



# Legislative Action Report

2023-2024



Dear CalHHS Partners:

It is with gratitude that we share the third annual California Health and Human Services Agency (CalHHS) Legislative Action report, which will provide an overview of proposals that passed the Legislature and were presented to Governor Newsom during the 2023-24 legislative session.

At the conclusion of the session, the Governor considered approximately 200 bills pertaining to Californians' health and human services programs. Elected leaders, legislative staff, and valued stakeholders worked closely to assess each bill, of which, the Governor signed 152 into law. We extend our deepest thanks to those who supported these efforts.

Throughout this 2025 legislative session, we reaffirm that intentional collaboration and meaningful implementation depends on ongoing coordination and trust with community leaders and families throughout California. In our pursuit of a Healthy California for All, we must persist in dismantling systemic structural challenges and confronting deep inequities.

With appreciation,

California Health & Human Services Agency

# Table of Contents

<b>INTRODUCTION .....</b>	<b>3</b>
<b>DEPARTMENT AND OFFICE ABBREVIATIONS INDEX.....</b>	<b>4</b>
<b>ASSEMBLY BILLS .....</b>	<b>5</b>
<b>SENATE BILLS .....</b>	<b>38</b>
<b>INDEX.....</b>	<b>56</b>
Access.....	57
Aging and Elder Abuse.....	57
Artificial Intelligence.....	57
Behavioral Health.....	58
California Work Opportunity and Responsibility to Kids.....	58
Cannabis.....	58
Child Care.....	59
Child Welfare.....	59
Community Assistance, Recovery, and Empowerment .....	60
Competence to Stand Trial .....	60
Conservatorship .....	60
Covered California.....	60
Data Collection.....	60
Dental .....	61
Equity.....	61
Facilities .....	61
Food Insecurity.....	61
Food Safety.....	61
Guaranteed Income .....	61
Hospitals.....	62
Housing and Homelessness.....	62
Human Trafficking .....	62

Immigration .....	62
In-Home Supportive Services .....	62
Justice-Involved Individuals.....	62
Managed Care.....	63
Medi-Cal.....	63
Opioids.....	63
Pharmacy Benefit Management .....	64
Public Health.....	64
Rare Diseases .....	64
Records.....	64
Rehabilitation.....	64
Reproductive Health .....	64
Residential Care Facilities for the Elderly .....	65
Seismic Safety .....	65
Sexually Violent Predators .....	65
Skilled Nursing Facilities .....	65
State Property .....	65
Substance Use .....	65
Tobacco .....	66
Workforce.....	66



# INTRODUCTION

The following report includes all legislative proposals sent to the Governor that impacted the California Health and Human Services Agency (CalHHS), its 12 departments and five offices. All bills are listed in numerical order, by Assembly Bills (ABs) and Senate Bills (SBs).

To read a bill text, the report includes a hyperlink to the most recent version. A bill citation includes the last name of the Author who introduced the measure and chaptering numbers (Chp.) for signed legislation. For items that were vetoed, they do not include chaptered numbers. Additionally, the index includes bills signed into law, and are grouped by theme.



# DEPARTMENT AND OFFICE ABBREVIATIONS INDEX

## Departments:

California Department of Aging (CDA)  
California Department of Public Health (CDPH)  
California Department of Social Services (CDSS)  
Department of Child Support Services (DCSS)  
Department of Community Services and Development (CSD)  
Department of Developmental Services (DDS)  
Department of Health Care Access and Information (HCAI)  
Department of Health Care Services (DHCS)  
Department of Managed Health Care (DMHC)  
Department of Rehabilitation (DOR)  
Department of State Hospitals (DSH)  
Emergency Medical Services Authority (EMSA)

## Offices:

Center for Data Insights and Innovation (CDII)  
Office of Law Enforcement Support (OLES)  
Office of the California Surgeon General (OSG)  
Office of Technology and Solutions Integration (OTSI)  
Office of Youth and Community Restoration (OYCR)

## ASSEMBLY BILLS

### **[AB 51](#) (Bonta, Chp. 618, Statutes of 2024) Early childcare and education: California state preschool program.**

Requires the California Department of Education (CDE) to provide prospective California state preschool program (CSPP) contractors with technical assistance on how to meet the requirements of Title 5 regulations. Authorizes CDE to modify the CSPP Request for Application requirements to simplify and streamline the application process for prospective state preschool program contractors.

### **[AB 262](#) (Holden, Chp. 341, Statutes of 2024) Children's camps: safety and regulation.**

Requires CDSS, subject to an appropriation, to prepare a report, informed by consultation with a variety of stakeholders, including CDPH, regarding approaches for children's camp health and safety regulation and oversight.

### **[AB 274](#) (Bryan) CalWORKs: CalFresh: eligibility: income exclusions.**

Would have exempted any grant, award, scholarship, loan or fellowship benefit received from consideration as income for purposes of determining eligibility or grant amounts for California Work Opportunity and Responsibility to Kids (CalWORKs). Also would have exempted the same income-like assistance when determining CalFresh eligibility.

### **[AB 310](#) (Arambula, Chp. 321, Statutes of 2024) State Department of State Hospitals: civil service psychiatrists.**

Requires DSH to submit a one-time report to the Assembly and Senate Budget Committees providing amounts expended during the 2024–25 fiscal year for civil service psychiatrists, psychiatrists working additional caseload, and contracted psychiatrists. This bill becomes inoperative June 30, 2026.

### **[AB 518](#) (Wicks, Chp. 910, Statutes of 2024) CalFresh: data.**

Requires CDSS, on or before July 1, 2025, and in consultation with advocate representatives, county human service agencies, and County Welfare Directors Association (CWDA), to develop a methodology for estimating the CalFresh participation rate and identifying characteristics of Californians who are eligible for, but not receiving, CalFresh benefits.

**[AB 660](#) (Irwin, Chp. 911, Statutes of 2024) Food and beverage products: labeling: quality dates, safety dates, and sell-by dates.**

Requires food manufacturers, processors, and retailers responsible for the labeling of food items that choose, or are otherwise required by law, to label food and beverage products to communicate a quality or safety date label with either “BEST if Used by” or “USE by” dates. Prohibits beginning July 1, 2026, the sale of a food item for human consumption that displays a quality or food safety label that is not labeled in accordance with the above. Additionally, this bill prohibits the use of “Sell by” dates on or after July 1, 2026.

**[AB 772](#) (Jackson, Chp. 933, Statutes of 2024) Child day care facilities.**

Exempts the requirement to obtain a child’s medical assessment signed by a physician for drop-in child day care centers. Allows for an authorized representative to provide the center with the child’s health assessment. In addition, updates existing requirements and provides that the children’s authorized representatives acknowledge and verify their understanding that immunizations and tuberculosis (TB) testing are not required of children attending drop-in care.

**[AB 799](#) (Rivas, Luz, Chp. 263, Statutes of 2024) Interagency Council on Homelessness: funding: state programs.**

Requires the CA Interagency Council on Homelessness (Cal-ICH) to collect fiscal and outcome data from grantees or entities operating state programs, as specified, and make the data publicly available on or before June 1, 2027, and annually thereafter. Requires agencies and departments administering state programs to provide Cal-ICH with updated information on new or existing funding opportunities on a quarterly basis.

**[AB 866](#) (Rubio, Blanca, Chp. 936, Statutes of 2024) Juveniles: care and treatment.**

Provides that foster youth 16 years old or older have the same right to consent to opioid use disorder treatment as youth not in foster care have, and aligns statute outlining social worker responsibilities with existing requirements regarding the provision of information to foster children about, and facilitation of access to, reproductive and related health care services.

**[AB 869](#) (Wood, Chp. 801, Statutes of 2024) Hospitals: seismic safety compliance.**



Establishes a process for small, rural, critical access and district hospitals, as well as hospitals that are recipients of the Distressed Hospital Loan Program (DHLP), to seek a delay of up to three years in the seismic safety compliance deadline of January 1, 2030. Provides HCAI with discretion to extend the delay by an additional two years, if certain conditions are met. Ensures specific rural hospitals are eligible for the Small and Rural Hospital Relief Program (SRHRP) to secure a Structural Performance Category (SPC)-4D assessment.

**AB 922 (Wicks) Prepared Meals Delivery Program.**

Would have required CDSS, upon appropriation, to establish the Prepared Meals Delivery Program (PMDP) for the purpose of providing meals to unhoused individuals. Would have required Alameda County to participate in PMDP and periodically report to CDSS regarding implementation.

**AB 977 (Rodriguez, Chp. 937, Statutes of 2024) Emergency departments: assault and battery.**

Authorizes a General Acute Care Hospital (GACH) to post a sign in its emergency department (ED) stating that any form of threatening or aggressive behavior toward ED staff will not be tolerated and may result in a criminal conviction. Expands criminal penalties for assault or battery on a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other healthcare facility, to include those acts committed against a physician, nurse, or other healthcare worker providing services within an ED.

**AB 1005 (Alvarez, Chp. 346, Statutes of 2024) In-home supportive services: terminal illness diagnosis.**

Requires a hospital case manager or discharge planner to ask if the patient is interested in receiving information about in home supportive services (IHSS). If the recipient or authorized representative is interested in receiving IHSS information, the diagnosing health care provider is required to provide information about the IHSS program, including providing a physical or digital copy of the IHSS application and informing them of the option for a family member to become their authorized IHSS provider. Requires the hospital case manager or discharge planner to, as appropriate, communicate with the patient's primary care provider to support the timely completion of necessary forms.

**[AB 1147](#) (Addis, Chp. 902, Statutes of 2024) Disability Equity, Transparency, and Accountability Act of 2024.**

Specifies that soliciting input on topics for the master plan for developmental services may include, but is not limited to, regional center (RC) board accountability and transparency and the evaluation of RCs, including performance, equity, and diversity. Adds to each RCs conflict-of-interest policy a prohibition on a RC employee from accepting a gift or gifts from a service provider, consumer, or consumer's family member valued over fifteen dollars (\$15) per year and establishes a policy prohibiting RC senior staff from hiring relatives at the center or any ancillary foundation and organization. Additionally, requires a RC with which DDS maintains a contract to be subject to the CA Public Records Act, operative on January 1, 2026. Requires access to records regarding an applicant for or recipient of services to be provided, upon request, to the applicant, recipient, or their authorized representative, as specified, for any purpose, including, but not limited to, the appeal process, unless disclosure of the record is expressly prohibited by law.

**[AB 1168](#) (Bennett) Emergency medical services (EMS): prehospital EMS.**

Would have overturned City of Oxnard v. County of Ventura to have allowed the City of Oxnard to retain its administrative authority over prehospital emergency medical ambulance services. Would have authorized the City of Oxnard, under certain conditions, to exclusively operate ambulance service throughout Ventura County, notwithstanding statutory requirements for a competitive process. Would have allowed cities and fire districts to enter into, and leave, joint powers agreements with the County Board of Supervisors without altering the status of their "201 rights."

**[AB 1282](#) (Lowenthal, Chp. 807, Statutes of 2024) Mental health: impacts of social media.**

Requires CDPH, in consultation with the Behavioral Health Services Oversight and Accountability Commission, to develop a report on a statewide strategy to understand, communicate, and mitigate mental health risks associated with use of social media by children and youth, to be submitted to specified legislative policy committees by December 31, 2026.

**[AB 1316](#) (Irwin, Chp. 632, Statutes of 2024) Emergency services: psychiatric emergency medical conditions.**

Updates the definition of “psychiatric emergency medical condition” to clarify that it applies to those who are voluntarily or involuntarily detained for evaluation and treatment pursuant to Lanterman–Petris–Short (LPS) Act. Codifies existing DHCS policy regarding the responsibility of Medi-Cal to cover emergency services and care, and post-stabilization services, as necessary to treat a psychiatric emergency medical condition. Clarifies that contractual agreements between Medi-Cal managed care plans (MCPs) and hospitals shall not unreasonably delay or deny the provision of medically necessary care to Medi-Cal members experiencing a psychiatric emergency medical condition.

**[AB 1470](#) (Quirk–Silva) Medi-Cal: behavioral health services: documentation standards.**

Would have required DHCS to standardize data elements relating to documentation requirements; develop standard forms beginning January 1, 2024 with entities using the standard forms by no later than July 1, 2025; conduct regional trainings on proper completion of the standard forms; conduct an analysis on the status of utilization, standard forms, and trainings and training material; and prepare an initial and a follow-up report to the Legislature containing findings from the analysis.

**[AB 1577](#) (Low, Chp. 680, Statutes of 2024) Health facilities and clinics: clinical placements: nursing.**

Requires health facilities and clinics to meet in good faith with CA community college and California State University (CSU) nursing programs to meet their prelicensure nursing clinical needs or add clinical training slots. Requires a health facility or clinic, if it cannot meet the school’s clinical placement needs, to provide HCAI a written justification of its lack of capability or capacity on or before the following January 30. The requirement to provide a written justification would be enforced by administrative penalty of no more than \$1,000. Requires HCAI to post the justification on its website. The provisions sunset on January 1, 2032.

**[AB 1775](#) (Haney, Chp. 1004, Statutes of 2024) Cannabis: retail preparation, sale, and consumption of noncannabis food and beverage products.**

Allows local jurisdictions to permit licensed cannabis retailers to prepare and sell non-cannabis food and beverages, as specified. Prohibits smoking or vaping

cannabis in any area where food or drinks are prepped, stored, or washed. Local jurisdictions may consider whether to require adequate ventilation and filtration systems to prevent smoke or odors from spreading to other parts of the building. Employees may wear masks anywhere cannabis is being smoked. Requires cannabis lounges or businesses to provide employees with CDPH written guidance on secondhand cannabis smoke.

**[AB 1788](#) (Quirk-Silva) Mental health multidisciplinary personnel team.**

Would have permitted counties to establish a multidisciplinary team to facilitate the identification, assessment, and linkage of mental health services for justice-involved (JI) individuals. Would have allowed the sharing of confidential information for the purpose of expediting the facilitation and coordination of mental health services for persons while both in and post custody.

**[AB 1792](#) (Rodriguez) Emergency medical services: personal protective equipment.**

Would have required EMSA to establish standards for personal protective equipment (PPE) for ambulance personnel by January 1, 2027, and update the standards every five years thereafter.

**[AB 1808](#) (Nguyen, Stephanie, Chp. 356, Statutes of 2024) Childcare and development services: eligibility.**

Under existing law, among other exceptions, a family receiving services under a CalWORKs Stage 1, Stage 2, or Stage 3 program is considered to meet all eligibility and need requirements for those services, is required to receive those services before having their eligibility or need recertified, and shall not be required to report changes to income or other changes, for at least 12 months. This bill deletes that 12-month exception for CalWORKs Stage 1, Stage 2, or Stage 3 programs, thereby instead requiring a minimum eligibility period of 24 months.

**[AB 1810](#) (Bryan, Chp. 939, Statutes of 2024) Incarcerated persons: menstrual products.**

Requires each state prison, local detention facility, state or local juvenile facility, and county juvenile justice facility to make menstrual products readily accessible rather than requiring an incarcerated or detained person to request them.

**[AB 1817](#) (Alanis) Homeless youth.**

Would have added two more goals to the Homeless Youth Act of 2018: decreasing the number of young people experiencing homelessness in the state who struggle with food insecurity; and decreasing the unemployment rate among young people experiencing homelessness by increasing access to employment opportunities and economic stability.

**[AB 1830](#) (Arambula, Chp. 912, Statutes of 2024) Corn masa flour and wet corn masa products: folic acid fortification.**

Prohibits, beginning January 1, 2026, a person or entity from manufacturing, selling, delivering, or offering for sale corn masa flour, unless the corn masa flour contains folic acid at a level of 0.7 milligrams per pound. Permits, beginning January 1, 2026, wet corn masa product to contain folic acid at a level of 0.4 milligrams per pound of end product. Requires both products to have labeling which discloses folic acid on the nutrition label that aligns with federal law.

**[AB 1841](#) (Weber, Chp. 942, Statutes of 2024) Student safety: opioid overdose reversal medication: student housing facilities.**

Requires each community college district (CC) and the Trustees of the California State University (CSU), and requests the Regents of the University of California (UC), at the beginning of each term to email all students about the location of opioid overdose reversal medication (ORM). Requires each CC district and CSU to train all students who live on campus on the use of opioid ORM during student orientation. Requires each CC and CSU to distribute two doses of opioid ORM obtained through the Naloxone Distribution Project (NDP) to each residential advisor, or equivalent, working in a university or college-affiliated student-housing facility.

**[AB 1842](#) (Reyes, Chp. 633, Statutes of 2024) Health care coverage: Medication-assisted treatment.**

Requires group or individual health plans and health insurers regulated by DMHC or the CA Department of Insurance (CDI) to cover at least one drug in specified opioid use disorder (OUD) treatment categories without prior authorization (PA), step therapy, or utilization review: medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist; medication for the detoxification or maintenance treatment of a substance use disorder (SUD), including a daily oral



buprenorphine product; a long-acting buprenorphine product; and a long-acting injectable naltrexone product.

**AB 1843 (Rodriguez, Chp. 943, Statutes of 2024) Emergency ambulance employees.**

Requires an employee assistance program (EAP) to provide up to 20 mental health treatments per issue per calendar year, up from 10 per issue per year, and includes post-traumatic stress disorder (PTSD) in the definition of “issue” for purposes of those provisions. Requires an EAP to schedule an appointment with a mental health treatment provider within 48 hours, upon request of an emergency ambulance employee. Requires emergency ambulance providers to offer peer support services to employees, outlining confidentiality and liability conditions, and requiring implementation through a separate labor-management agreement.

**AB 1859 (Alanis, Chp. 684, Statutes of 2024) Coroners: duties.**

Authorizes a coroner to test for the presence of xylazine if the coroner reasonably suspects the person died from an opioid overdose or if the person was given an overdose intervention drug prior to death and was unresponsive to the drug. Requires the coroner to report a positive result to CDPH and the Overdose Detection Mapping Application Program (ODMAP). Requires CDPH to post the number of positive results on the CA Overdose Surveillance Dashboard.

**AB 1895 (Weber) Public health: maternity ward closures.**

Would have required a GACH with a perinatal unit to report specified info to HCAI if the GACH expects challenges in the next 6 months that may result in a reduction or loss of perinatal services.

**AB 1906 (Gipson, Chp. 233, Statutes of 2024) California Law Revision Commission: persons with disabilities: terminology.**

Requires the CA Law Revision Commission to conduct a study on how to remove the terms “dependent adult” and “dependent person” from existing CA code sections; propose recommendations to the Legislature on how to revise existing code sections, and submit a legislative report by January 1, 2029.

**AB 1907 (Pellerin, Chp. 944, Statutes of 2024) California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment.**

Subject to an appropriation, requires the CA Child and Family Service Review (C-CFSR) system to include data from the CANS assessment tool, and permits other behavioral health data to be included, as determined relevant by CDSS.

**[AB 1930](#) (Reyes, Chp. 687, Statutes of 2024) Teaching credentials: Child Development Associate Teacher Permit: renewal.**

On or before April 30, 2025, requires the Commission on Teacher Credentialing (CTC) to, by rule or regulation, authorize a Child Development Associate Teacher to renew their permit without a limitation on the number of renewals if the permit holder completes specified hours of professional activities, as determined by the CTC.

**[AB 1947](#) (Rivas, Luz) California state preschool programs: contracting agencies: staff training days.**

Would have authorized the CA State Preschool Programs (CSPP) contractors to offer up to six days of reimbursed staff training for part-day and full-day care and would have required a CSPP contractor that serves more than 25 percent dual language learners (DLLs) to schedule a minimum of three staff training days, with one day dedicated to supporting DLL children.

**[AB 1948](#) (Rendon, Chp. 94, Statutes of 2024) Homeless multidisciplinary personnel teams.**

Deletes the January 1, 2025, sunset date for a seven-county homeless adult and family multidisciplinary personnel team (MPT) pilot program in select Counties. Also authorizes San Mateo County to also use homeless adult and family multidisciplinary teams to support at risk individuals.

**[AB 1954](#) (Alanis, Chp. 816, Statutes of 2024) Sexually violent predators.**

Requires DSH to include the sheriff or the chief of police of an alternative placement locality, as defined, and the county counsel and the district attorney of an alternative placement county, or their designees, on the Housing Committee to provide assistance and consultation in DSH's process of locating and securing housing for individuals who have been determined by a court to be Sexually Violent Predators (SVPs) entering the Conditional Release Program (CONREP). Also specifies that notice regarding an SVP CONREP placement pursuant to existing law be sent electronically and by certified mail. Permits DSH to conduct its Housing Committee Meetings (HCM) by teleconference, with public access.

**[AB 1961](#) (Wicks) End Hunger in California Act of 2024.**

Would have required the CA Department of Food and Agriculture (CDFA) to convene the "End Hunger in California Master Plan Task Force" to develop strategies for ensuring access to healthy and culturally relevant food for all Californians, as specified. Would have required the Task Force to submit to the Legislature a plan to end hunger no later than January 1, 2027 and annually report to the Legislature demographic information of Task Force members.

**[AB 1975](#) (Bonta) Medi-Cal: medically supportive food and nutrition interventions.**

Would have made certain medically supportive food and nutrition (MSF&N) interventions, such as medically tailored meals (MTM), a covered benefit under the Medi-Cal fee-for-service and managed care programs no sooner than July 1, 2026, subject to federal approval, funding, and the issuance of final guidance by DHCS.

**[AB 1976](#) (Haney, Chp. 689, Statutes of 2024) Occupational safety and health standards: first aid materials: opioid antagonists.**

Provides legal protection for individuals who administer naloxone during a suspected opioid overdose. Requires the Division of Occupational Safety and Health (Cal/OSHA), before December 1, 2027, to submit a draft rulemaking proposal to revise standards to require that workplace first aid materials include naloxone hydrochloride or another opioid antagonist, along with instructions for its use. Also requires the Occupational Safety and Health Standards Board (Board) to consider for adoption the revised standards before December 1, 2028. Also stipulates that an individual licensed as part of a local emergency medical services agency shall not be held responsible for administering naloxone or another opioid antagonist, including if they are not certified for that activity, unless they were acting as a paid first responder at the time.

**[AB 1977](#) (Ta) Health care coverage: behavioral diagnoses.**

Would have prohibited a health care service plan contract from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder (PDD) or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment (BHT) for their condition.

**[AB 1991](#) (Bonta, Chp. 369, Statutes of 2024) Licensee and registrant renewal: National Provider Identifier.**

Requires a healing arts board, as defined, to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier (NPI), if they have one. Provides that a violation of the bill's requirements is not a crime.

**[AB 1996](#) (Alanis, Chp. 199, Statutes of 2024) Opioid antagonists: stadiums, concert venues, and amusement parks: overdose training.**

Requires each stadium, concert venue, and amusement park to ensure that naloxone is easily accessible, and its location known to on-site emergency responders or is in a widely known location.

**[AB 2033](#) (Reyes, Chp. 913, Statutes of 2024) Public postsecondary education: electronic benefits transfer (EBT) cards: basic needs services and resources.**

Requires, on or before September 1, 2025, at least one convenience or grocery store located on each CSU campus, and each campus CCC, to accept the use of EBT cards. Makes several requirements of the CSU and CCC systems, and requests the UC system to maximize the use of EBT cards and access to basic needs support on college campuses.

**[AB 2058](#) (Weber) Devices: disclosures.**

Would have required, beginning January 1, 2027, a device that collects or analyzes information originating from a physiological source to have a disclosure on the product, packaging, or informational material that includes limitations known to the manufacturer of the device's effectiveness because of certain characteristics of the person using the device or of the person on which the device is being used, including the persons' age, color, disability, ethnicity, gender, or race.

**[AB 2063](#) (Maienschein, Chp. 818, Statutes of 2024) Health care coverage.**

Eliminates one of the two originally proposed Voluntary Employees' Beneficiary Association (VEBA) pilot programs and extends from December 31, 2025, to December 31, 2027, the repeal date of the remaining pilot program under which providers approved by the DMHC may undertake risk-bearing arrangements with VEBA. Extends, from January 1, 2027, to January 1, 2029, the requirement for the DMHC to submit a report to the Legislature. Extends the bill's sunset to January 1, 2030.

**AB 2072 (Weber, Chp. 372, Statutes of 2024) Group health care coverage: biomedical industry.**

Extends the sunset date allowing multiple employer welfare arrangements (MEWAs) to provide large group health care coverage to member employers in the biomedical industry to January 1, 2030. Requires DMHC to provide the legislature with the most recent MEWA filings by June 30, 2026. Requires DMHC to conduct an analysis of the impacts of MEWAs on the small employer market and post a summary of its analysis on the DMHC website by July 1, 2026.

**AB 2081 (Davies, Chp. 376, Statutes of 2024) Substance abuse: recovery and treatment programs.**

Requires an operator of a licensed alcoholism or drug treatment facility and or certified alcohol or other drug (AOD) treatment program licensed by the DHCS to include on its website and intake form paperwork a disclosure and website link that an individual may use to check the DHCS website to confirm whether the facility's license or program certification has been placed in probationary status, been subject to a temporary suspension order, been revoked, or the operator has been given a notice of operation in violation of law.

**AB 2105 (Lowenthal, Chp. 822, Statutes of 2024) Coverage for PANDAS and PANS.**

Requires health plan contracts and insurance policies to cover the prophylaxis, diagnosis, and treatment, as described, of Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) prescribed or ordered by the treating physician and surgeon and medically necessary, as defined by current nationally recognized clinical practice guidelines by expert treating physicians published in peer-reviewed medical literature. Dictates billing codes ,and prohibits cost sharing greater than that applied to other benefits. Does not exclude Medi-Cal Managed Care plans.

**AB 2107 (Chen, Chp. 699, Statutes of 2024) Clinical laboratory technology: remote review.**

Allows pathologists to review digital materials at a remote site without a separate license, by utilizing the federal licensing certificate of the main laboratory site, as authorized under temporary federal guidance issued during the COVID pandemic.



Requires CDPH to consult with the Centers for Medicare and Medicaid Services (CMS) by June 30, 2025, to determine if remote viewing without a separate license can be allowed. Requires a final determination by January 1, 2026.

**[AB 2108](#) (Ramos, Chp. 660, Statutes of 2024) Foster care: missing children and nonminor dependents.**

Specifies individuals and entities to be notified by a social worker or probation officer if a foster child or nonminor dependent (NMD) is missing from their placement, and establishes timeframes for those notifications. Requires county child welfare and probation departments to include these provisions in the protocols that they are required to develop and implement.

**[AB 2115](#) (Haney, Chp. 634, Statutes of 2024) Controlled substances: clinics.**

Urgency bill that requires DHCS to amend state regulations to comply with the final rulemaking of federal statute that governs treatments for opioid use disorder (OUD) and narcotic treatment program (NTP) regulations. Provides DHCS the authority to implement, interpret, or specify any changes to the aforementioned state regulations in the form of information notices or similar instructions until DHCS promulgates regulations by April 30, 2029, remove take-home methadone requirements that are currently more stringent than federal regulations, and remove a statutory reference of levo-alpha-acetylmethadol (LAAM).

**[AB 2129](#) (Petrie-Norris, Chp. 950, Statutes of 2024) Immediate postpartum contraception.**

Requires a contract issued, amended or renewed on or after January 1, 2025, between a health plan, or insurer, and a health care provider to authorize the provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception (IPPC) if childbirth takes place in a licensed GACH or licensed birthing center. Prohibits the provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure.

**[AB 2131](#) (Valencia, Chp. 380, Statutes of 2024) Certified nurse assistant training programs.**

Requires CDPH, no later than July 1, 2029, to publish and update at least twice annually, a list of approved training programs for Certified Nurse Assistants (CNAs)

including competency pass rates for the previous 2 years, aggregated by the language in which the test was taken in, and the number of nurse assistants trained in the previous two years. Requires CDPH, no later than December 31, 2025, to solicit applications from vendors to provide the CNA competency exam in Spanish.

**[AB 2132](#) (Low, Chp. 951, Statutes of 2024) Health care services: tuberculosis.**

Requires a Medi-Cal managed care plan to ensure access to care for latent TB infection and active TB disease and coordination with local health department (LHD) TB control programs for Medi-Cal MCP members with active TB disease, as specified. Requires that an individual 18 years or older who receives primary care services in a facility be offered a TB risk assessment and TB screening test if specific risk factors are present.

**[AB 2137](#) (Quirk-Silva, Chp. 381, Statutes of 2024) Homeless and foster youth.**

Expands conditions under which a Foster Youth Services Coordinating Program (FYSCP), administered by CDE, may provide tutoring, mentoring, and counseling services to a foster youth.

**[AB 2176](#) (Berman, Chp. 385, Statutes of 2024) Juvenile court schools: chronic absenteeism rates.**

Requires OYCR to develop an annual report on chronic absenteeism rates in juvenile court schools. Subject to available funding, requires the office to investigate the reasons for absenteeism at juvenile court schools with chronic absenteeism rates of 15% or more, and, if the office determines that insufficient staff, transportation, punitive policies, or any policies under the juvenile facility's control are contributing to chronic absenteeism rates, require the office to provide technical assistance. Requires the Ombudsperson to include reports on chronic absenteeism in its reports to the Legislature.

**[AB 2181](#) (Gipson, Chp. 703, Statutes of 2024) Juvenile court school pupils: graduation requirements and continued education.**

Ensures that if a student finishes the required coursework for graduation while at a juvenile court school, the county office of education (OOE) must provide a diploma and cannot require additional coursework. Permits the student take additional coursework set by the county board of education and postpone getting the diploma until leaving the juvenile facility. When released, permits the student to decline the

diploma in order to attend a LEA school for more coursework, among other provisions.

**[AB 2198](#) (Flora, Chp. 386, Statutes of 2024) Health information.**

Requires DMHC and the CA Department of Insurance, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and insurers to establish and maintain patient access application programming interfaces (API), provider access API, payer-to-payer API, and prior authorization API. Authorizes DMHC, until January 1 2027, to issue guidance relating to these provisions, without being subject to the APA, with input from DHCS.

**[AB 2207](#) (Reyes, Chp. 332, Statutes of 2024) State board of commissions: representatives of older adults.**

Expands the membership of the Alzheimer’s Disease and Related Disorders Advisory Committee, the CA Workforce Development Board, and the CA Behavioral Health Planning Council to include either the Executive Director of the CA Commission on Aging , their designee, or other persons that serve or advocate for older adults.

**[AB 2225](#) (Rodriguez, Chp. 329, Statutes of 2024) Discovery: prehospital emergency medical care person or personnel review committees.**

Adds organized committees and review committees of prehospital emergency medical care personnel to existing list of bodies whose proceedings and records are exempt from discovery or testifying as to proceedings. Provides exceptions for individuals who are parties to related actions or proceedings and stipulates that relevant evidence remain accessible in criminal cases.

**[AB 2237](#) (Aguiar-Curry) Children and youth: transfer of specialty mental health services.**

Would have required the receiving county to provide Medi-Cal Specialty Mental Health Services (SMHS) to a child or youth 21 years of age or younger who is receiving SMHS and changes residence from one county to another, when the transfer of the child or youth’s SMHS is not otherwise governed by a process established in statute. Would have required DHCS to collect data related to the receipt of SMHS by children and youth who move outside of the county where they received SMHS and include the data on DHCS’ Medi-Cal SMHS performance dashboard.

**[AB 2250](#) (Weber) Social determinants of health: screening and outreach.**

Would have required full-service health plans to cover and reimburse for social determinants of health (SDOH) screenings, as defined, starting January 1, 2027.

Would have required providers to use specified tools or protocols when documenting patient responses to screening questions. Would have provided primary care physicians (PCPs) with adequate access to, and information about how to access peer support specialists, lay health workers, social workers, or community health workers (CHWs) in counties where the plan has enrollees. Would have required DMHC to issue implementing guidance until it adopts regulations.

**[AB 2258](#) (Zbur, Chp. 708, Statutes of 2024) Health care coverage: cost sharing.**

Prohibits a group or individual nongrandfathered health plan or insurance policy from imposing cost-sharing for items and services integral to the provision of covered preventive care. Also prohibits cost-sharing for office visits associated with preventive care services if the preventive care service is not billed separately or is not tracked as an individual encounter separately from the office visit and the primary purpose of the office visit is the delivery of the preventive care service.

**[AB 2263](#) (Friedman) The California Guaranteed Income Statewide Feasibility Study Act.**

Would have established a CA Guaranteed Income (GI) Statewide Feasibility Study on executing a permanent GI Program in the future. Would have required CDSS to contract with one or more entities for the provision of the GI Study, which would have provided recommendations on the feasibility of a statewide GI Program in a report to the Governor and Legislature before July 1, 2027, and achieve specified objectives.

Would have included input from a steering committee composed of specified stakeholders. CDSS would have been required to post the report on its website.

**[AB 2271](#) (Ortega) St. Rose Hospital.**

Would have required HCAI, subject to final review and approval by Department of Finance, to approve the forgiveness of any loans to St. Rose Hospital made by the Distressed Hospital Loan Program (DHLP), pending St. Rose's final sale and acquisition by the Alameda Health System (AHS).

**[AB 2297](#) (Friedman, Chp. 511, Statutes of 2024) Hospital and Emergency Physician Fair Pricing Policies.**

Allows emergency physicians to offer discount payment policies to patients with incomes over 400% of the federal poverty level (FPL) and clarifies the definition of "high medical costs." Removes hospitals' ability to consider a patient's monetary assets when determining eligibility for charity care or discount payment policies. Additionally, specifies that hospitals may only consider availability of a patient's health savings account (HSA) held by the patient and or their family, as specified, and limits a determination of eligibility to income, based on receipt of recent pay stubs or income tax returns. Eliminates consideration of monetary assets in determining debt recovery and prohibits use of liens or real property sales for collecting unpaid bills.

**AB 2317 (Nguyen, Stephanie, Chp. 563, Statutes of 2024) Child day care facilities: anaphylactic policy.**

Requires CDSS, in consultation with EMSA and CDE, to establish an anaphylactic policy that sets guidelines and procedures recommended for child care personnel to prevent a child from experiencing anaphylaxis and to be used during a medical emergency resulting from anaphylaxis. On and after January 1, 2028, a child care facility may choose to implement the anaphylactic policy and procedures developed by CDSS. Requires CDSS and CDE to post the informational materials on each of their websites.

**AB 2319 (Wilson, Chp. 621, Statutes of 2024) California Dignity in Pregnancy and Childbirth Act.**

Extends implicit bias training requirements for certain health care facilities that provide perinatal services, as specified, by establishing training deadlines, and specifying who is subject to the training requirements, among other things. Requires facilities to provide proof of compliance to the CA Attorney General (AG) annually and any violation of this requirement renders the facility liable for a civil penalty. The AG may publish an online list of facilities that are not compliant.

**AB 2339 (Aguilar-Curry) Medi-Cal: telehealth.**

Would have allowed providers to establish new patient relationships using asynchronous store and forward when the visit is related to sensitive services. Would have revised the definition of asynchronous store and forward to include asynchronous electronic transmission initiated directly by patients, including through cell phone applications. Would have removed the option for a patient to attest that



they do not have access to video when a healthcare provider is establishing a new patient relationship using audio-only synchronous interaction.

**AB 2340 (Bonta) Medi-Cal: EPSDT services: informational materials**

Would have required the DHCS to create informational materials that explain Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services that are available under Medi-Cal in clear and nontechnical language and required DHCS to regularly review the informational materials and test the quality, clarity and cultural concordance of translations, as specified. Would have also required Medi-Cal managed care plans (MCPs) to provide to their members and DHCS to provide to fee-for-service (FFS) members the informational materials, as specified, required DHCS and MCPs to provide materials specifically designed for Medi-Cal members ages 12 up to 21 years, as specified, and defined “EPSDT services” and “medically necessary” by referencing existing laws).

**AB 2343 (Schiavo, Chp. 958, Statutes of 2024) CalWORKs: childcare programs.**

Allows an administrator of a child care program that provides child care services to participants receiving CalWORKs Stage 1 and Stage 2 child care to provide additional enhanced support and navigation services to recipients experiencing homelessness, escaping domestic abuse, or both. The services may be provided in partnership with homeless service agencies, domestic violence agencies, or other supportive housing.

**AB 2376 (Bains, Chp. 637, Statutes of 2024) Chemical dependency recovery hospitals.**

Expands the basic “chemical dependency recovery (CDR) services” that a chemical dependency recovery hospital, a GACH or acute psychiatric hospital (APH) within a CDR service, must provide medications for addiction treatment (MAT) and medically supervised voluntary inpatient detoxification. Also, allows a hospital to provide CDR services outside of a distinct part (D/P) under specified circumstances and revises other permitted CDR service locations; removes the prohibition against licensure of a D/P under another D/P and existing language that prohibits colocation of an independently licensed CDR hospital with a GACH or APH. Additionally, authorizes CDPH to implement the bill through an all facilities letter (AFL) and requires GACHs, APHs, or a D/P that renders CDR services to provide confidentiality protections, as specified.

**AB 2381 (Bonta) California state preschool programs (CSSP): reimbursement rates.**

Would have required CDSS to reimburse CSPP contractors whose period of performance begins on and after July 1, 2025, at the lesser of the following: The maximum reimbursable amount (MRA) stated in the contract; net reimbursable program costs; or the product of the adjusted child days of enrollment for certified children multiplied by the contract rate set forth by this bill.

**AB 2428 (Calderon) Medi-Cal: Community-Based Adult Services**

Would have required Medi-Cal managed care plans (MCPs) to reimburse network providers of Community-Based Adult Services (CBAS) at rates equal to or greater than the amount the provider would be paid in Medi-Cal Fee-for-Service (FFS), and would have prohibited the MCP and provider from mutually agreeing to reimbursement at a lesser amount.

**AB 2446 (Ortega) Medi-Cal: diapers.**

Would have expanded the coverage of diapers under the schedule of Medi-Cal benefits requiring DHCS to implement coverage policies for diapers for members greater than 3 years of age with a physical, mental, neurological, or behavioral health condition that contributes to incontinence, and members less than 21 years of age to correct or ameliorate a condition pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards.

**AB 2423 (Mathis, Chp. 904, Statutes of 2024) Developmental services: rates.**

Requires DDS, commencing on July 1, 2025, and every other year thereafter, to review and update the rate models of state payment for nonresidential services and in-home respite services purchased by regional centers, per the cost inputs available at the time of the review, contingent upon appropriation and approval of federal funding. Also requires DDS to post the updated rate models to its website no later than January 1 of the following year.

**AB 2434 (Grayson, Chp. 398, Statutes of 2024) Health care coverage: multiple employer welfare arrangements.**

Authorizes an association with small employer members in the engineering, surveying, or design industry to purchase large group health care coverage through a multiple employer welfare arrangement (MEWA) if certain conditions are met. The MEWA must comply with all relevant state and federal laws, and coverage must

provide all essential health benefits (EHBs). The association and the MEWA must also register with the DMHC by June 1, 2025, and must provide annual compliance filings. The DMHC, by June 30, 2026, is required to provide the legislature with the most recent MEWA filings. The DMHC is required to conduct an analysis of the impacts of MEWAs on the small employer market and post a summary of its analysis on the DMHC website by July 1, 2026. The provisions in the bill are no longer operative after January 1, 2030.

**[AB 2435](#) (Maienschein, Chp. 236, Statutes of 2024) California Health Benefit Exchange.**

Extends the emergency rulemaking authority of the executive board of the CA Health Benefit Exchange (also known as Covered California) until January 1, 2030, and authorizes the Office of Administrative Law (OAL) to approve more than two re-adoptions of an emergency regulation adopted by Covered California until January 1, 2035. Makes conforming changes to apply extensions to a regulation adopted before January 1, 2025.

**[AB 2467](#) (Bauer-Kahan) Health care coverage for menopause.**

Would have required a non-specialized health plan or insurance policy other than a Medi-Cal managed care plan on or after January 1, 2025, to include coverage without utilization management for evaluation and at least one option in each formulation and associated method of administration for specified perimenopause and menopause treatments. Would have authorized a treating provider to adjust the dose of a drug consistent with clinical care recommendations. Would have required a health plan to annually provide current clinical care recommendations for hormone therapy from the Menopause Society or other nationally recognized professional associations to all contracted primary care providers, as specified.

**[AB 2475](#) (Haney, Chp. 963, Statutes of 2024) Parole.**

Provides that if the Board of Parole Hearings (BPH) ruling that an individual meets the criteria as an Offender with a Mental Health Disorder (OMD) is reversed by a court or jury, the patient's subsequent release from DSH shall be delayed for up to 30 days to allow for an orderly release. Also, when the individual is eligible for post-release community supervision, CDCR shall have five working days to notify the probation department of the county of supervision of the pending release.

**[AB 2477](#) (Zbur, Chp. 237, Statutes of 2024) Foster care: independent living.**

Clarifies existing statute governing the eligibility of children and youth in foster care for state- or federally-funded foster care payments, by providing that a foster youth may retain resources consistent with federal law, and that a foster youth's income and or monetary resources may not, at any point, be considered when determining eligibility for foster care payments, or the amount of those payments.

**[AB 2490](#) (Petrie-Norris) Reproductive Health Emergency Preparedness Program.**

Would have, upon appropriation by the Legislature or the availability of funds from private sources, required HCAI to award grants and administer the Reproductive Health Emergency Preparedness Program, in collaboration with a California-based organization to serve as the trainer and technical assistance provider, to expand and improve access to reproductive and sexual health care in emergency departments. Would have required HCAI to establish minimum standards, funding schedules, and procedures for awarding grants.

**[AB 2496](#) (Pellerin, Chp. 403, Statutes of 2024) Foster family agencies (FFA) and noncustodial adoption agencies.**

Provides that a FFA cannot be held liable for the injury or damage caused by a public entity. Requires the FFA and the public entity to each bear its own costs of defense and makes this provision unable to be waived by contract. Also, specifies that the foster care rate paid on behalf of a child or NMD placed with an approved resource family who has applied for a transfer of the approval to a subsequent foster family agency or county, is the rate most recently established for the child or NMD. Additionally, authorizes, upon approval of the resource family by the subsequent FFA or county, the rate be adjusted based on the needs of the child.

**[AB 2541](#) (Bains, Chp. 333, Statutes of 2024) Peace officer training: wandering.**

Requires the Commission on Peace Officer Standards and Training (POST), in consultation with specified subject matter experts to develop guidelines addressing wandering associated with Alzheimer's disease, autism, and dementia on or before January 1, 2026.

**[AB 2549](#) (Gallagher) Patient visitation.**

Would have expanded the list of people with visitation rights in health facilities, including DSH and DDS facilities. Would have required facilities to develop alternate visitation protocols for use during health or safety concerns that allow visitation to the greatest extent possible, as specified. Would have required a facility to require visitors to adhere to personal protective equipment (PPE) and testing protocols not greater than those required of facility staff and required the facility to provide PPE and testing resources to each visitor for a patient in an end-of-life situation, to the extent that those resources have been made readily available to the facility by state and local government for that purpose.

**[AB 2556](#) (Jackson, Chp. 200, Statutes of 2024) Behavioral health and wellness screenings: notice.**

Requires a health care service plan (health plan) or health insurer to provide to enrollees or insureds a written or electronic notice regarding the benefits of behavioral health and wellness screenings for children and adolescents aged 8 to 18 annually.

**[AB 2564](#) (Boerner) Property tax postponement: Senior Citizens and Disabled Citizens Property Tax Postponement Fund.**

Would have required the State Controller to transfer money from the General Fund to the Senior Citizens and Disabled Citizens Property Tax Postponement Fund (PTPF) when its balance is less than \$15 million. Would have allowed income-eligible homeowners who are over the age of 62, blind, or disabled to defer their property taxes, secured by a lien against the property that is later repaid when the property is sold or refinanced.

**[AB 2574](#) (Valencia, Chp. 410, Statutes of 2024) Alcoholism or drug abuse recovery or treatment programs and facilities: disclosures.**

Requires a program certified by DHCS or a facility licensed by DHCS to disclose to the department if any of its agents, partners, directors, officers, or owners has a financial interest in a recovery residence or whether it has contractual relationships with entities that provide recovery services to clients of certified programs or licensed facilities if the entity is not a part of a DHCS-certified program or a DHCS-licensed facility.



**[AB 2599](#) (Committee on Environmental Safety and Toxic Materials, Chp. 411, Statutes of 2024) Water: public beaches: discontinuation of residential water service.**

Clarifies existing minimum standards for public beach inspections and complaint investigations under the authority of a local health officer. Authorizes local health officers to use microbiological contamination test results from other parties in response to known untreated sewage releases adjacent to public beaches.

**[AB 2613](#) (Zbur, Chp. 726, Statutes of 2024) Jacqueline Marie Zbur Rare Disease Advisory Council.**

Establishes, upon appropriation by the Legislature, the Jacqueline Marie Zbur Rare Disease Advisory Council (Council) within CalHHS composed of at least 10 members, to be appointed by the State Public Health Officer, to act as the advisory body on rare diseases to the Legislature, state departments, agencies, commissions and private entities that provide services to, or that are charged with the care of persons with rare diseases. Requires the Council to report its findings and recommendations on the Council's webpage. Sunsets the provisions on January 1, 2029.

**[AB 2620](#) (Bains, Chp. 334, Statutes of 2024) California Commission on Aging (CCoA).**

Reduces the number of Commissioners on the CCoA from 25 to 18, reduces the number of required Commission meetings from six to four, and requires Commissioners to have professional, lived, or academic expertise related to aging. Defines CCoA as an "advisory commission" under the Bagley-Keene and permits the CCoA to engage in federal advocacy efforts.

**[AB 2664](#) (Bryan, Chp. 412, Statutes of 2024) Foster youth.**

Provides that, if a foster child is removed from their home, then returned after the dispositional hearing and then removed again, the date the child is deemed to have entered foster care would be tied to the date of the subsequent removal and court hearing, not the date of the initial removal and court hearing.

**[AB 2670](#) (Schiavo) Awareness campaign: abortion services.**

Would have required CDPH to develop an awareness campaign that would publicize the internet website "abortion.ca.gov" to health care providers, employers, professional associations, along with local public health departments and the general public. Would have required CDPH to implement the campaign upon an appropriation by the Legislature.

**[AB 2680](#) (Aguiar-Curry, Chp. 385, Statutes of 2024) Alzheimer's disease.**

Renames the "Alzheimer's Disease and Related Disorders Advisory Committee" to "Alzheimer's Disease and Related Conditions Advisory Committee;" expands the number of members serving on the committee from 14 to at least 16, but not more than 20, members; and removes the one-year term limit for the two people who have been diagnosed with Alzheimer's Disease or a related condition.

**[AB 2689](#) (Bains, Chp. 112, Statutes of 2024) Personal income taxes: California Alzheimer's Disease and related Dementia Research Voluntary Tax Contribution Fund.**

Allows taxpayers to designate their personal income tax as a contribution to the CA Alzheimer's Disease and Related Dementia Research (ADRD) Voluntary Tax Contribution Fund (Fund) by extending the sunset date for appropriation from January 1, 2025, until January 1, 2032.

**[AB 2703](#) (Aguiar-Curry, Chp. 638, Statutes of 2024) Federally qualified health centers (FQHC) and rural health clinics (RHC): psychological associates.**

Adds a licensed professional clinical counselor (LPCC) to the list of reimbursable providers at a FQHC and RHC. Removes the requirement for an FQHC or RHC that does not provide marriage and family therapist services, but later elects to add those services and bill them as a separate visit, to file for a change in scope of service. Requires DHCS to seek any necessary federal approvals and issue appropriate guidance to allow FQHCs and RHCs to bill for an encounter between a Medi-Cal member and an LPCC, as well as encounters between a Medi-Cal member and a supervised psychological associate or an associate professional clinical counselor.

**[AB 2704](#) (Zbur) In-home supportive services: criminal background checks.**

Would have eliminated the DOJ background check fee (\$57-\$74, depending on location) for IHSS provider applicants.

**[AB 2749](#) (Wood, Chapter 841, Statutes of 2024) California Health Benefit Exchange: financial assistance.**

Clarifies existing law providing subsidized health coverage through Covered California to workers who have lost employer coverage due to a labor dispute by making changes related to eligibility for assistance through the program.

**[AB 2767](#) (Santiago, Chapter 116, Statutes of 2024) Financial Solvency Standards Board: membership.**

Increases the number of Financial Solvency Standards Board (FSSB) members from seven to eleven. Adds two eligible categories of members that may be appointed by the (DMHC Director and provides that the appointed members may include health care consumer advocates and individuals with training and experience in large group health insurance purchasing.

**[AB 2773](#) (Kalra) Elders and dependent adults: abuse or neglect.**

Would have changed the standard of proof required for an action for abuse, abandonment, or neglect of an elder or dependent adult, from clear and convincing to preponderance of the evidence in cases where the plaintiff can establish that a residential care facility for the elderly (RCFE) and skilled nursing facility (SNF) has intentionally concealed or destroyed relevant evidence of the abuse.

**[AB 2786](#) (Bonta, Chp. 915, Statutes of 2024) Certified mobile farmers' markets.**

Establishes a new category of certified farmers' market called a "certified mobile farmers' market (CMFM)," Requires CDPH, at the time of the next state plan submission to the USDA, to include criteria to authorize CMFMs to participate in the Farmers Market Nutrition Program (FMNP) of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Requires a CMFM to sell agricultural products grown by California producers.

**[AB 2795](#) (Arambula, Chp. 663, Statutes of 2024) CalWORKs Indian Health Clinic Program.**

Revises the current advance payment and reimbursement process for the CalWORKs Indian Health Clinic Program (IHC). Defines "applicants and recipients" and specifies that an IHC may also provide services to an individual the clinic verifies is enrolled in Medi-Cal, or who self-attests to their enrollment.

**[AB 2802](#) (Maienschein, Chp. 245, Statutes of 2024) Transitional housing placement providers.**

Requires CDSS to promulgate regulations which would require transitional housing placement programs to allow a participant to share a bedroom or unit with a nonparticipant sibling or coparent, on a case-by-case basis; allow a participant to reject the inclusion of a nonparticipant in their unit. Requires all counties and program contracts to allow participants and eligible nonparticipants to share bedrooms, bathrooms and units regardless of gender identity.

**[AB 2830](#) (Rivas, Robert, Chp. 417, Statutes of 2024) Foster care: relative placement: approval process.**

Requires CDSS to adopt a simplified approval process for relative caregivers of foster children by January 1, 2027, as specified. Requires CDSS to submit a report to the Legislature, by September 30, 2026, on any recommended statutory changes needed to fully implement the process, among other requirements.

**[AB 2843](#) (Petrie-Norris, Chp. 971, Statutes of 2024) Health care coverage: rape and sexual assault.**

Requires full-service health plans, on or after July 1, 2025, to cover for emergency room medical care and 9 months of follow-up medical and surgical services for an enrollee who is treated after a rape or sexual assault, without cost sharing.

**[AB 2859](#) (Patterson, Jim, Chp. 744, Statutes of 2024) Emergency medical technicians: peer support.**

Establishes peer support and crisis referral services for EMS personnel. Mandates the confidentiality of communications made during peer support and crisis services.

**[AB 2866](#) (Pellerin, Chp. 745, Statutes of 2024) Pool safety: State Department of Social Services regulated facilities.**

Requires child care centers, and family child care homes within single family dwellings, with an in-ground swimming pool on the premises, to comply with pool security requirements to protect the children in care from drowning hazards. Requires facilities to perform a daily inspection of all of the drowning prevention safety features before opening and maintain an inspection log to be provided to CDSS upon request. Also, provides CDSS with the regulatory authority to require

additional, drowning prevention safety standards across all CDSS licensed facilities. Requires regulations to be adopted by Jan. 1, 2027.

**AB 2871 (Maienschein, Chp. 639, Statutes of 2024) Overdose fatality review teams.**

Authorizes counties or regional groups of counties to establish an Overdose Fatality Review (OFR) team to identify and review overdose fatalities, facilitate communication, and integrate local overdose prevention efforts through strategic planning, data dissemination, and community collaboration. Additionally, requires counties to use the information and recommendations from the OFR team to develop strategies for education, prevention, and intervention to improve the coordination of treatment services and prevent future overdose deaths.

**AB 2887 (Maienschein, Chp. 419, Statutes of 2024) School safety plans: medical emergency procedures.**

Expands the requirements for comprehensive school safety plans in CA to include procedures for responding to incidents involving sudden cardiac arrest or other life-threatening medical emergencies on school grounds. Mandates that when a plan is next reviewed and updated on or after January 1, 2025, procedures to respond to these incidents be included. Imposes similar requirements on charter schools.

**AB 2899 (Gabriel) General acute care hospitals: licensed nurse-to-patient ratios.**

Would have required CDPH to notify a general acute care hospital (GACH), complainant, and their collective bargaining agent or representative of any actions taken on substantiated violations of nurse-to-patient ratios. Would have required, if no fine was imposed, CDPH to submit explanation for this decision to the person who filed the complaint and their collective bargaining agent or representative.

**AB 2906 (Bryan, Chp. 623, Statutes of 2024) Foster care payments.**

Establishes additional requirements for a county's administration of a foster child's federal survivors' benefits, including prohibiting a county from using these benefits to recoup the foster child's foster care payments; and requires a county to notify a foster child's attorney and parents or legal guardians prior to applying to be the child's representative payee for either Supplemental Security Income (SSI) or federal survivors' benefits.

**AB 2929 (Carrillo, Juan, Chp. 845, Statutes of 2024) Dependents: family finding.**

Requires the social worker for a child or youth in foster care who is not currently living with a relative or kin, in the supplemental report required to be filed with the juvenile court prior to each status review hearing for the child or youth, to document their continued efforts to locate any of the above-mentioned persons who could provide support or possible placement. Requires the social worker to include the names of any persons found, and the results of any efforts. Requires the juvenile court, at the status review hearing, to make a determination as to whether the social worker has made such efforts.

**AB 2935 (Maienschein, Chp. 846, Statutes of 2024) Foster children: consumer credit reports.**

Requires a credit bureau to freeze a foster child's credit file upon a verifiable request by a county child welfare or probation department. Stipulates that county welfare or probation departments do not have the authority to request on behalf of a foster child a freeze that continues beyond their 18th birthday and accordingly, requires consumer credit reporting agencies to use lawful mechanisms available to thaw or unfreeze reports to ensure that freezes do not extend beyond a foster youth's 18th birthday. Also permits the freeze to be removed at the request of the representative of a foster child if they are 16 years of age or older.

**AB 2948 (Ramos, Chp. 175, Statutes of 2024) Adoption Assistance Program: tribal court order.**

Permits Indian children who are former dependents of the state and who are adopted in Tribal court to be eligible for Adoption Assistance Program (AAP) benefits. Further, clarifies a child who was under the jurisdiction of the state prior to the initiation of the adoption proceeding, but for whom the case was transferred to a Tribe that does not operate a Title IV-E program, can be eligible for AAP benefits.

**AB 2995 (Jackson, Chp. 847, Statutes of 2024) Public health: alcohol and drug programs.**

Amends existing terminology and makes other similar technical amendments to language within the Health and Safety Code and the Welfare and Institutions Code used to describe individuals experiencing a substance use disorder to instead use person-first terminology.

**AB 3030 (Calderon, Chp. 848, Statutes of 2024) Health care services: artificial intelligence.**

Requires specified entities that use generative artificial intelligence (GenAI) to generate verbal or written patient communications pertaining to patient clinical information to ensure those communications include both a disclaimer that GenAI generated the communication and clear instructions describing how the patient may contact a human health care provider or other appropriate person. Clarifies that if a communication is generated by GenAI and read and reviewed by a human licensed or certified health care provider, then a disclaimer is not required.

**AB 3045 (Ta) Birth certificate: decorative Asian Zodiac heirloom birth certificate.**

Would have required CDPH to create an heirloom certificate depicting Asian Zodiac artwork, as specified.

**AB 3059 (Weber, Chp. 975, Statutes of 2024) Human milk.**

Clarifies that the provision of medically necessary pasteurized donor human milk (DHM) obtained from a licensed tissue bank is within the existing requirement for health plans and health insurers to cover basic health care services. Grants general acute care hospitals (GACHs) an exemption from the requirement to obtain a tissue bank license if they solely store or distribute pasteurized DHM sourced from a tissue bank licensed by CDPH.

**AB 3077 (Hart) Criminal procedure: borderline personality disorder.**

Would have removed borderline personality disorder (BPD) as an exclusionary diagnosis for DSH state-funded mental health diversion for defendants found incompetent to stand trial on felony charges and as an exclusion to dismiss a sentence enhancement in furtherance of justice.

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

Would have required specified private equity investment groups (PEGS) to give prior notice to the Attorney General for transactions between the PEG and a health care facility, but not a hospital, or provider group where a change of control or acquisition occurs. The AG would have been able to consent, give conditional consent, or not consent to the transaction. Would have prohibited physician practice management and decision-making by the PEG.



**AB 3145 (Bryan, Chp. 976, Statutes of 2024) Family preservation services: standards.**

Revises county family preservation services (FPS) programs. Starting January 1, 2026: 1) enacts new outcome measures related to children of families who have received FPS; 2) applies both existing and proposed outcome measures to individual service providers, rather than the county program as a whole; 3) requires that service providers be reviewed no less than every three years; 4) requires annual reports submitted by counties on their FPS programs to include outcome measure data for each provider, and whether each provider was deemed successful; and 5) requires CDSS, within 30 days of receiving an annual FPS report from a county, to post that report online.

**AB 3156 (Patterson, Joe) Medi-Cal managed care plans: enrollees with other health care coverage.**

Would have required the DHCS to ensure that providers do not face administrative requirements that significantly exceed Medi-Cal fee-for-service system requirements when billing for services provided to Medi-Cal managed care plan enrollees who have other health care coverage and for whom Medi-Cal is the payer of last resort.

**AB 3161 (Bonta, Chp. 757, Statutes of 2024) Health facilities: patient safety and antidiscrimination.**

Requires health facilities to add specified sociodemographic factors to the analysis of patient safety events and requires that health care facility patient safety plans include a process for addressing racism and discrimination including but not limited to developing interventions to remedy known disparities and encouraging facility staff to report suspected instances of racism and discrimination. Requires facilities to submit their patient safety plans to CDPH beginning 2026, and biannually thereafter and requires CDPH to publicly post the patient safety plans on the department's website.

**AB 3193 (Calderon, Chp. 253, Statutes of 2024) State acquisitions of goods and services: rehabilitation services.**

Authorizes, until January 1, 2030, DOR to award a contract for rehabilitation services to eligible vocational rehabilitation (VR) consumers without competition or advertising, in accordance with procedures for documenting fair and reasonable pricing adopted by the DOR in collaboration with DGS, provided that the value of the purchase is less than \$10,000 and involves assistive technology (AT) devices and services. Requires DOR to submit a report to the Legislature prior to January 1, 2029, regarding contracts entered pursuant to these provisions describing resulting efficiencies or improvements.

**AB 3218 (Wood, Chp. 849, Statutes of 2024) Unflavored Tobacco List.**

Prohibits the sale of flavored tobacco products that appeal to minors and non-smokers by requiring the Attorney General (AG) to establish and maintain the Unflavored Tobacco List (UTL), a publicly available list of unflavored tobacco products in CA. UTL will contain all tobacco products manufactured or imported for sale or distribution in CA that lack a characterizing flavor. Imposes penalties and authorizes the AG to take legal action against false certifications.

**AB 3221 (Pellerin, Chp. 760, Statutes of 2024) Department of Managed Health Care: review of records.**

Allows DMHC, as part of existing onsite medical surveys and inspections of health plans, access to digitally searchable, electronic formats of specified information. Permits enforcement actions and other investigations prior to DMHC following up on an initial survey. Authorizes DMHC's director to inspect and copy records, books, and papers, and to seek relief in an administrative law proceeding if, in their determination, a health plan or other specified entity fails to fully or timely respond to a duly authorized request for materials.

**AB 3223 (Wilson, Chp. 850, Statutes of 2024) Foster Youth Services Coordinating Program.**

Expands the population eligible for services offered by the Foster Youth Services Coordinating Programs (FYSCPs), administered CDE, to include tribal youth and probation-involved youth who are not detained in a juvenile detention facility, but who are subject to a petition for being "at risk of placement" in foster care.

**[AB 3229](#) (Lee, Chp. 916, Statutes of 2024) California Fruit and Vegetable EBT Pilot Project: report.**

Changes the date CDSS is required to report to the Legislature evaluation and outcome data for the California Fruit and Vegetables EBT Pilot Project from September 1, 2025, to July 1, 2025. Further combines this report with an additional report to the Legislature regarding recommendations for statewide expansion of the Pilot.

**[AB 3245](#) (Patterson, Joe) Coverage for colorectal cancer screening.**

Would have expanded the existing requirement for a health plan or insurer to cover, without cost sharing, colorectal cancer (CRC) tests and subsequent colonoscopies assigned grades A or B or equivalent rating, by the United States Preventive Services Task Force (USPSTF) or in accordance with the most current recommendations established by another accredited or certified guideline agency approved by CalHHS.

**[AB 3262](#) (Maienschein, Chp. 19, Statutes of 2024) Automated external defibrillators.**

Requires principals, in public or private schools serving students in grades 6-12, where an automated external defibrillator (AED) is placed, to notify students at least yearly about the location of all AED units on campus.

**[AB 3275](#) (Soria, Chp. 763, Statutes of 2024) Health care coverage: claim reimbursement.**

Changes the timeframes for reimbursing, contesting, and denying claims for health care services from 30 and 45 working days to 30 calendar days for all complete claims. Also increases the penalty on plans and insurers which do not auto pay interest owed on a claim from \$10 to \$15 or 10% of the accrued interest on the claim. Requires that enrollee complaints about delay or denial of payment of a claim be treated as a grievance and subject to grievance provisions in the Knox-Keene Act.

**AB 3281 (Committee on Judiciary, Chp 853, Statutes of 2024) Judiciary omnibus.**

Amends the Code of Civil Procedure (CCP) determinings venue jurisdiction for the dissolution of marriage and legal separation proceedings under the Family Code (FC), when it appears that both the petitioner and respondent have moved from the county rendering the order. Authorizes the court to transfer any proceeding under the FC except a proceeding involving the local child support agency (LCSA) subject to venue requirements under the FC.

**AB 3291 (Committee on Human Services, Chp. 441, Statutes of 2024)**

**Developmental services.**

Requires the individual program plan (IPP) process to include a discussion regarding caregiver succession for regional center consumers being cared for in the family home, and for this discussion to occur no later than the consumer's 22nd birthday, and annually thereafter. Also adds "risk of homelessness" to the list of conditions under which the executive director of a regional center may make housing assistance payments, including paying rent, for consumers receiving supported living services.

## SENATE BILLS

### **SB 26 (Umberg) Mental health professions: CARE Scholarship Program.**

Would have established the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program to increase the number of culturally competent licensed marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists.

### **SB 37 (Caballero) Older Adults and Adults with Disabilities Housing Stability Act.**

Would have required the Department of Housing and Community Development (HCD) to develop the Older Adults and Adults with Disabilities Housing Stability Pilot Program, offering competitive grants to nonprofit community based organizations (CBOs), continuums of care, public housing authorities, and area agencies on aging (AAA's), to administer a housing subsidy program for older adults and adults with disabilities who are experiencing homelessness or at risk of homelessness, in up to five geographic regions or counties. Would have required HCD to prioritize communities where a higher proportion of older adult renters face severe rental cost burdens than the state average.

### **SB 42 (Umberg, Chp. 640, Statutes of 2024) Community Assistance, Recovery, and Empowerment (CARE) Court Program: process and proceedings.**

Authorizes a facility to refer an individual treated under an involuntary hold to the county behavioral health agency if they believe the individual meets or is likely to meet CARE Act criteria. Requires DHCS to develop a standardized referral form for use by facilities, issue guidance and data reporting requirements for the referral process, and include the data it collects regarding referrals in its annual CARE Act report. Requires a court to provide notices about ongoing CARE court proceedings to qualifying petitioners and makes other technical amendments regarding CARE plan amendments, CARE system improvements, communication between courts, and temporary conservatorships.

### **SB 85 (Wiener) Immigration: case management and social services.**

Would have extended refugee social services by 90-days. Specifically, if a refugee recipient of refugee social services under the federal Reception and Placement Program completes 90 days of those services and exhausts the federal funds allocated, the recipient shall be eligible for a 90-day extension of refugee social services using state funds within the first 12 months of arrival in the United States.

**SB 233 (Skinner, Chp. 111, Statutes of 2024) Practice of medicine: Arizona physicians: abortions and abortion-related care for Arizona patients.**

Authorizes a physician licensed in Arizona and who meets specified requirements, to practice medicine in CA through a registration program under either the Medical Board of California (MBC) or Osteopathic Medical Board of CA (OMBC), through November 30, 2024, solely for the purpose of providing abortions and abortion-related care to patients who are Arizona residents traveling from Arizona seeking abortions or abortion-related care in CA.

**SB 242 (Skinner, Chp. 1010, Statutes of 2024) California Hope, Opportunity, Perserverance, and Empowerment (HOPE) for Children Trust Account Program.**

Exempts deposited and investment returns accrued in a California HOPE for Children Trust Account Program from being considered as income or assets when determining eligibility and benefit amounts for any means-tested program, including CalFresh, CalWORKs, Medi-Cal, and other means tested programs. Requires the State Treasurer's Office to collaborate with CDSS pursuant to a data sharing agreement, and any other relevant governmental agencies or departments, to gather deidentified data to maximize participation in the HOPE trust account program for eligible youth.

**SB 278 (Dodd) Elder abuse: emergency financial contact program.**

Would have required financial institutions to establish an Emergency Financial Contact Program that would apply to dependent adults, and adults 65+ years of age. Specifically, would have required financial institutions to notify a joint accountholder or an emergency financial contact, if one has been provided, if the financial institution reasonably suspects a financial transaction requested by the older or dependent adult is the result of financial abuse.

**SB 339 (Wiener, Chp. 1, Statutes of 2024) HIV preexposure prophylaxis and postexposure prophylaxis.**

Authorizes a pharmacist to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met, and requires the Board of Pharmacy (Board) to adopt emergency regulations to implement these provisions by July 1, 2024. Requires a health care service plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist.

**SB 357 (Portantino) Vehicles: physician and surgeon reporting.**

Would have made physician reporting of medical conditions characterized by lapses of consciousness to local health officers and, subsequently, the CA Department of Motor Vehicles (DMV) discretionary rather than mandatory.

**SB 575 (Wahab, Chp. 984, Statutes of 2024) Marriage: underage marriage.**

Removes an exemption that required local registrars to report underage marriages only after receiving a court order. Requires the State Registrar at CDPH, by September 1, 2027, to submit a report to the Legislature of all CA marriages in which one or both parties to the marriage was a minor between the years 2019 and 2024. Requires CDPH, upon appropriation, to establish a grant program for the studying of extralegal marriages involving minors in CA.

**SB 729 (Menjivar, Chp. 930, Statutes of 2024) Health care coverage: treatment for infertility and fertility services (IVF).**

Requires a large group health plan contract issued, amended, or renewed on or after July 1, 2025, to cover the diagnosis and treatment of infertility and fertility services and removes the exclusion of IVF from coverage. Requires a small group health plan contract to offer such coverage. Exempts health care benefit plans or contracts entered into with the CalPERS Board of Administration until July 1, 2027. Does not apply to Medi-Cal managed care plan contracts nor to a religious employer, as defined.

**SB 819 (Eggman, Chp. 448, Statutes of 2024) Medi-Cal: certification.**

Allows clinics which are exempted from licensure to enroll their affiliated intermittent sites and mobile health care units, also referred to as mobile clinics, as Medi-Cal providers without submitting a full application package.



**SB 908 (Cortese, Chp. 867, Statutes of 2024) Fentanyl: child deaths.**

Requires CDPH to monitor and identify current trends of fentanyl-related deaths among children aged zero to five. CDPH must create guidance and raise awareness regarding fentanyl exposure in children and share their findings and guidance with county public health departments, county boards of supervisors, and the Legislature annually until January 1, 2029.

**SB 909 (Umberg, Chp. 594, Statutes of 2024) Steven M. Thomspen Physician Corps Loan Repayment Program.**

Expands the practice settings and eligible provider types under the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP).

**SB 957 (Wiener, Chp. 868, Statutes of 2024) Data collection: sexual orientation, gender identity, and intersex status.**

Requires CDPH by March 28, 2029, in the course of collecting demographic data as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC), as specified. Requires CDPH to prepare and publish an annual report detailing its efforts to collect and analyze SOGISC data, as well as include progress made in implementing recommendations from a related 2023 report by the CA State Auditor's Office.

**SB 958 (Dodd, Chp. 988, Statutes of 2024) Surplus state property: County of Napa.**

Authorizes the Department of General Services to sell or exchange the Camp Coombs property by January 1, 2026, and require that the sale or exchange of the property be separate from and subsequent to the sale or exchange of the property known as Skyline Park.

**[SB 963](#) (Ashby, Chapter 616, Statutes of 2024) Hospitals: self-identification procedure: human trafficking or domestic violence.**

Requires a GACH with an emergency department (ED) to adopt and implement policies and procedures (P&Ps) to facilitate the self-identification of a GACH ED patient as a victim of human trafficking or domestic violence to hospital personnel. Requires the GACH to provide patient confidentiality and specified assistance and resources to the patient. Authorizes the GACH to track a patient's demographic information to the extent the patient chooses to provide it, among other provisions.

**[SB 966](#) (Wiener) Pharmacy benefits.**

Would have required the CA Department of Insurance to license Pharmacy Benefit Managers (PBMs), and adds to existing law increased oversight of PBMs, as specified. Would have required health plans to report additional data on the 25 most frequently prescribed drugs, the 25 most costly drugs by total annual health plan spending, and the 25 drugs with the highest year-over-year increase in total plan annual spending, among other requirements.

**[SB 1001](#) (Skinner, Chapter 908, Statutes of 2024) Death penalty: intellectually disabled persons.**

Makes technical changes to existing law to ensure that people who were diagnosed with an intellectual disability as an adult and can demonstrate that they meet the diagnostic criteria for intellectual disability are protected from execution.

**[SB 1016](#) (Gonzalez, Chapter 873, Statutes of 2024) Latino and Indigenous Disparities Reduction Act.**

Requires CDPH to use separate data collection categories for specified Latino groups and Mesoamerican Indigenous nations. CDPH must comply on/after January 1, 2028. Data must be in every demographic report on ancestry, ethnic origins, or language of Californians published or released by CDPH on or after July 1, 2029, including the rates of major diseases, leading causes of death per demographic, subcategories for leading causes of death in CA, pregnancy, housing, and mental health (MH) rates.

**[SB 1043](#) (Grove, Chapter 628, Statutes of 2024) Short-term residential therapeutic programs (STRTP): dashboard seclusion or behavioral restraints.**

Enacts provisions related to incidents of the use of seclusion or manual restraints on children (including foster children) in STRTPs. Codifies specified existing regulations

related to actions and reporting requirements on STRTPs and review criteria utilized by CDSS to determine if an incident should be investigated. In addition, 1) requires an STRTP, following an incident (if the incident involves a foster child), to notify the child of their relevant personal rights; 2) requires CDSS to provide information regarding each incident that it investigates to the Office of the Foster Care Ombudsperson (OFCO), for additional action at its discretion; and 3) by January 1, 2026, requires CDSS to display on its website data related to these incidents, including descriptions of each incident submitted to CDSS, subject to confidentiality restrictions.

**SB 1059 (Bradford, Chapter 874, Statutes of 2024) Cannabis: local taxation: gross receipts.**

Prohibits a city or county from including in the definition of gross receipts, for purposes of any local tax or fee on a licensed cannabis retailer, the amount of any cannabis excise tax imposed under the Cannabis Tax Law or any sales and use taxes.

**SB 1061 (Limón, Chapter 520, Statutes of 2024) Consumer debt: medical debt.**

Prohibits reporting medical debt to credit reporting agencies (CRAs) and prohibits the CRAs and investigative consumer reporting agencies from including medical debt on their reports. Requires hospitals to maintain all records for five years.

**SB 1089 (Smallwood-Cuevas, Chapter 625, Statutes of 2024) Food and prescription access: grocery and pharmacy closures.**

Requires the owner of a grocery or pharmacy establishment to provide written notice of the intended closure to employees and local and state entities, including CDSS, as specified. Requires the notice to occur no later than 45 days before the closure when the establishment has more than five employees and no later than 30 days before the closure if the establishment has five employees or less. Requires that CDSS transmit the notice to the U.S. Department of Agriculture, Food and Nutrition Service for use in updating data and public websites with lists of retailers that accept EBT cards as payment. Also requires counties that receive notice to provide the workforce with information on safety net programs.

**SB 1099 (Nguyen, Chapter 599, Statutes of 2024) Newborn screening: genetic diseases: blood samples collected.**

Requires CDPH to provide a report on data related to the CA Biobank Program (CBP) to the Legislature, beginning July 1, 2026, and annually thereafter until CDPH has provided five reports. Requires the annual report to be made public on the CDPH website. The data is to include the number of research projects utilizing residual samples from the program and the number of inheritable conditions identified by the original screening tests the previous calendar year.

**SB 1106 (Rubio, Chapter 445, Statutes of 2024) The Kasem–Nichols–Rooney Law.**

Clarifies who may receive special notice about a conservatorship; requires persons who have requested special notice to be notified when a conservator is moving the conservatee’s place of residence, as specified; extends the timeframe for when a conservator must provide a notice of intent to move the conservatee from their personal residence, from 15 days to 20 days; requires a conservator to give advanced notice of their intent to move a conservatee from their current residence under the same procedures as the notice to move a conservatee from their personal residence; and requires a conservator to provide specified persons with notice of a conservatee’s burial or funeral arrangements, as specified, where the conservator made those arrangements.

**SB 1112 (Menjivar, Chapter 1016, Statutes of 2024) Childcare: alternative payment programs.**

Allows Alternative Payment Program (APP) funding to share information at developmental screenings, including the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program under Medicaid. The shared information would include existing resources and a description of how a family or child care provider can utilize those resources to obtain developmental screenings.

**SB 1117 (Laird, Chapter 456, Statutes of 2024) Organic products.**

Authorizes the Secretary of Food and Agriculture (Secretary), along with the county agricultural commissioners, to perform unannounced and announced spot inspections on products that are labeled organic. Also authorizes the Secretary to establish procedures to conduct substance testing on products labeled as organic.

**SB 1119 (Newman) Hospitals: seismic compliance.**

Urgency bill that would have extended the January 1, 2025 seismic compliance deadline requiring hospital buildings to be able to withstand a major earthquake without posing a significant risk of collapse and a danger to the public for four hospitals owned by Providence, as specified.

**SB 1120 (Becker, Chapter 879, Statutes of 2024) Health care coverage: utilization review (UR).**

Requires a health care service plan (HCSP), including a specialized HCSP, that uses an artificial intelligence (AI), as defined, algorithm, or other software tool for the purpose of utilization review (UR) or utilization management (UM) functions based in whole or in part on medical necessity, 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 tool base its determination on specified info and be fairly and equitably applied. Prohibits AI, algorithms, or other software tools from making a decision to deny, delay or modify health care services based on medical necessity. Also requires adverse medical necessity decisions be made only by a competent licensed physician or a licensed health care professional.

**SB 1131 (Gonzalez, Chapter 880, Statutes of 2024) Medi-Cal providers: family planning.**

1) Authorizes DHCS to elect to not disenroll an individual or entity as a Family Planning Access, Care and Treatment (Family PACT) Program provider if, a disciplinary hearing or the revocation, suspension, or loss of licensure in another state is based solely on conduct that is not deemed to be unprofessional conduct 2) not allow DHCS to disenroll a Family PACT provider listed on DHCS's Suspended and Ineligible Provider List or any list by the federal Office of Inspector General (OIG) if the sole basis of being on that list is conduct that is not deemed to be unprofessional conduct, 3) condition implementation of the disenrollment exceptions noted above upon receipt of federal approval and availability of financial participation, 4) require a site certifier for a primary care clinic or affiliate primary care clinic to be a clinician, 5) allow a clinic corporation operating a primary care clinic to enroll multiple, but no more than ten service sites under one site certifier, 6) require DHCS to offer any required site certifier provider orientation or training at least once every other month, through a virtual platform, and update the orientation or training annually to be

consistent with current laws, policies, and medical standards, and 7) define a “site certifier” for an enrolled or enrolling Family PACT providers.

**SB 1161 (Becker, Chapter 782, Statutes of 2024) Juveniles.**

Amends existing accessibility of transition jurisdiction. to ensure that nonminor dependents (NMDs) remain able to participate in transition jurisdiction and extended foster care (EFC) services when the petition was dismissed or vacated by the court in the interest of justice.

**SB 1180 (Ashby, Chapter 884, Statutes of 2024) Health care coverage: emergency medical services.**

Requires health plans to establish a process to reimburse services provided by a community paramedicine (CP) program, triage to alternative destination (TAD) program, or mobile integrated health (MIH) program by July 1, 2025 and prohibits enrollees from being charged more than the in-network cost sharing amount regardless of whether the provider was in-network. Reimbursement rates would not be permitted to exceed the plan’s usual and customary charges for the services rendered. Applies to plans issued, amended, or renewed on or after July 1, 2025. Applicability to Medi-Cal plans is contingent on obtaining necessary federal approvals, receiving federal financial participation (FFP) and appropriation by the Legislature.

**SB 1184 (Eggman, Chapter 643, Statutes of 2024) Mental health: involuntary treatment: antipsychotic medication.**

Amends the Lanterman–Petris–Short (LPS) Act to expand authority to involuntarily administer antipsychotic medications, until January 1, 2030, to those detained past the initial 72-hour and 14-day involuntary hold under exigent circumstances, as specified. Allows treating doctors to request an expedited hearing for a new determination of a patient's capacity to refuse medication when the detention period ends, to determine if continued treatment is needed. Mandates, beginning May 1, 2026, and to January 1, 2030, new data collection and reporting on these cases by the county behavioral health (BH) directors, and requires them to report the data to DHCS, which will then post the information on its website.

**SB 1197 (Alvarado-Gil, Chapter 909, Statutes of 2024) In-home respite services.**

Provides that foster children who reside with a resource family (or for Indian children, with an extended family member or in a tribally-approved home) may not be denied in-home respite services from a regional center on the basis of where they reside.

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

Would have increased the income eligibility limit for cancer diagnostic services through the Every Woman Counts (EWC) program and breast/cervical cancer screening and treatment services through the Breast and Cervical Cancer Treatment Program (BCCTP) for individuals who have been diagnosed with, and require treatment for, breast or cervical cancer commencing July 1, 2026. Would have increased EWC and BCCTP income eligibility guidelines from the maximum income limit of 200 to 250 percent of the Federal Poverty Level (FPL) for the individual's family size.

**SB 1220 (Limón) Public benefits contracts: phone operator jobs.**

Would have prohibited a state agency authorized to provide or enter into contracts relating to public benefit programs or a local agency funded in any part by state funding to provide call center services related to public benefits or services from using AI, or Automated Decision Systems (ADS) that eliminate or automate the core job functions of a worker. If those state or local agencies use AI or ADS that impacts the core functions of a worker, would have required state and local agencies to comply with certain requirements, including notification to employees and the development of an impact assessment report.

**SB 1230 (Rubio, Chapter 462, Statutes of 2024) Strengthen Tobacco Oversight Programs (STOP) and Seize Illegal Tobacco Products Act.**

Establishes the STOP Act which amends the Cigarette and Tobacco Products Licensing Act of 2003. Authorizes the CA Department of Tax and Fee Administration (CDTFA) if it discovers that a retailer sells, offers for sale, or possess with the intent to sell or offer for sale a flavored tobacco product or tobacco product flavor enhancer, to seize those products at the retail location or any other person's location. Increases the civil penalties for illegally providing tobacco, cigarettes, or related paraphernalia to those under 21 years old, as specified.



**SB 1238 (Eggman, Chapter 644, Statutes of 2024) Health facilities.**

Adds mental health rehabilitation centers (MHRCs) and psychiatric health facilities (PHFs) to the list of inpatient health facilities and community MH facilities authorized to admit and treat those with severe SUD, or co-occurring MH/SUD pursuant to LPS Act, and broadens the types of facilities that may be designated by each county for involuntary detainment and evaluation. Requires DHCS to develop designation requirements for facilities admitting and treating persons involuntarily under LPS and develop standards for approving medication assisted treatment (MAT) policies for MHRCs and PHFs providing SUD services. Requires DHCS to issue guidance regarding Medi-Cal reimbursement for covered Medi-Cal services provided to those receiving involuntary treatment for a severe SUD. DHCS may adopt, amend, or repeal regulations regarding the licensure of MHRCs, and use bulletin authority to implement until it adopts regulations by December 31, 2027.

**SB 1249 (Roth, Chapter 337, Statutes of 2024) Mello-Granlund Older Californians Act (OCA).**

Updates the OCA by requiring CDA, in partnership with AAAs and stakeholders, to 1) develop core programs and performance measures; 2) update the Intrastate Funding Formula, 3) adopt AAA designation and de-designation criteria, 4) invite counties to express interest to CDA to assume control of the AAA that serves the local jurisdiction; and 5) develop a statewide public awareness engagement strategy.

**SB 1254 (Becker, Chapter 465, Statutes of 2024) CalFresh: enrollment of incarcerated individuals.**

Requires CDSS by February 1, 2026, to establish a workgroup with specified members to meet quarterly and develop recommendations for a CalFresh pre-enrollment process for eligible individuals leaving incarceration and incorporate necessary resources to facilitate the transition from state prison or county jail to reentry into the community. Also requires, upon the implementation of CalAIM Justice-Involved Initiative, CDSS partner with CDCR and county jails to allow CalFresh Pre-enrollment for applications who are ineligible because of their incarceration status.

**[SB 1281](#) (Menjivar) Advancing Equity and Access in the Self-Determination Program (SDP) Act.**

Requires DDS, by January 1, 2026, to establish statewide standardized processes and procedures for the SDP. Requires DDS to ensure these processes and procedures are consistently applied by each regional center and make measurable improvements towards achieving equitable enrollment by race, ethnicity, and regional center, as specified.

**[SB 1289](#) (Roth, Chapter 792, Statutes of 2024) Medi-Cal: call centers: standards and data.**

Requires counties with a Medi-Cal applicant or beneficiary call center to collect and submit call center data including total call volume, average call wait times by language, and average call abandonment rate, on a monthly basis to DHCS. Requires DHCS to report this data to the public on a quarterly basis beginning no later than May 15, 2026.

**[SB 1300](#) (Cortese, Chapter 894, Statutes of 2024) Health facility closure: public notice: inpatient psychiatric and perinatal services.**

Requires a GACH or acute psychiatric hospital (APH) that is eliminating a perinatal or inpatient psychiatric unit to provide public notice of the proposed elimination at least 120 days before eliminating the service. Expands the requirements of the public notice to also include statistical data about patients of the service being eliminated. Requires the facility to conduct public hearing within 60 days of providing the public notice.

**SB 1319 (Wahab) Skilled nursing facilities: approval to provide therapeutic behavioral health programs.**

Would have, for SNFs to provide therapeutic BH programs in an identifiable and physically separate unit, required a simultaneous application process with HCAI, CDPH, and DHCS. If the applicant was awaiting required approvals or documentation from one or more departments, would have allowed the applicant to submit forms and supporting documentation, with a letter estimating when remaining materials will be submitted. Departments that received these documents would have initiated review of the application with no final approvals provided until all required documentation has been submitted to each department. Departments would jointly develop processes for simultaneous, coordinated review and approval of applications, as specified.

**SB 1320 (Wahab, Chapter 135, Statutes of 2024) Mental health and substance use disorder treatment.**

Requires that, for contracts issued, amended, or renewed on or after July 1, 2025, health care service plans and insurers that provide hospital, medical, or surgical coverage must establish a process to reimburse providers for mental health and substance use disorder (MH/SUD) treatment services that are integrated with primary care services. The process may be based upon federal rules or guidance issued for the Medicare program.

**SB 1323 (Menjivar, Chapter 646, Statutes of 2024) Criminal procedure: competence to stand trial.**

In lieu of a hearing to determine the mental competence of a defendant, allows an evaluation of the defendant by one or two licensed psychologists or psychiatrists and would require them to submit a report, as specified, to the court. Allows the court, if neither party objects to the reports, to make a determination based upon them, among other provisions. If either party objects, requires a hearing to be held by jury or bench trial to determine competency. Applies a presumption of competence to the defendant. Also requires the court, upon a finding of mental incompetence of a defendant charged with a felony that is eligible for diversion, to hold a hearing to consider granting mental health diversion or other programs to the defendant, as specified.

**SB 1333 (Eggman, Chapter 472, Statutes of 2024) Communicable diseases: HIV reporting.**

Requires state and local health department (LHD) employees and contractors to annually sign confidentiality agreements prior to accessing confidential human immunodeficiency virus (HIV)-related public health records. Removes the current requirement of the CDPH or the appropriate LHD to review those agreements on an annual basis. Authorizes state or local public health agencies to disclose confidential HIV-related public health records when the confidential information is necessary for the coordination of, linkage to, or reengagement in care for a person or persons, as specified.

**SB 1336 (Archuleta, Chapter 473, Statutes of 2024) Department of General Services: state property: Metropolitan State Hospital.**

Authorizes the Director of DGS, with the consent from DSH, to lease to a nonprofit corporation or local government, for a period not to exceed 65 years, seven buildings located at Metropolitan State Hospital in the City of Norwalk. Requires the lease to be entered into for the purposes of providing care, housing, or resources to persons with behavioral health needs.

**SB 1352 (Wahab, Chapter 338, Statutes of 2024) Continuing care retirement communities.**

Requires that when residents of continuing care retirement communities (CCRC) sign a contract and at any time they are proposed to be moved or are moved to a different level of care that they receive a copy of the CCRC bill of rights, residential care facilities for the elderly (RCFE) bill of rights, and if entering a skilled nursing facility (SNF) the SNF bill of rights.

**SB 1353 (Wahab, Chapter 163, Statutes of 2024) Youth Bill of Rights (YBOR).**

Specifies that the YBOR includes the right to receive adequate, appropriate, and timely behavioral health services.

**SB 1354 (Wahab, Chapter 339, Statutes of 2024) Long-term health care facilities: payment source and resident census.**

Requires SNFs, participating as a Medi-Cal provider, to make available to the public a current daily resident census, as specified. Also, modifies the written reasonable notice requirement for LTC facilities to give to residents in the event they are

discharged by adding additional conditions to the written notice, as specified; requires a LTC facility that participates as a provider under the Medi-Cal program to provide care to Medi-Cal beneficiaries a similar standard of care as provided to the general public, regardless of payment source.

**[SB 1369](#) (Limón) Dental providers: fee-based payments.**

Would have required a health plan contract that is issued, amended, or renewed on and after April 1, 2025 that provides payment directly or through a contracted vendor to a dental provider to have, as a default, a non-fee-based method of payment.

Would have required a dental provider may opt in to fee-based payment through a written authorization. Would have also required health plans to provide dental providers with information about the method of payment chosen, the ability to opt in or out of payment methods, and information about any profit sharing with a contracted vendor. A health plan would have been required to apply the dental provider's decision to opt-in or out of fee-based payment to the entire practice and all products or services covered by a contract with the dental provider.

**[SB 1382](#) (Glazer, Chapter 792, Statutes of 2024) Community and rural health clinics: building standards.**

Makes non-hospital affiliated, licensed primary care clinics, including RHCs and FQHCs, subject to the building requirements outlined in federal law for RHCs and FQHCs to participate in Medicare and Medicaid. Prohibits the construction standards for non-hospital affiliated, licensed primary care clinics from being more restrictive than the construction standards for hospital affiliated clinics. HCAI must engage in a public process in developing new construction standards for non-hospital affiliated, licensed primary care clinics.

**[SB 1385](#) (Roth, Chapter 164, Statutes of 2024) Medi-Cal: community health workers: supervising providers.**

Requires Medi-Cal Fee-for-Service (FFS) and Medi-Cal Managed Care Plans (MCPs) to adopt policies and procedures that would allow for supervising providers of Community Health Workers (CHW) to bill for services provided by a CHW during an emergency department (ED) visit and for an outpatient follow-up after an ED visit. Additionally, defines a supervising provider as an enrolled Medi-Cal provider that is authorized to supervise a CHW, ensures the CHW meets the qualifications required

by DHCS, and directly or indirectly oversees CHWs and services they deliver to Medi-Cal members.

**SB 1400 (Stern, Chapter 647, Statutes of 2024) Criminal procedure: competence to stand trial.**

Recasts statutory authority for a court to dismiss a case by requiring, instead of permitting, the court to determine if the defendant is eligible for diversion or other programs/treatment. A prohibition on dismissal has been added when the defendant's case has been referred back to court prior to that time period.

Expands the data required to be provided to DHCS for the CARE Act reporting to include information on all active and former participants for a period of time after the conclusion of CARE program services, outreach and engagement activities provided by the county behavioral health department, the number of days between a petition and its disposition, and the number, rates, and trends of contacts made to a county behavioral health agency about individuals potentially eligible for the CARE process, among other data elements.

**SB 1406 (Allen, Chapter 340, Statutes of 2024) Residential care facilities for the elderly: resident services.**

Adds to the rights of residents of RCFEs the right to request, refuse, or discontinue a service. Requires RCFEs that increase rates of fees to provide residents written notice by no less than 90 days with the reason for the increase including a description of the additional costs, except for an increase in the rate due to a change in the level of care of the resident.

**SB 1415 (Glazer, Chapter 798, Statutes of 2024) CalWORKs: permanent housing assistance.**

Revises the total monthly household income (TMHI) calculation for CalWORKs Homeless Assistance (HA) Program to include any amount that is regularly received from other government and nonprofit housing and homeless subsidy programs, and to include any regularly received private support intended or designed to help the family with housing and expand HA referrals after a family receives their first temporary HA payment.

**SB 1423 (Dahle) Medi-Cal: Rural Hospital Technical Advisory Group.**

Would have required DHCS to convene a Rural Hospital Tech Advisory Group (Advisory Group), consisting of representatives from small, rural, and critical access hospitals (CAHs), statewide hospital trade associations, MCMCPs, statewide trade associations representing Medi-Cal MCPs, organizations representing rural communities, and other associated experts and stakeholders. Required Advisory Group to meet at least bimonthly during 2025 to analyze the ability of small, rural, or CAHs to remain financially viable under existing Medi-Cal reimbursement methodologies, and to provide recommendations to ensure these hospitals remain financially viable. Would have required DHCS, in consultation with advisory Group, to provide a legislative report of findings and recommendations by March 31, 2026.

**SB 1432 (Caballero) Health facilities: seismic standards.**

Would have allowed a hospital to apply to HCAI for a deadline extension for compliance with the 2030 seismic safety standards, up to January 1, 2035, as specified. Would have allowed a hospital denied an extension to appeal to the Hospital Building Safety Board, among other requirements.

**SB 1447 (Durazo, Chapter 896, Statutes of 2024) Hospitals: seismic compliance: Children's Hospital Los Angeles (CHLA).**

Delays the deadline for CHLA to comply with seismic safety standards up to three years beyond the existing 2030 seismic safety compliance, as specified.

**SB 1451 (Ashby, Chapter 481, Statutes of 2024) Professions and vocations.**

Allows a registered dental hygienist in alternative practice with an existing practice in a Dental Health Professional Shortage Area (DHPSA) to continue to provide services in that area if the DHPSA is removed by HCAI. If the DHPSA designation is removed, the registered dental hygienist in alternative practice can maintain their practice so long as annually they provide patients treated at the existing practice with a list of dentists located in the previous DHPSA.

**SB 1463 (Niello) Developmental services: Self-Determination Program: Deputy Director of Self-Determination.**

Would have required the Governor to appoint, subject to Senate confirmation, a Deputy Director of Self-Determination, as specified.



**SB 1464 (Ashby, Chapter 136, Statutes of 2024) Health facilities: cardiac catheterization laboratory services.**

Permits CDPH to adopt standards and regulations that specify the types of services that can be performed in a cardiac catheterization (cath) lab without on-site cardiac surgery services. Clarifies that hospitals with such cath labs are eligible for the Elective Percutaneous Coronary Intervention (ePCI) program and removes language about “urgent and emergent” interventions.

**SB 1511 (Committee on Health, Chapter 492, Statutes of 2024) Health omnibus. 1)**

Clarifies the “group contract” definition; 2) extends the deadline for an SNF to have an alternative source of power to protect resident health and safety for no fewer than 96 hours during any type of power outage from January 1, 2024 to January 1, 2026; 3) makes death record indices available to health care service plans, Medi-Cal managed care plans, health insurers, physician organizations, and health facilities for the sole purpose of verifying a death; 4) make changes to existing statutes concerning gravely disabled individuals to use gender-neutral language; 5) aligns state law with federal law for prior authorizations and prompt payment; 6) allows federal funding withheld from payments allocatable to local education agencies (LEA) to be used for all aspects of LEA Medi-Cal Billing Option Program (LEA BOP) administration; 7) amends the Knox-Keene Act to renumber a duplicate section and clarify that reference to a “group” in the KKA does not include a Medi-Cal managed care contract between a health plan and DHCS.

# INDEX

## Access

- AB 2105 (Lowenthal, Chp. 822, Statutes of 2024) Coverage for PANDAS and PANS.
- AB 2297 (Friedman, Chp. 511, Statutes of 2024) Hospital and Emergency Physician Fair Pricing Policies.
- AB 2198 (Flora, Chp. 386, Statutes of 2024) Health information.
- AB 2434 (Grayson, Chp. 398, Statutes of 2024) Health care coverage: multiple employer welfare arrangements.
- AB 2843 (Petrie-Norris, Chp. 971, Statutes of 2024) Health care coverage: rape and sexual assault.
- AB 3059 (Weber, Chp. 975, Statutes of 2024) Human milk.
- AB 3275 (Soria, Chp. 763, Statutes of 2024) Health care coverage: claim reimbursement.
- SB 242 (Skinner, Chp. 1010, Statutes of 2024) California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program.
- SB 339 (Wiener, Chp. 1, Statutes of 2024) HIV preexposure prophylaxis and postexposure prophylaxis.

## Aging and Elder Abuse

- AB 2207 (Reyes, Chp. 332, Statutes of 2024) State boards and commissions: representatives of older adults.
- AB 2541 (Bains, Chp. 333, Statutes of 2024) Peace officer training: wandering.
- AB 2620 (Bains, Chp. 334, Statutes of 2024) California Commission on Aging.
- AB 2680 (Aguilar-Curry, Chp. 385, Statutes of 2024) Alzheimer's disease.
- SB 1249 (Roth, Chp. 337, Statutes of 2024) Mello-Granlund Older Californians Act.

## Artificial Intelligence

- AB 3030 (Calderon, Chp. 848, Statutes of 2024) Health care services: artificial intelligence.
- SB 1120 (Becker, Chp. 879, Statutes of 2024) Health care coverage: utilization review.

## Behavioral Health

AB 1282 (Lowenthal, Chp. 807, Statutes of 2024) Mental health: impacts of social media.

AB 1843 (Rodriguez, Chp. 943, Statutes of 2024) Emergency ambulance employees.

AB 1907 (Pellerin, Chp. 944, Statutes of 2024) California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment.

AB 2376 (Bains, Chp. 637, Statutes of 2024) Chemical dependency recovery hospitals.

AB 310 (Arambula, Chp. 321, Statutes of 2024) State Department of State Hospitals: civil service psychiatrists.

AB 2556 (Jackson, Chp. 200, Statutes of 2024) Behavioral health and wellness screenings: notice.

AB 2689 (Bains, Chp. 112, Statutes of 2024) Personal income taxes: California Alzheimer's Disease and Related Dementia Research Voluntary Tax Contribution Fund.

AB 2859 (Patterson, Jim, Chp. 744, Statutes of 2024) Emergency medical technicians: peer support.

SB 1238 (Eggman, Chp. 644, Statutes of 2024) Health facilities.

SB 1320 (Wahab, Chp. 135, Statutes of 2024) Mental health and substance use disorder treatment.

SB 1184 (Eggman, Chp. 643, Statutes of 2024) Mental health: involuntary treatment: antipsychotic medication.

## California Work Opportunity and Responsibility to Kids

AB 1808 (Nguyen, Stephanie, Chp. 356, Statutes of 2024) Childcare and development services: eligibility.

AB 2795 (Arambula, Chp. 663, Statutes of 2024) CalWORKs Indian Health Clinic Program.

## Cannabis

AB 1775 (Haney, Chp. 1004, Statutes of 2024) Cannabis: retail preparation, sale, and consumption of noncannabis food and beverage products.

SB 1059 (Bradford, Chp. 874, Statutes of 2024) Cannabis: local taxation: gross receipts.

## Child Care

AB 51 (Bonta, Chp. 618, Statutes of 2024) Early childcare and education: California state preschool program.

AB 262 (Holden, Chp. 341, Statutes of 2024) Children's camps: safety and regulation.

AB 1930 (Reyes, Chp. 687, Statutes of 2024) Teaching credentials: Child Development Associate Teacher Permit: renewal.

AB 2317 (Nguyen, Stephanie, Chp. 563, Statutes of 2024) Child day care facilities: anaphylactic policy.

AB 2343 (Schiavo, Chp. 958, Statutes of 2024) CalWORKs: childcare programs.

AB 772 (Jackson, Chp. 933, Statutes of 2024) Child day care facilities.

AB 2866 (Pellerin, Chp. 745, Statutes of 2024) Pool safety: State Department of Social Services regulated facilities.

## Child Welfare

AB 81 (Ramos, Chp. 656, Statutes of 2024) Indian children: child custody proceedings.

AB 1913 (Addis, Chp. 814, Statutes of 2024) Pupil safety: child abuse prevention: training.

AB 2108 (Ramos, Chp. 660, Statutes of 2024) Foster care: missing children and nonminor dependents.

AB 866 (Rubio, Blanca, Chp. 936, Statutes of 2024) Juveniles: care and treatment.

AB 2137 (Quirk-Silva, Chp. 381, Statutes of 2024) Homeless and foster youth.

AB 2477 (Zbur, Chp. 237, Statutes of 2024) Foster care: independent living.

AB 2496 (Pellerin, Chp. 403, Statutes of 2024) Foster family agencies and noncustodial adoption agencies.

AB 2664 (Bryan, Chp. 412, Statutes of 2024) Foster youth.

AB 2830 (Rivas, Robert, Chp. 417, Statutes of 2024) Foster care: relative placement: approval process.

AB 2906 (Bryan, Chp. 623, Statutes of 2024) Foster care payments.

AB 2929 (Carrillo, Juan, Chp. 845, Statutes of 2024) Dependents: family finding.

AB 2935 (Maienschein, Chp. 846, Statutes of 2024) Foster children: consumer credit reports.

AB 2948 (Ramos, Chp. 175, Statutes of 2024) Adoption Assistance Program: tribal court order.

AB 3145 (Bryan, Chp. 976, Statutes of 2024) Family preservation services: standards.

AB 3223 (Wilson, Chp. 850, Statutes of 2024) Foster Youth Services Coordinating Program.

AB 3281 (Committee on Judiciary, Chp 853, Statutes of 2024) Judiciary omnibus.

SB 1043 (Grove, Chp. 628, Statutes of 2024) Short-term residential. therapeutic programs: dashboard: seclusion or behavioral restraints.

SB 1197 (Alvarado-Gil, Cap. 909, Statues of 2024) In-home respite services.

## Community Assistance, Recovery, and Empowerment

SB 42 (Umberg, Chp. 640, Statutes of 2024) Community Assistance, Recovery, and Empowerment (CARE) Court Program: process and proceedings.

## Competence to Stand Trial

SB 1323 (Menjivar, Chp. 646, Statutes of 2024) Criminal procedure: competence to stand trial.

SB 1400 (Stern, Chp. 647, Statutes of 2024) Criminal procedure: competence to stand trial.

## Conservatorship

SB 1106 (Rubio, Chp. 445, Statutes of 2024) The Kasem-Nichols-Rooney Law.

## Covered California

AB 2435 (Maienschein, Chp. 236, Statutes of 2024) California Health Benefit Exchange.

AB 2749 (Wood, Chp. 841, Statutes of 2024) California Health Benefit Exchange: financial assistance.

## Data Collection

SB 1289 (Roth, Chp. 792, Statutes of 2024) Medi-Cal: call centers: standards and data.

SB 1016 (Gonzalez, Chp. 873, Statutes of 2024) Latino and Indigenous Disparities Reduction Act.

SB 1099 (Nguyen, Chp. 599, Statutes of 2024) Newborn screening: genetic diseases: blood samples collected.

SB 957 (Wiener, Chp. 868, Statutes of 2024) Data collection: sexual orientation, gender identity, and intersex status.

## Dental

SB 1451 (Ashby, Chp. 481, Statutes of 2024) Professions and vocations.

## Equity

AB 3161 (Bonta, Chp. 757, Statutes of 2024) Health facilities: patient safety and antidiscrimination.

## Facilities

SB 1464 (Ashby, Chp. 136, Statutes of 2024) Health facilities: cardiac catheterization laboratory services.

## Food Insecurity

AB 2033 (Reyes, Chp. 913, Statutes of 2024) Public postsecondary education: electronic benefits transfer cards: basic needs.

AB 518 (Wicks, Chp. 910, Statutes of 2024) CalFresh: data.

AB 2786 (Bonta, Chp. 915, Statutes of 2024) Certified mobile farmers' markets.

AB 3229 (Lee, Chp. 916, Statutes of 2024) California Fruit and Vegetable EBT Pilot Project: report.

SB 1254 (Becker, Chp. 465, Statutes of 2024) CalFresh: enrollment of incarcerated individuals.

SB 1089 (Smallwood-Cuevas, Chp. 625, Statutes of 2024) Food and prescription access: grocery and pharmacy closures.

## Food Safety

AB 1830 (Arambula, Chp. 912, Statutes of 2024) Corn masa flour and wet corn masa products: folic acid fortification.

AB 660 (Irwin, Chp. 911, Statutes of 2024) Food and beverage products: labeling: quality dates, safety dates, and sell-by dates.

SB 1117 (Laird, Chp. 456, Statutes of 2024) Organic products.

## Hospitals

SB 1300 (Cortese, Chp. 894, Statutes of 2024) Health facility closure: public notice: inpatient psychiatric and perinatal services.

SB 1382 (Glazer, Chp. 792, Statutes of 2024) Community and rural health clinics: building standards.

## Housing and Homelessness

AB 1948 (Rendon, Chp. 94, Statutes of 2024) Homeless multidisciplinary personnel teams.

AB 799 (Rivas, Luz, Chp. 263, Statutes of 2024) Interagency Council on Homelessness: funding: state programs.

AB 2802 (Maienschein, Chp. 245, Statutes of 2024) Transitional housing placement providers.

SB 1415 (Glazer, Chp. 798, Statutes of 2024) CalWORKs: permanent housing assistance.

## Human Trafficking

SB 1161 (Becker, Chp. 782, Statutes of 2024) Juveniles.

SB 963 (Ashby, Chp. 616, Statutes of 2024) Hospitals: self-identification procedure: human trafficking or domestic violence.

## In-Home Supportive Services

AB 1005 (Alvarez, Chp. 346, Statutes of 2024) In-home supportive services: terminal illness diagnosis.



## Justice-Involved Individuals

AB 1810 (Bryan, Chp. 939, Statutes of 2024) Incarcerated persons: menstrual products.

AB 2176 (Berman, Chp. 385, Statutes of 2024) Juvenile court schools: chronic absenteeism rates.

AB 2181 (Gipson, Chp. 703, Statutes of 2024) Juvenile court school pupils: graduation requirements and continued education.

AB 2475 (Haney, Chp. 963, Statutes of 2024) Parole.

SB 1353 (Wahab, Chp. 163, Statutes of 2024) Youth Bill of Rights.

## Managed Care

AB 3221 (Pellerin, Chp. 760, Statutes of 2024) Department of Managed Health Care: review of records.

AB 2063 (Maienschein, Chp. 818, Statutes of 2024) Health care coverage.

AB 2072 (Weber, Chp. 372, Statutes of 2024) Group health care coverage: biomedical industry.

AB 2767 (Santiago, Chp. 116, Statutes of 2024) Financial Solvency Standards Board: membership.

## Medi-Cal

AB 2132 (Low, Chp. 951, Statutes of 2024) Health care services: tuberculosis.

AB 2703 (Aguiar-Curry, Chp. 638, Statutes of 2024) Federally qualified health centers and rural health clinics: psychological.

SB 1385 (Roth, Chp. 164, Statutes of 2024) Medi-Cal: community health workers: supervising providers.

SB 1131 (Gonzalez, Chp. 880, Statutes of 2024) Medi-Cal providers: family planning.

SB 819 (Eggman, Chp. 448, Statutes of 2024) Medi-Cal: certification.

## Opioids

AB 1841 (Weber, Chp. 942, Statutes of 2024) Student safety: opioid overdose reversal medication: student housing facilities.

AB 1842 (Reyes, Chp. 633, Statutes of 2024) Health care coverage: Medication-assisted treatment.

AB 1859 (Alanis, Chp. 684, Statutes of 2024) Coroners: duties.

AB 1976 (Haney, Chp. 689, Statutes of 2024) Occupational safety and health standards: first aid materials: opioid antagonists.

AB 1996 (Alanis, Chp. 199, Statutes of 2024) Opioid antagonists: stadiums, concert venues, and amusement parks: overdose.

AB 2115 (Haney, Chp. 634, Statutes of 2024) Controlled substances: clinics.

AB 2871 (Maienschein, Chp. 639, Statutes of 2024) Overdose fatality review teams.

SB 908 (Cortese, Chp. 867, Statutes of 2024) Fentanyl: child deaths.

## Public Health

AB 2599 (Committee on Environmental Safety and Toxic Materials, Chp. 411, Statutes of 2024) Water: public beaches: discontinuation of residential water service.

## Rare Diseases

AB 2613 (Zbur, Chp. 726, Statutes of 2024) Jacqueline Marie Zbur Rare Disease Advisory Council.

## Records

AB 2107 (Chen, Chp. 699, Statutes of 2024) Clinical laboratory technology: remote review.

SB 1333 (Eggman, Chp. 472, Statutes of 2024) Communicable diseases: HIV reporting.

SB 1061 (Limón, Chp. 520, Statutes of 2024) Consumer debt: medical debt.

SB 575 (Wahab, Chp. 984, Statutes of 2024) Marriage: underage marriage.

## Rehabilitation

AB 3193 (Calderon, Chp. 253, Statutes of 2024) State acquisitions of goods and services: rehabilitation services.

## Reproductive Health

AB 2129 (Petrie-Norris, Chp. 950, Statutes of 2024) Immediate postpartum contraception.

AB 2319 (Wilson, Chp. 621, Statutes of 2024) California Dignity in Pregnancy and Childbirth Act.

SB 233 (Skinner, Chp. 111, Statutes of 2024) Practice of medicine: Arizona physicians: abortions and abortion-related care for Arizona patients.

SB 729 (Menjivar, Chp. 930, Statutes of 2024) Health care coverage: treatment for infertility and fertility services.

## Residential Care Facilities for the Elderly

SB 1352 (Wahab, Chp. 338, Statutes of 2024) Continuing care retirement communities.

SB 1406 (Allen, Chp. 340, Statutes of 2024) Residential care facilities for the elderly: resident services.

## Seismic Safety

AB 869 (Wood, Chp. 801, Statutes of 2024) Hospitals: seismic safety compliance.

SB 1447 (Durazo, Chp. 896, Statutes of 2024) Hospitals: seismic compliance: Children's Hospital Los Angeles.

## Sexually Violent Predators

AB 1954 (Alanis, Chp. 816, Statutes of 2024) Sexually violent predators.

## Skilled Nursing Facilities

SB 1354 (Wahab, Chp. 339, Statutes of 2024) Long-term health care facilities: payment source and resident census.

SB 1511 (Committee on Health, Chp. 492, Statutes of 2024) Health omnibus.

## State Property

SB 1336 (Archuleta, Chp. 473, Statutes of 2024) Department of General Services: state property: Metropolitan State Hospital.

SB 958 (Dodd, Chp. 988, Statutes of 2024) Surplus state property: County of Napa.

## Substance Use

AB 2574 (Valencia, Chp. 410, Statutes of 2024) Alcoholism or drug abuse recovery or treatment programs and facilities: disclosures.

AB 2995 (Jackson, Chp. 847, Statutes of 2024) Public health: alcohol and drug programs.

AB 2081 (Davies, Chp. 376, Statutes of 2024) Substance abuse: recovery and treatment programs.

## Tobacco

AB 3218 (Wood, Chp. 849, Statutes of 2024) Unflavored Tobacco List.

SB 1230 (Rubio, Chp. 462, Statutes of 2024) Strengthen Tobacco Oversight Programs (STOP) and Seize Illegal Tobacco Products Act.

## Workforce

AB 1577 (Low, Chp. 680, Statutes of 2024) Health facilities and clinics: clinical placements: nursing.

AB 1991 (Bonta, Chp. 369, Statutes of 2024) Licensee and registrant renewal: National Provider Identifier.

AB 2131 (Valencia, Chp. 380, Statutes of 2024) Certified nurse assistant training programs.

SB 909 (Umberg, Chp. 594, Statutes of 2024) Steven M. Thompson Physician Corps Loan Repayment Program.

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Our sincerest thanks to all department and legislative staff that made this legislative session successful. Together, we can continue building a California for All. Please direct any questions on this report to our CalHHS Legislative Affairs Team. We have also included the roster for each of our 12 Departments Legislative Office contacts for reference.

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