
THIRD READING

Bill No: AB 546
Author: Caloza (D), et al.
Amended: 8/29/25 in Senate
Vote: 27 - Urgency

SENATE HEALTH COMMITTEE: 9-0, 7/2/25

AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber
Pierson, Wiener

NO VOTE RECORDED: Valladares, Grove

SENATE APPROPRIATIONS COMMITTEE: 5-0, 8/29/25

AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab

NO VOTE RECORDED: Seyarto, Dahle

ASSEMBLY FLOOR: 67-0, 5/27/25 - See last page for vote

SUBJECT: Health care coverage: portable HEPA purifiers

SOURCE: Author

DIGEST: This bill requires a large group health plan contract or group health insurance policy, including coverage for CalPERs and CalSTRs members, to cover one portable high-efficiency particulate air (HEPA) purifier (at a cost up to \$500) for emergency declarations after January 1, 2025 for enrollees or insureds who are pregnant or diagnosed with asthma or chronic obstructive pulmonary disease, residing in or displaced from a county where a local or state emergency has been declared due to wildfires and the HEPA purifier is prescribed by a health care provider. Contains an urgency clause that will make this bill effective upon enactment.

ANALYSIS:

Existing law:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [Health and Safety Code (HSC) §1340, et seq., Insurance Code (INS) §106, et seq. and Welfare & Institutions Code (WIC) §14000, et seq.]
- 2) Requires a health plan or insurer to provide an enrollee or insured who has been displaced or affected by a state of emergency declared by the Governor, or a health emergency declared by the State Public Health Officer, access to medically necessary health care services. Requires the health plan or insurer, within 48 hours, to file a notification describing whether the plan or insurer has experienced or expects to experience any disruption to operations, explaining how the plan or insurer is communicating with potentially impacted enrollees and insureds, and summarizing the actions taken or in the process of taking to ensure that the health care needs of enrollees and insureds are met. Authorizes DMHC and CDI to require the plan or insurer to take actions, including, but not limited to:
 - a) Shortening time limits to approve prior authorization, precertification, or referrals, and extend the time that prior authorizations, precertifications, and referrals remain valid;
 - b) Extending filing deadlines for claims;
 - c) Suspending prescription refill limitations and allow an impacted enrollee or insured to refill their prescriptions at an out-of-network pharmacy;
 - d) Authorizing an enrollee or insured to replace medical equipment or supplies;
 - e) Allowing an enrollee or insured to access an appropriate out-of-network provider if an in-network provider is unavailable due to the state of emergency or if the enrollee or insured is out of the area due to displacement; and,
 - f) Having a toll-free telephone number that an affected enrollee or insured may call for answers to questions, including questions about the loss of health insurance identification cards, access to prescription refills, or how to access health care.
 - g) Authorizes DMHC and CDI to issue guidance to insurers during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first. Exempts this guidance from the Administrative Procedures Act. [HSC §1368.7 and INS §10112.95]

This bill:

- 1) Requires a large group health plan contract and a group health insurance policy, except a specialized health plan contract or health insurance policy, that is issued amended or renewed on or after January 1, 2026, to cover one portable HEPA purifier for enrollees or insureds who are pregnant, diagnosed with asthma, or diagnosed with chronic obstructive pulmonary (COPD) disease, when the HEPA purifier is prescribed by the enrollee's or insured's provider, and if the enrollee or insured resides in or is displaced from a county where a local or state emergency has been declared due to wildfires.
- 2) Entitles an enrollee or insured to this coverage for a declaration made on or after January 1, 2025.
- 3) Limits the cost of the HEPA purifier to \$500 dollars, adjusted for inflation only when the lowest cost HEPA purifier that meets the requirements of this bill exceeds this amount.
- 4) States for the purposes of this bill that a portable HEPA purifier uses a mechanical air filter that can remove at least 99% of airborne particles 10 microns in size.
- 5) Requires the plan or insurer to provide notice of this benefit to affected enrollees or insureds upon implement or within 30 days of when the declaration occurs.
- 6) Applies this bill to a health care benefit plan or contract entered into with the Board of Administration of the Public Employees Retirement System (CalPERS) and members of the State Teachers' Retirement System (CalSTRs).
- 7) Exempts a Medicare supplement policy, specialized plans and policies, and Medi-Cal managed care plans that contract with DHCS.
- 8) Authorizes DMHC and CDI to issue guidance not subject to the Administrative Procedures Act.
- 9) Contains an urgency clause that will make this bill effective upon enactment.

Comments

Author's statement. According to the author, the recent devastating wildfires in Los Angeles County and throughout our state have underscored the urgent need to address the long-term health impacts of wildfire-related air pollution. Smoke, soot,

and debris from the recent wildfires have severely impacted air quality across the region, creating hazardous conditions due to increased levels of toxic particulate matter and carcinogens like lead, asbestos, and silica. Studies have consistently shown that exposure to wildfire smoke is linked to an elevated risk of serious lung damage and costly hospitalization. Air purifiers are an important tool in reducing the harm to at-risk communities and cheaper alternatives to costly emergency hospitalizations and urgent care visits. This bill would address this issue and ensure we have clean air for our most vulnerable.

Background

California Health Benefits Review Program (CHBRP) report. AB 1996 (Thomson, Chapter 795, Statutes of 2002) requests the University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. CHBRP was created in response to AB 1996, and reviewed this bill. *Key findings include:*

- a) *Coverage impacts and enrollees covered.* CHBRP indicates there is no coverage in the large group market today for portable HEPA purifiers for enrollees or insureds diagnosed with asthma or COPD or who are pregnant, and, who reside in a county that has a declared emergency due to wildfire. CHBRP estimates there are 10,337 households containing enrollees with pregnancy, asthma or COPD that use portable HEPA purifiers at baseline, and who would be in a county where a state of emergency has been declared due to wildfire.
- b) *Medical effectiveness.* CHBRP assumes that HEPA filtration devices are effective in removing particulate matter from the air, trapping at least 99.97% of particles 0.3 microns in size. The medical effectiveness analysis summarizes studies that examine the impact of HEPA filtration for individuals with the specified conditions regardless of the cause of air impurities, although separate findings for wildfire smoke and tobacco smoke are reported. CHBRP found:
 - i) Some evidence that HEPA filtration is effective in the reduction of negative health outcomes in those with asthma who were exposed to cigarette smoke, but conflicting evidence regarding the impact on negative health outcomes for those with asthma who were not exposed to cigarette smoke.
 - ii) Some evidence for the effectiveness of HEPA filtration on health outcomes for those with COPD or who are pregnant.

- iii) With regard to the impact of HEPA filters on the reduction of negative health outcomes for those with asthma but who were not regularly exposed to cigarette smoke, several studies reported significant findings for outcomes such as symptom control and medication utilization. However, other studies of similar size and quality reported non-significant findings for similar health outcomes leading CHBRP to conclude the evidence is conflicting for this population.

CHBRP says it is well established that both HEPA filtration is effective at cleaning indoor air, and that exposure to polluted air, especially that due to smoke, leads to adverse health outcomes. However, there is not enough current research on the direct impact of HEPA filtration on health outcomes for those exposed to polluted air.

- c) *Utilization.* The number of households with enrollees who use a portable HEPA filter would increase because of this bill by 62.98%, or approximately 6,500 enrollees. CHBRP estimates that, in counties that declare an emergency due to wildfires, the number of households that would obtain a portable HEPA purifier with pregnant enrollees would increase from 2,852 to 3,664, whereas the number of enrollees with asthma will increase from 7,055 to 12,482, and the number of enrollees with COPD obtaining a portable HEPA purifier would increase from 430 to 701 enrollees.
- d) *Impact on expenditures.* CHBRP estimates the additional benefit coverage for portable HEPA purifiers would increase the average cost of the equipment per year by 43.54%, from \$101.19 to \$145.25. The \$44.06 increase in the annual cost of the devices is not due to an increase in the price of devices, but represents enrollees purchasing more expensive purifiers due to new coverage of purifiers. Premiums would increase by \$1,233,000 enrollees who would previously have purchased these HEPA purifiers would see a decrease in expenditures of \$1,046,000 replaced by \$226,000 in cost-sharing.

Related/Prior Legislation

SB 979 (Dodd, Chapter 421, Statutes of 2022) expands provisions of law permitting DMHC and CDI to take actions to protect enrollee and insured access to health care during a state of emergency proclaimed by the Governor by extending this ability to health emergencies declared by the state Public Health Officer, and by extending this authority to when the emergency affects health care providers or

the enrollee's or insured's health, rather than just when the emergency displaces enrollees.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee,

- Unknown costs, likely minor, for DMHC and CDI for state administration.
- Unknown potential General Fund costs to the extent there are increases in premiums for CalPERS plans.

SUPPORT: (Verified 8/29/25)

AIDS Healthcare Foundation
Bay Area Air Quality Management District
Breathe California
California Nurses Association
Center for Environmental Health
Coalition for Clean Air
Community Action to fight Asthma
County of Santa Clara
Medify Air, LLC
Solano County Democratic Central Committee

OPPOSITION: (Verified 8/29/25)

Association of California Life & Health Insurance Companies
California Association of Health Plans

ARGUMENTS IN SUPPORT: The Coalition for Clean Air write, “The recent wildfires in Los Angeles County have further elevated concerns about air pollution and the serious health risk from toxic smoke, soot, and debris. These fires released harmful pollutants like particulate matter, lead, asbestos, and silica, all of which can cause long-term health damage. Vulnerable groups, including pregnant individuals, children, seniors, and those with chronic respiratory issues, face increased risks of severe lung damage from wildfire smoke. The Centers for Disease Control and Prevention highlights that this smoke is particularly dangerous for those with pre-existing lung conditions, and research from University of California, Los Angeles indicates that its effects can persist for weeks or months. Experts caution that standard air quality measurements may underestimate pollution levels, complicating protective measures for at-risk populations. Currently, insurance plans do not cover portable HEPA purifiers, which are critical

tools to mitigate the harmful effects of wildfire-related pollution for vulnerable individuals. Despite the inclusion of asthma remediation under California Advancing and Innovating Medi-Cal Community Supports, other health insurance plans do not cover these essential interventions.” Breathe California writes, “Studies looking at the effects of air purifiers on people with asthma found significant improvements in both air quality and respiratory function with the use of air purifiers. HEPA filters effectively remove up to 99.97% of airborne particles, reducing the risk of respiratory flare-ups, protecting lung function, and supporting overall health in those with heightened sensitivity to air pollution. These purifiers and filters can be incredibly costly, creating an increased burden for people with lower socioeconomic backgrounds and rarely covered by health insurance despite being an at-risk population.” The Bay Area Air District writes on a local level, the Air District funded a pilot program with a local regional asthma management provider, that provided a limited supply of home filtration devices to income-qualified recipients of asthma management services, and, this bill takes this home filtration concept to the next level.

ARGUMENTS IN OPPOSITION: The California Association of Health Plans and the Association of California Life and Health Insurance Companies has significant concerns regarding implementation and potential unintended consequences of this bill. The opposition writes covering household appliances like air purifiers sets a concerning precedent for health plans to cover non-medical equipment, potentially resulting in further mandates that extend beyond traditional health care services, and, as California continues to explore adopting a new benchmark plan, we strongly urge the Legislature to pause new mandate bills such as this bill.

ASSEMBLY FLOOR: 67-0, 5/27/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Chen, Connolly, Davies, Dixon, Elhawary, Ellis, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Bennett, Castillo, DeMaio, Flora, Gallagher, Jeff Gonzalez, Hadwick, Nguyen, Patterson, Sanchez, Ta, Tangipa

Prepared by: Teri Boughton / HEALTH / (916) 651-4111

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