

# CHBRP Analyses of California Assembly and Senate Bills

Status as of May 27, 2021

2021-2022 California State Legislature



CHBRP generally analyzes bills prior to their first Senate or Assembly Health Committee hearing. Analyses and analyzed bill language are available at [http://chbrp.org/completed\\_analyses/index.php](http://chbrp.org/completed_analyses/index.php). As bills move through both Legislative chambers, bills may be amended, which may alter expected impacts. The table, below, indicates the most current version of each analyzed bill and the extent to which CHBRP's analyses are still applicable. Current bill language and the bill status are available at <http://leginfo.legislature.ca.gov/>.

Bill	Version	Notes
AB 32 (Aguiar-Curry) Telehealth	Amended – 5/24/21	For federally qualified health centers (FQHCs) and rural health centers (RHCs), amendments would allow telephone only visits to be reimbursed at rates lower than live video or in-person visits. CHBRP had assumed equivalency, so expenditure, utilization, and health impacts could be less than projected. Other portions of the report remain relevant, as written.
AB 97 (Nazarian) Insulin Affordability	Amended – 3/30/21	All portions of CHBRP's analysis remain relevant.
AB 114 (Maienschein) Medi-Cal Benefits: Rapid Whole Genome Sequencing	Amended – 5/24/21	All portions of CHBRP's analysis remain relevant.
AB 570 (Santiago) Dependent Parent Health Care Coverage	Amended – 5/24/21	The bill's most recent amendment would significantly reduce the fiscal impact projected in CHBRP's earlier version of AB 570. The amended language now limits the expanded definition of an eligible dependent to individual plan contracts or health insurance policies, whereas before both group and individual plans or policies would be impacted by AB 570.
AB 935 (Maienschein) Telehealth: Mental Health	Amended – 4/19/21	Bill amended to specifically include Medi-Cal managed care plans. However, CHBRP had already interpreted the bill in its original form to include Medi-Cal managed care plans. All portions of CHBRP's analysis remain relevant.
AB 1254 (Gipson) Mobile Stroke Units	Introduced – 2/19/21 <i>Not heard during initial health committee hearing</i>	All portions of CHBRP's analysis remain relevant.

Bill	Version	Notes
AB 1400 (Kalra) Guaranteed Health Care for All	Introduced – 2/19/21 <i>Not heard during initial health committee hearing. Bill will become a 2-year bill.</i>	All portions of CHBRP's analysis remain relevant.
AB 1520 (Levine) Prostate Cancer: Screening	Amended – 4/14/21	All portions of CHBRP's analysis remain relevant.
SB 110 (Wiener) Substance Use Disorder Services: Contingency Management Services	Amended – 3/15/21	All portions of CHBRP's analysis remain relevant.
SB 245 (Gonzalez) Abortion Services: Cost Sharing	Amended – 4/12/21	All portions of CHBRP's analysis remain relevant.
SB 306 (Pan) Health Care: STD Testing	Amended – 5/25/21	All portions of CHBRP's analysis remain relevant.
SB 428 (Hurtado) Adverse Childhood Experiences Screenings	Introduced – 2/12/21	All portions of CHBRP's analysis remain relevant.
SB 473 (Bates) Insulin Cost Sharing	Amended – 3/10/21 <i>Not heard during initial health committee hearing</i>	All portions of CHBRP's analysis remain relevant.
SB 510 (Pan) COVID-19 Cost Sharing	Amended – 5/20/21	All portions of CHBRP's analysis remain relevant.

Bill	Version	Notes
SB 523 (Leyva) Contraceptives	Amended – 5/3/21	Bill now requires coverage without cost sharing for over-the-counter (OTC) birth control methods obtained at in-network pharmacies; the mandate no longer applies to out-of-network pharmacies or retailers. The May 3 <sup>rd</sup> amendments remove the authority for health plans and policies to establish frequency and quantity limits for coverage of contraceptive methods. OTC birth control methods are now limited to those included as essential health benefits. The bill now explicitly mandates coverage without cost sharing for vasectomies, with an exemption for grandfathered and health savings account (HSA)-eligible plans and policies. CHBRP had already interpreted the bill to require coverage for vasectomies and assumed that grandfathered and HSA-eligible plans and policies would continue to have cost sharing postmandate. All cost estimates were based on expected utilization rather than frequency or quantity limits. Thus, all portions of CHBRP’s analysis remain relevant.
SB 535 (Limón) Biomarker Testing	Amended – 5/20/21	Bill amended to require compliant benefit coverage for Medi-Cal beneficiaries in DMHC-regulated plans. CHBRP’s fiscal estimates are relevant for enrollees with commercial and CalPERS coverage, though the amendment would likely result in additional expenditures related to the Medi-Cal beneficiaries. All other portions of CHBRP’s analysis remain relevant as written.
SB 562 (Portantino) Pervasive Developmental Disorders or Autism	Amended – 5/20/21	All portions of CHBRP’s analysis remain relevant.
SB 568 (Pan) Deductibles: Chronic Disease Management	Amended – 5/5/21	All portions of CHBRP’s analysis remain relevant.
SB 613 (Limón) Maternal Health: Neonate Medical Wrap	Introduced – 2/18/21 <i>Not heard during initial health committee hearing</i>	All portions of CHBRP’s analysis remain relevant.

Key: CDI = California Department of Insurance; DHCS = Department of Health Care Services; DMHC = Department of Managed Health Care.