

# CHBRP Analyses of California Assembly and Senate Bills

Status as of June 17, 2022

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 933 (Daly) Prescription Drug Cost Sharing	Amended – 1/14/22	Elements of AB 933 have been included in the current version of SB 1361. All portions of CHBRP’s analysis remains relevant.
AB 1400 (Kalra) Guaranteed Health Care for All	Amended – 1/24/22	All portions of CHBRP’s analysis remain relevant, although AB 1400 failed to move out of the Assembly Appropriations Committee has been declared “dead”.
AB 1859 (Levine) Mental Health Services	Introduced – 2/8/22	All portions of CHBRP’s analysis remain relevant.
AB 1930 (Arambula) Medi-Cal: Comprehensive Perinatal Services	Amended – 3/16/22	All portions of CHBRP’s analysis remain relevant.
AB 2024 (Friedman) Breast Imaging	Amended – 6/15/22	The amended language would allow cost sharing for some – or perhaps all - enrollees in plans or policies with an annual deductible of \$1,400 or more per year. <sup>1</sup> CHBRP’s fiscal and public health analysis remains directionally correct. However, if the amended language would exempt all high deductible health plans (HDHPs), impacts could be lower for 22% of commercial enrollees. If the amended language would exempt only HDHPs associated with health savings accounts (HSAs), impacts would be lower for 6% of commercial enrollees. All other portions of CHBRP’s analysis remain relevant. The amended language also adds an Insurance Code reference to self-insured employee welfare benefit plans. As CDI does not regulate such plans, the impact of the addition is unclear.

<sup>1</sup> See CHBRP’s resource, Deductibles in State-Regulated Health Insurance for 2023, available at [https://chbrp.org/other\\_publications/index.php](https://chbrp.org/other_publications/index.php).

Bill	Version	Notes
AB 2029 (Wicks) Health Care Coverage: Treatment for Infertility	Amended – 5/3/22	Amended language requires coverage of infertility treatments for the large group market and requires insurers to offer coverage to small group plans and policies. Additional amendments limit the number of completed oocyte retrievals to three and provides a lifetime benefit maximum of \$75,000. CHBRP’s fiscal and public health analysis remains directionally correct, although the magnitude would be smaller. All other portions of CHBRP’s analysis remain relevant.
AB 2516 (Aguiar-Curry) Health Care Coverage: Human Papillomavirus	Amended – 4/18/22	Amended language adds a requirement for coverage of cervical cancer screening for a portion of enrollees. CHBRP’s analysis remains relevant to the portion of the bill pertaining to human papillomavirus vaccination requirements.
AB 2585 (McCarty) Health Care Coverage: Nonpharmacological Pain Management Treatment	Introduced – 2/18/22	All portions of CHBRP’s analysis remain relevant.
AB 2709 (Boerner Horvath) Emergency Ground Medical Transportation	Introduced – 2/18/22	All portions of CHBRP’s analysis remain relevant.
SB 473 (Bates) Insulin Cost Sharing	Amended – 6/17/22	Amended language expands the deductible prohibition to benefits related to managing and treating diabetes. Due to an increase in benefit coverage without a deductible, cost impacts would be higher. Additional amendments specify cost sharing for insulin prescriptions for a supply greater than 30 days is limited to increments of \$35. CHBRP’s analysis remains relevant to the portion of the bill pertaining to limiting cost sharing for insulin.
SB 853 (Wiener) Prescription Drug Coverage	Amended – 6/2/22	Amended language would somewhat reduce impacts on cost sharing and somewhat increase impacts on premiums for enrollees in DMHC-regulated health plans and CDI-regulated health policies. Amended language regarding coverage for persons engaged with other CDI-regulated disability insurance is beyond the scope of CHBRP’s analysis.
SB 858 (Wiener) Health Care Service Plans: Discipline: Civil Penalties	Amended – 6/13/22	The amended language would generally increase the administrative penalty per violation, and would also decrease the civil penalty per violation. Directionally, CHBRP’s projected fiscal impacts for both remain valid and all other portions of the analysis remain relevant.
SB 912 (Limón) Biomarker Testing	Amended – 4/26/22	All portions of CHBRP’s analysis remain relevant.
SB 974 (Portantino) Breast Imaging	Amended – 4/25/22	Amended language allows cost sharing for out-of-network providers. As relevant services are most commonly accessed through in-network CHBRP’s fiscal and public health analysis remains directionally correct, though impacts on utilization and cost sharing could be somewhat lower. All other portions of CHBRP’s analysis remain relevant.

Bill	Version	Notes
SB 1191 (Bates) Medi-Cal: Pharmacogenomic Testing	Amended – 6/15/22	All portions of CHBRP’s analysis remain relevant.
SB 1337 (McGuire) Coordinated Specialty Care Services for First-Episode Psychosis	Amended – 5/3/22	All portions of CHBRP’s analysis remain relevant.
SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program	Amended – 5/19/22	All portions of CHBRP’s analysis remain relevant.