

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	Priority
Support	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