

CHBRP Analyses of California Assembly and Senate Bills

Final status of bills analyzed in 2020

2019-2020 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/>.

The requesting Committee (Senate or Assembly) alerted CHBRP that several bills analyzed by CHBRP in 2020, in part in consideration of the COVID-19 pandemic, were not being scheduled for a Health Committee hearing (see indication under “Final Status” in the table, below). Thus, many bills did not move out of the first policy committee as no further action was taken.

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 1904 (Boerner Horvath) Pelvic Floor Physical Therapy	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP’s analysis remain relevant.
AB 1986 (Gipson) Colorectal Cancer Screening and Testing	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP’s analysis remain relevant.
AB 2144 (Arambula) Step Therapy and Prior Authorization	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All 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?
AB 2203 (Nazarian) Insulin Cost-Sharing Cap	Died in Senate Health Committee	Yes	All portions of CHBRP's analysis remain relevant.
AB 2204 (Arambula) Sexually Transmitted Diseases	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
AB 2242 (Levine) Mental Health Services	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
AB 2258 (Reyes, Bonta, Limón, McCarty) Doula Care: Medi-Cal Pilot Program	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
AB 2625 (Boerner Horvath) Emergency Ground Medical Transportation	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
AB 2640 (Gonzalez) Genetic Biomarker Testing	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
AB 2781 (Wicks) Treatment for Infertility	Died in Assembly Health Committee <i>No initial health committee hearing scheduled</i>	No	All 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 854 (Beall) Substance Use Disorders	Died in Senate Health Committee <i>No initial health committee hearing scheduled</i>	Yes	The Medical Effectiveness and Policy Context sections remain fully relevant. Impacts projected for Benefit Coverage, Cost, Utilization and Public Health remain accurate in scale and direction.
SB 855 (Wiener) Mental Health Parity	Approved by the Governor – 9/25/20	Yes	Overall, all portions of CHBRP's analysis remain relevant. While specific discussions regarding aspects of bill language may only be partially relevant due to the amendments (medical necessity, utilization management, clinical guidelines, levels of care), the overall impacts remain relevant.
SB 888 (Wiener) Substance Use Disorder Services: Contingency Management	Died in Senate Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.
SB 1452 (Morrell) Biological Products	Died in Senate Health Committee <i>No initial health committee hearing scheduled</i>	No	All portions of CHBRP's analysis remain relevant.