

AMENDED IN ASSEMBLY MARCH 3, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 554

**Introduced by Assembly Member ~~Mark González~~ Members
Mark González and Haney
(Principal coauthor: Senator Wiener)
(Coauthors: Assembly Members Jackson and Ward)**

February 11, 2025

An act to amend, repeal, and add Section 1342.74 of the Health and Safety Code, and to amend, repeal, and add Section 10123.1933 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 554, as amended, Mark González. Health care coverage: antiretroviral drugs, drug devices, and drug products.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy.

This ~~bill~~ *bill, the Protecting Rights, Expanding Prevention, and Advancing Reimbursement for Equity (PrEPARE) Act of 2025*, would instead prohibit a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to ~~prior authorization or step therapy, prior authorization, step therapy, or any other protocol designed to delay treatment~~, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the plan or insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, drug device, or drug product without cost sharing pursuant to an exception request. *The bill would specify that, for therapeutically equivalent coverage purposes, a long-acting injectable drug is not therapeutically equivalent to a long-acting injectable drug with a different duration.* The bill would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, drug devices, or drug products, including by supplying participating providers directly with a drug, drug device, or drug product, as specified.

This bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for antiretroviral drugs, drug devices, or drug products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, and would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for those drugs, drug devices, or drug products. The bill would exempt Medi-Cal managed care plans from these provisions and would delay the application of these provisions for an individual and small group health care service plan contract or health insurance policy until January 1, 2027.

Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

~~Existing law requires a health care service plan or health insurer to cover preexposure prophylaxis or postexposure prophylaxis that has been furnished by a pharmacist, as specified. Existing law prohibits a health care service plan or health insurer from prohibiting a pharmacy~~

provider from dispensing ~~preexposure prophylaxis or postexposure prophylaxis.~~

~~This bill would delete the requirement for a health care service plan or health insurer to cover postexposure prophylaxis that has been furnished by a pharmacist. The bill would delete the provisions that prohibit a health care service plan or health insurer from prohibiting a pharmacy provider from dispensing postexposure prophylaxis.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. *This act shall be known, and may be cited, as the*
2 *Protecting Rights, Expanding Prevention, and Advancing*
3 *Reimbursement for Equity (PrEPARE) Act of 2025.*

4 ~~SECTION 1.~~

5 SEC. 2. Section 1342.74 of the Health and Safety Code is
6 amended to read:

7 1342.74. (a) (1) Notwithstanding Section 1342.71, a health
8 care service plan shall not subject antiretroviral drugs, drug devices,
9 or drug products that are either approved by the United States Food
10 and Drug Administration (FDA) or recommended by the federal
11 Centers for Disease Control and Prevention (CDC) for the
12 prevention of HIV/AIDS, including ~~preexposure prophylaxis, to~~
13 ~~prior authorization or step therapy, prophylaxis or postexposure~~
14 *prophylaxis, to prior authorization, step therapy, or any other*
15 *protocol designed to delay treatment, except as provided in*
16 *paragraph (2).*

17 (2) If the FDA has approved one or more therapeutic equivalents
18 of a drug, drug device, or drug product for the prevention of
19 HIV/AIDS, this section does not require a health care service plan
20 to cover all of the therapeutically equivalent versions without prior
21 authorization or step therapy, if at least one therapeutically
22 equivalent version is covered without prior authorization or step
23 therapy and the plan provides coverage for a noncovered

1 therapeutic equivalent antiretroviral drug, drug device, or drug
2 product without cost sharing pursuant to an exception request. *For*
3 *purposes of this section, a long-acting injectable drug is not*
4 *therapeutically equivalent to a long-acting injectable drug with a*
5 *different duration.*

6 (b) Notwithstanding any other law, a health care service plan
7 shall not prohibit, or permit a delegated pharmacy benefit manager
8 to prohibit, a pharmacy provider from dispensing preexposure
9 *prophylaxis or postexposure prophylaxis.*

10 (c) A health care service plan shall cover preexposure
11 *prophylaxis and postexposure prophylaxis* that has been furnished
12 by a pharmacist, as authorized in ~~Section 4052.02~~ *Sections 4052.02*
13 *and 4052.03* of the Business and Professions Code, including the
14 pharmacist's services and related testing ordered by the pharmacist.
15 A health care service plan shall pay or reimburse, consistent with
16 the requirements of this chapter, for the service performed by a
17 pharmacist at an in-network pharmacy or a pharmacist at an
18 out-of-network pharmacy if the health care service plan has an
19 out-of-network pharmacy benefit.

20 (d) This section does not require a health care service plan to
21 cover preexposure *prophylaxis or postexposure prophylaxis* by a
22 pharmacist at an out-of-network pharmacy, unless in the case of
23 an emergency or if the health care service plan has an
24 out-of-network pharmacy benefit.

25 (e) (1) A nongrandfathered health care service plan contract
26 shall provide coverage, and shall not impose any cost-sharing or
27 utilization review requirements, for antiretroviral drugs, drug
28 devices, or drug products that are either approved by the FDA or
29 recommended by the CDC for the prevention of HIV/AIDS,
30 including preexposure prophylaxis.

31 (2) A health care service plan contract that is a grandfathered
32 health plan shall provide coverage, and shall not impose any
33 cost-sharing or utilization review requirements, for antiretroviral
34 drugs, drug devices, or drug products that are either approved by
35 the FDA or recommended by the CDC for the prevention of
36 HIV/AIDS, including preexposure prophylaxis.

37 (3) This subdivision does not apply to individual and small
38 group health care service plan contracts.

39 (f) In addition to the coverage a health care service plan provides
40 for prescription drugs that are not self-administered, a health care

1 service plan shall provide coverage under the outpatient
2 prescription drug benefit for antiretroviral drugs, drug devices, or
3 drug products that are either approved by the FDA or recommended
4 by the CDC for the prevention of HIV/AIDS, including by
5 supplying providers directly with a drug, drug device, or drug
6 product that is required by this section and is not self-administered.

7 (g) (1) This section does not apply to a specialized health care
8 service plan contract that covers only dental or vision benefits or
9 a Medicare supplement contract.

10 (2) This section applies regardless of whether or not an
11 antiretroviral drug, drug device, or drug product is
12 self-administered.

13 (3) This section shall not apply to Medi-Cal managed care plans
14 contracting with the State Department of Health Care Services
15 pursuant to Chapter 7 (commencing with Section 14000), Chapter
16 8 (commencing with Section 14200), or Chapter 8.75 (commencing
17 with Section 14590) of Part 3 of Division 9 of the Welfare and
18 Institutions Code, to the extent that the services described in this
19 section are excluded from coverage under the contract between
20 the Medi-Cal managed care plans and the State Department of
21 Health Care Services.

22 (h) A health care service plan contract that is a high deductible
23 health plan under the definition set forth in Section 223(c)(2) of
24 Title 26 of the United States Code shall comply with the
25 cost-sharing requirements of this section. However, if not applying
26 the minimum annual deductible to an antiretroviral drug, drug
27 device, or drug product would conflict with federal requirements
28 for high deductible health plans, the cost-sharing limits shall apply
29 once a contract's deductible has been satisfied for the plan year.

30 (i) This section shall remain in effect only until January 1, 2027,
31 and as of that date is repealed.

32 ~~SEC. 2.~~

33 *SEC. 3.* Section 1342.74 is added to the Health and Safety
34 Code, to read:

35 1342.74. (a) (1) Notwithstanding Section 1342.71, a health
36 care service plan shall not subject antiretroviral drugs, drug devices,
37 or drug products that are either approved by the United States Food
38 and Drug Administration (FDA) or recommended by the federal
39 Centers for Disease Control and Prevention (CDC) for the
40 prevention of HIV/AIDS, including preexposure prophylaxis, to

1 ~~prior authorization or step therapy, prophylaxis or postexposure~~
2 ~~prophylaxis, to prior authorization, step therapy, or any other~~
3 ~~protocol designed to delay treatment, except as provided in~~
4 ~~paragraph (2).~~

5 (2) If the FDA has approved one or more therapeutic equivalents
6 of a drug, drug device, or drug product for the prevention of
7 HIV/AIDS, this section does not require a health care service plan
8 to cover all of the therapeutically equivalent versions without prior
9 authorization or step therapy, if at least one therapeutically
10 equivalent version is covered without prior authorization or step
11 therapy and the plan provides coverage for a noncovered
12 therapeutic equivalent antiretroviral drug, drug device, or drug
13 product without cost sharing pursuant to an exception request. *For*
14 *purposes of this section, a long-acting injectable drug is not*
15 *therapeutically equivalent to a long-acting injectable drug with a*
16 *different duration.*

17 (b) Notwithstanding any other law, a health care service plan
18 shall not prohibit, or permit a delegated pharmacy benefit manager
19 to prohibit, a pharmacy provider from dispensing preexposure
20 *prophylaxis or postexposure prophylaxis.*

21 (c) A health care service plan shall cover preexposure
22 *prophylaxis and postexposure prophylaxis* that has been furnished
23 by a pharmacist, as authorized in ~~Section 4052.02~~ *Sections 4052.02*
24 *and 4052.03* of the Business and Professions Code, including the
25 pharmacist's services and related testing ordered by the pharmacist.
26 A health care service plan shall pay or reimburse, consistent with
27 the requirements of this chapter, for the service performed by a
28 pharmacist at an in-network pharmacy or a pharmacist at an
29 out-of-network pharmacy if the health care service plan has an
30 out-of-network pharmacy benefit.

31 (d) This section does not require a health care service plan to
32 cover preexposure *prophylaxis or postexposure prophylaxis* by a
33 pharmacist at an out-of-network pharmacy, unless in the case of
34 an emergency or if the health care service plan has an
35 out-of-network pharmacy benefit.

36 (e) (1) A nongrandfathered health care service plan contract
37 shall provide coverage, and shall not impose any cost-sharing or
38 utilization review requirements, for antiretroviral drugs, drug
39 devices, or drug products that are either approved by the FDA or

1 recommended by the CDC for the prevention of HIV/AIDS,
2 including preexposure prophylaxis.

3 (2) A health care service plan contract that is a grandfathered
4 health plan shall provide coverage, and shall not impose any
5 cost-sharing or utilization review requirements, for antiretroviral
6 drugs, drug devices, or drug products that are either approved by
7 the FDA or recommended by the CDC for the prevention of
8 HIV/AIDS, including preexposure prophylaxis.

9 (f) In addition to the coverage a health care service plan provides
10 for prescription drugs that are not self-administered, a health care
11 service plan shall provide coverage under the outpatient
12 prescription drug benefit for antiretroviral drugs, drug devices, or
13 drug products that are either approved by the FDA or recommended
14 by the CDC for the prevention of HIV/AIDS, including by
15 supplying providers directly with a drug, drug device, or drug
16 product that is required by this section and is not self-administered.

17 (g) (1) This section does not apply to a specialized health care
18 service plan contract that covers only dental or vision benefits or
19 a Medicare supplement contract.

20 (2) This section applies regardless of whether or not an
21 antiretroviral drug, drug device, or drug product is
22 self-administered.

23 (3) This section shall not apply to Medi-Cal managed care plans
24 contracting with the State Department of Health Care Services
25 pursuant to Chapter 7 (commencing with Section 14000), Chapter
26 8 (commencing with Section 14200), or Chapter 8.75 (commencing
27 with Section 14590) of Part 3 of Division 9 of the Welfare and
28 Institutions Code, to the extent that the services described in this
29 section are excluded from coverage under the contract between
30 the Medi-Cal managed care plans and the State Department of
31 Health Care Services.

32 (h) A health care service plan contract that is a high deductible
33 health plan under the definition set forth in Section 223(c)(2) of
34 Title 26 of the United States Code shall comply with the
35 cost-sharing requirements of this section. However, if not applying
36 the minimum annual deductible to an antiretroviral drug, drug
37 device, or drug product would conflict with federal requirements
38 for high deductible health plans, the cost-sharing limits shall apply
39 once a contract's deductible has been satisfied for the plan year.

40 (i) This section shall become operative on January 1, 2027.

1 ~~SEC. 3.~~

2 *SEC. 4.* Section 10123.1933 of the Insurance Code is amended
3 to read:

4 10123.1933. (a) (1) Notwithstanding Section 10123.201, a
5 health insurer shall not subject antiretroviral drugs, drug devices,
6 or drug products that are either approved by the United States Food
7 and Drug Administration (FDA) or recommended by the federal
8 Centers for Disease Control and Prevention (CDC) for the
9 prevention of HIV/AIDS, including preexposure ~~prophylaxis, to~~
10 ~~prior authorization or step therapy, prophylaxis or postexposure~~
11 *prophylaxis, to prior authorization, step therapy, or any other*
12 *protocol designed to delay treatment, except as provided in*
13 *paragraph (2).*

14 (2) If the FDA has approved one or more therapeutic equivalents
15 of a drug, drug device, or drug product for the prevention of
16 HIV/AIDS, this section does not require a health insurer to cover
17 all of the therapeutically equivalent versions without prior
18 authorization or step therapy, if at least one therapeutically
19 equivalent version is covered without prior authorization or step
20 therapy and the insurer provides coverage for a noncovered
21 therapeutic equivalent antiretroviral drug, drug device, or drug
22 product without cost sharing pursuant to an exception request. *For*
23 *purposes of this section, a long-acting injectable drug is not*
24 *therapeutically equivalent to a long-acting injectable drug with a*
25 *different duration.*

26 (b) Notwithstanding any other law, a health insurer shall not
27 prohibit, or permit a contracted pharmacy benefit manager to
28 prohibit, a pharmacist from dispensing preexposure *prophylaxis*
29 *or postexposure prophylaxis.*

30 (c) A health insurer shall cover preexposure *prophylaxis or*
31 *postexposure prophylaxis* that has been furnished by a pharmacist,
32 as authorized in ~~Section 4052.02 Sections 4052.02 and 4052.03~~
33 of the Business and Professions Code, including the pharmacist's
34 services and related testing ordered by the pharmacist. A health
35 insurer shall pay or reimburse, consistent with the requirements
36 of this chapter, for the service performed by a pharmacist at an
37 in-network pharmacy or a pharmacist at an out-of-network
38 pharmacy if the health insurer has an out-of-network pharmacy
39 benefit.

1 (d) This section does not require a health insurer to cover
2 preexposure prophylaxis *or postexposure prophylaxis* by a
3 pharmacist at an out-of-network pharmacy, unless in the case of
4 an emergency or if the health insurance policy has an
5 out-of-network pharmacy benefit.

6 (e) (1) A nongrandfathered health insurance policy shall provide
7 coverage, and shall not impose any cost-sharing or utilization
8 review requirements, for antiretroviral drugs, drug devices, or drug
9 products that are either approved by the FDA or recommended by
10 the CDC for the prevention of HIV/AIDS, including preexposure
11 prophylaxis.

12 (2) A health insurance policy that is a grandfathered health plan
13 shall provide coverage, and shall not impose any cost-sharing or
14 utilization review requirements, for antiretroviral drugs, drug
15 devices, or drug products that are either approved by the FDA or
16 recommended by the CDC for the prevention of HIV/AIDS,
17 including preexposure prophylaxis.

18 (3) This subdivision does not apply to individual and small
19 group health insurance policies.

20 (f) In addition to the coverage a health insurer provides for
21 prescription drugs that are not self-administered, a health insurer
22 shall provide coverage under the outpatient prescription drug
23 benefit for antiretroviral drugs, drug devices, or drug products that
24 are either approved by the FDA or recommended by the CDC for
25 the prevention of HIV/AIDS, including by supplying providers
26 directly with a drug, drug device, or drug product that is required
27 by this section and is not self-administered.

28 (g) (1) This section does not apply to a specialized health
29 insurance policy that covers only dental or vision benefits or a
30 Medicare supplement policy.

31 (2) This section applies regardless of whether or not an
32 antiretroviral drug, drug device, or drug product is
33 self-administered.

34 (h) The department and commissioner may exercise the authority
35 provided by this code and the Administrative Procedure Act
36 (Chapter 3.5 (commencing with Section 11340), Chapter 4.5
37 (commencing with Section 11400), and Chapter 5 (commencing
38 with Section 11500) of Part 1 of Division 3 of Title 2 of the
39 Government Code) to implement and enforce this section. If the
40 commissioner assesses a civil penalty for a violation, any hearing

1 that is requested by the insurer may be conducted by an
 2 administrative law judge of the administrative hearing bureau of
 3 the department under the formal procedure of Chapter 5
 4 (commencing with Section 11500) of Part 1 of Division 3 of Title
 5 2 of the Government Code. This subdivision does not impair or
 6 restrict the commissioner's authority pursuant to another provision
 7 of this code or the Administrative Procedure Act.

8 (i) A health insurance policy that is a high deductible health
 9 plan under the definition set forth in Section 223(c)(2) of Title 26
 10 of the United States Code shall comply with the cost-sharing
 11 requirements of this section. However, if not applying the minimum
 12 annual deductible to an antiretroviral drug, drug device, or drug
 13 product would conflict with federal requirements for high
 14 deductible health plans, the cost-sharing limits shall apply once a
 15 policy's deductible has been satisfied for the plan year.

16 (j) This section shall remain in effect only until January 1, 2027,
 17 and as of that date is repealed.

18 ~~SEC. 4.~~

19 *SEC. 5.* Section 10123.1933 is added to the Insurance Code,
 20 to read:

21 10123.1933. (a) (1) Notwithstanding Section 10123.201, a
 22 health insurer shall not subject antiretroviral drugs, drug devices,
 23 or drug products that are either approved by the United States Food
 24 and Drug Administration (FDA) or recommended by the federal
 25 Centers for Disease Control and Prevention (CDC) for the
 26 prevention of HIV/AIDS, including preexposure ~~prophylaxis, to~~
 27 ~~prior authorization or step therapy, prophylaxis or postexposure~~
 28 *prophylaxis, to prior authorization, step therapy, or any other*
 29 *protocol designed to delay treatment, except as provided in*
 30 *paragraph (2).*

31 (2) If the FDA has approved one or more therapeutic equivalents
 32 of a drug, drug device, or drug product for the prevention of
 33 HIV/AIDS, this section does not require a health insurer to cover
 34 all of the therapeutically equivalent versions without prior
 35 authorization or step therapy, if at least one therapeutically
 36 equivalent version is covered without prior authorization or step
 37 therapy and the insurer provides coverage for a noncovered
 38 therapeutic equivalent antiretroviral drug, drug device, or drug
 39 product without cost sharing pursuant to an exception request. *For*
 40 *purposes of this section, a long-acting injectable drug is not*

1 *therapeutically equivalent to a long-acting injectable drug with a*
2 *different duration.*

3 (b) Notwithstanding any other law, a health insurer shall not
4 prohibit, or permit a contracted pharmacy benefit manager to
5 prohibit, a pharmacist from dispensing preexposure *prophylaxis*
6 *or postexposure prophylaxis*.

7 (c) A health insurer shall cover preexposure prophylaxis *or*
8 *postexposure prophylaxis* that has been furnished by a pharmacist,
9 as authorized in ~~Section 4052.02~~ *Sections 4052.02 and 4052.03*
10 of the Business and Professions Code, including the pharmacist's
11 services and related testing ordered by the pharmacist. A health
12 insurer shall pay or reimburse, consistent with the requirements
13 of this chapter, for the service performed by a pharmacist at an
14 in-network pharmacy or a pharmacist at an out-of-network
15 pharmacy if the health insurer has an out-of-network pharmacy
16 benefit.

17 (d) This section does not require a health insurer to cover
18 preexposure prophylaxis *or postexposure prophylaxis* by a
19 pharmacist at an out-of-network pharmacy, unless in the case of
20 an emergency or if the health insurance policy has an
21 out-of-network pharmacy benefit.

22 (e) (1) A nongrandfathered health insurance policy shall provide
23 coverage, and shall not impose any cost-sharing or utilization
24 review requirements, for antiretroviral drugs, drug devices, or drug
25 products that are either approved by the FDA or recommended by
26 the CDC for the prevention of HIV/AIDS, including preexposure
27 prophylaxis.

28 (2) A health insurance policy that is a grandfathered health plan
29 shall provide coverage, and shall not impose any cost-sharing or
30 utilization review requirements, for antiretroviral drugs, drug
31 devices, or drug products that are either approved by the FDA or
32 recommended by the CDC for the prevention of HIV/AIDS,
33 including preexposure prophylaxis.

34 (f) In addition to the coverage a health insurer provides for
35 prescription drugs that are not self-administered, a health insurer
36 shall provide coverage under the outpatient prescription drug
37 benefit for antiretroviral drugs, drug devices, or drug products that
38 are either approved by the FDA or recommended by the CDC for
39 the prevention of HIV/AIDS, including by supplying providers

1 directly with a drug, drug device, or drug product that is required
 2 by this section and is not self-administered.

3 (g) (1) This section does not apply to a specialized health
 4 insurance policy that covers only dental or vision benefits or a
 5 Medicare supplement policy.

6 (2) This section applies regardless of whether or not an
 7 antiretroviral drug, drug device, or drug product is
 8 self-administered.

9 (h) The department and commissioner may exercise the authority
 10 provided by this code and the Administrative Procedure Act
 11 (Chapter 3.5 (commencing with Section 11340), Chapter 4.5
 12 (commencing with Section 11400), and Chapter 5 (commencing
 13 with Section 11500) of Part 1 of Division 3 of Title 2 of the
 14 Government Code) to implement and enforce this section. If the
 15 commissioner assesses a civil penalty for a violation, any hearing
 16 that is requested by the insurer may be conducted by an
 17 administrative law judge of the administrative hearing bureau of
 18 the department under the formal procedure of Chapter 5
 19 (commencing with Section 11500) of Part 1 of Division 3 of Title
 20 2 of the Government Code. This subdivision does not impair or
 21 restrict the commissioner’s authority pursuant to another provision
 22 of this code or the Administrative Procedure Act.

23 (i) A health insurance policy that is a high deductible health
 24 plan under the definition set forth in Section 223(c)(2) of Title 26
 25 of the United States Code shall comply with the cost-sharing
 26 requirements of this section. However, if not applying the minimum
 27 annual deductible to an antiretroviral drug, drug device, or drug
 28 product would conflict with federal requirements for high
 29 deductible health plans, the cost-sharing limits shall apply once a
 30 policy’s deductible has been satisfied for the plan year.

31 (j) This section shall become operative on January 1, 2027.

32 ~~SEC. 5.~~

33 *SEC. 6.* No reimbursement is required by this act pursuant to
 34 Section 6 of Article XIII B of the California Constitution because
 35 the only costs that may be incurred by a local agency or school
 36 district will be incurred because this act creates a new crime or
 37 infraction, eliminates a crime or infraction, or changes the penalty
 38 for a crime or infraction, within the meaning of Section 17556 of
 39 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O