



LEGISLATIVE SUMMARY 2025

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DEPARTMENT OF HEALTH CARE SERVICES

LEGISLATIVE SUMMARY 2025

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FISCAL YEAR 2025-26 BUDGET BILLS

BILL#	AUTHOR	CHAPTER #	SUBJECT
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AB 102	Gabriel	5	Budget Act of 2025
SB 101	Wiener	4	Budget Act of 2025
SB 103	Wiener	6	Budget Acts of 2022, 2023, and 2024
SB 105	Wiener	104	Budget Acts of 2021, 2023, 2024, and 2025
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AB 116	Committee on Budget	21	Health omnibus trailer bill
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SUMMARIES OF BILLS SIGNED BY THE GOVERNOR:

BEHAVIORAL HEALTH

SB 27 Umberg (Chapter 528)

COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE) COURT PROGRAM

Senate Bill (SB) 27, sponsored by the author, revises the CARE Act by requiring courts to consider CARE referrals as an initial option for Misdemeanor Incompetent to Stand Trial defendants. The bill allows defendants in county jail to be released on their own recognizance if a hearing is scheduled more than 30 days after the referral. In addition, SB 27 revises CARE eligibility by expanding diagnostic eligibility criteria to include individuals with a diagnosis of bipolar I disorder with psychotic features and defines the term “clinically stabilized in ongoing voluntary treatment.” Further, SB 27 clarifies that courts may make a prima facie determination without conducting a hearing, may call additional progress hearings beyond 60 days, for the duration of the CARE agreement, and can approve graduation or extended participation requests. The bill allows confidential information to be shared between counties and jails. SB 27 expands the behavioral health professionals, as specified, that can assess and submit affidavits for respondents and clarifies processes for those not accepted into the CARE program or when the court refers the defendant back to criminal court within the specified six-month time period. This bill also makes technical amendments to the CARE Act.

BENEFITS

AB 688 Gonzalez, Mark (Chapter 437)

TELEHEALTH FOR ALL ACT OF 2025

AB 688, sponsored by the California Emerging Technology Fund, requires the Department of Health Care Services (DHCS) to produce a publicly available Medi-Cal Telehealth Utilization Report by 2028 and every two years thereafter analyzing Medi-Cal data and other data sources that are readily available to DHCS on telehealth. The report will include analyses and data on telehealth utilization. In addition, the report will be categorized by geographic, demographic, and social determinants of health to help identify disparities. AB 688 also states that DHCS may utilize

the report to help identify and address access to care issues or to provide insight into telehealth utilization.

BUDGET OFFICE

AB 102 Gabriel (Chapter 5)

BUDGET ACT OF 2025¹

AB 102 enacts the provisions of the Budget Act for Fiscal Year (FY) 2025-2026.

SB 101 Wiener (Chapter 4)

BUDGET ACT OF 2025

SB 101 enacted amendments to the Budget Act of 2025 to make changes associated with the FY 2025-26 budget package.

SB 103 Wiener (Chapter 6)

BUDGET ACTS OF 2022, 2023, AND 2024

SB 103 amends the 2022, 2023, and 2024 Budget Acts to make changes associated with the FY 2025-26 budget package.

SB 105 Wiener (Chapter 104)

BUDGET ACTS OF 2021, 2023, 2024, AND 2025

SB 105 amends the 2021, 2023, 2024, and 2025 Budget Acts to make changes associated with the FY 2025-26 budget package.

CAPITATED RATES

SB 439 Weber Pierson (Chapter 318)

CALIFORNIA HEALTH BENEFIT REVIEW PROGRAM: EXTENSION

¹ [DHCS FY-2025-26 Budget Act Highlights](#)

SB 439, sponsored by the University of California, extends the operation of the California Health Benefit Review Program and the Health Care Benefits Fund from July 1, 2027, to July 1, 2033, authorizing the continued assessment of the annual fee on health care service plans, including Medi-Cal Managed Care Plans (MCPs), for FYs 2026–27 through 2032–33. SB 439 also increases the maximum allowable total annual assessment on health care service plans from \$2.2 million to \$3.2 million. Lastly, the sunset date was extended from January 1, 2028, to January 1, 2034.

COMMUNITY SERVICES

AB 348 Krell (Chapter 688)

FULL-SERVICE PARTNERSHIPS

AB 348, cosponsored by the Steinberg Institute and the California Behavioral Health Association, establishes criteria, under the Behavioral Health Services Act, for an individual with serious mental illness to be presumptively eligible to enter into a Full-Service Partnership. Specifically, the bill allows these individuals to be presumptively eligible to enter into a Full-Service Partnership if they are experiencing unsheltered homelessness, transitioning to the community after six months or more in a secured treatment or residential setting or state prison or jail, or have been detained five or more times in the last five years pursuant to WIC Section 5150. The bill specifies that enrollment of a presumptively eligible person is contingent on meeting specific criteria and a recommendation by a licensed behavioral health clinician assessment and would not require counties to enroll these individuals if doing so would conflict with Medi-Cal obligations or court orders, or exceed the county's Full-Service Partnership capacity or funding and would require that an individual with a serious mental illness would not be deemed ineligible for enrollment in an Full-Service Partnership solely because their primary diagnosis is a substance use disorder.

AB 712 Wicks (Chapter 496)

HOUSING REFORM LAWS: ENFORCEMENT ACTIONS: FINES AND PENALTIES

AB 712, sponsored by the California Building Industry Association, creates remedies for violations of specified housing reform laws by public agencies by entitling housing development applicants who prevail in

lawsuits against such agencies for violating housing reform laws to reasonable attorney's fees and costs. The bill also extends any period of limitation for actions to 60 days, as specified, requires courts to impose fines on local agencies found to have violated housing laws, and further prohibits public agencies from requiring indemnification or defense from applicants.

SB 862 Committee on Health (Chapter 243)

HEALTH

SB 862, sponsored by the author, is a Senate Committee on Health omnibus clean-up bill that makes technical edits to various provisions in existing law in the Education Code, the Health and Safety Code (HSC), the Insurance Code, and WIC. Changes impacting DHCS are 1) to change the name of the Mental Health Services Oversight and Accountability Commission to the Behavioral Health Services Oversight and Accountability Commission; 2) to make technical, non-substantive changes related to complex rehabilitation technology compliance for Medi-Cal providers; and 3) to make a non-substantive change related to the Community-Based Adult Services program.

ENTERPRISE DATA & INFORMATION MANAGEMENT

SB 660 Menjivar (Chapter 325)

CALIFORNIA HEALTH AND HUMAN SERVICES DATA EXCHANGE FRAMEWORK

SB 660, sponsored by Connecting to Better Health, transfers authority for the California Health and Human Services Agency (CalHHS) Data Exchange Framework and stakeholder advisory group from CalHHS to the Department of Health Care Access and Information (HCAI) on or before January 1, 2026. The bill requires real-time data exchange among newly specified entities by July 1, 2026. The bill exempts certain sensitive information, such as abortion-related care, gender-affirming care, place of birth, and immigration citizenship status. By July 1, 2026, the named health care organizations are required to execute a single data sharing agreement as a condition of contracting with DHCS. The bill requires HCAI to establish a process for designating qualified health information organizations as intermediaries and publishing compliance information.

INTEGRATED SYSTEMS OF CARE

AB 870 Hadwick (Chapter 167)

CALIFORNIA CHILDREN'S SERVICES PROGRAM: COUNTY DESIGNATION

AB 870, sponsored by the Alpine County Board of Supervisors, authorizes counties with a total population under 2,000 persons to designate another county to administer its California Children's Services (CCS) Program, if the other county agrees to the designation, neither county is a Whole Child Model county under certain provisions of the Medi-Cal program, and otherwise meets the CCS Program standards set forth by DHCS. This bill also authorizes DHCS to issue bulletins or similar instructions to implement the bill until regulations are adopted.

LEGAL SERVICES

AB 45 Bauer-Kahan (Chapter 134)

PRIVACY: HEALTH DATA: LOCATION AND RESEARCH

AB 45, sponsored by the University of California, 1) prohibits the collection, use, disclosure, sale, sharing, or retention of the personal information of a natural person who is physically located at, or within a precise geolocation of, a family planning center, except as needed to perform the services or provide goods requested, with exceptions for specified Knox-Keene regulated entities and covered entities and business associates as defined by the Health Insurance Portability and Accountability Act; 2) prohibits the geofencing of an entity that provides in-person health care services, subject to certain specified exceptions, and authorizes an aggrieved person to institute and prosecute civil action for a violation; 3) prohibits the release of research records containing personally identifiable information in response to a subpoena from another state that is based on either another's state's laws that interfere with a person's rights under California's Reproductive Privacy Act or a foreign penal civil action; and 4) establishes the California Reproductive Justice and Freedom Fund, which enables the California Department of Public Health to award grants related to reproductive and sexual health inequities to eligible community-based organizations.

AB 82 Ward (Chapter 679)

HEALTH CARE: LEGALLY PROTECTED HEALTH CARE ACTIVITY

AB 82, cosponsored by Alliance for Trans Youth Rights, Equality California, Planned Parenthood Affiliates of California, and TransFamily Support Service, protects the safety and privacy of designated gender-affirming health and mental health care providers, employees, volunteers, and patients by 1) including them in the Safe at Home program, and 2) providing online privacy (anti-doxing) protections. Additionally, the bill provides additional protections related to gender-affirming health and mental health care and reproductive health services by 3) prohibiting state and local public agencies from providing information to other states' agencies or federal agencies related to legal reproductive health services and legal gender-affirming health or mental health care performed in or obtained in California. AB 82 also includes double jointing language to address chaptering issues with SB 497 (Wiener, Chapter 764, Statutes of 2025).

LEGISLATIVE & GOVERNMENTAL AFFAIRS

AB 116 Committee on Budget (Chapter 21)

HEALTH OMNIBUS TRAILER BILL

AB 116 enacted the provisions of the Budget Act for FY 2025-26, as it pertains to health issues. Below describes the sections impacting DHCS.

SEC. 6 & 106. These sections, as proposed by the Administration, amended Section 1342.2 of HSC and added Section 14132.994 to WIC to strengthen utilization management for COVID-19 services in the Medi-Cal program.

SEC. 36. This section, as proposed by the Administration, amended Section 1418.22 of HSC to suspend the requirement for skilled nursing facilities to have an alternative source of power for no fewer than 96 hours during any type of power outage until the Legislature has appropriated sufficient funds for the express purpose of providing a rate add-on to skilled nursing facilities' Medi-Cal per diem rate for the projected cost of complying with the new requirement.

SEC. 38 & 116. These sections, as proposed by the Administration, amended Section 120960 of HSC and uncoded Section 83 (Chapter 40,

Statutes of 2024), to modify existing references to minimum state supplemental rebate amounts for human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and cancer drugs in state law and tie state supplemental rebates to a federal rebate percentage effective no sooner than January 1, 2026.

SEC. 50-72 & 76-92 & 108-109. These sections, as proposed by the Administration and modified by the Legislature, reinstitute the Medi-Cal Asset Limit to \$130,000 for individuals, and \$65,000 for each additional household member, when determining Medi-Cal eligibility for applicants or members whose eligibility is not based on modified adjusted gross income financial methods, beginning January 1, 2026, by amending: Sections 14000 (as amended by Section 1 of Chapter 291, Statutes 2022), 14000 (as amended by Section 2 of Chapter 291, Statutes of 2022), 14005.11 (as amended by Section 1 of Chapter 707, Statutes of 2023), 14005.11 (as amended by Section 2 of Chapter 707, Statutes of 2023), 14005.20 (as amended by Section 75 of Chapter 42, Statutes of 2023), 14005.20 (as amended by Section 76 of Chapter 42, Statutes of 2023), 14005.40 (as amended by Section 80 of Chapter 42, Statutes of 2023), 14005.40 (as added by Section 81 of Chapter 42, Statutes of 2023), 14005.62, 14005.401, 14005.401 (as added by Section 83 of Chapter 42, Statutes of 2023), 14006, 14006.01, 14006.15, 14006.2, 14006.3 (as amended by Section 92 of Chapter 42 of the Statutes of 2023), 14006.3 (as amended by Section 93 of Chapter 42, Statutes of 2023), 14006.4 (as amended by Section 94 of Chapter 42, Statutes of 2023), 14006.4 (as amended by Section 95 of Chapter 42, Statutes of 2023), 14006.5 (as amended by Section 96 of Chapter 42, Statutes of 2023), 14006.6, 14007.9 (as amended by Section 101 of Chapter 42, Statutes of 2023), 14007.9 (as added by Section 102 of Chapter 42, Statutes of 2023), 14009.6 (as amended by Section 104 of Chapter 42, Statutes of 2023), 14009.6 (as added by Section 105 of Chapter 42, Statutes of 2023), 14009.7 (as amended by Section 106 of Chapter 42, Statutes of 2023), 14009.7 (as added by Section 107 of Chapter 42, Statutes of 2023), 14011 (as amended by Section 108 of Chapter 42, Statutes of 2023), 14011 (as added by Section 109 of Chapter 42, Statutes of 2023), 14013.3 (as amended by Section 113 of Chapter 42, Statutes of 2023), 14013.3 (as added by Section 114 of Chapter 42, Statutes of 2023), 14015, 14051 (as amended by Section 120 of Chapter 42, Statutes of 2023), 14051 (as added by Section 121 of Chapter 42, Statutes of 2023), 14051.5 (as amended by Section 122 of Chapter 42, Statutes of 2023), 14051.5 (as added by Section 123 of Chapter 42, Statutes of 2023), 14148.5 (as amended by Section 152 of

Chapter 42, Statutes of 2023), and 14148.5 (as added by Section 153 of Chapter 42, Statutes of 2023), added Section 14005.62, and repealed Sections 14006.1, 14007.9 (as amended by Section 99 of Chapter 42, Statutes of 2023), and 14007.9 (as amended by Section 100 of Chapter 42, Statutes of 2023) of WIC.

SEC. 73-75 & 112. These sections, as proposed by the Administration and modified by the Legislature, amended Sections 14007.5, 14007.65, 14007.8 and 14184.200 of WIC to: 1) implement an enrollment freeze on state-only full scope Medi-Cal coverage for otherwise eligible undocumented adults 19 years and older, no sooner than January 1, 2026; 2) eliminate, effective July 1, 2026, dental services for all individuals with unsatisfactory immigration status 19 years of age and older; and 3) implement monthly premiums of \$30 per member for individuals who are 19-59 years of age and non-pregnant, and are enrolled in limited scope Medi-Cal with unsatisfactory immigration status, no sooner than July 1, 2027.

SEC. 93-97. These sections, as proposed by the Administration and modified by the Legislature, amended Sections 14105.33 and 14105.436, repealed Section 14105.38, and added Sections 14105.38 and 14105.436 of WIC to 1) require Medi-Cal members to obtain a drug removed from the contracted drug list through the prior authorization process rather than allow Medi-Cal members to continue obtaining the drug if they have a 100-day history; and 2) eliminate the requirement for a public hearing when a drug is removed from the contracted drug list and instead allow DHCS to provide at least 60 calendar day written notice to Medi-Cal members and provider notice that the drug is no longer on the contracted drug list.

SEC. 98. This section, as proposed by the Administration, added Section 14107.115 (immediately following Section 14107.11) to WIC to establish a permanent Medi-Cal Anti-Fraud Special Deposit Fund in order to house Medi-Cal provider payments withheld while a Credible Allegation of Fraud is being investigated.

SEC. 99 & 100. These sections, as proposed by the Administration, amended Sections 14126.024 and 14126.033 of WIC to sunset the Skilled Nursing Facility Workforce and Quality Incentive Program earlier, from December 31, 2026, to December 31, 2025.

SEC. 101 & 107. These sections, as proposed by the Administration and modified by the Legislature, amended Sections 14132 and 14133.85 of

WIC to strengthen utilization management for outpatient hospice services in the Medi-Cal program, effective January 1, 2027.

SEC. 103 & 104. These sections, as proposed by the Administration and modified by the Legislature, amended Section 14132.100 and added Section 14132.100 to WIC to eliminate reimbursement at Prospective Payment System per-visit rates for state-only services provided by Federally Qualified Health Centers and Rural Health Clinics, effective no sooner than July 1, 2026.

SEC. 105. This section, as proposed by the Administration, amended Section 14132.171 of WIC to remove the cognitive health assessment training and biannual website reporting requirement previously funded by the Home and Community-Based Services Spending Plan "Dementia Care Aware" initiative, which was set to end January 31, 2025.

SEC. 110 & 111. These sections, as proposed by the Administration, amended Sections 14165.57 and 14166.17 of WIC to: 1) replace the existing payment methodology to the Nondesignated Public Hospitals Supplemental Fund program that expands the eligibility criteria to all eligible nondesignated public hospitals; and 2) replace DHCS' authority to retain 9 percent of each intergovernmental transfer amount after FY 2025-26 with a percentage of each intergovernmental transfer to cover administrative costs for operating the Nondesignated Public Hospitals Intergovernmental Transfer program, as specified.

SEC. 113. This section, as proposed by the Administration, amended Section 14197.7 of WIC to expand the definition of "contractors" subject to sanctions to include providers of the Home and Community-Based Alternatives) Waiver and the Program of All-Inclusive Care for the Elderly.

AB 144 Committee on Budget (Chapter 105)

HEALTH

AB 144 enacted the provisions of the Budget Act for FY 2025-26, as it pertains to health. Below describes the sections impacting DHCS.

SEC. 22, 25, 48, 51, 55-60, & 64-66: These sections as proposed by the Administration and modified by the Legislature, repealed Section 11756.8 of HSC, Sections 14007.95 and 14100.95 of WIC, Section 34 of Chapter 80 of the Statutes of 2005, and Section 67 of Chapter 758 of the Statutes of 2008, amended Section 104151 of HSC, Section 30461.6 of the Revenue and Taxation Code, Sections 14005.27, 14012.5, 14105.47, 14105.475,

14124.11, and 14501 of WIC to streamline and eliminate obsolete reporting requirements to the Legislature by DHCS.

SEC. 49: This section, as proposed by the Legislature, amended Section 5961.4 of WIC to revise requirements for the third-party administrator for administration of the Statewide Behavioral Health School site Fee Schedule to reduce the administrative burdens of collecting health plan enrollment data on local educational agencies and ensuring timely payment of claims.

SEC. 61: These sections, as proposed by the Administration and modified by the Legislature, added Section 14132.995 of WIC to update Medi-Cal immunization guidelines to include recommendations by existing federal bodies as of January 1, 2025, and those recommended by the California Department of Public Health.

SEC. 52: This section, as proposed by the Administration, amended Section 14005.62 (as added by Section 59 (Chapter 21, Statutes of 2025) of WIC to clarify the implementation date of no sooner than January 1, 2026, and contingent upon systems updates for the reinstatement of the Medi-Cal Asset Limit.

SEC 53 & 54: These sections amended Sections, 14007.5, and 14007.8 of WIC to 1) correct the implementation date for premiums in the Medi-Cal program by individuals with unsatisfactory immigration status to from July 1, 2026, to July 1, 2027; and 2) exempt foster youth and former foster youth with unsatisfactory immigration status from provisions related to the freeze on Medi-Cal enrollment, payment of premiums, and dental coverage.

SEC. 62-63: These sections amended Sections 14146 and 14146.5 of WIC to extend the expenditure, encumbrance and liquidation period for expenditure of funding for a medical interpreters pilot project until June 30, 2026.

SB 160 Committee on Budget and Fiscal Review (Chapter 113)

BACKGROUND CHECKS

SB 160 makes various statutory changes to implement the provisions of the Budget Act of 2025 related to the authorization of background check. Below describes the section impacting DHCS.

SEC. 34: This section, as proposed by the Administration, added Section 11105.001 to the Penal Code to continue to authorize DHCS to conduct federal background checks and fingerprinting of its employees.

LICENSING & CERTIFICATION

AB 416 Krell (Chapter 691)

INVOLUNTARY COMMITMENT

AB 416, cosponsored by the California Chapter of the American College of Emergency Physicians and Psychiatric Physicians Alliance of California, requires a county behavioral health director to include an emergency physician, as defined, among the practice disciplines eligible for county designation to perform functions under WIC section 5150, as specified. AB 416 also includes emergency physicians as designated professionals who are not civilly or criminally liable for any action by a person released at or before the end of the period for which the person was admitted.

AB 424 Davies (Chapter 261)

ALCOHOL AND OTHER DRUG PROGRAMS: COMPLAINTS

AB 424, sponsored by League of California Cities, requires DHCS to take specified actions regarding the receipt and closure of complaints against licensed alcohol or other drug (AOD) recovery or treatment facilities or complaints against facilities unlawfully operating without a license. Specifically, the bill requires DHCS to: 1) notify the person filing the complaint within 10 days of receipt that the complaint has been received, and 2) upon closing the complaint, notify the person who filed the complaint that the complaint is closed, and whether DHCS found the program to be in violation of applicable regulations.

AB 492 Valencia (Chapter 368)

ALCOHOL AND DRUG PROGRAMS: LICENSING

AB 492, sponsored by League of California Cities, requires DHCS to notify a city in which a newly licensed AOD recovery or treatment facility is located with the name, mailing address, and facility location of the licensee. If the facility is located within an unincorporated area, the notice is required to instead be provided to the county.

AB 1037 Elhawary (Chapter 569)

PUBLIC HEALTH: SUBSTANCE USE DISORDER

AB 1037, sponsored by County of Los Angeles Board of Supervisors, does all of the following: 1) expands the legal use of opioid antagonists and drug overdose prevention liability protections; 2) rescinds training requirements regarding the use of opioid antagonists; 3) allows primary prevention programs, such as drug abuse awareness and education, family-oriented programs, or activities designed as an alternative to drug use, to include activities aligned with evidence-based best practices; 4) requires DHCS to offer a combined application for licensure as an AOD recovery or treatment facility and authorization for AOD facilities to provide incidental medical services; 5) prohibits DHCS from requiring an admission agreement to require a person to have been abstinent or not be under the influence in order to be admitted into care, be considered for treatment, or continue treatment; 6) prohibits an AOD recovery or treatment facility from denying a client's admission based solely on that person's lack of sobriety; 7) establishes declarative language stating that substance use disorder should be viewed and treated as a health problem, among other declarations; 8) redefines "Drug- or alcohol-related program" to mean a program designed to assist persons with substance use disorder, as specified; and 9) strikes existing requirements on the encumbrance of state funds for AOD recovery or treatment programs as it relates to drug- or alcohol-related program messaging.

AB 1356 Dixon (Chapter 189)

ALCOHOL AND OTHER DRUG PROGRAMS

AB 1356, sponsored by the author and known as "John's Law," requires licensed AOD recovery or treatment facilities to submit additional information to DHCS within 30 days of an initial incident involving the death of a client at an AOD recovery or treatment facility, if that information was not known at the time of initial incident. This bill also requires DHCS to issue a written notice of deficiency if any licensing violations are identified during its investigation of a resident's death. The notice must include specific instructions and a timeframe for the facility to respond. The bill authorizes DHCS to issue guidance, through information notices or similar instructions without taking regulatory action.

SB 83 Umberg (Chapter 402)

**STATE DEPARTMENT OF HEALTH CARE SERVICES: SUBSTANCE ABUSE
TREATMENT: DISCLOSURES**

SB 83, sponsored by the author, requires DHCS to post on its website, in a specified manner and with specified details, an identification and summary of each violation issued to licensed and/or certified AOD recovery or treatment programs listed on its existing Probationary Status, Temporary Suspension Order, Revoked and Notice of Operation in Violation of Law Program List webpage. The bill also requires DHCS to include, in a specified manner, a notice on its webpage indicating that the list does not include notices issued to recovery residences for providing licensable recovery, treatment, or detoxification services without a current valid license. The bill requires DHCS to post this information without violating state or federal privacy rights and protections.

SB 582 Stern (Chapter 546)

**HEALTH AND CARE FACILITIES: LICENSING DURING EMERGENCIES
OR DISASTERS**

SB 582, sponsored by the author, does all of the following: 1) requires skilled nursing facilities to review their external disaster and mass casualty program plans and share them with local emergency offices, including Medical Health Operational Area Coordinators; 2) encourages Residential Care Facilities for the Elderly to provide a copy of their emergency and disaster plans to the Medical Health Operational Area Coordinators; 3) requires the California Department of Social Services and the California Department of Public Health to allow facilities under their jurisdiction, as specified, to place their license on inactive status if they are forced to close due to destruction or damage from a declared emergency or disaster; 4) requires DHCS to direct Medi-Cal MCPs to presume eligibility for Emergency Remote Services in Community-Based Adult Services programs during the first 30 days following a declared emergency or disaster; 5) allows licensed AOD recovery or treatment facilities and certified AOD programs to place their license or certification on inactive status if they are forced to close due to destruction or damage from a declared emergency or disaster, as specified.

MANAGED CARE

AB 543 Gonzalez, Mark (Chapter 374)

MEDI-CAL: FIELD MEDICINE

AB 543, cosponsored by California Street Medicine Collaborative and University of Southern California, 1) defines "person experiencing homelessness", "field medicine", and "field medicine provider;" 2) permits a Medi-Cal MCP to offer services through an in-network, contracted field medicine provider to the extent that any necessary federal approvals are obtained and that federal financial participation is available and not otherwise jeopardized; 3) allows in-network, contracted field medicine providers to directly refer a member experiencing homelessness for covered services within the appropriate Medi-Cal MCP network, or through an in-network independent practice association; 4) requires Medi-Cal MCPs or independent practice associations to create referral and authorization mechanisms to facilitate such referrals; 5) requires Medi-Cal MCPs to provide a method, as specified, for members to inform the plan that they are experiencing homelessness, and requires DHCS to inform Medi-Cal MCPs if a Medi-Cal member has indicated they are experiencing homelessness as specified; and 6) requires a Medi-Cal application to have an optional question for an applicant to identify whether they are experiencing homelessness.

SB 250 Ochoa Bogh (Chapter 309)

MEDI-CAL: PROVIDER DIRECTORY: SKILLED NURSING FACILITIES

SB 250, sponsored by California Advocates for Nursing Home Reform, requires DHCS to include skilled nursing facilities as one of the searchable available provider types in the provider directory that lists accepted Medi-Cal MCPs through the Medi-Cal Managed Care Health Care Options website. SB 250 also requires DHCS to update the provider directory annually to ensure that the information is accurate and accessible to the public.

SB 530 Richardson (Chapter 418)

MEDI-CAL: TIME AND DISTANCE STANDARDS

SB 530, cosponsored by National Health Law Program and Western Center on Law and Poverty, codifies specific federal requirements for provider

network adequacy. Among other requirements, SB 530 authorizes the use of telehealth to meet time or distance standards but ensures in-person access remains available when preferred by members, and introduces a process for alternative access standard requests when geographic benchmarks cannot be met. Starting in 2026, plans are required to notify members of their options when providers fall outside standard access limits. Starting in 2027, DHCS is required to evaluate whether provider payment rates are sufficient when reviewing these requests. DHCS is also required to publish a network adequacy update workplan and to convene a stakeholder group by 2027. SB 530 mandates annual compliance reporting and direct testing methods by 2029 to verify appointment availability. The sunset date for network adequacy provisions was extended from January 1, 2026, to January 1, 2029. Lastly, DHCS is authorized to enter into exclusive or non-exclusive contracts and issue non-regulatory guidance to implement federal regulations for purposes of implementing the Ensuring Access to Medicaid Services Final Rule, and the Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule. This contracting authority becomes inoperative on January 1, 2029.

MEDI-CAL ELIGIBILITY

AB 91 Harabedian (Chapter 357)

STATE AND LOCAL AGENCIES: DEMOGRAPHIC DATA

AB 91, sponsored by the author, establishes the "Middle Eastern and North African Inclusion Act," which requires state and local agencies that collect demographic data, including DHCS, to use separate collection categories and tabulations for Middle Eastern and North African groups, as specified, in forms that offer respondents the option of selecting one or more ethnic or racial designations or languages and tabulations, effective January 1, 2028. Additionally, state and local agencies are required to include the aggregated data in every demographic report on the ancestry or ethnic origins of Californians released on or after January 1, 2029, and make the aggregated data available to the public, as specified. The bill prohibits state and local agencies from disclosing to the public the personal identifying information of any individual whose data is collected pursuant to these provisions.

PHARMACY BENEFITS

AB 50 Bonta (Chapter 135)

PHARMACISTS: FURNISHING CONTRACEPTIVES

AB 50, cosponsored by Essential Access Health, the National Health Law Program, and Birth Control Pharmacist, adds over-the-counter contraceptives to the list of medications a pharmacist may furnish (up to a 12-month supply) and exempts pharmacists from following the standardized procedures or protocols currently required for furnishing prescription-only hormonal contraceptives. AB 50 had an urgency clause and went into effect on September 26, 2025.

QUALITY & POPULATION HEALTH MANAGEMENT

SB 278 Cabaldon (Chapter 748)

HEALTH DATA: HIV TEST RESULTS

SB 278, sponsored by San Francisco AIDS Foundation, authorizes a provider of health care to disclose an HIV test result that includes identifying characteristics, without written authorization from the patient or their representative, to the Medi-Cal MCP to which a Medi-Cal member is assigned, and to the external quality review organization contracted by DHCS, for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal members. This bill would also, for the same purpose, authorize Medi-Cal MCPs to disclose de-identified HIV test results to DHCS.

SAFETY NET FINANCING

SB 246 Grove (Chapter 308)

MEDI-CAL: GRADUATE MEDICAL EDUCATION PAYMENTS

SB 246, sponsored by District Hospital Leadership Forum, does all of the following: 1) requires DHCS to seek federal approval to implement a graduate medical education program for District and Municipal Public Hospitals and their affiliated government entities, as specified; 2) requires the program to be structured similarly to the existing graduate medical education program for Designated Public Hospitals, where payments are made in recognition of the Medi-Cal managed care share of the hospitals' direct and indirect graduate medical education costs; 3) requires that the nonfederal share of graduate medical education program payments to District and Municipal Public Hospitals consist of voluntary

intergovernmental transfers provided by the hospitals themselves and prohibits use of the state General Fund for the nonfederal share of payments; 4) requires a District and Municipal Public Hospital Special Fund to be established in the State Treasury for depositing transfers from the hospitals; 5) requires DHCS to consult with District and Municipal Public Hospitals as it relates to developing, implementing, and modifying these payment programs; and 6) authorizes DHCS to issue guidance to implement the bill without taking regulatory action.

STRATEGIC PARTNERSHIPS

AB 1043 Wicks (Chapter 675)

AGE VERIFICATION SIGNALS: SOFTWARE APPLICATIONS AND ONLINE SERVICES

AB 1043, sponsored by Children Now, requires an operating system provider to provide an accessible interface at account setup that requires an account holder, as defined, to indicate the birth date, age, or both, of the user of that device by January 1, 2027. It also requires an operating system provider or a covered application store, as defined, to provide a digital signal regarding the user's age bracket when a developer requests a signal with respect to a particular user via a real-time application programming interface, which the developer would use to indicate the user's primary age. The bill requires a developer to request a signal from an operating system provider or a covered application store when the application is downloaded and launched. This bill subjects a person who violates the bill's provisions with an injunction and a civil penalty to be enforced by the California Department of Justice.

THIRD PARTY LIABILITY & RECOVERY

AB 499 Ortega (Chapter 370)

ROBERT F. KENNEDY FARM WORKERS MEDICAL PLAN

AB 499, sponsored by United Farm Workers, reduces the reimbursement threshold from DHCS to the Robert F. Kennedy Farm Workers Medical Plan for a single episode of care, lowering it from \$70,000 to \$50,000. AB 499 maintains the existing maximum annual reimbursement of up to \$3,000,000.

AB 1521 Committee on Judiciary (Chapter 200)

COMMITTEE ON JUDICIARY: JUDICIARY OMNIBUS

AB 1521 is an Assembly Committee on Judiciary omnibus bill that makes various noncontroversial changes to existing law. Current law outlines when a notice of death is required to be given by a general personal representative or estate attorney to the Director of DHCS, the Director of the California Victim Compensation Board, and to the Franchise Tax Board. Among other requirements, AB 1521 expands the notice requirements under that section to include the Director of the California Department of Child Support Services. Additionally, AB 1521 makes technical amendments updating the term "Health Care Services" to "the State Department of Health Care Services" and authorizing an electronic submission as a legally satisfying form of notice to the Director of DHCS.

PROGRAM ASSIGNMENTS AND ACRONYMS

PROGRAM	CODE
Behavioral Health	MCBHD
Benefits	BD
Budget Office	BO
Capitated Rates Development	CRDD
Community Services	CSD
Enterprise Data & Information Management	EDIM
Integrated Systems of Care	ISCD
Office of Legal Services	OLS
Office of Legislative & Governmental Affairs	LGA
Licensing & Certification	LCD
Managed Care	MC
Medi-Cal Eligibility	MCED
Pharmacy Benefits	PBD
Quality & Population Health Management	QPHM
Safety Net Financing	SNFD
Office of Strategic Partnerships	OSP
Strategic Planning and Workforce Development	SPAWDD
Third Party Liability & Recovery	TPLRD

2025 ENROLLED BILLS

Bill #	Author	Status	Chapter	Program	Page #
AB 45	Bauer-Kahan	S	134	OLS	11
AB 50	Bonta	S	135	PBD	22
AB 82	Ward	S	679	OLS	12
AB 91	Harabedian	S	357	MCED	21
AB 102	Gabriel	S	5	BO	8
AB 116	Committee on Budget	S	21	LGA	12
AB 144	Committee on Budget	S	105	LGA	15
AB 348	Krell	S	688	CSD	9
AB 416	Krell	S	691	LCD	17
AB 424	Davies	S	261	LCD	17
AB 474	Ward	V	--	MCED	--
AB 492	Valencia	S	368	LCD	17
AB 499	Ortega	S	370	TPLRD	23
AB 543	Gonzalez	S	374	MC	20
AB 688	Gonzalez	S	437	BD	7
AB 712	Wicks	S	496	CSD	9
AB 766	Sharp-Collins	V	--	SPAWDD	--
AB 870	Hadwick	S	167	ISCD	11
AB 1037	Elhawary	S	569	LCD	18
AB 1043	Wicks	S	675	OSP	23
AB 1210	Lackey	V	--	OSP	--
AB 1356	Dixon	S	189	LCD	18
AB 1387	Quirk-Silva	V	--	OSP	--
AB 1521	Committee on Judiciary	S	200	TPLRD	24
SB 27	Umberg	S	528	MCBHD	7
SB 83	Umberg	S	402	LCD	19

SB 101	Wiener	S	4	BO	8
SB 103	Wiener	S	6	BO	8
SB 105	Wiener	S	104	BO	8
SB 160	Committee on Budget and Fiscal Review	S	113	LGA	16
SB 246	Grove	S	308	SNFD	22
SB 250	Ochoa Bogh	S	309	MC	20
SB 278	Cabaldon	S	748	QPHM	22
SB 418	Menjivar	V	--	PBD	--
SB 439	Weber Pierson	S	318	CRDD	8
SB 530	Richardson	S	418	MC	20
SB 582	Stern	S	546	LCD	19
SB 660	Menjivar	S	325	EDIM	10
SB 862	Committee on Health	S	243	CSD	10

SIGNING MESSAGES

BILL#	AUTHOR	SUBJECT	DIV
None			

VETO MESSAGES

BILL#	AUTHOR	SUBJECT	DIV
AB 474	Ward	Housing discrimination: nonprofit home-sharing program: eligibility for public social services.	MCED
AB 766	Sharp-Collins	State agencies and departments: strategic plans: diversity, equity, and inclusion.	SPAWDD
AB 1210	Lackey	Postrelease community supervision.	OSP
AB 1387	Quirk-Silva	Behavioral health multidisciplinary personnel team.	OSP
SB 418	Menjivar	Health care coverage: prescription hormone therapy and nondiscrimination.	PBD

Messages are also available on the California Legislative Information website:

(<http://leginfo.legislature.ca.gov/>)



OFFICE OF THE GOVERNOR

OCT 01 2025

To the Members of the California State Assembly:

I am returning Assembly Bill 474 without my signature.

This bill would exclude income from nonprofit home-sharing arrangements when determining eligibility for certain state-administered public benefit programs, effectively allowing participants to retain more of their benefits while earning modest income. This bill also would create a new exemption under the Fair Employment and Housing Act (FEHA) for these programs, shielding them from certain state housing discrimination laws in order to facilitate their operations.

The intent of this measure is commendable, but further work is needed to address two fundamental issues. First, the provision establishing a categorical exemption under FEHA raises significant concerns. By exempting nonprofit home-sharing programs from long-standing FEHA protections, the bill risks creating inconsistencies in California's fair housing framework and causing legal uncertainty for both program operators and participants.

Second, the bill would exclude income from nonprofit home-sharing arrangements only for state-administered benefit programs, creating inherent inconsistencies with federal benefit rules. While California should not refrain from extending support simply because federal programs remain unchanged, any state-level adjustment must be designed to minimize administrative complexity and costs so that assistance can be delivered effectively and equitably.

I encourage the Legislature to work with my Administration to refine the FEHA provisions with greater precision to avoid unintended consequences and to



develop approaches that reduce administrative complexity while continuing to provide meaningful support to Californians most in need.

Sincerely,

Gavin Newsom

A large, stylized handwritten signature in black ink, which appears to be "Gavin Newsom", is written over the printed name and extends across the page.



OFFICE OF THE GOVERNOR

OCT 13 2025

To the Members of the California State Assembly:

I am returning Assembly Bill 766 without my signature.

This bill would require agencies, departments, offices, or commissions under the Governor's authority to develop or update their strategic plans to more effectively advance racial equity and respond to identified disparities with changes to the organization's policies, programs, and operations. This bill would also require each entity to report to the Legislature and Governor, by April 1, 2026, and annually thereafter, on the steps taken to develop and adopt a strategic plan.

I share the author's goal to ensure equity is embedded within my Administration's actions and plans. In 2022, I signed EO N-16-22, which provided a framework towards helping make the California Dream a reality for every one of us. That EO also created the 11-member Racial Equity Commission to recommend tools, methodologies, and opportunities to address inequities facing historically underserved and marginalized communities across the state.

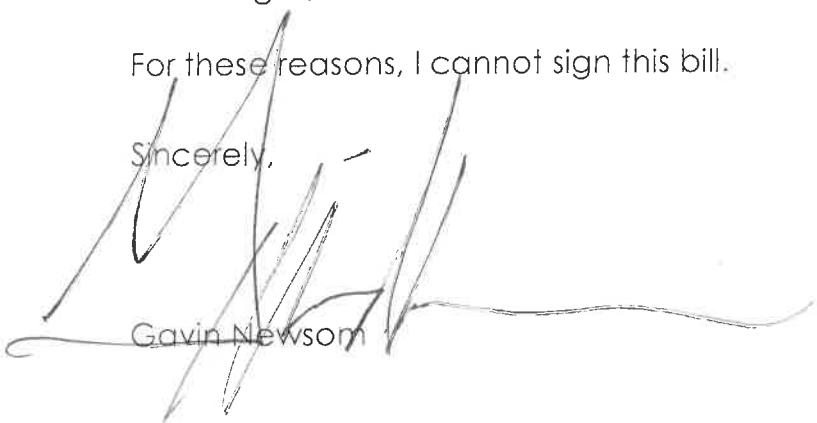
Unfortunately, the bill's timelines for reporting on strategic plans, along with the additional information entities must include in their plan and uncertainty around which entities are required to comply, are unworkable. Lastly, expanding the reporting requirements to all entities under my purview with these accelerated timelines will lead to significant costs not accounted for in this year's final budget agreement.

In partnership with the Legislature this year, my Administration has enacted a balanced budget that recognizes the challenging fiscal landscape our state

faces while maintaining our commitment to working families and our most vulnerable communities. With significant fiscal pressures and the federal government's hostile economic policies, it is vital that we remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure.

For these reasons, I cannot sign this bill.

Sincerely,



Gavin Newsom



OFFICE OF THE GOVERNOR

OCT 06 2025

To the Members of the California State Assembly:

I am returning Assembly Bill 1210 without my signature.

This bill requires the California Department of Corrections and Rehabilitation to notify a county probation department 90 days prior to the discharge of a person on post-release community supervision, instead of 30 days prior.

While well-intentioned, the practical implications of this bill would result in significant, ongoing costs to the state with limited benefit to public safety. There are numerous factors that trigger recalculations of an incarcerated person's release date, such as changes in workgroup assignments, program credit earnings, credit losses or restorations, and modifications to sentencing terms or case credits. Any one of these factors could lead to changes to the incarcerated person's release date, thereby triggering multiple recurring notifications to a county prior to the individual's release. Additionally, the requirements of this bill would result in significant impacts on the General Fund not included in the 2025 Budget Act.

In partnership with the Legislature this year, my Administration has enacted a balanced budget that recognizes the challenging fiscal landscape our state faces while maintaining our commitment to working families and our most vulnerable communities. With significant fiscal pressures and the federal government's hostile economic policies, it is vital that we remain disciplined



when considering bills with significant fiscal implications that are not included in the budget, such as this measure.

For these reasons, I cannot sign this bill.

Sincerely,

A handwritten signature in dark ink, appearing to be "Gavin Newsom", written over the printed name. The signature is stylized with a large initial "G" and a long horizontal stroke at the end.

Gavin Newsom



OFFICE OF THE GOVERNOR

AUG 28 2025

To the Members of the California State Assembly:

I am returning Assembly Bill 1387 without my signature.

This bill would authorize counties to establish a behavioral health multidisciplinary personnel team to serve justice-involved (JI) individuals with mental illness and allow provider agencies to share information to coordinate supportive services.

Last year, I vetoed a nearly identical bill, stating it was both premature and duplicative of the Department of Health Care Services (DHCS) CalAIM JI Initiative. Through this initiative, counties are already allowed to establish multidisciplinary teams and share confidential information among providers to ensure JI individuals have continuity of coverage upon release and access to essential health services that will help them successfully return to their communities.

While I appreciate the author's commitment to this issue, like its predecessor, this bill remains duplicative of these existing efforts. It would be more timely to assess this proposal following full implementation of the CalAIM JI Initiative and once data is available to identify any remaining gaps.

For these reasons, I cannot sign this bill.

Sincerely,

Gavin Newsom





OFFICE OF THE GOVERNOR

OCT 13 2025

To the Members of the California State Senate:

I am returning Senate Bill 418 without my signature.

This bill would require health plans and insurers to cover a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in network provider and dispensed at one time without utilization management (UM).

I appreciate the author's intent to ensure patient access to the comprehensive care they need. While there are provisions of this bill that are worthy of support, I am concerned about the limitation on the use of UM, which is an important tool to ensure enrollees receive the right care at the right time. Prohibiting this cost containment strategy is likely to result in an increase in enrollee premiums to offset costs incurred by health plans and insurers. At a time when individuals are facing double-digit rate increases in their health care premiums across the nation, we must take great care to not enact policies that further drive up the cost of health care, no matter how well-intended.

For this reason, I cannot sign this bill.

Sincerely,



Gavin Newsom

