

# CHBRP Analyses of California Assembly and Senate Bills

Status as of September 1, 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 and Substance Use Disorder Treatment	Amended – 8/18/22	Amended language adds substance use disorder treatment and specifies that health plans and insurers that cover mental health services approve provision of <i>medically necessary</i> treatment for a mental health or substance use disorder. It requires these plans and insurers to process a referral for a voluntary follow-up appointment after an involuntary hold as a request for an appointment and to offer an appointment that meets geographic and timely access standards. The referring facility is required to provide plans and insurers notification of a referral within 48 hours of the referral being made. All portions of CHBRP’s analysis remain relevant to the aspects of the bill related to coverage of mental health services after discharge from an involuntary hold.
AB 1930 (Arambula) Medi-Cal: Comprehensive Perinatal Services	Amended – 8/11/22	All portions of CHBRP’s analysis remain relevant.

Bill	Version	Notes
AB 2024 (Friedman) Breast Imaging	Amended – 8/01/22	Amended language would allow cost sharing for high deductible health plan/policy (HDHP) enrollees who have not yet met the year’s deductible. HDHPs include 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 be relevant for all enrollees in HDHPs, impacts could be lower for 22% of commercial enrollees. If the amended language would be relevant only for enrollees in 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.
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 provide 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 – 8/22/22	All portions of CHBRP’s analysis remain relevant.
AB 2585 (McCarty) Health Care Coverage: Nonpharmacological Pain Management Treatment	Amended – 6/27/22	Amended language strikes the current bill language and makes findings and declarations related to the state Pain Patient’s Bill of Rights, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management. The Background and Medical Effectiveness sections 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 – 6/16/22	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.

<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
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 – 8/18/22	Amended language would limit the maximum amount of a civil penalty per violation and increase the current amount per violation of specific administrative penalties. Directionally, CHBRP's projected fiscal impacts remain valid and all other portions of the analysis remain relevant.
SB 912 (Limón) Biomarker Testing	Amended – 8/23/22	All portions of CHBRP's analysis remain relevant.
SB 974 (Portantino) Breast Imaging	Amended – 8/24/22	Amended language specifies that (1) for enrollees in high deductible health plans (HDHPs), cost sharing prohibitions apply only after the deductible is met and (2) for all enrollees, cost sharing is generally allowed for out-of-network providers. CHBRP's fiscal and public health analysis remains directionally correct, as relevant services are most commonly accessed through in-network providers, though impacts on utilization and cost sharing could be somewhat lower, as impacts for enrollees in HDHPs would be less. All other portions of CHBRP's analysis remain relevant.
SB 1191 (Bates) Medi-Cal: Pharmacogenomic Testing	Amended – 6/23/22	Amended language adds a stipulation that funds must be appropriated by the Legislature for the provisions to go into effect. 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 – 8/25/22	All portions of CHBRP's limited analysis of specific aspects of the bill remain relevant. The implementation dates of the bill have been amended, delaying expenditures but not materially changing CHBRP's projections.
SB 1473 (Pan) COVID-19 Therapeutics	Amended – 8/25/22	CHBRP's limited analysis considers only aspects of the bill pertaining to coverage of COVID-19 therapeutics. Amended language would make those requirements applicable to the coverage of Medi-Cal beneficiaries enrolled in DMHC-regulated plans. CHBRP's informative example remains directionally correct, though impacts on utilization could be somewhat higher.