

CHBRP Analyses of California Assembly and Senate Bills

Final status of bills analyzed in 2022

2021-2022 California State Legislature



CHBRP generally analyzes introduced bills prior to their first Senate or Assembly Health Committee hearing. Completed CHBRP analyses (and the analyzed bill language) are available at http://chbrp.org/completed_analyses/index.php. As bills move through the Legislature, bills may be significantly amended, which may alter CHBRP’s projected impacts. The table, below, indicates the final version of each analyzed bill and the extent to which CHBRP’s analyses remain relevant. Final bill language and the bill status are available at <http://leginfo.legislature.ca.gov/>.

CHBRP’s analyses may still be of use after the legislative cycle concludes in order to inform future legislation, the implementation of analyzed legislation that is signed into law or included in California’s budget, and the ongoing evaluation of relevant health benefit mandates and repeals.

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP’s Analysis Remain Relevant to Final Version?
AB 933 (Daly) Prescription Drug Cost Sharing	Died in Assembly Appropriations Committee – 1/31/22	Yes	All portions of CHBRP’s analysis remain relevant.
AB 1400 (Kalra) Guaranteed Health Care for All	Died in Assembly Appropriations Committee – 2/1/22	Yes	All portions of CHBRP’s analysis remain relevant.
AB 1859 (Levine) Mental Health and Substance Use Disorder Treatment	Vetoed by the Governor – 9/29/22	Yes	Final version of the bill includes amended language that 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.

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP’s Analysis Remain Relevant to Final Version?
AB 1930 (Arambula) Medi-Cal: Comprehensive Perinatal Services	Vetoed by the Governor – 9/27/22	Yes	All portions of CHBRP’s analysis remain relevant.
AB 2024 (Friedman) Breast Imaging	Held under submission in Senate Appropriations Committee – 8/11/22	Yes	Final version of the bill includes amended language that 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. ¹ 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	Held under submission in Assembly Health Committee – 5/19/22	Yes	Final version of the bill includes amended language that 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	Vetoed by the Governor – 9/25/22	Yes	All portions of CHBRP’s analysis remain relevant.
AB 2585 (McCarty) Health Care Coverage: Nonpharmacological Pain Management Treatment	Approved by the Governor – 8/22/22	Yes	Final version of the bill amends the bill to only make 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.

¹ See CHBRP’s resource, Deductibles in State-Regulated Health Insurance for 2023, available at https://chbrp.org/other_publications/index.php.

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP's Analysis Remain Relevant to Final Version?
AB 2709 (Boerner Horvath) Emergency Ground Medical Transportation	Assembly Health Committee hearing canceled at the request of author – 4/26/22	No	All portions of CHBRP's analysis remain relevant.
SB 473 (Bates) Insulin Cost Sharing	Held under submission in Assembly Health Committee – 8/11/22	Yes	Final version of the bill includes amended language that 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	Held under submission in Assembly Health Committee – 8/11/22	Yes	Final version of the bill includes amended language that 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	Approved by the Governor – 9/30/22	Yes	Final version of the bill includes amended language that 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	Vetoed by the Governor – 9/29/22	Yes	All portions of CHBRP's analysis remain relevant.
SB 974 (Portantino) Breast Imaging	Vetoed by the Governor – 9/27/22	Yes	Final version of the bill includes amended language specifying 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.

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP’s Analysis Remain Relevant to Final Version?
SB 1191 (Bates) Medi-Cal: Pharmacogenomic Testing	Vetoed by the Governor– 9/19/22	Yes	Final version of the bill includes amended language that 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	Held under submission in Senate Appropriations Committee – 5/19/22	Yes	All portions of CHBRP’s analysis remain relevant.
SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program	Approved by the Governor– 9/14/22	Yes	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	Approved by the Governor– 9/25/22	Yes	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.