, county superintendent of schools, or community college district receiving an employee's transfer of leave of absence for illness or injury to honor the transfer request at any time during the employee's employment with the subsequent employing district or county superintendent of schools. The bill would require state special schools to comply with these requirements

Position	Priority
Support	Approved Position

Notes:

Letter Sent:

April 2, 2024 - Assembly Education
April 10, 2014 - Assembly Public Employment & Retirement
April 30, 2024 - Asm. Appropriations
May 17, 2024 - Assembly Floor
May 31, 2024 - Senate Education
June 13, 2024 - Senate Labor, Public Employment & Retirement
July 10, 2024 - Senate Appropriations
August 16, 2024 - Senate Floor Alert
August 29, 2024 - Request for Governor's Signature

Total Measures: 11

Watch Bills

Health Care/Healthy Aging

AB 1902 **(Alanis R)** **Prescription drug labels: accessibility.**
Status: 9/21/2024-Chaptered by Secretary of State - Chapter 330, Statutes of 2024
Location: 9/21/2024-A. CHAPTERED
Summary: Current law requires the California State Board of Pharmacy to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. Current law prohibits a pharmacist from dispensing a prescription except in a container that meets the requirements of state and federal law and is correctly labeled with prescribed information. Existing law makes a violation of its provisions a crime. Current law requires a dispenser, upon request, to provide translated directions for use, as prescribed. Current law authorizes a dispenser to use translations made available by the board pursuant to specified regulations of the board and provides that a dispenser is not required to provide translated directions for use beyond the languages that the board has made available or beyond the directions that the board has made available in translated form. Current law authorizes a dispenser to provide their own translated directions for use to comply with these provisions and prohibits the provisions from being construed to prohibit a dispenser from providing translated directions for use in languages beyond those that the board has made available or beyond the directions that the board has made available in translated form. This bill would also expressly require a dispenser to provide translated directions for use in the languages the board has made available.

Position	Priority
Watch	Approved Position

AB 2198 **(Flora R)** **Health information.**
Status: 9/22/2024-Chaptered by Secretary of State - Chapter 386, Statutes of 2024
Location: 9/22/2024-A. CHAPTERED
Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires health care service plans and health insurers, commencing January 1, 2024, to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. Current law authorizes the departments to require health care service plans or health insurers, as applicable, to establish and maintain provider access API and prior authorization support API if and when final federal rules are published. This bill would instead require the departments, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and health insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API. The bill, until January 1, 2027, would authorize the departments to issue guidance relating to these provisions not subject to the Administrative Procedure Act, as specified. Because a violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.

Position	Priority
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Watch

Approved Position

SB 1120 **(Becker D)** **Health care coverage: utilization review.**

Status: 9/28/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 879, Statutes of 2024.

Location: 9/28/2024-S. CHAPTERED

Summary: Would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the artificial intelligence, algorithm, or other software tool bases its determination on specified information and is fairly and equitably applied, 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
Watch

Priority
Approved Position

SB 1180 **(Ashby D)** **Health care coverage: emergency medical services.**

Status: 9/28/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 884, Statutes of 2024.

Location: 9/28/2024-S. CHAPTERED

Summary: Current law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined.

Position
Watch

Priority
Approved Position

SB 1249 **(Roth D)** **Mello-Granlund Older Californians Act.**

Status: 9/21/2024-Approved by the Governor. Chaptered by Secretary of State. Chapter 337, Statutes of 2024.

Location: 9/21/2024-S. CHAPTERED

Summary: The Mello-Granlund Older Californians Act establishes the California Department of Aging in the California Health and Human Services Agency and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or the least restrictive homelike environments. Current law requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Current law includes various findings and declarations relating to the purposes of the act. This bill would update and revise those legislative findings and declarations, including recognizing the state's major demographic shift towards an older, more diverse population and declaring the intent to reform provisions of the act related to various functions of the area agencies on aging. The bill would require the department, by September 30, 2026, to take various actions,

including, among others, identifying older adult and family caregiver support programs and services and developing a statewide consumer engagement plan. The bill would require the department to develop regulations that address specified topics relating to area agency on aging designations.

Position	Priority
Watch	Approved Position

Retirement

AB 2770 (Committee on Public Employment and Retirement) **Public employees’ retirement.**
Status: 7/15/2024-Chaptered by Secretary of State - Chapter 117, Statutes of 2024
Location: 7/15/2024-A. CHAPTERED
Summary: The Teachers’ Retirement Law establishes the State Teachers’ Retirement System (STRS), and sets forth the provisions for its administration and the delivery of benefits to its members. Current law authorizes a member to request to purchase additional service credit and to redeposit accumulated retirement contributions returned to the member, as provided. Current law specifies the basis for the contribution amount, depending on whether the member is or is not employed to perform creditable service subject to coverage by the Defined Benefit Program on the date of the request to purchase additional service credit. Existing law requires additional regular interest to be added to the contributions, as specified, if the member is not employed to perform creditable service subject to coverage by the Defined Benefit Program on the date of the request to purchase additional service credit. This bill would revise that interest calculation. The bill would require the member to sign and return the completed statement of contributions and interest required from STRS to purchase service credit at a specific cost no later than 35 calendar days from the date of the offer.

Position	Priority
Watch	Approved Position

Total Measures: 6

CalRTA Board Legislative Update

Failed Measures

Position Bills

Health Care/Healthy Aging

AB 1968 (**Jackson D**) **CalFresh: supplemental nutrition assistance for senior citizens.**
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 4/24/2024)
Location: 5/16/2024-A. DEAD
Summary: Current federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Under current law, the Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP) is, pursuant to contract, administered by the federal government and the department. This program provides cash assistance to low-income aged, blind, and disabled persons. Current law requires the department to also establish the California Food Assistance Program (CFAP) to provide nutrition benefits to households that are ineligible for CalFresh benefits solely due to their immigration status, as specified. Existing law requires that CFAP benefits be equivalent to SNAP benefits. Under current law, operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation for this purpose, an individual 55 years of age or older is eligible for CFAP benefits, subject to an appropriation. Current law generally requires the federal and state laws and regulations governing the SSI/SSP program to also govern the Cash Assistance Program for Immigrants (CAPI). This bill would require, on or before January 1, 2026, and on an annual basis thereafter, the State Department of Social Services to create a system to automatically enroll and to enroll in the CalFresh program and the CFAP qualifying individuals who meet the eligibility requirements of the SSI/SSP and those who meet the eligibility requirements of the CAPI, as specified. The bill would require, commencing January 1, 2026, or after the automatic enrollment process takes effect, whichever is sooner, the department to require county eligibility workers to regularly contact qualifying individuals who meet those requirements to notify them of their estimated potential benefit, including through notice by mail.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors struggling financially should have access to food to ensure they do not face food insecurity.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Human Services

March 25, 2024 - Asm. Human Services

April 9, 2024 - Asm. Appropriations

AB 1975 (Bonta D) Medi-Cal: medically supportive food and nutrition interventions.

Status: 9/25/2024-Vetoed by the Governor

Location: 9/25/2024-A. VETOED

Summary: Current law requires the State Department of Health Care Services to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease. 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, medically supportive food and nutrition services, including medically tailored meals. This bill would make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, no sooner than July 1, 2026, upon appropriation and subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary.

Governor's Message: To the Members of the California State Assembly: I am returning Assembly Bill 1975 without my signature. This bill would require the Department of Health Care Services (DHCS) to make medically supportive food and nutrition interventions a permanent covered benefit under the Medi-Cal program, and to establish a medically supportive food and nutrition benefit stakeholder advisory workgroup. I appreciate the author's goal to provide low-income Californians on Medi-Cal with nutritious meals. Increasing access to nutritious foods and encouraging healthy eating habits contributes to the prevention and treatment of chronic conditions. However, this bill would result in significant and ongoing General Fund costs for the Medi-Cal program that are not included in the budget. I encourage the Legislature to explore this policy next year as a part of the annual budget process. In partnership with the Legislature this year, my Administration has enacted a balanced budget that avoids deep program cuts to vital services and protected investments in education, health care, climate, public safety, housing, and social service programs that millions of Californians rely on. It is important to remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure. For this reason, I cannot sign this bill. Sincerely, Gavin Newsom

Position

Support

Priority

Approved Position

Notes:

Rationale – Seniors facing medical and economic challenges should have access to nutritional resources to help them to recover.

Platform – Advocate for protecting and enhancing Medicare and Medicaid, oppose privatization of Medicare and Medicaid.

Letter Sent:

March 8, 2024 - Asm. Health

May 17, 2024 - Assembly Floor

May 31, 2024 - Senate Health

June 6, 2024 - Senate Health

June 13, 2024 - Senate Appropriations

August 16, 2024 - Senate Floor Alert
August 30, 2024 - Request for Governor's Signature

AB 2075 **(Alvarez D) Resident Access Protection Act.**

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Would enact the Resident Access Protection Act. The act would provide a resident of a long-term care facility with the right to in-person, onsite access to a visitor or a health care and social services provider during a public health emergency in which visitation rights of residents are curtailed by a state or local order, as specified. The act would prescribe how a resident may leave their long-term care facility on outings during a public health emergency. The act would require a long-term care facility, among other things, to provide safety protocols required of care staff, visitors, and health and social services providers during a public health emergency to the residents, resident representatives, and visitors in writing. A violation of the act would be a crime and subject to civil penalties. By creating a new crime, this bill would impose a state-mandated local program.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors in long-term care facilities suffered during the pandemic. California must ensure this situation does not happen again.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health
April 12, 2024 - Asm. ALTC
April 25, 2024 - Asm. Appropriations
April 30, 2024 - Asm. Appropriations
June 6, 2024 - Senate Health
June 21, 2024 - Senate Human Services
June 28, 2024 - Senate Human Services
July 10, 2024 - Senate Appropriations

AB 2169 **(Bauer-Kahan D) Prescription drug coverage: dose adjustments.**

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited

from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable prescription drugs.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health

March 22, 2024 - Asm. Health

April 12, 2024 - Asm. Appropriations

May 17, 2024 - Assembly Floor

June 6, 2024 - Senate Health

June 27, 2024 - Senate Appropriations

AB 2180 (Weber D) Health care coverage: cost sharing.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/15/2024)

Location: 5/16/2024-A. DEAD

Summary: Current law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved. This bill would require a health care service plan, health insurance policy, or pharmacy benefit manager that administers pharmacy benefits for a health care service plan or health insurer to apply any amounts paid by the enrollee, insured, or a third-party patient assistance program for prescription drugs toward the enrollee's or insured's cost-sharing requirement, and would only apply those requirements with respect to enrollees or insureds who have a chronic disease or terminal illness. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2025. The bill would repeal those provisions on January 1, 2035.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable prescription drugs.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Health

April 25, 2024 - Asm. Appropriations

AB 2356

(Wallis R) Medi-Cal: monthly maintenance amount: personal and incidental needs.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/8/2024)

Location: 5/16/2024-A. DEAD

Summary: Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Current law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$50, and would require that the amount be increased annually, as specified. The bill would make these changes subject to receipt of necessary federal approvals.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Apro.

AB 2701

(Villapudua D) Medi-Cal: dental cleanings and examinations.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 6/24/2024)

Location: 8/15/2024-S. DEAD

Summary: Under current law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under existing law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Current law conditions implementation of those provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and, for beneficiaries 21 years of age or older, funding in the annual Budget Act. This bill would expand the above-described dental benefits, for beneficiaries 21 years of age or older, to at least 2 cleanings and at least 2 examinations per year when medically necessary, as specified in the Medi-Cal Dental Manual of Criteria. The bill would, for purposes of these provisions, include an individual's inability to maintain daily oral hygiene habits, susceptibility to oral health disease or decay, preoperative dental care, or as required by other specified provisions of law, in the definition of "medically necessary," and require the department to update the Medi-Cal Dental Manual of Criteria to conform with this inclusion.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Appropriations

May 31, 2024 - Senate Health

June 13, 2024 - Senate Appropriations

June 21, 2024 - Senate Appropriations

AB 3207

(Patterson, Joe R) The Secure Seniors Protection Act.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/8/2024)

Location: 5/16/2024-A. DEAD

Summary: Would enact the Secure Seniors Protection Act, and require the State Department of Social Services to, subject to an appropriation, on or before January 1, 2026, establish and administer a toll-free hotline to assist all Californians in dealing with scams, as provided. The bill would require the State Department of Social Services to ensure that the program and its staff are equipped to meet the needs of individuals who are 60 years of age and older. The bill would require, on or before January 31, 2027, and annually thereafter, the State Department of Social Services to submit a report to the Legislature and the relevant policy committees containing, among other things, the number of seniors served, the types of problems the program assisted seniors with, and recommendations for improving the program.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be protected from scams that can negatively impact retirement earnings and their mental health.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letters Sent:

April 25, 2024 - Asm. Appropriations

April 30, 2024 - Asm. Appropriations

SB 1213

(Atkins D) Health care programs: cancer.

Status: 9/27/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Location: 9/27/2024-S. VETOED

Summary: Current law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Current law provides that an individual is eligible to receive treatment services

if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis. This bill would provide that, commencing no later than July 1, 2026, an individual is eligible to receive treatment services if the individual has a family income at or below 250% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Governor's Message: To the Members of the California State Senate: I am returning Senate Bill 1213 without my signature. This bill would increase the income eligibility limit from 200 to 250 percent of the Federal Poverty Level for services provided through the Every Woman Counts Program and the Breast and Cervical Cancer Treatment Program, beginning July 1, 2026. I am supportive of the intent of this bill, which is to increase eligibility for no-cost, breast and cervical cancer screenings, diagnostic services, and treatment. However, while I commend the author for her continued work to increase access to women's health care, this bill would require ongoing expenditures of millions of dollars from the General Fund that should be considered in the annual budget process. In partnership with the Legislature this year, my Administration has enacted a balanced budget that avoids deep program cuts to vital services and protected investments in education, health care, climate, public safety, housing, and social service programs that millions of Californians rely on. It is important to remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure. For this reason, I cannot sign this bill. Sincerely, Gavin Newsom

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Sen. Health
March 25, 2024 - Sen. Health
April 12, 2024 - Sen. Appropriations
May 17, 2024 - Senate Floor
May 29, 2024 - Asm. Health
June 5, 2024 - Asm. Appropriations
August 16, 2024 - Asm. Floor Alert
August 20, 2024 - Asm. Floor Alert
September 6, 2024 - Request for Governor's signature

Public Education

AB 2226 (**Muratsuchi D**) Elementary education: kindergarten.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Under current law, a person between 6 and 18 years of age who is not exempted by law is subject to compulsory full-time education. Existing law excludes a child under 6 years of age from the public schools, subject to specified exceptions. This bill, beginning with the 2026–27 school

year, would require a child to have completed one year of kindergarten before that child may be admitted to the first grade at a public elementary school, except for a child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California, but has not yet completed one school year, and is judged to be ready for first-grade work, as specified, thereby imposing a state-mandated local program.

Position	Priority
Support	Approved Position

Notes:

Rationale – By ensuring more children participate in kindergarten, more teachers will be able to be hired, which could lead to lowering overall class size at the elementary level while also providing greater balance to the overall active-to-retiree teacher ratio at CalSTRS.

Platform - Advocate for achieving the California Constitutional goal (Article XVI, Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Asm. Ed.
March 8, 2024 - Asm. Ed.
April 30, 2024 - Asm. Apro.
May 17, 2024 - Assembly Floor
May 31, 2024 - Senate Education
June 27, 2024 - Senate Appropriations

[SB 1056](#) **(Rubio D) Elementary education: kindergarten.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 4/22/2024)

Location: 5/16/2024-S. DEAD

Summary: Current law requires a child who will have their 6th birthday on or before September 1 of the school year to be admitted to the first grade of an elementary school. Current law authorizes a child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California and who is judged by the administration of the school district to be ready for first-grade work to be admitted to the first grade, as specified. This bill, beginning with the 2026–27 school year, would require a child to have completed one year of kindergarten before that child may be admitted to the first grade at a public elementary school, except for a child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California, but has not yet completed one school year, and is judged to be ready for first-grade work, as specified, thereby imposing a state-mandated local program.

Position	Priority
Support	Approved Position

Notes:

Rationale – By ensuring more children participate in kindergarten, more teachers will be able to be hired, which could lead to lowering overall class size at the elementary level while also providing greater balance to the overall active-to-retiree teacher ratio at CalSTRS.

Platform - Advocate for achieving the California Constitutional goal (Article XVI, Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Sen. Ed.
April 8, 2024 - Sen. Ed.

[SCA 9](#) **(Grove R) Educational expenses: education flex accounts and special education flex**

accounts.

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was RLS. on 2/15/2024)

Location: 8/31/2024-S. DEAD

Summary: (1)The California Constitution requires the Legislature to encourage, by all suitable means, the promotion of intellectual, scientific, moral, and agricultural improvement. The California Constitution also 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. This bill contains other related provisions and other existing laws.

Position

Oppose

Priority

Approved Position

Notes:

Rationale – Public dollars should not subsidize private or religious schools, particularly at the cost of existing students in public schools.

Platform – Oppose using public money to support private, parochial, sectarian, or for-profit schools.

Retirement

AB 2901

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

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was INACTIVE FILE on 8/28/2024)

Location: 8/31/2024-S. DEAD

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. Commencing January 1, 2028, and only if an appropriation is made for these purposes in the annual Budget Act or another statute, 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.

	Position	Priority
	Support	Approved Position
Notes:		
Rationale – Teachers should be able to maximize the amount of service credit they receive to ensure they can have a secure retirement.		
Platform – Advocate for pension equity and sustainability for all present and future CalSTRS members.		
Letter Sent:		
March 7, 2024 - Asm. Public Employment & Retirement		
March 7, 2024 - Asm. Education		
March 25, 2024 - Asm. Higher Education		
April 25, 2024 - Asm. Appropriations		
May 17, 2024 - Assembly Floor		
May 31, 2024 - Senate Education		
June 13, 2024 - Senate Labor, Public Employment & Retirement		
June 21, 2024 - Senate Appropriations		
August 16, 2024 - Senate Floor Alert		
August 19, 2024 - Senate Floor Alert		
August 26, 2024 - Senate Floor Alert		

Total Measures: 13

Watch Bills

Health Care/Healthy Aging

[AB 1944](#) **([Waldron](#) R)** **Individualized investigational treatment.**
Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 2/20/2024)
Location: 4/25/2024-A. DEAD
Summary: Would enact the Right to Try Individualized Investigational Treatments Act, and permit a manufacturer of an individualized investigational treatment, as defined, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions.

Position	Priority
Watch	Approved Position

[AB 1989](#) **([Mathis](#) R)** **Senior legal services.**
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/1/2024)
Location: 5/16/2024-A. DEAD
Summary: Current law requires the California Department of Aging to establish a task force of certain members to study and make recommendations to the Legislature on the improvement of legal services delivery to senior citizens in California by exploring specified matters, including ways to ensure uniformity in the provision of legal services throughout the state and the possible establishment of a statewide legal hotline for seniors. Current law requires the task force to report and make its recommendations to the Legislature on or before September 1, 2002. This bill would require the department to establish a similar task force or to utilize an existing subcommittee, working group, task force, or committee to assess the implementation of the recommendations made pursuant to the above-mentioned provisions, make additional recommendations by exploring the same matters explored by the initial task force, and to report the assessment and make its recommendations to the Legislature on or before September 1, 2026, either in a separate report or as part of an existing report.

Position	Priority
Watch	Approved Position

[AB 1993](#) **([Kalra](#) D)** **Residential care facilities for the elderly: maximum number of residents.**
Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)
Location: 8/15/2024-S. DEAD
Summary: The California Residential Care Facilities for the Elderly Act (act), requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly, 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. Under current law, whether or not unrelated persons are living together, a residential care facility for the elderly that serves 6 or fewer

persons is considered a residential use of property, as specified. This bill would increase the maximum number of residents served for purposes of those provisions from 6 to 8.

Position	Priority
Watch	Approved Position

AB 2200 **(Kalra D) Guaranteed Health Care for All.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/15/2024)

Location: 5/16/2024-A. DEAD

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. Under the bill, CalCare would be a health care service plan subject to Knox-Keene. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children’s Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare Program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.

Position	Priority
Watch	Approved Position

AB 2549 **(Gallagher R) Patient visitation.**

Status: 9/20/2024-Vetoed by Governor.

Location: 9/20/2024-A. VETOED

Summary: Current law provides for the licensure and regulation by the State Department of Public Health of health facilities, as defined. 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.

Governor's Message: To the Members of the California State Assembly: I am returning Assembly Bill 2549 without my signature. This bill would require a health facility to develop alternate visitation protocols that allow patient visitation to the greatest extent possible during circumstances that require restricted visitor access, and would require a facility to allow in-person visitation in end-of-life situations. I believe there are many benefits to in-person visitation for people in health facilities who are sick, in recovery, or simply require a higher level of care. During the COVID-19 pandemic, state and local officials worked with public health and infectious disease experts to evaluate the risks and benefits of in-person interactions, and these standards were updated regularly as personal protective equipment, testing, and vaccines became available. California established a locally-driven response, where counties with fewer risks had higher flexibilities. This bill instead proposes a facility-by-facility approach. I am concerned that requiring facilities to develop individual, alternative protocols will result in confusion and create different access to patients based on each facility's management, rather than public health recommendations. For these reasons, I cannot sign this bill. Sincerely, Gavin Newsom

Position	Priority
Watch	Approved Position

AB 2551 **(Bains D) Crimes: elder abuse.**

Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was AGING & L.T.C. on 3/4/2024)

Location: 4/25/2024-A. DEAD

Summary: Current law prohibits the abuse or neglect of an elder or dependant adult, as specified. Under existing law a violation of these provisions is punishable as either a misdemeanor or felony, depending on the circumstances. Current law, for purposes of these provisions, defines an “elder” as a person 65 years of age or older, and a “dependant adult” as a person between 18 and 64 years of age who has certain defined physical or mental limitations. This bill would, for purposes of the elder and dependant adult abuse and neglect provisions, define an “elder” as a person who is 60 years of age or older, and define a “dependant adult” as a person between 18 and 59 years of age who has certain defined physical and mental limitations.

Position	Priority
Watch	Approved Position

AB 2685 **(Ortega D) Older individuals: case management services.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/1/2024)

Location: 5/16/2024-A. DEAD

Summary: The Mello-Granlund Older Californians Act requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department’s mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would, until January 1, 2031, and subject to an appropriation, require the department to establish a case management services demonstration project in up to 4 counties located in varying regions of the state, based on a process of selection by the department and voluntary participation by the selected counties. Under the bill, the purpose of the project would be to expand statewide the local capacity of supportive services programs by providing case management services to older individuals who need assistance to maintain health and

economic stability.

Position	Priority
Watch	Approved Position

AB 2768 (Berman D) Golden State Teacher Grant Program: nonpublic, nonsectarian schools.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/1/2024)

Location: 8/15/2024-S. DEAD

Summary: Current law establishes the Golden State Teacher Grant Program under the administration of the Student Aid Commission to award grants to students enrolled in professional preparation programs leading to a preliminary teaching credential or a pupil personnel services credential who commit to work for 4 years at a priority school or a California preschool program, as provided. Current law defines a “priority school” as a school with 55% or more of its pupils being unduplicated pupils, as defined, and requires the commission, in coordination with the State Department of Education, to publish a list of priority schools by April 15 of each year. This bill would expand the definition of a “priority school” to also include a nonpublic, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the department.

Position	Priority
Watch	Approved Position

AB 3129 (Wood D) Health care system consolidation.

Status: 9/28/2024-Vetoed by Governor.

Location: 9/28/2024-A. VETOED

Summary: Current law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. This bill would require a private equity group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General before a transaction between the private equity group or hedge fund and a health care facility, provider, or provider group, as those terms are defined, and any of those entities that directly or indirectly control, are controlled by, are under common control of, or are otherwise affiliated with a payor, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the transaction. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General before a transaction between a private equity group or hedge fund and a nonphysician provider or a provider, with specified gross annual revenue.

Governor's Message: To the Members of the California State Assembly: I am returning Assembly Bill 3129 without my signature. This bill would require a private equity group (PEG) or hedge fund to provide written notice to and obtain the written consent of the Attorney General (AG) at least 90 days before a change of control or acquisition between the PEG or hedge fund and a health care facility or provider group, with exemptions. The Office of Health Care Affordability (OHCA) was established in 2022 to review and evaluate health care consolidation transactions through cost and market impact reviews (CMIR) of mergers, acquisitions, or corporate affiliations involving health

plans, hospitals, physician organizations, pharmacy benefit managers, and other health care entities. OHCA analyzes transactions that may significantly impact market competition, meeting state spending targets, or affordability and will compile data about market consolidation. While OHCA itself cannot block a proposed transaction, it can coordinate with other state entities, including referring transactions for further review to the AG. This bill would exempt transactions involving PEGs or hedge funds that would be subject to review by the AG from OHCA's existing review. I appreciate the author's continued efforts and partnership to increase oversight of California's health care system in an effort to ensure consumers receive affordable and quality health care. However, OHCA was created as the responsible state entity to review proposed health care transactions, and it would be more appropriate for the OHCA to oversee these consolidation issues as it is already doing much of this work. For these reasons, I cannot sign this bill. Sincerely, Gavin Newsom

Position	Priority
Watch	Approved Position

[SB 294](#)

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

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/2/2024)

Location: 8/15/2024-A. DEAD

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, and makes a willful violation of the act a crime. Current law provides for the regulation of disability insurers by the Department of Insurance. Current 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 disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider.

Position	Priority
Watch	Approved Position

[SB 966](#)

(Wiener D) Pharmacy benefits.

Status: 9/28/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Location: 9/28/2024-S. VETOED

Summary: The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account

in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers.

Governor's Message: To the Members of the California State Senate: I am returning Senate Bill 966 without my signature. This bill would require the California Department of Insurance (CDI) to establish a licensing and oversight structure for Pharmacy Benefit Managers (PBMs) and require PBMs and health plans to report additional data on prescription drugs. The costs of many prescription drugs - brand name and generic - are too high, and these prices continue to trend upwards. Together with the Legislature, we have taken action to address this problem. We created CalRx to bring in-demand pharmaceutical products to the market with low, transparent pricing, starting with biosimilar insulin and naloxone. We also worked together in 2022 to establish the Office of Health Care Affordability (OHCA) to collect, analyze, and publicly report data on total health care expenditures with the goal to achieve California health care that is accessible, affordable, equitable, high-quality, and universal.? Without a doubt, the public and the Legislature need a clearer understanding of how much PBM practices are driving up prescription drug costs. I commend the author for working to further tackle this issue through regulating PBM participation in the pharmacy delivery system. Currently, PBMs manage all aspects of prescription drug services for California's commercial health care market. I believe that PBMs must be held accountable to ensure that prescription drugs remain accessible throughout pharmacies across California and available at the lowest price possible. However, I am not convinced that SB 966's expansive licensing scheme will achieve such results. My Administration is committed to increasing access and lowering the costs of prescription drugs. As such, I am directing the California Health and Human Services Agency to propose a legislative approach to gather much needed data on PBMs next year, which can be considered in conjunction with data from our entire health care delivery system. There is some existing transparency regarding prescription drug prices provided through the reporting required by SB 17 (Hernandez, Chapter 603, Statutes of 2017) and the establishment of the Healthcare Payments Database. However, we need more granular information to fully understand the cost drivers in the prescription drug market and the role that PMBs play in pricing. Specifically, California should collect comprehensive information from the pharmacy delivery system about the total cost of care for providing individual prescription drug products, including but not limited to wholesale acquisition costs, fees, payments, discounts, and rebates paid to and received by PBMs. These next steps, together with the CalRx program and the Office of Health Care Affordability's work, will offer a multi-pronged approach to improving affordability of prescription drugs in California. For these reasons, I cannot sign this bill. Sincerely, Gavin Newsom

Position	Priority
Watch	Approved Position

SB 1365

(Glazer D) Pharmacy technicians: supervision.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/13/2024)

Location: 5/16/2024-S. DEAD

Summary: Current law authorizes a pharmacy technician to perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. Current law prohibits a pharmacy with only one pharmacist from having more than one pharmacy technician performing those tasks and prohibits the ratio of pharmacy technicians performing those tasks for any additional pharmacist from exceeding a 2 to 1 ratio, except as specified. This bill would instead authorize a pharmacy with only one pharmacist to have up to 6 4 pharmacy technicians performing those tasks and would prohibit the ratio of pharmacy technicians performing those tasks for any additional pharmacist from exceeding a 6 4 to 1 ratio.

Position	Priority
Watch	Approved Position

Public Education

[AB 1812](#) [\(Gabriel D\)](#) **Budget Act of 2024.**

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was BUDGET on 1/16/2024)

Location: 8/31/2024-A. DEAD

Summary: Would make appropriations for the support of state government for the 2024–25 fiscal year.

Position	Priority
Watch	Approved Position

[SB 28](#) [\(Glazer D\)](#) **Education finance: school facilities: Public Preschool, K–12, and College Health and Safety Bond Act of 2024.**

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was APPR. SUSPENSE FILE on 8/16/2023)

Location: 8/31/2024-A. DEAD

Summary: Current law authorizes the governing board of any school district or community college district to order an election and submit to the electors of the district the question of whether the bonds of the district shall be issued and sold to raise money for specified purposes. Current law generally requires, to pass a school bond measure, that either at least 2/3 of the votes cast on the proposition of issuing bonds be in favor of issuing the bonds to pass the measure, or, if certain conditions are met, at least 55% of the votes cast on the proposition of issuing bonds be in favor of issuing the bonds. Current law prohibits the total amount of bonds issued by a school district or community college district from exceeding 1.25% of the taxable property of the district, as provided. This bill would raise that limit to 2%.

Position	Priority
Watch	Approved Position

[SB 1203](#) [\(Grove R\)](#) **Education expenses: Education Flex Account Act of 2024.**

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was ED. on 2/29/2024)

Location: 8/31/2024-S. DEAD

Summary: (1)Existing 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. This bill would enact the Education Flex Account Act of 2024 and establish the Education Flex Account (EFA) Trust, to be known as the EFA Trust, as a fund within the State Treasury to be administered by the EFA Trust Board. During the first 4 school years following the operative date of the act, the bill would authorize certain children eligible to be enrolled in kindergarten, or in an elementary or secondary school, in any of grades 1 to 12, inclusive, to establish an EFA or Special Education Flex Account (SEFA), based on parent or guardian income. The bill would remove these income eligibility limits after 4 school years following the operative date of the act, thereby entitling every child eligible to be enrolled in kindergarten, or in an

elementary or secondary school, in any of grades 1 to 12, inclusive, to establish an EFA or SEFA. The bill would specify that every child enrolled in an eligible school shall be entitled, pursuant to this act, to a credit to the child’s account for tuition and elementary and secondary eligible education expenses, as defined. Commencing with the first fiscal year following the operative date of the act, the bill would require the Department of Finance to determine, on July 1 of each year, the annual EFA and SEFA deposit amounts for the upcoming school year. The bill would specify the procedure for calculating the EFA and SEFA deposit amounts and would require the Controller to transfer an amount of money from the General Fund to the EFA Trust equal to the sum of (1) the EFA deposit amount multiplied by the number of EFAs established, and (2) the SEFA deposit amount multiplied by the number of SEFAs established, as provided. The bill would require any unused funds remaining in an EFA or SEFA account on June 30 to be returned to the state for the benefit of elementary and secondary education, upon appropriation by the Legislature. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	Approved Position

Retirement

[SB 1260](#) **(Niello R)** **High-speed rail: independent review: High-Speed Rail Authority Inspector General.**
Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 4/3/2024)
Location: 4/25/2024-S. DEAD
Summary: The Safe, Reliable High-Speed Passenger Train Bond Act for the 21st Century, approved by the voters as Proposition 1A at the November 4, 2008, general election, provides for the issuance of \$9.95 billion in general obligation bonds for high-speed rail and related purposes. The California High-Speed Rail Act creates the High-Speed Rail Authority to develop and implement a high-speed train system in the state, with specified powers and duties. Current law defines Phase 1 of the high-speed train system as the corridor of the high-speed train system between San Francisco Transbay Terminal and Los Angeles Union Station and Anaheim, and requires the authority to include information on Phase 1 as part of a biennial business plan, as provided. This bill would require the inspector general to conduct an independent review of the economic and financial justification for the high-speed rail project, including a review and assessment of a specified benefit-cost analysis submitted by the High-Speed Rail Authority to the United States Department of Transportation.

Position	Priority
Watch	Approved Position

CalRTA Board Legislative Update

Failed Measures

Position Bills

Health Care/Healthy Aging

AB 1968 (**Jackson D**) **CalFresh: supplemental nutrition assistance for senior citizens.**
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 4/24/2024)
Location: 5/16/2024-A. DEAD
Summary: Current federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Under current law, the Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled (SSI/SSP) is, pursuant to contract, administered by the federal government and the department. This program provides cash assistance to low-income aged, blind, and disabled persons. Current law requires the department to also establish the California Food Assistance Program (CFAP) to provide nutrition benefits to households that are ineligible for CalFresh benefits solely due to their immigration status, as specified. Existing law requires that CFAP benefits be equivalent to SNAP benefits. Under current law, operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation for this purpose, an individual 55 years of age or older is eligible for CFAP benefits, subject to an appropriation. Current law generally requires the federal and state laws and regulations governing the SSI/SSP program to also govern the Cash Assistance Program for Immigrants (CAPI). This bill would require, on or before January 1, 2026, and on an annual basis thereafter, the State Department of Social Services to create a system to automatically enroll and to enroll in the CalFresh program and the CFAP qualifying individuals who meet the eligibility requirements of the SSI/SSP and those who meet the eligibility requirements of the CAPI, as specified. The bill would require, commencing January 1, 2026, or after the automatic enrollment process takes effect, whichever is sooner, the department to require county eligibility workers to regularly contact qualifying individuals who meet those requirements to notify them of their estimated potential benefit, including through notice by mail.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors struggling financially should have access to food to ensure they do not face food insecurity.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Human Services

March 25, 2024 - Asm. Human Services

April 9, 2024 - Asm. Appropriations

AB 1975 (Bonta D) Medi-Cal: medically supportive food and nutrition interventions.

Status: 9/25/2024-Vetoed by the Governor

Location: 9/25/2024-A. VETOED

Summary: Current law requires the State Department of Health Care Services to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease. 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, medically supportive food and nutrition services, including medically tailored meals. This bill would make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, no sooner than July 1, 2026, upon appropriation and subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary.

Position

Support

Priority

Approved Position

Notes:

Rationale – Seniors facing medical and economic challenges should have access to nutritional resources to help them to recover.

Platform – Advocate for protecting and enhancing Medicare and Medicaid, oppose privatization of Medicare and Medicaid.

Letter Sent:

March 8, 2024 - Asm. Health

May 17, 2024 - Assembly Floor

May 31, 2024 - Senate Health

June 6, 2024 - Senate Health

June 13, 2024 - Senate Appropriations

August 16, 2024 - Senate Floor Alert

August 30, 2024 - Request for Governor's Signature

AB 2075 (Alvarez D) Resident Access Protection Act.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Would enact the Resident Access Protection Act. The act would provide a resident of a long-term care facility with the right to in-person, onsite access to a visitor or a health care and social services provider during a public health emergency in which visitation rights of residents are curtailed by a state or local order, as specified. The act would prescribe how a resident may leave their long-term care facility on outings during a public health emergency. The act would require a long-term care facility, among other things, to provide safety protocols required of care staff, visitors, and health and social services providers during a public health emergency to the residents,

resident representatives, and visitors in writing. A violation of the act would be a crime and subject to civil penalties. By creating a new crime, this bill would impose a state-mandated local program.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors in long-term care facilities suffered during the pandemic. California must ensure this situation does not happen again.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. ALTC

April 25, 2024 - Asm. Appropriations

April 30, 2024 - Asm. Appropriations

June 6, 2024 - Senate Health

June 21, 2024 - Senate Human Services

June 28, 2024 - Senate Human Services

July 10, 2024 - Senate Appropriations

AB 2169 (Bauer-Kahan D) Prescription drug coverage: dose adjustments.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR.

SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable prescription drugs.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health

March 22, 2024 - Asm. Health

April 12, 2024 - Asm. Appropriations

May 17, 2024 - Assembly Floor

June 6, 2024 - Senate Health

AB 2180

(Weber D) Health care coverage: cost sharing.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/15/2024)

Location: 5/16/2024-A. DEAD

Summary: Current law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved. This bill would require a health care service plan, health insurance policy, or pharmacy benefit manager that administers pharmacy benefits for a health care service plan or health insurer to apply any amounts paid by the enrollee, insured, or a third-party patient assistance program for prescription drugs toward the enrollee's or insured's cost-sharing requirement, and would only apply those requirements with respect to enrollees or insureds who have a chronic disease or terminal illness. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2025. The bill would repeal those provisions on January 1, 2035.

Position
Support

Priority
Approved Position

Notes:

Rationale – Seniors should be able to access affordable prescription drugs.

Platform – Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Health

April 25, 2024 - Asm. Appropriations

May 2, 2024 - Asm. Appropriations

AB 2356

(Wallis R) Medi-Cal: monthly maintenance amount: personal and incidental needs.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/8/2024)

Location: 5/16/2024-A. DEAD

Summary: Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Current law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly

maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$50, and would require that the amount be increased annually, as specified. The bill would make these changes subject to receipt of necessary federal approvals.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Apro.

AB 2701 (Villapudua D) Medi-Cal: dental cleanings and examinations.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 6/24/2024)

Location: 8/15/2024-S. DEAD

Summary: Under current law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under existing law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Current law conditions implementation of those provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and, for beneficiaries 21 years of age or older, funding in the annual Budget Act. This bill would expand the above-described dental benefits, for beneficiaries 21 years of age or older, to at least 2 cleanings and at least 2 examinations per year when medically necessary, as specified in the Medi-Cal Dental Manual of Criteria. The bill would, for purposes of these provisions, include an individual’s inability to maintain daily oral hygiene habits, susceptibility to oral health disease or decay, preoperative dental care, or as required by other specified provisions of law, in the definition of “medically necessary,” and require the department to update the Medi-Cal Dental Manual of Criteria to conform with this inclusion.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Asm. Health

April 12, 2024 - Asm. Appropriations

May 31, 2024 - Senate Health

June 13, 2024 - Senate Appropriations

June 21, 2024 - Senate Appropriations

AB 3207 **(Patterson, Joe R)** **The Secure Seniors Protection Act.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/8/2024)

Location: 5/16/2024-A. DEAD

Summary: Would enact the Secure Seniors Protection Act, and require the State Department of Social Services to, subject to an appropriation, on or before January 1, 2026, establish and administer a toll-free hotline to assist all Californians in dealing with scams, as provided. The bill would require the State Department of Social Services to ensure that the program and its staff are equipped to meet the needs of individuals who are 60 years of age and older. The bill would require, on or before January 31, 2027, and annually thereafter, the State Department of Social Services to submit a report to the Legislature and the relevant policy committees containing, among other things, the number of seniors served, the types of problems the program assisted seniors with, and recommendations for improving the program.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be protected from scams that can negatively impact retirement earnings and their mental health.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letters Sent:

April 25, 2024 - Asm. Appropriations

April 30, 2024 - Asm. Appropriations

SB 1213 **(Atkins D)** **Health care programs: cancer.**

Status: 9/27/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Location: 9/27/2024-S. VETOED

Summary: Current law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Current law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis. This bill would provide that, commencing no later than July 1, 2026, an individual is eligible to receive treatment services if the individual has a family income at or below 250% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Position	Priority
Support	Approved Position

Notes:

Rationale – Seniors should be able to access affordable medical care.

Platform– Support state regulation of health insurance and affordable, accessible prescription drug benefits.

Platform – Advocate for and support full and comprehensive guaranteed affordable health care for all.

Letter Sent:

March 8, 2024 - Sen. Health
March 25, 2024 - Sen. Health
April 12, 2024 - Sen. Appropriations
May 17, 2024 - Senate Floor
May 29, 2024 - Asm. Health
June 5, 2024 - Asm. Appropriations
August 16, 2024 - Asm. Floor Alert
August 20, 2024 - Asm. Floor Alert
September 6, 2024 - Request for Governor's signature

Public Education

[AB 2226](#) ([Muratsuchi](#) D) Elementary education: kindergarten.

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)

Location: 8/15/2024-S. DEAD

Summary: Under current law, a person between 6 and 18 years of age who is not exempted by law is subject to compulsory full-time education. Existing law excludes a child under 6 years of age from the public schools, subject to specified exceptions. This bill, beginning with the 2026–27 school year, would require a child to have completed one year of kindergarten before that child may be admitted to the first grade at a public elementary school, except for a child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California, but has not yet completed one school year, and is judged to be ready for first-grade work, as specified, thereby imposing a state-mandated local program.

Position
Support

Priority
Approved Position

Notes:

Rationale – By ensuring more children participate in kindergarten, more teachers will be able to be hired, which could lead to lowering overall class size at the elementary level while also providing greater balance to the overall active-to-retiree teacher ratio at CalSTRS.

Platform - Advocate for achieving the California Constitutional goal (Article XVI, Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Asm. Ed.

March 8, 2024 - Asm. Ed.

April 30, 2024 - Asm. Apro.

May 17, 2024 - Assembly Floor

May 31, 2024 - Senate Education

June 27, 2024 - Senate Appropriations

[SB 1056](#) ([Rubio](#) D) Elementary education: kindergarten.

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 4/22/2024)

Location: 5/16/2024-S. DEAD

Summary: Current law requires a child who will have their 6th birthday on or before September 1 of the school year to be admitted to the first grade of an elementary school. Current law authorizes a

child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California and who is judged by the administration of the school district to be ready for first-grade work to be admitted to the first grade, as specified. This bill, beginning with the 2026–27 school year, would require a child to have completed one year of kindergarten before that child may be admitted to the first grade at a public elementary school, except for a child who has been lawfully admitted to a public school kindergarten or a private school kindergarten in California, but has not yet completed one school year, and is judged to be ready for first-grade work, as specified, thereby imposing a state-mandated local program.

Position	Priority
Support	Approved Position

Notes:

Rationale – By ensuring more children participate in kindergarten, more teachers will be able to be hired, which could lead to lowering overall class size at the elementary level while also providing greater balance to the overall active-to-retiree teacher ratio at CalSTRS.

Platform - Advocate for achieving the California Constitutional goal (Article XVI, Section 8.5) for class size reduction.

Letter Sent:

March 7, 2024 - Sen. Ed.

April 8, 2024 - Sen. Ed.

SCA 9

(Grove R) Educational expenses: education flex accounts and special education flex accounts.

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was RLS. on 2/15/2024)

Location: 8/31/2024-S. DEAD

Summary: (1)The California Constitution requires the Legislature to encourage, by all suitable means, the promotion of intellectual, scientific, moral, and agricultural improvement. The California Constitution also 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. This bill contains other related provisions and other existing laws.

Position	Priority
Oppose	Approved Position

Notes:

Rationale – Public dollars should not subsidize private or religious schools, particularly at the cost of existing students in public schools.

Platform – Oppose using public money to support private, parochial, sectarian, or for-profit schools.

Retirement

AB 2901

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

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was INACTIVE FILE on 8/28/2024)

Location: 8/31/2024-S. DEAD

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. Commencing January 1, 2028, and only if an appropriation is made for these purposes in the annual Budget Act or another statute, 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.

Position

Priority

Support

Approved Position

Notes:

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

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

Letter Sent:

March 7, 2024 - Asm. Public Employment & Retirement

March 7, 2024 - Asm. Education

March 25, 2024 - Asm. Higher Education

April 25, 2024 - Asm. Appropriations

May 17, 2024 - Assembly Floor

May 31, 2024 - Senate Education

June 13, 2024 - Senate Labor, Public Employment & Retirement

June 21, 2024 - Senate Appropriations

August 16, 2024 - Senate Floor Alert

August 19, 2024 - Senate Floor Alert

August 26, 2024 - Senate Floor Alert

Total Measures: 13

Watch Bills

Health Care/Healthy Aging

[AB 1944](#) **([Waldron](#) R)** **Individualized investigational treatment.**
Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 2/20/2024)
Location: 4/25/2024-A. DEAD
Summary: Would enact the Right to Try Individualized Investigational Treatments Act, and permit a manufacturer of an individualized investigational treatment, as defined, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions.

Position	Priority
Watch	Approved Position

[AB 1989](#) **([Mathis](#) R)** **Senior legal services.**
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/1/2024)
Location: 5/16/2024-A. DEAD
Summary: Current law requires the California Department of Aging to establish a task force of certain members to study and make recommendations to the Legislature on the improvement of legal services delivery to senior citizens in California by exploring specified matters, including ways to ensure uniformity in the provision of legal services throughout the state and the possible establishment of a statewide legal hotline for seniors. Current law requires the task force to report and make its recommendations to the Legislature on or before September 1, 2002. This bill would require the department to establish a similar task force or to utilize an existing subcommittee, working group, task force, or committee to assess the implementation of the recommendations made pursuant to the above-mentioned provisions, make additional recommendations by exploring the same matters explored by the initial task force, and to report the assessment and make its recommendations to the Legislature on or before September 1, 2026, either in a separate report or as part of an existing report.

Position	Priority
Watch	Approved Position

[AB 1993](#) **([Kalra](#) D)** **Residential care facilities for the elderly: maximum number of residents.**
Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 8/5/2024)
Location: 8/15/2024-S. DEAD
Summary: The California Residential Care Facilities for the Elderly Act (act), requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly, 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. Under current law, whether or not unrelated persons are living together, a residential care facility for the elderly that serves 6 or fewer

persons is considered a residential use of property, as specified. This bill would increase the maximum number of residents served for purposes of those provisions from 6 to 8.

Position	Priority
Watch	Approved Position

AB 2200 **(Kalra D)** **Guaranteed Health Care for All.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/15/2024)

Location: 5/16/2024-A. DEAD

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. Under the bill, CalCare would be a health care service plan subject to Knox-Keene. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare Program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.

Position	Priority
Watch	Approved Position

AB 2549 **(Gallagher R)** **Patient visitation.**

Status: 9/20/2024-Vetoed by Governor.

Location: 9/20/2024-A. VETOED

Summary: Current law provides for the licensure and regulation by the State Department of Public Health of health facilities, as defined. 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	Priority
Watch	Approved Position

AB 2551 **(Bains D) Crimes: elder abuse.**

Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was AGING & L.T.C. on 3/4/2024)

Location: 4/25/2024-A. DEAD

Summary: Current law prohibits the abuse or neglect of an elder or dependant adult, as specified. Under existing law a violation of these provisions is punishable as either a misdemeanor or felony, depending on the circumstances. Current law, for purposes of these provisions, defines an “elder” as a person 65 years of age or older, and a “dependant adult” as a person between 18 and 64 years of age who has certain defined physical or mental limitations. This bill would, for purposes of the elder and dependant adult abuse and neglect provisions, define an “elder” as a person who is 60 years of age or older, and define a “dependant adult” as a person between 18 and 59 years of age who has certain defined physical and mental limitations.

Position	Priority
Watch	Approved Position

AB 2685 **(Ortega D) Older individuals: case management services.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/1/2024)

Location: 5/16/2024-A. DEAD

Summary: The Mello-Granlund Older Californians Act requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department’s mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would, until January 1, 2031, and subject to an appropriation, require the department to establish a case management services demonstration project in up to 4 counties located in varying regions of the state, based on a process of selection by the department and voluntary participation by the selected counties. Under the bill, the purpose of the project would be to expand statewide the local capacity of supportive services programs by providing case management services to older individuals who need assistance to maintain health and economic stability.

Position	Priority
Watch	Approved Position

AB 2768 **(Berman D) Golden State Teacher Grant Program: nonpublic, nonsectarian schools.**

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/1/2024)

Location: 8/15/2024-S. DEAD

Summary: Current law establishes the Golden State Teacher Grant Program under the administration of the Student Aid Commission to award grants to students enrolled in professional preparation programs leading to a preliminary teaching credential or a pupil personnel services credential who commit to work for 4 years at a priority school or a California preschool program, as

provided. Current law defines a “priority school” as a school with 55% or more of its pupils being unduplicated pupils, as defined, and requires the commission, in coordination with the State Department of Education, to publish a list of priority schools by April 15 of each year. This bill would expand the definition of a “priority school” to also include a nonpublic, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the department.

Position	Priority
Watch	Approved Position

AB 3129 **(Wood D) Health care system consolidation.**

Status: 9/28/2024-Vetoed by Governor.

Location: 9/28/2024-A. VETOED

Summary: Current law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. This bill would require a private equity group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General before a transaction between the private equity group or hedge fund and a health care facility, provider, or provider group, as those terms are defined, and any of those entities that directly or indirectly control, are controlled by, are under common control of, or are otherwise affiliated with a payor, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the transaction. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General before a transaction between a private equity group or hedge fund and a nonphysician provider or a provider, with specified gross annual revenue.

Position	Priority
Watch	Approved Position

SB 294 **(Wiener D) Health care coverage: independent medical review.**

Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14). (Last location was APPR. SUSPENSE FILE on 7/2/2024)

Location: 8/15/2024-A. DEAD

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, and makes a willful violation of the act a crime. Current law provides for the regulation of disability insurers by the Department of Insurance. Current 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 disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the

decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider.

Position	Priority
Watch	Approved Position

SB 966 **(Wiener D) Pharmacy benefits.**

Status: 9/28/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.
Location: 9/28/2024-S. VETOED
Summary: The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers.

Position	Priority
Watch	Approved Position

SB 1365 **(Glazer D) Pharmacy technicians: supervision.**

Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8). (Last location was APPR. SUSPENSE FILE on 5/13/2024)
Location: 5/16/2024-S. DEAD
Summary: Current law authorizes a pharmacy technician to perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. Current law prohibits a pharmacy with only one pharmacist from having more than one pharmacy technician performing those tasks and prohibits the ratio of pharmacy technicians performing those tasks for any additional pharmacist from exceeding a 2 to 1 ratio, except as specified. This bill would instead authorize a pharmacy with only one pharmacist to have up to 6 4 pharmacy technicians performing those tasks and would prohibit the ratio of pharmacy technicians performing those tasks for any additional pharmacist from exceeding a 6 4 to 1 ratio.

Position	Priority
Watch	Approved Position

Public Education

AB 1812 **(Gabriel D) Budget Act of 2024.**

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was BUDGET on

1/16/2024)

Location: 8/31/2024-A. DEAD

Summary: Would make appropriations for the support of state government for the 2024–25 fiscal year.

Position
Watch

Priority
Approved Position

SB 28

(Glazer D) Education finance: school facilities: Public Preschool, K–12, and College Health and Safety Bond Act of 2024.

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was APPR. SUSPENSE FILE on 8/16/2023)

Location: 8/31/2024-A. DEAD

Summary: Current law authorizes the governing board of any school district or community college district to order an election and submit to the electors of the district the question of whether the bonds of the district shall be issued and sold to raise money for specified purposes. Current law generally requires, to pass a school bond measure, that either at least 2/3 of the votes cast on the proposition of issuing bonds be in favor of issuing the bonds to pass the measure, or, if certain conditions are met, at least 55% of the votes cast on the proposition of issuing bonds be in favor of issuing the bonds. Current law prohibits the total amount of bonds issued by a school district or community college district from exceeding 1.25% of the taxable property of the district, as provided. This bill would raise that limit to 2%.

Position
Watch

Priority
Approved Position

SB 1203

(Grove R) Education expenses: Education Flex Account Act of 2024.

Status: 8/31/2024-Failed Deadline pursuant to Rule 61(b)(17). (Last location was ED. on 2/29/2024)

Location: 8/31/2024-S. DEAD

Summary: (1)Existing 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. This bill would enact the Education Flex Account Act of 2024 and establish the Education Flex Account (EFA) Trust, to be known as the EFA Trust, as a fund within the State Treasury to be administered by the EFA Trust Board. During the first 4 school years following the operative date of the act, the bill would authorize certain children eligible to be enrolled in kindergarten, or in an elementary or secondary school, in any of grades 1 to 12, inclusive, to establish an EFA or Special Education Flex Account (SEFA), based on parent or guardian income. The bill would remove these income eligibility limits after 4 school years following the operative date of the act, thereby entitling every child eligible to be enrolled in kindergarten, or in an elementary or secondary school, in any of grades 1 to 12, inclusive, to establish an EFA or SEFA. The bill would specify that every child enrolled in an eligible school shall be entitled, pursuant to this act, to a credit to the child's account for tuition and elementary and secondary eligible education expenses, as defined. Commencing with the first fiscal year following the operative date of the act, the bill would require the Department of Finance to determine, on July 1 of each year, the annual EFA and SEFA deposit amounts for the upcoming school year. The bill would specify the procedure for calculating the EFA and SEFA deposit amounts and would require the Controller to transfer an amount of money from the General Fund to the EFA Trust equal to the sum of (1) the EFA deposit amount multiplied by the number of EFAs established, and (2) the SEFA deposit amount multiplied by the number of SEFAs established, as provided. The bill would require any unused funds remaining in an EFA or SEFA account on June 30 to be returned to the state for the benefit of

elementary and secondary education, upon appropriation by the Legislature. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	Approved Position

Retirement

[SB 1260](#) **(Niello R) High-speed rail: independent review: High-Speed Rail Authority Inspector General.**
Status: 4/25/2024-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 4/3/2024)
Location: 4/25/2024-S. DEAD
Summary: The Safe, Reliable High-Speed Passenger Train Bond Act for the 21st Century, approved by the voters as Proposition 1A at the November 4, 2008, general election, provides for the issuance of \$9.95 billion in general obligation bonds for high-speed rail and related purposes. The California High-Speed Rail Act creates the High-Speed Rail Authority to develop and implement a high-speed train system in the state, with specified powers and duties. Current law defines Phase 1 of the high-speed train system as the corridor of the high-speed train system between San Francisco Transbay Terminal and Los Angeles Union Station and Anaheim, and requires the authority to include information on Phase 1 as part of a biennial business plan, as provided. This bill would require the inspector general to conduct an independent review of the economic and financial justification for the high-speed rail project, including a review and assessment of a specified benefit-cost analysis submitted by the High-Speed Rail Authority to the United States Department of Transportation.

Position	Priority
Watch	Approved Position

Total Measures: 16
