

**2025 CSAP Legislation  
Enacted and Vetoed by the Governor**

Bill ID/Topic	Location	Summary	Position
<b>SPONSOR</b>			
<p><a href="#">SB 820</a> <a href="#">Stern</a> D</p> <p><b>Inmates: mental health.</b></p>	<p>Senate Chaptered 10/3/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 330, Statutes of 2025.</p>	<p>Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant’s mental competency is evaluated. Existing law, in the case of a misdemeanor charge in which the defendant is found incompetent, requires the court to hold a hearing to determine if the defendant is eligible for diversion. Existing law requires, if the defendant is not eligible for diversion, the court to hold a hearing to determine whether the defendant will be referred to outpatient treatment, conservatorship, or the CARE program, or if the defendant’s treatment plan will be modified. Existing law requires the court to dismiss the case if a defendant does not qualify for the above-described services. Existing law prohibits, except as specified, a person confined in a county jail from being administered any psychiatric medication without prior informed consent. Existing law authorizes a county department of mental health, or other designated county department, to involuntarily administer psychiatric medication to an inmate on a nonemergency basis only after the inmate is provided, among other things, a hearing before a superior court judge, a court-appointed commissioner or referee, or a court-appointed hearing officer. Existing law also provides for the involuntary administration of psychiatric medication to an inmate in an emergency situation. Existing law limits the duration during which an inmate can be involuntarily administered psychiatric medication on an emergency basis and requires that, except as specified, the inmate be provided the same due process protections they would be entitled to when psychiatric medication is involuntarily administered on a nonemergency basis. Existing law specifies that an emergency exists for these purposes when there is a sudden and marked change in an inmate’s mental condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others and it is impractical, due to the seriousness of the emergency, to first obtain informed consent. This bill would, if an individual has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize the administration of antipsychotic medication to the individual without their prior informed consent on an emergency basis when treatment is necessary to address the emergency condition and the medication is administered in the least</p>	<p>Sponsor</p>

		<p>restrictive manner, as specified. The bill would specify that a determination made pursuant to these provisions is valid for up to 72 hours if the medication is necessary to address the emergency condition, except as provided. The bill would require the court, prior to issuing an involuntary medication order after hearing, to find by clear and convincing evidence that, among other things, a psychiatrist or psychologist has determined that the individual has a serious mental health disorder that can be treated with antipsychotic medication, and there is no less intrusive alternative to the involuntary administration of antipsychotic medication, and involuntary administration of the medication is in the individual's best interest. The bill would require the court to review that order at least every 60 days and would require the psychiatrist to file an affidavit at that review, as specified. By expanding the crime of perjury, the bill would create a state-mandated local program. The bill would also enumerate certain rights for individuals, prior to the administration of involuntary medication pursuant to these provisions. The bill would make these provisions inoperative and would repeal them on January 1, 2030, subject to a later enacted statute. This bill contains other related provisions and other existing laws. <b>Last Amended: 7/7/2025</b></p>	
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**SUPPORT**

<p><a href="#">AB 255</a> <a href="#">Haney D</a></p> <p><b>The Supportive-Recovery Residence Program.</b></p>	<p>Assembly Vetoed 1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund supportive-recovery residences, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including that at least 90% of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model. This bill would specify requirements for applicants seeking funds under these programs and would require the state to perform periodic monitoring of select supportive-recovery residence programs to ensure that the supportive-recovery residences meet certain requirements, including that core outcomes of</p>	<p>Support</p>
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		<p>the supportive-recovery housing emphasize long-term housing stability and minimize returns to homelessness. The bill would also prohibit eviction on the basis of relapse, as specified. The bill would require, if a tenant is no longer interested in living in a supportive-recovery residence with an abstinence focus, is at risk of eviction, or is discharged from the program, the tenant to reside in the supportive recovery residence until the operator secures the tenant a new permanent housing placement option operated with harm-reduction principles that is also permanent housing. The bill would require supportive housing and services to support residents' access to and use of medications to treat behavioral and physical health conditions, as specified, and to provide overdose prevention training and overdose reversal medication to staff and residents, as specified. This bill contains other related provisions and other existing laws.</p> <p><b>Governor's Message:</b> VETOED: 10/1/2025 <a href="#">PDF</a> <b>Last Amended: 8/29/2025</b></p>	
<p><a href="#">AB 290</a> <a href="#">Bauer-Kahan</a> D</p> <p><b>California FAIR Plan Association: automatic payments.</b></p>	<p>Assembly Chaptered 10/9/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 475, Statutes of 2025.</p>	<p>Existing law establishes the California FAIR Plan Association, a joint reinsurance association in which all insurers licensed to write basic property insurance participate to administer a program for the equitable apportionment of basic property insurance for persons who are unable to obtain that coverage through normal channels. Existing law authorizes cancellation of an insurance policy for nonpayment of premium, and requires an insurer to notify a policyholder at least 10 calendar days before the policy will be canceled for nonpayment. This bill, on or before April 1, 2026, would require the California FAIR Plan Association to create an automatic payment system and accept automatic payments for premiums from policyholders. The bill would prohibit cancellation or nonrenewal of a FAIR Plan policy solely because the policyholder is not enrolled in automatic payments. The bill would provide a period for the policyholder to pay any outstanding installment premium, in accordance with the existing 10-calendar-day notice requirement. <b>Last Amended: 9/5/2025</b></p>	Support
<p><a href="#">AB 348</a> <a href="#">Krell</a> D</p> <p><b>Full-service partnerships.</b></p>	<p>Assembly Chaptered 10/13/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 688, Statutes of 2025.</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The MHSA establishes the Mental Health Services Fund, a continuously appropriated fund, which is administered by the State Department of Health Care Services (department), to fund specified county mental health programs. Existing law, the Behavioral Health Services Act (BHSA), a legislative act amending the MHSA that was approved by the voters as Proposition 1 at the March 5, 2024, statewide primary election, recast the MHSA by, among other things, renaming the fund to the Behavioral Health Services Fund and reallocating how moneys from that fund may be spent. The BHSA</p>	Support

		requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding, as specified. The bill would make enrollment of a presumptively eligible individual contingent upon the individual meeting specified criteria and receiving a recommendation for enrollment by a licensed behavioral health clinician, as specified. The bill would prohibit deeming an individual with a serious mental illness ineligible for enrollment in a full-service partnership solely because their primary diagnosis is a substance use disorder. The bill would make these provisions operative on January 1, 2027. <b>Last Amended: 8/29/2025</b>	
<a href="#">AB 424</a> <a href="#">Davies</a> R  <b>Alcohol and other drug programs: complaints.</b>	Assembly Chaptered  10/3/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 261, Statutes of 2025.	Existing law provides for the licensure and regulation of alcohol or other drug recovery or treatment facilities serving adults by the State Department of Health Care Services, as prescribed. Existing law prohibits the operation, establishment, management, conduct, or maintenance of an alcohol or other drug recovery or treatment facility to provide recovery, treatment, or detoxification services within this state without first obtaining a current valid license. This bill would, when the department receives a complaint against a licensed alcohol or other drug recovery or treatment facility, or a complaint alleging that a facility is unlawfully operating without a license, from a member of the public, require the department to provide, within 30 10 days of the date of the complaint, notice to the person filing the complaint that the complaint has been received and to provide, upon closing the complaint, notice to the person filing the complaint that the complaint has been closed and whether the department found the facility to be in violation of the provisions governing facility licensure and regulation. <b>Last Amended: 3/19/2025</b>	Support
<a href="#">AB 440</a> <a href="#">Ramos</a> D  <b>State bridges and overpasses: suicide prevention.</b>	Assembly Chaptered  10/3/2025-Approved by the Governor. Chaptered by Secretary of State -	Existing law requires the Department of Transportation to install screening on state freeway overpasses to prevent objects from being dropped or thrown upon vehicles passing underneath, as provided. This bill would require, on or before July 1, 2028, the department to identify best practices for the implementation of suicide countermeasures designed to deter suicide attempts on bridges and overpasses, as provided. <b>Last Amended: 9/3/2025</b>	Support

	Chapter 262, Statutes of 2025.		
<a href="#">AB 447</a> <a href="#">González, Mark D</a>  <b>Emergency room patient prescriptions.</b>	Assembly Chaptered 10/6/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 363, Statutes of 2025.	Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy for the licensure and regulation of pharmacists and pharmacies. Existing law authorizes a prescriber to dispense a dangerous drug, including a controlled substance, to an emergency room patient if specified requirements are met, including that the dangerous drug is acquired by the hospital pharmacy. This bill would, notwithstanding any other law, authorize a prescriber to dispense an unused portion of a dangerous drug acquired by the hospital pharmacy to an emergency room patient upon discharge if certain conditions are satisfied, including that the dangerous drug is not a controlled substance and that dispensing the unused portion of the dangerous drug is required to continue treatment of the patient. This bill contains other related provisions and other existing laws. <b>Last Amended: 5/1/2025</b>	Support
<a href="#">AB 489</a> <a href="#">Bonta D</a>  <b>Health care professions: deceptive terms or letters: artificial intelligence.</b>	Assembly Chaptered 10/11/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 615, Statutes of 2025.	Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession. Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the	Support

		advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate. This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation. This bill contains other related provisions and other existing laws. <b>Last Amended: 7/8/2025</b>	
<a href="#">AB 492</a> <a href="#">Valencia</a> D  <b>Alcohol and drug programs: licensing.</b>	Assembly Chaptered  10/6/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 368, Statutes of 2025.	Under existing law, the State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling. Existing law authorizes the department to issue a license to operate an alcohol or other drug recovery or treatment facility upon receipt of a completed written application, fire clearance, and licensing fee, as specified. This bill would require the department, whenever it issues a license to operate an alcohol or other drug recovery or treatment facility, to concurrently provide written notification of the issuance of the license to the city or county in which the facility is located. The bill would require the notice to include the name and mailing address of the licensee and the location of the facility.	Support
<a href="#">AB 512</a> <a href="#">Harabedian</a> D  <b>Health care coverage: prior authorization.</b>	Assembly Vetoed  1/22/2026-Consideration of Governor's veto stricken from file.	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 disability insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including pursuant to contracts with various types of managed care plans. Existing law generally authorizes a health care service plan, including a Medi-Cal managed care plan, or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. For a request prior to or concurrent with the provision of health care services, existing law requires utilization review decisions to be made within 5 business days from the plan's or insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination, or within 72 hours if the enrollee or insured faces an imminent and serious threat to their health or the normal timeframe would be detrimental to their life or health, as specified. This bill would change the timeline for prior or concurrent authorization requests to no more than 3 business days from the plan's or insurer's receipt via electronic submission, or 5 business days from receipt via submission that is not	Support

		<p>electronic, of the information reasonably necessary and requested by the plan or insurer to make the determination. The bill would require a utilization review decision to be made within 24 hours from receipt of a prior or concurrent authorization request via electronic submission, or 48 hours from receipt via submission that is not electronic, if the enrollee or insured faces an imminent and serious threat to their health or the normal timeframe would be detrimental to their life or health. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would exclude Medi-Cal managed care plans from the above-described timeline changes. This bill contains other related provisions and other existing laws.</p> <p><b>Governor's Message:</b> VETOED: 10/6/2025 <a href="#">PDF</a> <b>Last Amended: 9/5/2025</b></p>	
<p><a href="#">AB 543</a> <a href="#">González, Mark D</a></p> <p><b>Medi-Cal: field medicine.</b></p>	<p>Assembly Chaptered 10/6/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 374, Statutes of 2025.</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various provisions for Medi-Cal coverage of community health worker services, enhanced care management, and community supports, subject to any necessary federal approvals. Under existing law, these benefits are designed to, respectively, provide a link between health and social services and the community; address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries, including individuals experiencing homelessness; and provide housing transition navigation services, among other supports. This bill would set forth provisions regarding field medicine, as defined, under the Medi-Cal program for persons experiencing homelessness, as defined. The bill would state the intent of the Legislature that the field medicine-related provisions coexist with, and not duplicate, other Medi-Cal provisions, including, but not limited to, those regarding community health worker services, enhanced care management, and community supports. The bill would authorize a Medi-Cal managed care plan to elect to offer Medi-Cal covered services through a field medicine provider, as defined. Under the bill, a managed care plan that elects to do so would be required to allow a Medi-Cal member who is experiencing homelessness to receive those services directly from an in-network, contracted field medicine provider, regardless of the member's in-network assignment, as specified. The bill would also require the managed care plan to allow an in-network, contracted field medicine provider enrolled in Medi-Cal to directly refer a member who is experiencing homelessness for covered</p>	<p>Support</p>

		services within the appropriate network, as specified. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 602</a> <a href="#">Haney</a> D  <b>Public postsecondary education: student behavior: drug and alcohol use: rehabilitation programs.</b>	Assembly Chaptered  10/1/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 159, Statutes of 2025.	Existing law, known as the Donahoe Higher Education Act, establishes the California Community Colleges, the California State University, and the University of California as the public segments of postsecondary education in the state. Existing law requires the Regents of the University of California, the Trustees of the California State University, and the governing board of every community college district to adopt or provide for the adoption of specific rules and regulations governing student behavior and to adopt procedures by which all students are informed of the rules and regulations, with applicable penalties, as provided. Provisions of the act apply to the University of California only to the extent that the Regents of the University of California, by appropriate resolution, act to make a provision applicable. Existing federal law requires, as a condition of receiving federal funds or other forms of financial assistance, institutions of higher education to annually distribute to each student and employee standards of conduct that clearly prohibit unlawful possession, use, or distribution of illicit drugs or alcohol, as provided, and a clear statement that the institution will impose sanctions for violations of the standards of conduct. Existing federal law characterizes the completion of an appropriate rehabilitation program as a permissible form of the required sanctions. This bill would require the Regents of the University of California and the Trustees of the California State University, in adopting the above-described rules and regulations, to place in the highest priority the health, safety, and well-being of the campus community. The bill would also require those entities, on or before July 1, 2026, to adopt, or provide for the adoption of, rules and regulations that (1) prohibit students receiving medical treatment for the personal use of drugs or alcohol in violation of the rules and regulations governing student behavior from being subject to disciplinary action for that use of drugs or alcohol if they complete an appropriate rehabilitation program, as defined, and (2) require students who receive medical treatment for the personal use of drugs or alcohol in a manner that violates the rules or regulations of the university to be offered the chance to complete an appropriate rehabilitation program, as provided. The bill would establish that this prohibition on disciplinary action, and the requirement that the university offer an appropriate rehabilitation program, only apply to a student once in an academic semester, quarter, or term, as provided. This bill contains other existing laws. <b>Last Amended: 6/16/2025</b>	Support
<a href="#">AB 682</a> <a href="#">Ortega</a> D	Assembly Vetoed	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	Support

<p><b>Health care coverage reporting.</b></p>	<p>1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>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 authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer to file various reports with the relevant regulating department. This bill would require a health care service plan or health insurer that imposes prior authorization to report specified prior authorization data from the previous calendar year on its internet website on or before February 1, 2026, for health care service plans, on or before February 1, 2028, for health insurers, and annually on or before February 1 thereafter. The bill would require a health care service plan or health insurer to annually report specified claims and prior authorization data to the relevant department by February 1 of each year, beginning February 1, 2027, for health care service plans and February 1, 2028, for health insurers. The bill would require the departments to post this information, disaggregated by plan or insurer, on their internet websites by April 15 of each year, beginning April 15, 2027, for health care service plans and April 15, 2028, for health insurers. The bill would authorize the Director of the Department of Managed Health Care and the Insurance Commissioner to reject a report required pursuant to these provisions, and would authorize the commissioner to assess an administrative penalty against a health insurer for a failure to correct a deficiency in the report. The bill would authorize the director and commissioner to make rules and regulations specifying the form and content of the reports posted online and submitted to the relevant department, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws. <b>Governor's Message:</b> VETOED: 10/6/2025 <a href="#">PDF</a> <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">AB 688</a> <a href="#">González, Mark D</a> <b>Telehealth for All Act of 2025.</b></p>	<p>Assembly Chaptered 10/7/2025-Approved by the Governor. Chaptered by Secretary of State -</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when</p>	<p>Support</p>

	Chapter 437, Statutes of 2025.	those services and settings meet certain criteria. Existing law required the department, on or before January 1, 2023, to develop a research and evaluation plan that, among other things, proposes strategies to analyze the relationship between telehealth and access to care, quality of care, and Medi-Cal program costs, utilization, and program integrity. The department created that plan in December of 2022 and published the Biennial Telehealth Utilization Report in April of 2024. This bill, the Telehealth for All Act of 2025, would require the department, commencing in 2028 and every 2 years thereafter, to use Medi-Cal data and other data sources available to the department to produce analyses in a publicly available Medi-Cal telehealth utilization report. The bill would authorize the department to include those analyses in each of the department's Biennial Telehealth Utilization Reports, as specified. The bill would require the analyses to address telehealth access and utilization data, including various metrics on telehealth visits and claims, disaggregated by geographic, demographic, and social determinants of health categories to identify disparities. The bill would require the department to identify additional data elements for inclusion in future reports to help to identify and address access-to-care issues or provide greater insight into utilization of telehealth modalities. <b>Last Amended: 7/7/2025</b>	
<a href="#">AB 960</a> <a href="#">Garcia D</a> <b>Patient visitation.</b>	Assembly Chaptered 10/1/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 172, Statutes of 2025.	Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute care hospitals, as defined. Existing law requires a health facility to allow a patient's domestic partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit unless no visitors are allowed, the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility, or the patient has indicated to the health facility staff that the patient does not want this person to visit. A violation of this provision is a misdemeanor. This bill would require a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities, a patient with cognitive impairment, including dementia, and a patient with another disability, as specified, to have a family or friend caregiver with them as needed, including outside standard visiting hours, unless specified conditions are met, including, but not limited to, that the hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of the visitor, a patient, a member of the staff, or other visitor to the hospital, or would significantly disrupt the operations of the hospital. The bill would not prohibit a hospital from otherwise establishing reasonable restrictions upon visitation. The bill would authorize the hospital to	Support

		impose legitimate health and safety requirements on visitors, as specified. The bill would specify that its provisions do not prohibit restrictions to patient visitation policies implemented during a state of emergency declared by the Governor, a health emergency declared by the State Public Health Officer, or a local health emergency declared by a local health officer, as specified. The bill would specify that its provisions do not create any new civil or criminal liability, including, but not limited to, liability for any illness, infection, or injury experienced by a patient or visitor on the part of a hospital that complies with its requirements. By expanding the scope of a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 8/25/2025</b>	
<a href="#">AB 1034</a> <a href="#">Ávila Farías</a> D  <b>Teacher credentialing: programs of professional preparation: youth mental health.</b>	Assembly Chaptered 7/14/2025- Chaptered by Secretary of State - Chapter 46, Statutes of 2025	Existing law requires the Commission on Teacher Credentialing to establish standards for the issuance and renewal of credentials. Existing law requires, as a minimum requirement for a preliminary multiple subject, single subject, or education specialist teaching credential, the satisfactory completion of a program of professional preparation that, among other things, has been accredited by the Committee on Accreditation on the basis of standards of program quality and effectiveness that have been adopted by the commission and provides specified experience including, among other experience health education, including study of nutrition, cardiopulmonary resuscitation, and the physiological and sociological effects of the abuse of alcohol, narcotics, and drugs and the use of tobacco. This bill would require that health education experience to also include a basic understanding of youth mental health. <b>Last Amended: 4/21/2025</b>	Support
<a href="#">AB 1037</a> <a href="#">Elhawary</a> D  <b>Public health: substance use disorder.</b>	Assembly Chaptered 10/10/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 569, Statutes of 2025.	Under existing law, a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Existing law exempts a health care provider who acts with reasonable care in issuing a prescription or order for an opioid antagonist from professional review, civil action, or criminal prosecution, under certain circumstances. Existing law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Existing law provides that a person who is trained in the use of an opioid antagonist and acts with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution. This bill would expand the above-described authorizations to those who are at risk of or any person who may be in a position to assist a person experiencing any overdose and would strike the requirement that those who	Support

		receive and possess opioid antagonists receive training. The bill would authorize a person in a position to assist a person at risk of an overdose to possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose. The bill would instead exempt a person who administers an opioid antagonist in good faith, whether or not they were trained, from liability for civil damages, as specified, and would instead exempt a health care provider who acts with reasonable care from liability in a civil action for any injuries or damages relating to or resulting from the acts or omissions of any person who administers the opioid antagonist in good faith, as specified. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 1103</a> <a href="#">Ward D</a>  <b>Controlled substances: research.</b>	Assembly Chaptered 10/10/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 571, Statutes of 2025.	Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law creates a Research Advisory Panel, as specified, to conduct hearings on, and in other ways study, research projects concerning controlled substances. Existing law authorizes the panel to approve research projects that have been registered with the Attorney General concerning the nature and effects of cannabis or hallucinogenic drugs and the treatment of abuse of controlled substances. Existing law authorizes a person who, under federal law, is entitled to use controlled substances for the purpose of research, instruction, or analysis, to lawfully obtain and use those controlled substances upon approval by the panel, as specified. This bill would revise and recast these provisions to require the panel to review research projects to be conducted in this state that require the administration of Schedule I or Schedule II controlled substances. The bill would authorize the panel, until January 1, 2028, to expedite the review of projects that satisfy certain criteria, including, among others things, that have sought or received certain federal approvals and have proof of independent peer review of the study, as described. The bill would authorize the chairperson of the panel to deputize 2 or more panel members to review the research project and to approve it, without a vote by the entire panel. The bill would authorize the panel to withdraw its approval for reasonable cause and would require the panel to provide notice and time for the concern to be cured by the project before withdrawing its approval. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/3/2025</b>	Support
<a href="#">ACR 23</a> <a href="#">Quirk-Silva D</a>	Assembly Chaptered	This bill would recognize the 3rd week of May 2025 as Mental Health Peer Appreciation Week in California.	Support

<p><b>Mental Health Peer Appreciation Week.</b></p>	<p>6/25/2025- Chaptered by Secretary of State - Chapter 87, Statutes of 2025</p>		
<p><a href="#"><u>ACR 69</u></a> <a href="#"><u>Berman</u></a> D  <b>California Physical Fitness and Mental Well-Being Month.</b></p>	<p>Assembly Chaptered  6/25/2025- Chaptered by Secretary of State - Chapter 98, Statutes of 2025</p>	<p>This measure would declare the month of May 2025 as California Physical Fitness and Mental Well-Being Month.</p>	<p>Support</p>
<p><a href="#"><u>ACR 70</u></a> <a href="#"><u>Pellerin</u></a> D  <b>Suicide Prevention Awareness Month.</b></p>	<p>Assembly Chaptered  9/10/2025- Chaptered by Secretary of State - Chapter 176, Statutes of 2025</p>	<p>This measure would proclaim September 2025 as Suicide Prevention Awareness Month. <b>Last Amended: 7/9/2025</b></p>	<p>Support</p>
<p><a href="#"><u>ACR 78</u></a> <a href="#"><u>Patel</u></a> D  <b>Maternal Mental Health Awareness Month.</b></p>	<p>Assembly Chaptered  6/25/2025- Chaptered by Secretary of State - Chapter 102, Statutes of 2025</p>	<p>This measure would proclaim May 2025 as Maternal Mental Health Awareness Month.</p>	<p>Support</p>
<p><a href="#"><u>SB 27</u></a> <a href="#"><u>Umberg</u></a> D  <b>Community Assistance, Recovery, and Empowerment</b></p>	<p>Senate Chaptered  10/10/2025- Approved by the Governor. Chaptered by Secretary of State.</p>	<p>Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and</p>	<p>Support</p>

<p><b>(CARE) Court Program.</b></p>	<p>Chapter 528, Statutes of 2025.</p>	<p>other psychotic disorders, and who meet other specified criteria. Existing law authorizes a specified individual to commence the CARE process, known as the original petitioner. Existing law authorizes the court to dismiss a case without prejudice when the court finds that a petitioner has not made a prima facie showing that they qualify for the CARE process. Existing law requires the court to take prescribed actions if it finds that a prima facie showing has been made, including, but not limited to, setting the matter for an initial appearance on the petition. Existing law requires the court, if it determines the parties have entered or are likely to enter into a CARE agreement, to either approve or modify the CARE agreement and continue the matter at a progress hearing in 60 days, or continue the matter for 14 days to allow the parties additional time to enter into an agreement. Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law authorizes a court to refer an individual from, among other things, assisted outpatient treatment or conservatorship proceedings, as specified, to CARE Act proceedings. Existing law provides that if the individual is referred from assisted outpatient treatment, the county behavioral health director or their designee shall be the petitioner, whereas if the referral is from conservatorship proceedings, the conservator or proposed conservator is the petitioner. This bill would allow the court to make a prima facie determination without conducting a hearing. The bill, in the first hearing to determine competence to stand trial, would authorize the court to consider the petitioner's eligibility for both diversion and the CARE program. The bill would authorize the court to refer the petitioner to the CARE Act court if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe the petitioner may be eligible for the CARE program. If the petitioner is not accepted into the CARE program or if the CARE Act court refers the petitioner back to criminal court, as specified, the bill would require the criminal court to conduct a hearing to determine whether the petitioner is eligible for a diversion program. The bill would authorize the county behavioral health agency and jail medical providers to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/2/2025</b></p>	
<p><a href="#">SB 41 Wiener D</a> <b>Pharmacy benefits.</b></p>	<p>Senate Chaptered 10/11/2025- Approved by the Governor.</p>	<p>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 requires a pharmacy benefit manager engaging in business with a</p>	<p>Support</p>

	<p>Chaptered by Secretary of State. Chapter 605, Statutes of 2025.</p>	<p>health care service plan or health insurer to secure a license from the Department of Managed Health Care on or after January 1, 2027, or the date on which the department has established the licensure process, whichever is later. This bill would prohibit a pharmacy benefit manager from, among other things, requiring use of only an affiliated pharmacy, as specified, and from imposing requirements, conditions, or exclusions that discriminate against a nonaffiliated pharmacy in connection with dispensing drugs. The bill would limit a pharmacy benefit manager's income to that derived from a pharmacy benefit management fee for pharmacy benefit management services provided, and would require a pharmacy benefit manager to use a passthrough pricing model. The bill would authorize the Attorney General to recover specified civil penalties and receive equitable relief for violations of the pharmacy benefit manager licensing provisions. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The bill would also require a contract between a health insurer and a pharmacy benefit manager issued, amended, or renewed on or after January 1, 2027, or the date on which the Department of Managed Health Care has established the pharmacy benefit manager licensure process, whichever is later, to require the pharmacy benefit manager to be licensed and in good standing with the Department of Managed Health Care. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">SB 243</a> <a href="#">Padilla</a> D <b>Companion chatbots.</b></p>	<p>Senate Chaptered 10/13/2025- Approved by the Governor. Chaptered by Secretary of State. Chapter 677, Statutes of 2025.</p>	<p>Existing law requires a social media platform to take various steps to prevent cyberbullying of minors on the platform, including by requiring the platform to establish a prominent mechanism within its internet-based service that allows any individual, whether or not that individual has a profile on the internet-based service, to report cyberbullying or any content that violates the existing terms of service related to cyberbullying. Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention in the department, as prescribed. This bill would, among other things related to making a companion chatbot platform safer for users, if a reasonable person interacting with a companion chatbot would be misled to believe that the person is interacting with a human, require an operator of a companion chatbot platform to issue a clear and conspicuous notification indicating that the companion chatbot is artificially generated and not human. The bill would also require an operator to take certain actions with respect to a user the operator knows is a minor, including disclose to the user that the user is interacting with artificial intelligence. The bill would also require an operator to prevent a companion chatbot on its companion chatbot platform from engaging with users unless the operator maintains a protocol for preventing the production of suicidal ideation, suicide, or self-harm content to the</p>	<p>Support</p>

		<p>user, as specified, and would require an operator to publish details on that protocol on the operator’s internet website. This bill would, beginning July 1, 2027, require an operator to annually report to the Office of Suicide Prevention certain things, including protocols put in place to detect, remove, and respond to instances of suicidal ideation by users, and would require the office to post data from that report on its internet website. The bill would authorize a person who suffers injury in fact as a result of noncompliance with the bill to bring a certain civil action. <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">SB 306</a> <a href="#">Becker D</a></p> <p><b>Health care coverage: prior authorizations.</b></p>	<p>Senate Chaptered 10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 408, Statutes of 2025.</p>	<p>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 authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. This bill would require the departments to issue instructions on or before July 1, 2026, to health care service plans and health insurers to report statistics regarding covered health care services subject to prior authorization and the percentage rate at which they are approved or modified, among other things. The bill would require a health care service plan or health insurer to report those statistics, including information from another entity to which the plan or insurer delegates responsibility for prior authorization decisions, to the appropriate department on or before December 31, 2026. The bill would require the departments to evaluate these reports, identify the health care services approved at a rate that meets or exceeds the threshold rate of 90%, and, on or before July 1, 2027, publish a list of the services identified. Beginning on the date specified by the relevant department, but no later than January 1, 2028, the bill would require a plan or insurer, or its delegated entities, to cease requiring prior authorization for the most frequently approved covered health care services. The bill would authorize a plan or insurer to reinstate prior authorization for a specific health care provider if it determines that the provider has engaged in fraudulent activity or clinically inappropriate care, as</p>	<p>Support</p>

		<p>specified. No later than 4 years after the cessation of prior authorization requirements, the bill would require the departments to publish reports regarding the impact of that cessation using information reported by plans and insurers, including data on reinstatements of prior authorization for specific providers. The bill would repeal these provisions on January 1, 2034. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">SB 351</a> <a href="#">Cabaldon</a> D <b>Health facilities.</b></p>	<p>Senate Chaptered 10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 409, Statutes of 2025.</p>	<p>Existing law generally regulates the licensing and operation of health facilities and other facilities providing health care in this state. Existing law, the Medical Practice Act, creates the Medical Board of California to license and regulate physicians and surgeons. Under existing law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists. Existing law, the Nonprofit Public Benefit Corporation Law, generally requires a nonprofit public benefit corporation to give written notice to the Attorney General before it sells, leases, conveys, exchanges, transfers, or disposes of its assets, except as specified. Existing law provides specific procedures for health facilities and additionally requires these facilities to obtain the consent of the Attorney General prior to entering into a specified agreement or transaction. This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into a contract or other agreement or arrangement with a physician or dental practice if the contract or other agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those contracts or other agreements void and unenforceable. The bill would prohibit and render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund, as specified. This bill would entitle the Attorney General to injunctive relief and</p>	<p>Support</p>

		attorney's fees and costs for the enforcement of these provisions, as specified. The bill would make its provisions severable. This bill contains other existing laws. <b>Last Amended: 9/8/2025</b>	
<a href="#">SB 412</a> <a href="#">Limón D</a>  <b>Home care aides.</b>	Senate Chaptered  10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 414, Statutes of 2025.	Existing law, the Home Care Services Consumer Protection Act, requires a home care organization, as defined, to ensure that an affiliated home care aide completes specified training requirements prior to providing home care services, including annual training related to the aide's clients' rights and safety and how to provide for a client's daily living needs. A violation of the act is a misdemeanor. This bill would, beginning on January 1, 2027, additionally require a home care organization to ensure that a home care aide completes, prior to providing home care and annually thereafter, training related to the special care needs of clients with dementia. Because the bill creates new crimes by expanding the act to include additional requirements for home care organizations, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 6/18/2025</b>	Support
<a href="#">SB 471</a> <a href="#">Menjivar D</a>  <b>Office of the Developmental Services Ombudsperson.</b>	Senate Chaptered  10/1/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 223, Statutes of 2025.	Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law requires the department to establish an Office of the Self-Determination Program Ombudsperson to be headed by an individual to be known as the Self-Determination Program Ombudsperson, who is appointed by the Director of Developmental Services. Existing law requires the office to be an independent and autonomous entity within the department and prescribes specified duties and rights of the office, including recommending to the department strategies for change and improvement of the program. This bill would repeal the above-described provisions establishing the Office of the Self-Determination Program Ombudsperson and instead establish the Office of the Developmental Services Ombudsperson as an independent and autonomous entity within the department for the purpose of monitoring the implementation of specified services for individuals served by a regional center, as defined. The bill would set forth the duties of the Office of the Developmental Services Ombudsperson, including, among other things, disseminating information and providing training and technical assistance, and receiving and possibly investigating complaints made by or on behalf of individuals served by a regional center. The bill would establish the position of the Developmental Services Ombudsperson to head the office and specify appointment procedures and the duties of that position. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/4/2025</b>	Support

<p><a href="#">SB 497</a> <a href="#">Wiener D</a></p> <p><b>Legally protected health care activity.</b></p>	<p>Senate Chaptered 10/13/2025- Approved by the Governor. Chaptered by Secretary of State. Chapter 764, Statutes of 2025.</p>	<p>The United States Constitution generally requires a state to give full faith and credit to the public acts, records, and judicial proceedings of every other state. Existing law generally authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state but prohibits the issuance of a subpoena based on another state’s law that interferes with a person’s right to allow a child to receive gender-affirming health care or gender-affirming mental health care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization unless an exception applies, including that the disclosure is in response to a subpoena. Existing law prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a civil action, including a foreign subpoena, based on another state’s law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care. This bill would additionally prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state’s law that interferes with an individual’s right to seek or obtain gender-affirming health care or gender-affirming mental health care. The bill would also prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care, as specified. The bill would prohibit these entities from releasing medical information related to sensitive services, as defined, in response to a foreign subpoena that is based on a violation of another state’s laws authorizing a criminal action against a person or entity for provision or receipt of legally protected health care activity, as defined. The bill would also generally prohibit the issuance of a subpoena based on a violation of another state’s law that interferes with a person’s right to seek or obtain gender-affirming health care or gender-affirming mental health care, as specified. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b></p>	<p>Support</p>
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<p><a href="#">SB 530</a> <a href="#">Richardson</a> D</p> <p><b>Medi-Cal: time and distance standards.</b></p>	<p>Senate Chaptered</p> <p>10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 418, Statutes of 2025.</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, until January 1, 2026, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1, 2029. The bill would also require a managed care plan to ensure that each subcontractor network complies with certain appointment time standards unless already required to do so. The bill would require a plan to demonstrate to the department each subcontractor network's compliance with time or distance and appointment time standards, as specified. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/4/2025</b></p>	<p>Support</p>
<p><a href="#">SB 800</a> <a href="#">Reyes</a> D</p> <p><b>State bridges and overpasses: suicide prevention.</b></p>	<p>Senate Chaptered</p> <p>10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 427, Statutes of 2025.</p>	<p>Existing law requires the Department of Transportation to install screening on state freeway overpasses to prevent objects from being dropped or thrown upon vehicles passing underneath, as provided.. This bill would require, beginning on or before July 1, 2028, the Department of Transportation, in consultation with the State Department of Public Health and in collaboration with impacted local governments, to incorporate suicide deterrent considerations in the updates of applicable guidance documents, as provided. <b>Last Amended: 9/2/2025</b></p>	<p>Support</p>
<p><a href="#">SCR 61</a> <a href="#">Archuleta</a> D</p> <p><b>Military and Veteran Suicide Prevention Awareness.</b></p>	<p>Senate Chaptered</p> <p>9/9/2025-Chaptered by Secretary of State - Chapter 171, Statutes of 2025</p>	<p>This measure would proclaim the week of September 15, 2025, to September 21, 2025, inclusive, as Military and Veterans Suicide Prevention Awareness Week in California.</p>	<p>Support</p>
<p><a href="#">SCR 75</a> <a href="#">Weber Pierson</a> D</p> <p><b>Alzheimer's Disease and Brain</b></p>	<p>Senate Chaptered</p> <p>7/10/2025-Chaptered by Secretary of State -</p>	<p>This measure would declare the month of June 2025 as Alzheimer's Disease and Brain Awareness Month, recognize Friday, June 20, 2025, as The Longest Day, and urge all Californians to commemorate the month of June 2025 as Alzheimer's Disease and Brain Awareness Month.</p>	<p>Support</p>

<b>Awareness Month and The Longest Day.</b>	Chapter 135, Statutes of 2025		
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**OTHER MONITORED LEGISLATION**

<p><a href="#"><u>AB 45</u></a> <a href="#"><u>Bauer-Kahan</u></a> D</p> <p><b>Privacy: health data: location and research.</b></p>	<p>Assembly Chaptered 9/26/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 134, Statutes of 2025.</p>	<p>Existing law prohibits a person or business, as defined, from collecting, using, disclosing, or retaining the personal information of a person who is physically located at, or within a precise geolocation of, a family planning center, as defined, except as necessary to perform the services or provide the goods requested and prohibits a person or business from selling or sharing this personal information. Existing law authorizes an aggrieved person or entity to institute and prosecute a civil action against a person or business for a violation of these provisions and specifies the damages and costs authorized to be recovered. This bill would recast the above-described provisions, and instead prohibit 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 under certain circumstances, including, among others, for the collection or use as necessary to perform the services or provide the goods requested. The bill would also provide that these provisions do not alter applicable law regarding use by a law enforcement agency, as defined, of personal information generated by an electronic monitoring device. The bill would authorize an aggrieved person to institute and prosecute a civil action against a natural person, association, proprietorship, corporation, trust, foundation, partnership, or any other organization or group of people acting in concert for a violation of these provisions. The bill would also make other nonsubstantive changes. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/9/2025</b></p>	
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<p><a href="#"><u>AB 56</u></a> <a href="#"><u>Bauer-Kahan</u></a> D</p> <p><b>Social media: warning labels.</b></p>	<p>Assembly Chaptered 10/13/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 671, Statutes of 2025.</p>	<p>Existing law generally regulates social media platforms, including, among other laws, the Protecting Our Kids from Social Media Addiction Act that prohibits an operator of an addictive internet-based service or application, including a social media platform, from providing an addictive feed, as defined, to a minor user, except as prescribed. This bill would enact the Social Media Warning Law that would require a covered platform, as defined, to display a certain black box warning to certain users each day the user initially accesses the social media platform, again after 3 hours of cumulative active use, and thereafter at least once per hour of cumulative active use, as prescribed. This bill would specify that its provisions shall not be interpreted to serve as the basis for a private right of</p>	
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		action, as specified. The bill would make its provisions operative on January 1, 2027, and would declare these provisions severable. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 81</a> <a href="#">Ta R</a> <b>Veterans: mental health.</b>	Assembly Vetoed  1/22/2026- Consideration of Governor's veto stricken from file.	Existing law establishes the Department of Veterans Affairs. The department, among other services, provides veterans and their dependents and survivors with assistance in processing service-related disability claims, assistance in obtaining affordable housing, and information about health ailments associated with military service. This bill would require the department to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, as specified. The bill would require the department to submit a report that summarizes the findings and recommendations of the study to the Legislature no later than June 30, 2029. The bill would repeal these provisions on January 1, 2030. <b>Governor's Message:</b> VETOED: 10/11/2025 <a href="#">PDF</a>	
<a href="#">AB 82</a> <a href="#">Ward D</a> <b>Health care: legally protected health care activity.</b>	Assembly Chaptered  10/13/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 679, Statutes of 2025.	Existing law authorizes reproductive health care service providers, employees, volunteers, and patients, and individuals who face threats of violence or violence or harassment from the public because of their affiliation with a reproductive health care services facility, to complete an application to be approved by the Secretary of State for the purposes of enabling state and local agencies to respond to requests for public records without disclosing a program participant's residence address contained in any public record and otherwise provide for confidentiality of identity for that person, subject to specified conditions. Under existing law, any person who makes a false statement in an application is guilty of a misdemeanor. This bill would expand the address confidentiality program to a gender-affirming health care provider, employee, or volunteer, as defined, who faces threats of violence or harassment from the public because of their affiliation with a gender-affirming health care services facility. The bill would also make conforming changes. By imposing new duties on local agencies and expanding the scope of a crime, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 224</a> <a href="#">Bonta D</a> <b>Health care coverage: essential health benefits.</b>	Assembly Chaptered  10/13/2025- Approved by the Governor. Chaptered by Secretary of State -	Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as	

	Chapter 680, Statutes of 2025.	specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health insurers. The bill would require, commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, as specified, the benchmark plan for health insurers to include certain additional benefits, including coverage for specified fertility services and specified durable medical equipment. <b>Last Amended: 7/8/2025</b>	
<a href="#"><u>AB 251</u></a> <a href="#"><u>Kalra D</u></a>  <b>Elders and dependent adults: abuse or neglect.</b>	Assembly Chaptered  10/7/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 433, Statutes of 2025.	Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, provides for the award of attorney's fees and costs to, and the recovery of damages by, a plaintiff when it is proven by clear and convincing evidence that the defendant is liable for physical abuse or neglect, and the defendant has also been found guilty of recklessness, oppression, fraud, or malice in the commission of that abuse. This bill would authorize a court to apply a preponderance of the evidence standard to any claim brought against a residential care facility for the elderly, an adult community care facility, or a skilled nursing facility, except as specified, for remedies sought pursuant to the above provisions, upon circumstances in which spoliation of evidence, as defined, has been committed by the defendant, as specified. The bill would make this provision inoperative if there is a final judicial determination in any action by any party, or a final determination by the Centers for Medicare and Medicaid Services, that the state is required by state or federal law or regulation to provide reimbursement under the Medi-Cal program to those facilities for costs associated with this bill and the Legislature does not appropriate sufficient funds to pay for those costs. The bill would make conforming changes to a related provision. <b>Last Amended: 6/23/2025</b>	
<a href="#"><u>AB 309</u></a> <a href="#"><u>Zbur D</u></a>  <b>Hypodermic needles and syringes.</b>	Assembly Chaptered  10/13/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 685, Statutes of 2025.	Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy. Existing law, until January 1, 2026, authorizes a physician or pharmacist to, without a prescription or permit, furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and authorizes a person 18 years of age or older to, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist, as a public health measure, as specified. Existing law, until January 1, 2026, requires a pharmacy that furnishes nonprescription syringes to provide written information or verbal counseling to consumers, as specified, at the time of furnishing or sale of nonprescription hypodermic needles or syringes. Existing law, when no other penalty is provided, makes a knowing violation of the Pharmacy Law a misdemeanor and, in all other instances, makes a violation punishable as an	

		<p>infraction. This bill would delete the January 1, 2026, repeal date, thereby extending those provisions indefinitely, and would make other conforming changes. By indefinitely extending an existing requirement under the Pharmacy Law, the violation of which is a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p><a href="#">AB 369</a> <a href="#">Rodriguez,</a> <a href="#">Michelle D</a>  <b>Emergency services: liability.</b></p>	<p>Assembly Chaptered  7/14/2025- Chaptered by Secretary of State - Chapter 33, Statutes of 2025</p>	<p>Existing law, the Seizure Safe Schools Act, if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency anti-seizure medication by the pupil's health care provider, authorizes the pupil's local educational agency, upon receipt of a request from the pupil's parent or guardian, to designate one or more volunteers at the pupil's school to receive initial and annual refresher training regarding the emergency use of anti-seizure medication and authorizes a school nurse or, if the school does not have a school nurse or the school nurse is not onsite or available, a volunteer who has been designated and received training regarding the emergency use of anti-seizure medication, to administer emergency anti-seizure medication to a pupil diagnosed with seizures, a seizure disorder, or epilepsy if the pupil is suffering from a seizure. Existing law, notwithstanding any other law, excuses a person trained as required who administers emergency anti-seizure medication or medication prescribed for seizure disorder symptoms in compliance with these provisions, in good faith and not for compensation, to a pupil diagnosed with seizures, a seizure disorder, or epilepsy who appears to be experiencing a seizure, from professional review, liability in a civil action, or criminal prosecution for the person's acts or omissions in administering the emergency anti-seizure medication, as specified. Existing law also, notwithstanding any other law, similarly excuses a person who is not otherwise licensed to administer an opioid antagonist but who has required training, who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose, from professional review, liability in a civil action, or criminal prosecution for this administration. This bill, notwithstanding any other law, and except as provided in the Seizure Safe Schools Act, would excuse a person who is otherwise not licensed to administer anti-seizure rescue medication, but who administers anti-seizure rescue medication at the scene of an emergency, in good faith and not for compensation, to a person who is experiencing, or is suspected of experiencing, a seizure, from professional review, liability in a civil action, or criminal prosecution for that administration of anti-seizure rescue medication so long as the person's conduct is not grossly negligent and does not constitute willful or wanton misconduct. <b>Last Amended: 5/21/2025</b></p>	

<p><a href="#">AB 393</a> <a href="#">Connolly</a> D</p> <p><b>Personal services contracts: state employees: physician and psychologist positions.</b></p>	<p>Assembly Vetoed</p> <p>1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>Existing law, the State Civil Service Act, regulates employment with the state and vests in the Department of Human Resources all powers, duties, and authority necessary to operate the state civil service system. Existing law establishes standards for the use of personal services contracts by state agencies. Existing law permits personal services contracting to achieve cost savings when specified conditions are met, including that the contract does not cause the displacement of civil service employees. Existing law establishes the Department of Corrections and Rehabilitation in state government, with jurisdiction over persons committed to the state prison. Existing law also establishes the State Department of State Hospitals within the California Health and Human Services Agency, with jurisdiction over specified facilities for the treatment of persons with mental health disorders. This bill would require the Department of Corrections and Rehabilitation and the State Department of State Hospitals, before entering into a personal services contract to have a contractor fill a budgeted State Bargaining Unit 16 (BU-16) physician position or a State Bargaining Unit 19 (BU-19) psychologist position, to take specified actions. Among others, these actions would include preparing an analysis comparing the hourly cost of a contractor to a civil service BU-16 physician or BU-19 psychologist. The bill would require these departments to submit an annual report detailing certain information about contractors and civil service physicians and psychologists to BU-16, BU-19, and specified legislative committees.</p> <p><b>Governor's Message:</b> VETOED: 10/3/2025 <a href="#">PDF</a> <b>Last Amended: 9/3/2025</b></p>	
<p><a href="#">AB 416</a> <a href="#">Krell</a> D</p> <p><b>Involuntary commitment.</b></p>	<p>Assembly Chaptered</p> <p>10/13/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 691, Statutes of 2025.</p>	<p>Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by a peace officer, a designated member of a mobile crisis team, or a professional person designated by the county, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Existing law authorizes county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform the above-described provisions. Existing law authorizes the procedures to include, among others, the license types, practice disciplines, and clinical experience of the professionals eligible to be designated by the county. Existing law exempts specified individuals, including a peace officer responsible for the detainment of a person under these provisions from criminal and civil liability for an action by a person who is released at or before the</p>	<p>Neutral</p>

		<p>end of the period for which they were detained. This bill would require a county behavioral health director to include an emergency physician, as defined, as one of the practice disciplines eligible to be designated by the county when developing and implementing procedures for the designation and training of those professionals. The bill would also exempt an emergency physician who is responsible for the detainment of a person under those provisions from criminal and civil liability, as specified. <b>Last Amended: 7/17/2025</b></p>	
<p><a href="#">AB 574</a> <a href="#">González, Mark</a> D</p> <p><b>Prior authorization: physical therapy.</b></p>	<p>Assembly Vetoed 1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>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 sets forth specified prior authorization limitations for health care service plans and health insurers. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for physical therapy from imposing prior authorization for the initial 12 physical therapy treatment visits for a new condition. The bill would authorize prior authorization for physical therapy for a recurring condition, as specified. The bill would require a physical therapy provider to verify an enrollee's or an insured's coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to obtain separate written consent for costs that may not be covered by the enrollee's or insured's plan contract or policy, that includes a written estimate of the cost of care for which the enrollee or insured is responsible if coverage is denied or otherwise not applicable. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p> <p><b>Governor's Message:</b> VETOED: 10/6/2025 <a href="#">PDF</a> <b>Last Amended: 6/16/2025</b></p>	
<p><a href="#">AB 645</a> <a href="#">Carrillo</a> D</p> <p><b>Emergency medical services: dispatcher training.</b></p>	<p>Assembly Chaptered 10/3/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 273, Statutes of 2025.</p>	<p>Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services (EMS). The act authorizes a county to develop an EMS program by designating a local EMS agency. Existing law also requires the Commission on Emergency Medical Services to review and approve regulations, standards, and guidelines to be developed by the authority. Existing law generally makes a violation of the act a misdemeanor. This bill would require, by January 1, 2027, a public safety agency that provides "911"</p>	

		call processing services for emergency medical response to provide prearrival medical instructions to “911” callers requiring medical assistance, including, among other things, airway and choking medical instructions for infants, children, and adults and administration of naloxone for narcotics overdoses. The bill would require prearrival medical instructions to be approved by the local EMS agency medical director and implemented consistent with the medical protocols and procedures adopted by the public safety agency. By expanding the scope of a crime, and to the extent that the bill would create new duties for a public safety agency, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 7/17/2025</b>	
<a href="#">AB 727</a> <a href="#">González, Mark D</a> <b>Pupil and student safety: identification cards.</b>	Assembly Chaptered 10/10/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 483, Statutes of 2025.	Existing law, commencing July 1, 2025, requires a public or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the number for the 988 Suicide and Crisis Lifeline. Existing law requires a public or private institution of higher education that issues student identification cards to have printed on either side of the student identification cards the telephone number for the National Suicide Prevention Lifeline. This bill, commencing July 1, 2026, would require public schools that serve pupils in any of grades 7 to 12, inclusive, and public institutions of higher education that issue pupil identification cards to additionally have printed on the identification cards the telephone number and text line for a specified LGBTQ+ suicide hotline, as provided. <b>Last Amended: 6/19/2025</b>	
<a href="#">AB 789</a> <a href="#">Bonta D</a> <b>Political Reform Act of 1974: security expenses.</b>	Assembly Chaptered 10/11/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 621, Statutes of 2025.	The Political Reform Act of 1974 regulates the use of campaign funds held by candidates for elective office, elected officers, and campaign committees. The act authorizes a candidate or elected officer to use campaign funds to pay or reimburse the state for the reasonable costs of installing and monitoring a home or office electronic security system or for another tangible item related to security, and for the reasonable costs of providing personal security to a candidate, elected officer, or the immediate family or staff of a candidate or elected officer, provided that the threat or potential threat to safety arises from the candidate’s or elected officer’s activities, duties, or status as a candidate or elected officer or from staff’s position as staff of the candidate or elected officer. The act permits a candidate or elected officer to expend a maximum of \$10,000 of campaign funds for these purposes during their lifetime. This bill would eliminate that monetary cap until January 1, 2029. Beginning January 1, 2029, the bill would instead permit a candidate or elected officer to expend a maximum of \$10,000 of campaign funds for these purposes per calendar year. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/3/2025</b>	

<p><a href="#">AB 829</a> <a href="#">Sharp-Collins</a> D</p> <p><b>Richard Paul Hemann Parkinson's Disease Program: Parkinson's Disease Research Voluntary Tax Contribution Fund.</b></p>	<p>Assembly Chaptered 8/28/2025- Chaptered by Secretary of State - Chapter 99, Statutes of 2025</p>	<p>Existing law establishes the Richard Paul Hemann Parkinson's Disease Program, which, among other things, requires the State Department of Public Health to collect data on the incidence of Parkinson's disease in California, as specified. Existing law allows an individual taxpayer to contribute amounts in excess of their personal income tax liability for the support of specified funds and accounts, including, among others, to the California Alzheimer's Disease and Related Dementia Research Voluntary Tax Contribution Fund. This bill would also allow an individual to designate on their tax return that a specified amount in excess of their tax liability be transferred to the Parkinson's Disease Research Voluntary Tax Contribution Fund, which would be created by this bill. The bill would continuously appropriate the moneys in the fund to the State Department of Public Health to support the above-referenced program relating to neurodegenerative Parkinson's disease in California. The bill would require the Franchise Tax Board to revise the tax return form to include a space for the designation of contributions to the fund when another voluntary designation is removed from the form or there is space, whichever occurs first. By establishing a continuously appropriated fund, this bill would make an appropriation. <b>Last Amended: 6/18/2025</b></p>	
<p><a href="#">AB 843</a> <a href="#">Garcia</a> D</p> <p><b>Health care coverage: language access.</b></p>	<p>Assembly Vetoed 1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>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, which is under the control of the Insurance Commissioner. Existing law requires the Department of Managed Health Care and the commissioner to develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. Existing law requires the Department of Managed Health Care and commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. This bill would require a health care service plan or health insurer to take reasonable steps to provide meaningful access to each individual with limited English proficiency, including companions with limited English proficiency, eligible to receive services or likely to be directly affected by its programs and activities. The bill would require a health care service plan or health insurer to offer a qualified interpreter or to utilize a qualified translator when interpretation or translation services are required, as specified. The bill would prohibit a health care service plan or health insurer from requiring an individual</p>	

		<p>with limited English proficiency to provide or pay for the costs of their own interpreter. The bill would require a health care service plan or health insurer to comply with specified requirements when providing remote interpreting services. The bill would make a health care service plan or health insurer that violates these provisions liable for administrative penalties, as specified. This bill contains other related provisions and other existing laws.</p> <p><b>Governor's Message:</b> VETOED: 10/1/2025 <a href="#">PDF</a> <b>Last Amended: 9/5/2025</b></p>	
<p><a href="#">AB 849</a> <a href="#">Soria</a> D</p> <p><b>Health providers: medical chaperones.</b></p>	<p>Assembly Chaptered 10/7/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 442, Statutes of 2025.</p>	<p>Existing law requires the State Department of Public Health to license and regulate health facilities and clinics. Existing law generally makes a violation of those provisions a crime. Existing law also specifies the settings in which an ultrasound or similar medical imaging device procedure may be offered, which includes licensed health facilities and clinics, and certain providers and facilities that are not subject to licensure and regulation by the department. Existing law requires a licensed health facility that provides specified prenatal screening ultrasound to require that the ultrasound be performed by a sonographer that is nationally certified, as specified. This bill would, except as specified, require a provider, as defined, that offers a sensitive examination to provide notice to patients that a medical chaperone will be made available, upon their request, to assist or observe the sensitive examination. The bill would require the notice be provided as a hard copy, an electronic transmission, or verbally to the patient or their legal guardian, as specified. The bill would provide that the provider has the right to decline performing a sensitive examination in the absence of a medical chaperone if the provider determines that a medical chaperone must be present. The bill would require a provider to educate sonographers and clinical and nonclinical staff who may serve as a medical chaperone regarding specified topics, including, among others, appropriate observational and intervention techniques. The bill would require, if a patient requests a medical chaperone, a provider to document a medical chaperone's presence in the patient's health record. The bill would define various terms for purposes of these provisions, including that sensitive examination means an ultrasound examination performed by a sonographer of certain areas of the body, including genitalia. The bill would make these provisions operative on January 1, 2027. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">AB 894</a> <a href="#">Carrillo</a> D</p> <p><b>General acute care hospitals:</b></p>	<p>Assembly Chaptered 10/6/2025-Approved by the Governor. Chaptered by</p>	<p>Existing law requires the State Department of Public Health to license and regulate health facilities, including general acute care hospitals. Existing law makes a violation of these provisions a crime. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered health care provider to use specified protected health information to</p>	

<p><b>patient directories.</b></p>	<p>Secretary of State - Chapter 384, Statutes of 2025.</p>	<p>maintain a directory of patients in its facility, and to disclose that information to persons who ask for the patient by name. Existing federal law requires a covered health care provider to inform an individual of its privacy practices generally and the use and disclosure of information in the directory and to provide the patient with the opportunity to restrict or prohibit that use or disclosure. Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, but does not prevent a general acute care hospital, upon an inquiry concerning a specific patient, from releasing a patient's name, address, age, and sex, and a general description of the reason for treatment, among other information, unless there is a specific written request by the patient to the contrary. This bill, beginning July 1, 2026, would require a general acute care hospital to inform a patient or the patient's representative, at the time of admission or as soon as reasonably possible in cases of patient incapacity or an emergency treatment circumstance, that the patient or the patient's representative may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory and would require the hospital to provide the patient or the patient's representative an acknowledgment of the hospital's privacy practices by using a separate document and having hospital personnel verbally inform the patient or the patient's representative, as specified. Because a violation of the bill's requirements would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 8/27/2025</b></p>	
<p><a href="#"><u>AB 951</u></a> <a href="#"><u>Ta R</u></a></p> <p><b>Health care coverage: behavioral diagnoses.</b></p>	<p>Assembly Chaptered 7/30/2025- Chaptered by Secretary of State - Chapter 84, Statutes of 2025</p>	<p>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 requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 6/23/2025</b></p>	

<p><a href="#">AB 1032</a> <a href="#">Harabedian</a> D</p> <p><b>Coverage for behavioral health visits.</b></p>	<p>Assembly Vetoed</p> <p>1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>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 requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would generally require a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to reimburse an eligible enrollee or insured for up to 12 visits with a behavioral health provider if the enrollee or insured lives in a county where a local or state emergency has been declared due to wildfires and the enrollee or insured has experienced a loss, trauma, or displacement because of the fire. The bill would prohibit these benefits from being subject to utilization review. The bill would require a health care service plan contract or health insurer to provide notice to all affected enrollees of these provisions, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p><b>Governor's Message:</b> VETOED: 10/13/2025 <a href="#">PDF</a> <b>Last Amended: 8/29/2025</b></p>	
<p><a href="#">AB 1041</a> <a href="#">Bennett</a> D</p> <p><b>Health care coverage: health care provider credentials.</b></p>	<p>Assembly Chaptered</p> <p>10/11/2025- Approved by the Governor. Chaptered by Secretary of State - Chapter 630, Statutes of 2025.</p>	<p>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's requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. This bill would require every full service health care service plan or health insurer, or its delegate, to subscribe to and use the Council for Affordable Quality Healthcare credentialing form on and after January 1, 2028, except as specified. <b>Last Amended: 8/29/2025</b></p>	
<p><a href="#">AB 1043</a> <a href="#">Wicks</a> D</p> <p><b>Age verification signals: software applications and online services.</b></p>	<p>Assembly Chaptered</p> <p>10/13/2025- Approved by the Governor. Chaptered by Secretary of State -</p>	<p>Existing law generally provides protections for minors on the internet, including the California Age-Appropriate Design Code Act that, among other things, requires a business that provides an online service, product, or feature likely to be accessed by children to do certain things, including estimate the age of child users with a reasonable level of certainty appropriate to the risks that arise from the data management practices of the business or apply the privacy and data protections afforded to children to all consumers and prohibits an online service, product, or feature from, among other things, using dark patterns to lead or</p>	

	Chapter 675, Statutes of 2025.	encourage children to provide personal information beyond what is reasonably expected to provide that online service, product, or feature or to forego privacy protections. This bill, beginning January 1, 2027, would require, among other things related to age verification with respect to software applications, an operating system provider, as defined, 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 for the purpose of providing a signal regarding the user's age bracket to applications available in a covered application store and to provide a developer, as defined, who has requested a signal with respect to a particular user with a digital signal via a reasonably consistent real-time application programming interface regarding whether a user is in any of several age brackets, as prescribed. The bill would require a developer to request a signal with respect to a particular user from an operating system provider or a covered application store when the application is downloaded and launched. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 1064</a> <a href="#">Bauer-Kahan</a> D  <b>Leading Ethical AI Development (LEAD) for Kids Act.</b>	Assembly Vetoed  1/22/2026- Consideration of Governor's veto stricken from file.	The California AI Transparency Act requires a person that creates, codes, or otherwise produces a generative artificial intelligence system that has over 1,000,000 monthly visitors or users and is publicly accessible within the geographic boundaries of the state to make available an AI detection tool at no cost to the user that, among other things, allows a user to assess whether image, video, or audio content, or content that is any combination thereof, was created or altered by the covered provider's generative artificial intelligence system. The California Consumer Privacy Act of 2018 prohibits certain businesses from selling or sharing the personal information of consumers if the business has actual knowledge that the consumer is less than 16 years of age, unless the consumer, if the consumer is at least 13 years of age and less than 16 years of age, or the consumer's parent or guardian, if the consumer is less than 13 years of age, has affirmatively authorized the sale or sharing of the consumer's personal information. This bill, the Leading Ethical AI Development (LEAD) for Kids Act, would, among other things related to the use of certain artificial intelligence systems by children, prohibit a person, partnership, corporation, business entity, or state or local government agency that makes a companion chatbot available to users from making a companion chatbot available to a child unless the companion chatbot is not foreseeably capable of doing certain things that could harm a child, including encouraging the child to engage in self-harm, suicidal ideation, violence, consumption of drugs or alcohol, or disordered eating. This bill	

		<p>contains other related provisions and other existing laws.  <b>Governor's Message:</b> VETOED: 10/13/2025 <a href="#">PDF</a> <b>Last Amended: 9/5/2025</b></p>	
<p><a href="#">AB 1069</a>  <a href="#">Bains D</a></p> <p><b>Older adults:  emergency  shelters.</b></p>	<p>Assembly Chaptered  10/7/2025-Approved  by the Governor.  Chaptered by  Secretary of State -  Chapter 445,  Statutes of 2025.</p>	<p>Under existing law, the Department of Rehabilitation is required to provide various services, including independent living services, to eligible individuals with physical or mental disabilities. Existing law provides for the operation of independent living centers (ILCs), which are private, nonprofit organizations that provide specified services to individuals with disabilities, in order to assist those individuals in their attempts to live fuller and freer lives outside institutions. Existing law, the Mello-Granlund Older Californians Act, establishes various programs that serve older individuals. The act requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging (AAAs) to work within a planning and service area and provide a broad array of social and nutritional services. The act also establishes Aging and Disability Resource Connection (ADRC) programs to provide information to consumers and their families on available long-term services and supports (LTSS) programs, with assistance to older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Under the act, AAAs and ILCs are the core local partners in developing ADRC programs. Existing law sets forth various provisions relating to emergency shelters, including, among others, the California Emergency Services Act. Under that act, the State Emergency Plan is the official document approved by the Governor that describes the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies. Existing law requires the Office of Emergency Services to update the State Emergency Plan on or before January 1, 2019, and every 5 years thereafter. Existing law authorizes the Governor to assign to a state agency any activity concerned with the mitigation of the effects of an emergency of a nature related to the existing powers and duties of that agency. This bill would, as part of disaster planning and response, require a representative of the county welfare director, in coordination with the lead local agency designated with sheltering support duties under the State Emergency Plan Emergency Support Functions, to initiate a memorandum of understanding with an AAA, an ILC, or an ADRC program to allow access by the AAA, the ILC, or the ADRC program to an emergency shelter, as defined, established for evacuation purposes during an active event, in order to ensure that older adults and persons with disabilities receive continuous services and necessary support. By creating new duties for local officials, the bill would impose a state-mandated local program. <b>Last Amended: 9/5/2025</b></p>	

[AB 1230](#)  
[Bonta D](#)

**Pupil discipline:  
expulsions:  
procedures.**

Assembly Chaptered  
10/3/2025-Approved  
by the Governor.  
Chaptered by  
Secretary of State -  
Chapter 294,  
Statutes of 2025.

Existing law authorizes the governing board of a school district to order a pupil expelled upon finding that the pupil committed one or more of a specified act, as provided. Existing law requires an expulsion order to remain in effect until the governing board orders the readmission of a pupil and requires the governing board to recommend a plan of rehabilitation for the pupil at the time of the expulsion order that may include recommendations for, among other things, improved academic performance, tutoring, or counseling. Existing law requires the governing board of each school district to adopt rules and regulations establishing a procedure for the filing and processing of requests for readmission and the process for the required review of all expelled pupils for readmission. Existing law requires the governing board, upon completion of the readmission process, to readmit the pupil unless the governing board makes a finding that the pupil has not met the conditions of the rehabilitation plan or continues to pose a danger to campus safety or to other pupils or employees of the school district. This bill would require a plan of rehabilitation to include periodic review and a preliminary assessment for readmission at least 45 days before the end of the expulsion term, be tailored to the individual pupil's needs, and address the pupil's behavior that led to the expulsion and would authorize the plan of rehabilitation to be developed in consultation with specified school personnel, as provided. The bill would require the governing board of a school district to (1) assist the pupil in locating opportunities accessible to the pupil that are necessary to complete the requirements of a plan for rehabilitation, as provided, and (2) as part of the process for a required review, indicate whether or not the pupil had access to the necessary resources to complete their rehabilitation plan. The bill would prohibit the governing board from requiring the pupil or the pupil's parent or guardian to pay for any costs or services that the governing board determines to be necessary for the pupil to complete a plan of rehabilitation and would prohibit an expelled pupil from being denied readmission due to financial or transportation barriers or a lack of viable opportunities to complete a term of the rehabilitation plan. The bill would require the governing board to instead readmit the pupil, unless the governing board makes a finding that the pupil (1) has not substantially met the conditions of the rehabilitation plan despite having access to the necessary resources and viable opportunities to complete their plan or (2) continues to exhibit documented behaviors that the pupil was expelled for or is documented to have committed one or more new acts during the expulsion term that would make the pupil eligible for another expulsion. The bill would authorize the governing board to extend the expulsion term, as specified, if the governing

		board makes one of those specified findings, as provided. This bill contains other related provisions and other existing laws. <b>Last Amended: 7/3/2025</b>	
<a href="#">AB 1312</a> <a href="#">Schiavo</a> D  <b>Hospital pricing.</b>	Assembly Chaptered 10/7/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 450, Statutes of 2025.	Existing law requires a hospital to provide patients with a written notice containing information about the availability of the hospital’s discount payment and charity care policies, including information about eligibility and the contact information for a hospital employee or office from which a person may obtain further information about these policies. Existing law defines “charity care” and “discount payment” for these purposes. Existing law requires a hospital to provide to the Department of Health Care Access and Information a copy of its discount payment policy, charity care policy, eligibility procedures for those policies, review process, and the application for charity care or discounted payment programs, among other information. A violation of these provisions results in an administrative penalty, as specified. This bill would, commencing July 1, 2027, require a hospital to screen a patient to determine if they meet specific criteria, including that the patient is enrolled in CalFresh or CalWORKS, and, if they do, presumptively determine that a patient is eligible for participation under the hospital’s charity care policy and discount payment policy. The bill would require a hospital to screen a patient for eligibility if the patient meets other specified criteria, including, among others, that the patient is uninsured. The bill would prohibit a hospital from requiring a patient to apply for the federal Medicare program, the Medi-Cal program, or other coverage before the patient is screened for or provided with discounted payment, as specified. The bill would require a hospital to provide patients with the ability to opt out of the screening process through a specified form. The bill would authorize a hospital, at its discretion or as established in its charity care policy or discount payment policy, to make presumptive determinations of eligibility or to conduct screening for patients that do not meet the criteria described above. The bill would authorize certain procedures and tools for screening, including, among others, allowing a hospital to use third-party software tools or services or to contract with a third party under specified conditions. The bill would require a hospital to provide a specified written notice to those patients determined to be eligible, presumptively or otherwise, under these provisions and would prohibit any billing statements from being sent prior to the written notice. The bill would require the billing statements to reflect the adjustments made to the patient’s hospital charges under the hospital’s charity care policy or discount payment policy. <b>Last Amended: 9/3/2025</b>	
<a href="#">AB 1356</a> <a href="#">Dixon</a> R	Assembly Chaptered 10/1/2025-Approved	Under existing law, the State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse. Existing law also provides for the certification and regulation of adult	

<p><b>Alcohol and other drug programs.</b></p>	<p>by the Governor. Chaptered by Secretary of State - Chapter 189, Statutes of 2025.</p>	<p>alcoholism or drug abuse recovery and treatment programs by the department and authorizes the department to enforce those provisions. Existing law requires the department's death investigation policy to be designed to ensure that a resident's death is addressed and investigated by the department in a timely manner, and requires specified procedures if a death occurs in a licensed facility, including requiring a written report related to the death that includes a description of the followup action that is planned to prevent a future death. Existing law requires that report to be submitted to the department within 7 calendar days of the event or incident. This bill, John's Law, would additionally require a facility to submit to the department, within 30 days of the initial incident, any relevant information that was not known at the time of the initial incident. If the department identifies any violations of specified licensing provisions during its investigation of a resident's death, the bill would require the department to issue a written notice of deficiency to the facility. The bill would authorize the department to implement, interpret, or make specific these provisions through the use of all-county letters, provider bulletins, or similar instructions without taking any further regulatory action. <b>Last Amended: 8/29/2025</b></p>	
<p><a href="#">AB 1387</a> <a href="#">Quirk-Silva</a> D</p> <p><b>Behavioral health multidisciplinary personnel team.</b></p>	<p>Assembly Vetoed 1/22/2026- Consideration of Governor's veto stricken from file.</p>	<p>Existing law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize a county to also establish a behavioral health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of a justice-involved person, as defined, diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified. This bill contains other related provisions and other existing laws. <b>Governor's Message: VETOED: 8/28/2025</b> <a href="#">PDF</a> <b>Last Amended: 6/26/2025</b></p>	
<p><a href="#">AB 1415</a> <a href="#">Bonta</a> D</p> <p><b>California Health</b></p>	<p>Assembly Chaptered 10/11/2025- Approved by the</p>	<p>Existing law, the California Health Care Quality and Affordability Act, establishes within the Department of Health Care Access and Information the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for</p>	

<p><b>Care Quality and Affordability Act.</b></p>	<p>Governor. Chaptered by Secretary of State - Chapter 641, Statutes of 2025.</p>	<p>consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. Existing law requires the office to conduct ongoing research and evaluation on payers, fully integrated delivery systems, and providers to determine whether the definitions or other provisions of the act include those entities that significantly affect health care cost, quality, equity, and workforce stability. Existing law defines multiple terms relating to these provisions, including a health care entity to mean a payer, provider, or a fully integrated delivery system and a provider to mean specified entities delivering or furnishing health care services. This bill would update the definitions applying to these provisions, including defining a provider to mean specified entities delivering or furnishing health care services. The bill would include additional definitions, including, but not limited to, a hedge fund to mean a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of strategies used to manage the funds, subject to certain exceptions. The bill would require the office to conduct ongoing research and evaluation on management services organizations, as specified, and to establish requirements for management services organizations to submit data and other information as necessary to carry out the functions of the office. This bill contains other related provisions and other existing laws. <b>Last Amended: 8/21/2025</b></p>	
<p><a href="#"><u>AB 1418</u></a> <a href="#"><u>Schiavo</u></a> D <b>Department of Health Care Access and Information.</b></p>	<p>Assembly Chaptered 10/6/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 398, Statutes of 2025.</p>	<p>Existing law requires the Department of Health Care Access and Information to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state. Existing law requires the department to prepare an annual report to the Legislature that, among other things, identifies education and employment trends in the health care profession and describes the health care workforce program outcomes and effectiveness. Existing law requires health facilities and clinics, among others, to annually report to the department specified information on forms supplied by the department. This bill would require health facilities, clinics, home health agencies, and hospices, as defined, to additionally report whether their health care employees eligible for employer-sponsored health care are eligible for health care coverage at the commencement of employment without a waiting period, as defined. If not all employees are eligible without a waiting period, the bill would require the entities listed above to report the length of the waiting period if it applies to all eligible employees, and, if different waiting periods apply to different classifications of employees, as specified, the length of the waiting period for each classification. The bill would require the department to integrate this reporting obligation with existing reports and would not require those specified</p>	

		entities to report if they are not required to file reports with the department. The bill would require the department to post this information on its internet website on at least an annual basis. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 1503</a> <a href="#">Berman D</a>  <b>Pharmacy.</b>	Assembly Chaptered  10/1/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 196, Statutes of 2025.	Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes the board, with the approval of the Director of Consumer Affairs, to appoint an executive officer to exercise certain powers and to perform certain duties delegated by the board, as specified. Existing law repeals the provisions establishing the board and authorizing the appointment of an executive officer on January 1, 2026, rendering the board subject to review by the appropriate policy committees of the Legislature. This bill would provide that the board has exclusive authority to administer and enforce the Pharmacy Law related to the practice of pharmacy and the licensing of pharmacists and pharmacies and would specify that its provisions do not prohibit the board from evaluating or acting regarding unlicensed activity, as provided. The bill would extend the repeal date of the above-described provisions to January 1, 2030. The bill would additionally require the board to establish a Pharmacy Technician Advisory Committee to advise and make recommendations to the board, as specified. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">AB 1524</a> Committee on Judiciary  <b>Courts: fees.</b>	Assembly Chaptered  10/3/2025-Approved by the Governor. Chaptered by Secretary of State - Chapter 306, Statutes of 2025.	Existing law, the Uniform Civil Fees and Standard Fee Schedule Act of 2005, establishes a set fee schedule for courts to implement for, among other things, filings, service, and changes of venue. The bill would instead prohibit the court from charging a fee that exceeds the cost to the court of providing the service or product. The bill would require any fee not explicitly authorized by statute or rule to be approved by the Judicial Council. The bill would also require the Judicial Council, by December 1, 2027, to report to the Legislature, as specified, regarding each fee charged by a superior court in the 2026–27 fiscal year for which the revenue collected by and distributed to the court as a result of the fee exceeds the court’s cost of providing the service or product. The bill would also require the Judicial Council, by December 1, 2028, and December 1, 2029, to report certain data to the Legislature, as specified, regarding the 2027–28 and 2028–29 fiscal years, respectively. <b>Last Amended: 8/29/2025</b>	
<a href="#">AB 1525</a> Committee on Judiciary	Assembly Chaptered  9/26/2025-Approved	The State Bar Act provides for the licensure and regulation of attorneys by the State Bar of California (State Bar), a public corporation governed by a board of trustees. The act provides for the investigation and discipline of members of the	

<p><b>Attorneys: discipline: sensitive services.</b></p>	<p>by the Governor. Chaptered by Secretary of State - Chapter 137, Statutes of 2025.</p>	<p>State Bar and authorizes the Supreme Court to suspend or disbar an attorney for specified causes, including for a conviction under the laws of another state or territory of the United States that is deemed a felony. Existing law provides that specified evidence that a licensee of the State Bar committed professional misconduct in another jurisdiction is conclusive evidence that the licensee is culpable of professional misconduct. This bill would provide that an excluded event shall not be grounds for disciplinary action or require an attorney or applicant to report the excluded event to the State Bar, supply evidence that an attorney is culpable of professional misconduct in this state, or serve as grounds to deny admission to the State Bar to an applicant. The bill would define “excluded event” to mean certain actions taken when based on the application of another state’s law that interferes with any person’s right to receive, provide, recommend, enable, or advocate for sensitive services, as defined, that would be lawful in this state. <b>Last Amended: 9/4/2025</b></p>	
<p><a href="#">ACR 18</a> <a href="#">Sharp-Collins</a> D</p> <p><b>Maternal Health Awareness Day.</b></p>	<p>Assembly Chaptered 2/24/2025- Chaptered by Secretary of State - Chapter 15, Statutes of 2025</p>	<p>This measure would proclaim January 23, 2025, as Maternal Health Awareness Day.</p>	
<p><a href="#">ACR 88</a> <a href="#">Gonzalez, Jeff</a> R</p> <p><b>Men’s Mental Health Month.</b></p>	<p>Assembly Chaptered 6/25/2025- Chaptered by Secretary of State - Chapter 109, Statutes of 2025</p>	<p>This measure would proclaim the month of June 2025 to be Men’s Mental Health Month.</p>	
<p><a href="#">SB 59</a> <a href="#">Wiener</a> D</p> <p><b>Change of name or gender and sex identifier.</b></p>	<p>Senate Chaptered 10/13/2025- Approved by the Governor. Chaptered by Secretary of State.</p>	<p>Existing law authorizes a person to file a petition with the superior court seeking a judgment recognizing their change of gender to female, male, or nonbinary, including a person who is under 18 years of age. Existing law authorizes a person to file a single petition to simultaneously change the petitioner’s name and recognize the change to the petitioner’s gender and sex identifier, as specified. Existing law requires that either of those petitions, if filed by a person under 18 years of age, and any papers associated with the proceeding, be kept confidential</p>	

	Chapter 738, Statutes of 2025.	by the court. Existing law requires the court to limit access to these records to specified individuals, including, among others, the minor, the minor’s parents, and their attorney. This bill would expand the above-described confidentiality protections to other petitioners regardless of age. The bill would also expand these protections to court records associated with a proceeding under separate provisions of existing law for a change of name to conform a petitioner’s name to their gender identity. The bill would require the court to limit access to the court records in these proceedings to certain individuals, as specified. The bill would apply these confidentiality provisions in the case of (1) a petition filed on or after July 1, 2026; (2) a petition filed before July 1, 2026, if the petitioner files a request to keep the records confidential, as specified; or (3) records that were previously made confidential by statute or otherwise. The bill would prohibit a person or private entity, other than the petitioner, from publicly posting one of the above-described confidential records on the internet or otherwise. The bill would make a violation of these confidentiality requirements an injury and, commencing 6 months after the effective date of this act, bill, would authorize a person or entity to institute proceedings for injunctive relief, declaratory relief, or a writ of mandate to enforce them. The bill would require a court to award reasonable attorney’s fees and costs to a plaintiff who prevails on a cause of action against a private party pursuant to this authority. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/2/2025</b>	
<a href="#">SB 62</a> <a href="#">Menjivar D</a> <b>Health care coverage: essential health benefits.</b>	Senate Chaptered 10/13/2025- Approved by the Governor. Chaptered by Secretary of State. Chapter 739, Statutes of 2025.	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law requires an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California’s essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health care service plans. The bill would require, commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, as specified, the benchmark plan for health care service plans to include certain additional benefits, including coverage for specified fertility services and specified durable medical equipment. Because a violation of the bill by a health care	

		service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 7/1/2025</b>	
<a href="#">SB 81 Arreguín</a> D  <b>Health and care facilities: information sharing.</b>	Senate Chaptered 9/20/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 123, Statutes of 2025.	The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA prohibits a provider of health care, health care service plan, or contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining authorization from the patient, except if the disclosure is compelled by, among other things, a search warrant lawfully issued to a governmental law enforcement agency or a court order. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of “medical information” to include immigration status, including current and prior immigration status, and place of birth, if that information is known or collected, as specified, and would define “immigration enforcement” to mean any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States. The bill would specify that a provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber or a health care service plan pursuant to a valid search warrant issued by a judicial officer, including a magistrate, to a governmental law enforcement agency, or pursuant to a state or federal court order issued by a court of this state or a federal court. The bill would also prohibit, except to the extent expressly authorized by a patient, enrollee, or subscriber, or as otherwise permitted or required, a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 8/21/2025</b>	
<a href="#">SB 83 Umberg</a> D	Senate Chaptered	Existing law grants the State Department of Health Care Services the sole authority in state government to license adult alcoholism or drug abuse recovery	

<p><b>State Department of Health Care Services: substance abuse treatment: disclosures.</b></p>	<p>10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 402, Statutes of 2025.</p>	<p>or treatment facilities and authorizes the department to issue a license to specified types of facilities if certain criteria are met. Existing law requires an operator of a licensed alcoholism or drug abuse recovery or treatment facility or certified alcohol or other drug program to include on its internet website and intake form paperwork a disclosure that an individual may check the internet website of the department to confirm whether the facility's license or program's certification has been placed in probationary status, been subject to a temporary suspension order, been revoked, or the operator has been given a notice of operation in violation of law. Existing law requires the disclosure to include a link to the department's internet website that contains the Probationary Status, Temporary Suspension Order, Revoked and Notice of Operation in Violation of Law Program List. This bill would require the department to indicate on its internet website containing the above-described list, in a location and font that is easy to see and read, that notices to recovery residences issued for a specified violation are not included in that list. The bill would also require the department to post on its internet website, in a specified manner, an identification and summary of each violation the department has issued for the above-described facilities and programs. The bill would require the department to implement this requirement to protect the public it serves by providing sufficient information regarding those who violate the state laws it administers without posting information that violates privacy rights and protections provided by state or federal law. <b>Last Amended: 7/3/2025</b></p>	
<p><a href="#"><u>SB 160</u></a> Committee on Budget and Fiscal Review</p> <p><b>Background checks.</b></p>	<p>Senate Chaptered 9/17/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 113, Statutes of 2025.</p>	<p>Existing law, the Medical Practice Act, establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law establishes the Osteopathic Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of osteopathic physicians and surgeons consistent with the Osteopathic Act, as specified. This bill would require those boards to require each applicant to furnish a full set of fingerprints for purposes of conducting criminal history record checks. The bill would require the board to submit those fingerprint images and related information to the Department of Justice (DOJ) and would require the DOJ to charge a fee for those costs, as prescribed. <b>Last Amended: 9/8/2025</b></p>	
<p><a href="#"><u>SB 250</u></a> <a href="#"><u>Ochoa Bogh</u></a> R</p> <p><b>Medi-Cal: provider</b></p>	<p>Senate Chaptered 10/3/2025-Approved by the Governor. Chaptered by</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal Medicaid law requires the</p>	

<p><b>directory: skilled nursing facilities.</b></p>	<p>Secretary of State. Chapter 309, Statutes of 2025.</p>	<p>state to publish an online directory of physicians and, at state option, other providers, as specified. Existing state law sets forth Medi-Cal managed care provisions relating to a Medi-Cal applicant or beneficiary being informed of the health care options available regarding methods of receiving Medi-Cal benefits, including through certain provider directories. The department has administratively created an online provider directory through an internet website known as Medi-Cal Managed Care Health Care Options. This bill would require, as part of the health care options information posted by the department, in the provider directory that lists accepted Medi-Cal managed care plans, through the Medi-Cal Managed Care Health Care Options internet website and any other applicable mechanisms, that the directory include skilled nursing facilities as one of the available searchable provider types. The bill would require that this provision be implemented in conjunction with implementation of the above-described provisions. The bill would require the department to annually update that provider directory to ensure that information is accurate and readily accessible to the public. <b>Last Amended: 6/17/2025</b></p>	
<p><a href="#">SB 338 Becker D</a> <b>Virtual Health Hub for Rural Communities Pilot Program.</b></p>	<p>Senate Chaptered 10/3/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 311, Statutes of 2025.</p>	<p>Existing law establishes various programs to address the needs of migrant agricultural families. Existing law also provides funding to enhance and maintain rural health services. This bill would establish the Virtual Health Hub for Rural Communities Pilot Program, and would require the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities. The bill would require the department to distribute grants to partnerships of 2 separate community-based organizations, except as specified, to establish and deploy virtual health hubs, as defined, and to administer the program and to provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program obligations. The bill would outline criteria for the grants and require the department to give priority to community-based organizations that meet specified criteria, including, but not limited to, a history of serving medically underserved communities. The bill would require the grant recipients, among other things, to deploy virtual health hubs, as defined, in 2 rural communities based on farmworker population and access to health care and to submit specified information on the program to the department. Under the bill, the virtual health hubs would include, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine. The bill would create the Virtual Health Hub Fund and would condition implementation of these provisions on no General Fund moneys being used, there being a minimum of \$2,000,000 in the fund, and the department posting a notice on its internet website. The bill would also require the</p>	

		department, 2 years after the notice is posted on the internet website, to submit a report to the Legislature, and post to its internet website, specified information provided by the grant recipients, including age ranges and type of health services accessed by the people served. This bill contains other related provisions. <b>Last Amended: 7/3/2025</b>	
<a href="#">SB 378</a> <a href="#">Wiener</a> D  <b>Online marketplaces: illicit cannabis: reporting and liability.</b>	Senate Chaptered  10/6/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 411, Statutes of 2025.	Existing law, the Control, Regulate and Tax Adult Use of Marijuana Act (AUMA), an initiative measure, authorizes a person who obtains a state license under AUMA and any applicable local ordinances to engage in commercial adult-use cannabis activity pursuant to that license, if conducted as prescribed. Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities, and requires the Department of Cannabis Control to administer its provisions. This bill, beginning on July 1, 2026, would require an online cannabis marketplace, as defined, to address in its terms of service whether it permits Californians to view the advertisements and business information of unlicensed sellers of cannabis or cannabis products on its marketplace and whether the marketplace verifies the licenses of sellers of cannabis or cannabis products whose advertisements and business information are viewable on its marketplace, as specified. The bill would require an online cannabis marketplace that does not verify those licenses to display a clear and conspicuous graphic that warns the consumer that the marketplace may be displaying, storing, or hosting unlicensed sellers of cannabis or cannabis products. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/5/2025</b>	
<a href="#">SB 387</a> <a href="#">Rubio</a> D  <b>Physicians and surgeons: special faculty permits: academic medical centers.</b>	Senate Chaptered  10/13/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 752, Statutes of 2025.	Existing law, the Medical Practice Act, generally prohibits the practice of medicine without a physician’s and surgeon’s certificate issued by the Medical Board of California. The Medical Practice Act authorizes a person who meets certain eligibility requirements to apply to the board for a special faculty permit, which authorizes the holder to practice medicine without a physician’s and surgeon’s certificate only within a medical school itself, in any affiliated institution of the medical school, or in an academic medical center and any affiliated institution in which the permitholder is providing instruction as part of the medical school’s or academic medical center’s educational program and for which the medical school or academic medical center has assumed direct responsibility. Existing law defines “academic medical center” for these purposes as a facility that meets certain requirements. Among those requirements, existing law requires the facility to train a minimum of 250 resident physicians annually and to be accredited by both the Western Association of Schools and Colleges and the Accreditation	

		<p>Council for Graduate Medical Education. This bill would modify the requirements for a National Cancer Institute-designated comprehensive cancer center to qualify as an academic medical center by, instead, requiring the facility to train 25 resident or fellow physicians annually and exempting the facility from the Western Association of Schools and Colleges accreditation requirement. This bill contains other related provisions and other existing laws. <b>Last Amended: 6/16/2025</b></p>	
<p><a href="#">SB 403</a> <a href="#">Blakespear</a> D</p> <p><b>End of Life Option Act: sunset.</b></p>	<p>Senate Chaptered 10/3/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 315, Statutes of 2025.</p>	<p>Existing law, the End of Life Option Act, until January 1, 2031, authorizes an adult who meets certain qualifications, including, among other things, being a resident of the State of California, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Existing law makes specified violations of the act a crime, including knowingly coercing or exerting undue influence on an individual to request or ingest an aid-in-dying drug for the purpose of ending their life. This bill would repeal the January 1, 2031, expiration date of the act, thereby extending the operation of the act indefinitely. By extending the operation of crimes within the act, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/2/2025</b></p>	
<p><a href="#">SB 418</a> <a href="#">Menjivar</a> D</p> <p><b>Health care coverage: prescription hormone therapy and nondiscrimination.</b></p>	<p>Senate Vetoed 3/2/2026-Stricken from file. Veto sustained.</p>	<p>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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law also provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after the bill's operative date that provides outpatient prescription drug benefits to cover up to a 12-month supply of a United States Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice and dispensed at one time, as specified. The bill would make the same prescription hormone therapy a covered benefit under the Medi-Cal program, as specified. The bill would prohibit a plan or an insurer from imposing utilization controls or other forms of medical management limiting the supply of this hormone therapy to an amount that is less than a 12-month supply, but would not prohibit a contract, a policy, or the Medi-Cal program from limiting refills that may be obtained in the last quarter of the plan, policy, or coverage year if a 12-month</p>	Watch

		<p>supply of the prescription hormone therapy has already been dispensed during that year. The bill would exclude a Medi-Cal managed care plan contracting with the State Department of Health Care Services from these requirements. The bill would repeal these provisions on January 1, 2035. This bill contains other related provisions and other existing laws.</p> <p><b>Governor's Message:</b> VETOED: 10/13/2025 <a href="#">PDF</a> <b>Last Amended: 9/5/2025</b></p>	
<p><a href="#">SB 439</a> <a href="#">Weber Pierson</a> D</p> <p><b>California Health Benefit Review Program: extension.</b></p>	<p>Senate Chaptered 10/3/2025- Chaptered by Secretary of State - Chapter 318, Statutes of 2025</p>	<p>Existing law establishes the Health Care Benefits Fund to support the University of California's implementation of the California Health Benefit Review Program. Under the program, the University of California assesses legislation proposing to repeal or mandate a benefit or service requirement on health care insurance plans or health insurers. Under the program, the University of California provides a written analysis that includes, among other data, financial impacts of legislation on publicly funded state health insurance programs, including the Medi-Cal program and the Healthy Families Program. Existing law imposes an annual charge on health care service plans and health insurers for the 2022–23 to 2026–27 fiscal years, inclusive, as specified, to be deposited into the fund. Existing law prohibits the total annual assessment on health care service plans and health insurers from exceeding \$2,200,000. Under existing law, the fund and the program become inoperative on July 1, 2027, and are repealed as of January 1, 2028. This bill would extend the operation of the California Health Benefit Review Program and the Health Care Benefits Fund through July 1, 2033, and would authorize the continued assessment of the annual charge on health care service plans and health insurers for that purpose for the 2026–27 to 2032–33 fiscal years, inclusive. The bill would increase the allowable total annual assessment on health care service plans and health insurers to \$3,200,000. The bill would remove the Healthy Families Program as an example of the publicly funded state health insurance programs within an analysis of financial impacts of legislation. This bill contains other related provisions. <b>Last Amended: 4/10/2025</b></p>	
<p><a href="#">SB 582</a> <a href="#">Stern</a> D</p> <p><b>Health and care facilities: licensing during emergencies or disasters.</b></p>	<p>Senate Chaptered 10/10/2025- Approved by the Governor. Chaptered by Secretary of State. Chapter 546, Statutes of 2025.</p>	<p>Existing law provides for the licensure of clinics and various health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Existing law, the Long-Term Care, Health, Safety, and Security Act of 1973, generally requires the department to license, inspect, and regulate long-term health care facilities, including skilled nursing facilities. Existing law makes it a misdemeanor for any person to willfully or repeatedly violate the act, as specified. Existing regulations require skilled nursing facilities to adopt and follow a written external disaster and mass casualty program plan developed with the advice and assistance of county or regional and local planning offices. This bill would require skilled nursing facilities to review the external</p>	

		<p>disaster and mass casualty program plan at least once per year. The bill would require, in adopting and updating the plan, skilled nursing facilities to, among other things, seek input from county or regional and local planning offices, including the medical health operational area coordinator (MHOAC). By expanding the scope of an existing crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/2/2025</b></p>	
<p><a href="#">SB 596</a> <a href="#">Menjivar</a> D</p> <p><b>Health facilities: administrative penalties.</b></p>	<p>Senate Chaptered 10/13/2025- Approved by the Governor. Chaptered by Secretary of State. Chapter 773, Statutes of 2025.</p>	<p>Existing law provides for the licensure of various health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, by the State Department of Public Health. Existing law requires the department to adopt regulations that establish minimum, specific, and numerical licensed nurse-to-patient ratios by licensed nurse classification and by hospital unit for all general acute care hospitals, acute psychiatric hospitals, and special hospitals. Existing law requires the department to assess an administrative penalty of \$15,000 for the first violation and \$30,000 for the second and each subsequent violation if the department determines that a specified health facility has violated nurse-to-patient ratios, as specified. Under existing law, an acute general hospital is not subject to this administrative penalty if the hospital demonstrates it has met specified requirements, including that any fluctuation in required staffing levels was unpredictable and uncontrollable, prompt efforts were made to maintain required staffing levels, and the hospital immediately used and subsequently exhausted the hospital's on-call list of nurses and the charge nurse. Existing law specifies that multiple violations found on the same inspection survey constitute a single violation for purposes of determining whether the violation was a first, 2nd, or subsequent violation. This bill would define "on-call list" for the above purpose and would specify that a hospital contacting, or attempting to contact, licensed nurses who are not scheduled to be on call and who are not assigned to a float pool for the unit and shift where an alleged violation occurred is not considered as exhausting an on-call list. The bill would require the department to treat violations on separate days as separate violations. <b>Last Amended: 9/2/2025</b></p>	
<p><a href="#">SB 660</a> <a href="#">Menjivar</a> D</p> <p><b>California Health and Human Services Data Exchange Framework.</b></p>	<p>Senate Chaptered 10/3/2025- Approved by the Governor. Chaptered by Secretary of State.</p>	<p>Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs related to health care infrastructure, such as health policy and planning, health professions development, and facilities design review and construction, among others. Existing law requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework to require the exchange of health information among health care entities and government agencies in the state, among other things. Existing law requires the</p>	

	Chapter 325, Statutes of 2025.	agency to convene a stakeholder advisory group to advise on the development of implementation of the California Health and Human Services Data Exchange Framework. This bill would require the Department of Health Care Access and Information, on or before January 1, 2026, to take over the establishment, implementation, and all of the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the agency. The bill would expand the entities that are specifically required to execute a data sharing agreement with the California Health and Human Services Data Exchange Framework. The bill would require the department, no later than July 1, 2026, to establish a process to designate qualified health information organizations as data sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework. The bill would require the department, by July 1, 2027, and in collaboration with the stakeholder advisory group, to develop and submit a report to the Legislature on the California Health and Human Services Data Exchange Framework, including compliance with data sharing agreements. The bill would expand the membership of the stakeholder advisory group, as specified. <b>Last Amended: 9/4/2025</b>	
<a href="#">SB 771</a> <a href="#">Stern</a> D  <b>Personal rights: liability: social media platforms.</b>	Senate Vetoed  3/2/2026-Stricken from file. Veto sustained.	Existing law generally regulates social media platforms, including by requiring a social media company to post terms of service for each social media platform owned or operated by the company in a manner reasonably designed to inform all users of the social media platform of the existence and contents of the terms of service, as prescribed. Existing law generally prohibits a person from using violence or intimidation to interfere with another person's enjoyment of certain rights or because of certain attributes of that person, including the person's political affiliation, race, or sexual orientation, and punishes violations of that law with certain civil penalties or as misdemeanors, as prescribed. This bill would make a social media platform, as defined, that violates the above-referenced provisions of law relating to personal rights through its algorithms that relay content to users or aids, abets, acts in concert, or conspires in violation of those laws, or is a joint tortfeasor in an action alleging a violation of those laws, liable for specified civil penalties. The bill would declare its provisions to be severable and would declare attempted waiver of its provisions to be void and unenforceable. This bill would become operative on January 1, 2027. <b>Governor's Message:</b> VETOED: 10/13/2025 <a href="#">PDF</a> <b>Last Amended: 9/2/2025</b>	
<a href="#">SB 775</a> <a href="#">Ashby</a> D	Senate Chaptered  10/13/2025-	Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate psychologists and the practice of psychology. Existing law repeals the provision establishing the board on January 1, 2026. This bill would	

<p><b>Board of Psychology and Board of Behavioral Sciences.</b></p>	<p>Approved by the Governor. Chaptered by Secretary of State. Chapter 787, Statutes of 2025.</p>	<p>extend operation of the board to January 1, 2030. This bill contains other related provisions and other existing laws. <b>Last Amended: 9/3/2025</b></p>	
<p><a href="#"><u>SB 862</u></a> Committee on Health <b>Health.</b></p>	<p>Senate Chaptered  10/1/2025-Approved by the Governor. Chaptered by Secretary of State. Chapter 243, Statutes of 2025.</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, established the Mental Health Services Oversight and Accountability Commission to oversee the implementation of the MHSA. Existing law specifies the composition of the 16-member commission, including the Attorney General or their designee, the Superintendent of Public Instruction or their designee, specified members of the Legislature, and 12 members appointed by the Governor, as prescribed. Existing law, the Behavioral Health Services Act (BHSA), an initiative measure enacted by the voters as Proposition 1 at the March 5, 2024, statewide primary election, recast the MHSA by, among other things, renaming the commission to the Behavioral Health Services Oversight and Accountability Commission and changing its composition and duties. This bill would make technical changes to reflect the correct name of the commission. This bill contains other related provisions and other existing laws. <b>Last Amended: 8/25/2025</b></p>	
<p><a href="#"><u>SCR 15 Umberg</u></a> D <b>Substance Use Disorder Treatment Month.</b></p>	<p>Senate Chaptered  3/4/2025-Chaptered by Secretary of State - Chapter 16, Statutes of 2025</p>	<p>This measure would proclaim January as “Substance Use Disorder Treatment Month.”</p>	
<p><a href="#"><u>SCR 64 Rubio</u></a> D <b>Student Mental Health Awareness Week in California.</b></p>	<p>Senate Chaptered  7/3/2025-Chaptered by Secretary of State - Chapter 121, Statutes of 2025</p>	<p>This measure would recognize May 5, 2025, to May 9, 2025, inclusive, as Student Mental Health Awareness Week in California. <b>Last Amended: 5/1/2025</b></p>	

<p><a href="#">SCR 69</a> <a href="#">Weber Pierson</a> D</p> <p><b>Behavioral Health Awareness Month.</b></p>	<p>Senate Chaptered 7/3/2025-Chaptered by Secretary of State - Chapter 125, Statutes of 2025</p>	<p>This measure would recognize May 2025 as Behavioral Health Awareness Month in California.</p>	
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