

# CHBRP Analyses of California Assembly and Senate Bills

## Final status of bills analyzed in 2021

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](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/>.

Some bills analyzed by CHBRP in 2021 may become “two-year” bills, which are bills that are introduced in the first half of the two-year session but do not move through both houses before the interim recess. Two-year bills must clear their house of origin by January 31<sup>st</sup> of the second year.

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 32 (Aguiar-Curry) Telehealth	Senate Health Committee hearing canceled at the request of author – 7/8/21	Yes	For federally qualified health centers (FQHCs) and rural health centers (RHCs), amendments would allow telephone only visits to be reimbursed at rates lower than live video or in-person visits. CHBRP had assumed equivalency, so expenditure, utilization, and health impacts could be less than projected. Other portions of the report remain relevant, as written.
AB 97 (Nazarian) Insulin Affordability	Held under submission in Senate Appropriations Committee – 8/26/21	Yes	All portions of CHBRP’s analysis remain relevant.
AB 114 (Maienschein) Medi-Cal Benefits: Rapid Whole Genome Sequencing	Senate Health Committee hearing canceled at the request of author – 7/13/21	Yes	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 570 (Santiago) Dependent Parent Health Care Coverage	Approved by the Governor – 10/4/21	Yes	The amended language would significantly reduce the fiscal impact projected in CHBRP's earlier version of AB 570. The amended language now limits the expanded definition of an eligible dependent to individual plan contracts or health insurance policies, whereas before both group and individual plans or policies would be impacted by AB 570.
AB 935 (Maienschein) Telehealth: Mental Health	Died in Assembly Appropriations Committee – 1/31/22	Yes	Bill amended to specifically include Medi-Cal managed care plans. However, CHBRP had already interpreted the bill in its original form to include Medi-Cal managed care plans. All portions of CHBRP's analysis remain relevant.
AB 1254 (Gipson) Mobile Stroke Units	Died in Assembly Health Committee – 1/31/22	No	All portions of CHBRP's analysis remain relevant.
AB 1400 (Kalra) Guaranteed Health Care for All	Died in Assembly Appropriations Committee – 2/1/22	No	CHBRP completed a follow-up limited analysis in January 2022 of a few specified scenarios. All portions of CHBRP's analysis remain relevant.
AB 1520 (Levine) Prostate Cancer: Screening	Died in Assembly Appropriations Committee – 1/31/22	No	All portions of CHBRP's analysis remain relevant.
SB 110 (Wiener) Substance Use Disorder Services: Contingency Management Services	Vetoed by the Governor – 10/8/21	Yes	All portions of CHBRP's analysis remain relevant to the portion of the bill addressing contingency management. The amended language defines contingency management as an "optional benefit" which continues a level of uncertainty in projecting how many persons would use the benefit.
SB 245 (Gonzalez) Abortion Services: Cost Sharing	Approved by the Governor – 3/22/22	Yes	Most recent version of SB 245 expands the types of plans/policies subject to the bill and limits the utilization management prohibition to outpatient abortion services. These amendments would likely result in changes to utilization of abortion services and changes to expenditure impacts, although the degree is unknown. 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 306 (Pan) Health Care: STD Testing	Approved by the Governor – 10/4/21	Yes	The amended language exempts from compliance the benefit coverage of Medi-Cal beneficiaries enrolled in DMHC-regulated plans. The exemption would eliminate the projected cost impacts for Medi-Cal. The exemption would also reduce, by about 70%, projected total increases in testing and treatment as well as expected long-term health improvements from treated STDs and reduced STD transmission. The amended language also differentiates between commercial plans and policies regulated by DMHC or CDI, making the requirements only in effect for the former when an in-network clinician is involved. The specification would reduce impacts among commercial enrollees in DMHC-regulated plans.
SB 428 (Hurtado) Adverse Childhood Experiences Screenings	Approved by the Governor – 10/7/21	Yes	All portions of CHBRP's analysis remain relevant. The most recently amended language requires plans/policies that already cover pediatric services and preventive care to now include coverage for ACEs screenings (instead of requiring all plans/policies to cover screenings). The amendment would also not prohibit plans/policies from applying cost-sharing requirements, and would not prohibit plans/policies from exceeding Medi-Cal's rules and regulations for trauma screening (however, Medi-Cal's rules and regulations must serve as the minimum ACEs coverage requirements). These provisions should not materially affect CHBRP's projections.
SB 473 (Bates) Insulin Cost Sharing	In Assembly Health Committee – 5/5/22	No	CHBRP completed an updated analyses in January 2022 of amended bill language. All portions of CHBRP's analysis remain relevant.
SB 510 (Pan) COVID-19 Cost Sharing	Approved by the Governor – 10/8/21	Yes	The amended language specifies coverage for screening tests (inclusive of tests for students, workers, and travelers) and makes retroactive the cost sharing and utilization management prohibitions for coverage of testing and immunization. The amendments could result in increased utilization and premiums. As the scale of such impacts are unknown, impacts on health outcomes are also unknown.

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP’s Analysis Remain Relevant to Final Version?
SB 523 (Leyva) Contraceptives	Hearing postponed by Assembly Appropriations Committee – 8/26/21	Yes	<p>The July 8th amendments require coverage for hysterectomies and other similar sterilization techniques, in addition to voluntary tubal ligations. The bill now also prohibits health plans and policies from requiring prior authorization on vasectomy services and procedures. The May 3rd amendments require coverage without cost sharing for over-the-counter (OTC) birth control methods obtained at in-network pharmacies; the mandate no longer applies to out-of-network pharmacies or retailers. The May 3rd amendments also remove the authority for health plans and policies to establish frequency and quantity limits for coverage of contraceptive methods. OTC birth control methods are now limited to those included as essential health benefits. The bill now explicitly mandates coverage without cost sharing for vasectomies, with an exemption for grandfathered and health savings account (HSA)-eligible plans and policies. CHBRP had already interpreted the bill to require coverage for vasectomies and assumed that grandfathered and HSA-eligible plans and policies would continue to have cost sharing postmandate. All cost estimates were based on expected utilization rather than frequency or quantity limits. Thus, these portions of CHBRP’s analysis remain relevant. However, CHBRP’s analysis only includes the impacts of coverage for tubal ligations, not hysterectomies or other sterilization services. Coverage of other female sterilization services may impact cost offsets for female sterilization services depending on their impact on use of vasectomy services.</p>
SB 535 (Limón) Biomarker Testing	Approved by the Governor – 10/6/21	Yes	<p>Bill amended to require compliant benefit coverage for Medi-Cal beneficiaries in DMHC-regulated plans. CHBRP’s fiscal estimates are relevant for enrollees with commercial and CalPERS coverage, though the amendment would likely result in additional expenditures related to the Medi-Cal beneficiaries. All other portions of CHBRP’s analysis remain relevant as written.</p>
SB 562 (Portantino) Pervasive Developmental Disorders or Autism	Ordered to inactive file – 9/10/21	Yes	<p>All portions of CHBRP’s analysis remain relevant.</p>
SB 568 (Pan) Deductibles: Chronic Disease Management	In Assembly Health Committee – 6/10/21	Yes	<p>All portions of CHBRP’s analysis remain relevant.</p>

Bill	Final Status	Bill Amended Since CHBRP Analysis?	Which Portions of CHBRP’s Analysis Remain Relevant to Final Version?
SB 613 (Limón) Maternal Health: Neonate Medical Wrap	Hearing postponed by Senate Health Committee – 4/26/21	No	All portions of CHBRP’s analysis remain relevant.

Key: CDI = California Department of Insurance; DHCS = Department of Health Care Services; DMHC = Department of Managed Health Care.