

Date of Hearing: June 24, 2025

**ASSEMBLY COMMITTEE ON HEALTH**

Mia Bonta, Chair

SB 862 (Committee on Health) – As Amended June 10, 2025

**SENATE VOTE:** 38-0

**SUBJECT:** Health.

**SUMMARY:** Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC), the Education Code (EDU), the Insurance Code (INS), and the Welfare and Institutions Code (WIC). Specifically, **this bill:**

- 1) Requires a health facility to submit a patient safety plan to the California Department of Public Health (DPH) biennially, instead of biannually.
- 2) Clarifies that at least two of the 60 hours of classroom training for nurse assistant certification address the special needs of persons with Alzheimer's disease and related dementias.
- 3) Permits hospitals, except for in the case of a patient in the emergency room, to provide written notice containing information about the availability of its discount payment and charity care policies by electronic means, if the patient has previously consented to receive electronic communications about their health care services.
- 4) Clarifies that accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized disability large group insurance policies are exempt from covering certain infertility and fertility treatments.
- 5) Clarifies that only health insurers are required to provide an insured with an annual electronic notice regarding the benefits of a behavioral health and wellness screening for children and adolescents 8 to 18 years of age.
- 6) Makes technical changes to reflect the correct name of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC).
- 7) Deletes an obsolete code reference from the statute describing Community-Based Adult Services (CBAS) so as not to imply that the program no longer exists.
- 8) Makes other technical, clarifying changes.

**EXISTING LAW:**

- 1) Requires a health facility to develop, implement, and comply with a patient safety plan to improve the health and safety of patients and to reduce preventable patient safety events. The patient safety plan requires specified elements, including, but not limited to, a reporting system for patient safety events that allows anyone involved to make a report of a patient safety event to the health facility, and a process for a team of facility staff to conduct analyses related to root causes of patient safety events. Requires health facilities to submit

patient safety plans to the California Department of Public Health (DPH) biannually. [HSC § 1279.6]

- 2) Requires a skilled nursing facility or intermediate care facility to adopt an approved training program that meets standards established by CDPH. Requires the training program to include, among additional requirements, a precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and resident abuse prevention, recognition, and reporting. Requires at least two hours of the 60 hours of classroom training to address the special needs of persons with Alzheimer's disease and related dementias. [HSC § 1337.1]
- 3) Requires hospitals 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, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies. [HSC § 127410]
- 4) Requires a large group disability insurance policy, except a specialized disability insurance policy, to provide coverage for the diagnosis and treatment of infertility and fertility services, including a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine, using single embryo transfer when recommended and medically appropriate. [INS § 10119.6 (a)(1)]
- 5) Requires an insurer to provide to insureds a written or electronic notice regarding the benefits of a behavioral health and wellness screening for children and adolescents 8 to 18 years of age. [INS § 10123.1991]
- 6) Establishes the Mental Health Services Act (MHSA), enacted by voters in 2004 as Proposition 63, to provide funds to counties to expand services, develop innovative programs, and integrate service plans for mentally ill children, adults, and seniors through a 1% income tax on personal income above \$1 million. Establishes the Behavioral Health Services Act (BHSA), enacted by voters in 2024 as Proposition 1, to recast the MHSA by renaming the commission to the Behavioral Health Services Oversight and Accountability Commission and changing its composition and duties. [WIC § 5845, *et seq.*]
- 7) Requires, commencing January 1, 2022, for the Community-Based Adult Services (CBAS) Program to continue to be available as a capitated benefit for a qualified Medi-Cal beneficiary under a comprehensive risk contract with an applicable Medi-Cal managed care plan, in accordance with the California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions. [WIC § 14184.201 (e)(1)]
- 8) Sets forth various Medi-Cal provisions relating to complex rehabilitation technology (CRT), which is a form of durable medical equipment, including, but not limited to, complex rehabilitation manual and power wheelchairs. Requires a CRT provider to comply with certain standards, including requiring a qualified rehabilitation technology professional to be physically present for the final fitting and delivery of the CRT. [WIC § 14132.85]

**FISCAL EFFECT:** According to the Senate Appropriations Committee, unknown potential costs, likely minor, for DPH for state administration related to health facility oversight and nurse assistant certification (General Fund, Licensing and Certification Fund). The Department of

Health Care Access and Information (HCAI) anticipates absorbable costs for state administration for provisions related to hospital discount payment and charity care policies.

## COMMENTS:

**1) PURPOSE OF THIS BILL.** According to the author, the 2025 Health Committee Bill is an omnibus measure meant to implement non-controversial, non-substantive changes to a number of statutes in the Health and Safety Code, as well as the Education Code, Insurance Code, and Welfare and Institutions Code. Particularly, these amendments aim to fix various typographical errors in the Health and Safety Code, reflect the updated name of the Behavioral Health Services Oversight and Accountability Committee in several provisions, and specify the number of hours focused on Alzheimer's disease and related dementias for students in CNA training. The author concludes that this bill will also clarify the type of insurers required to provide written or electronic notice regarding the benefits of behavioral health and wellness screening for children and adolescents, and will specify the type of large group disability insurance policy exempt from covering certain fertility treatments.

## 2) BACKGROUND.

**a) Typographical errors.** AB 3161 (Bonta), Chapter 757, Statutes of 2024 requires hospitals to include demographic data on injured patients when they conduct analyses of patient safety events and to submit patient safety plans to the DPH licensing and certification division biannually. According to the author's office, this is a typographical error. The intent was for AB 3161 to require the patient safety plans to be submitted biennially, in concordance with DPH's licensing and relicensing surveys.

Additionally, the 2024-2025 Budget Act established DPH's authority to create and manage a statewide Syndromic Surveillance system. However, the enacted trailer bill (SB 159, Chapter 40, Statutes of 2024) included some minor typographical errors.

**b) Alzheimer's training for CNAs.** SB 449 (Monning), Chapter 282, Statutes of 2017 requires that at least two of the 60 hours of required Certified Nursing Assistant classroom training address the special needs of persons with Alzheimer's disease and related dementias. While SB 449 amended HSC § 1337.1 to reflect these changes, it did not also include the necessary parallel changes to § 1337.3, therefore creating a conflict in law.

**c) Electronic written notices.** HSC § 127410 currently requires hospitals to provide a written notice to each patient concerning the hospital's discount payment and charity care policies. The applicable regulation (Title 22, California Code of Regulations § 96051.9 (a)(1)) requires the aforementioned written notice to be in hardcopy format. This requirement causes hospitals to print a substantial amount of notices each year. For example, according to Stanford Health Center's tracking data, in 2024 alone, they printed a total of 846,813 notices at a cost of \$575,823.84.

**d) Large group insurance policies.** SB 729 (Menjivar), Chapter 930, Statutes of 2024 requires large group health plan contracts and disability insurance policies to provide coverage for the diagnosis and treatment of infertility and fertility services. Accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized

disability insurance policies are exempt from covering certain fertility treatments. INS § 10119.6 (a)(1), related to large group policies, does not reflect these exemptions.

- e) **Types of insurers.** AB 2556 (Jackson), Chapter 200, Statutes of 2024 requires “insurers” to provide written or electronic notice regarding the benefits of behavioral health and wellness screening for children and adolescents 8 to 18. The intent was to place the requirement only on health insurers, but currently captures all types of insurers.
  - f) **Behavioral Health Services Oversight and Accountability Commission.** SB 326 (Eggman), Chapter 790, Statutes of 2023 renamed the Mental Health Services Oversight and Accountability Commission to the Behavioral Health Services Oversight and Accountability Commission. There were several instances in which statute was not updated to reflect this change in the Commission’s name.
  - g) **CBAS.** CBAS is a community-based day health program that provides services to older adults and adults with chronic medical, cognitive, or behavioral health conditions, and/or disabilities that make them at risk of needing institutional care. The CBAS Program is an alternative to institutional care for Medi-Cal beneficiaries who can live at home with the aid of appropriate health, rehabilitative, personal care, and social services. CBAS became effective on April 1, 2012, under the California Bridge to Health Care Reform waiver. Currently, the program is effective through December 31, 2026 as part of the CalAIM waiver. Existing state law specifies that the CBAS Program shall continue to exist as a capitated benefit for a qualified Medi-Cal beneficiary; however, the language currently refers to a provision that was repealed with the sunset of the Coordinated Care Initiative. This reference implies that the CBAS Program is no longer in effect.
- 3) **SUPPORT.** The Association of California Life and Health Insurance Companies (ACLHIC) writes that this bill’s clarification to INS § 10119.6 is vital to ensure that the intent to SB 729 (Menjivar), Chapter 930, Statutes of 2024 is maintained while protecting against its unintended application to other lines of business. ACLHIC also writes that this bill’s clarification to INS § 10123.1991 is crucial in preventing any potential confusion and ensuring that the appropriate entities are held accountable under the provision of AB 2556 (Jackson), Chapter 200, Statutes of 2024. Stanford Health Care writes that current HCAI regulation requires the hospital discharge notice must be in hardcopy. This current requirement has meant Stanford Hospital and other hospitals must print an inordinate number of notices. Allowing notices to be transmitted electronically will mean significant savings for Stanford Hospital and other hospitals.
- 4) **PREVIOUS LEGISLATION.**
- a) SB 159 (Committee on Budget and Fiscal Review), Chapter 40, Statutes of 2024 authorizes DPH to develop and administer a syndromic surveillance program and to either designate an existing system or to create a new system that would be required, at a minimum, to provide public health practitioners access to an electronic health system to rapidly collect, evaluate, share, and store syndromic surveillance data as part of a health trailer bill.
  - b) SB 729 (Menjivar), Chapter 930, Statutes of 2024 requires large group health plan contracts and disability insurance policies to provide coverage for the diagnosis and treatment of infertility and fertility services.

- c) AB 2556 (Jackson), Chapter 200, Statutes of 2024 requires a health care service plan or health insurer to provide to enrollees and insureds a written or electronic notice regarding the benefits of a behavioral health and wellness screening for children and adolescents 8 to 18 years of age.
  - d) AB 3161 (Bonta), Chapter 757, Statutes of 2024 requires, beginning on January 1, 2026, and biannually thereafter, hospitals and skilled nursing facilities to submit patient safety plans to CDPH, and permits CDPH to impose a fine of up to \$5,000 on health facilities for failure to adopt, update, or submit patient safety plans. Permits CDPH to grant a health facility an automatic 60-day extension for submitting biannual patient safety plans. Requires CDPH to make all patient safety plans submitted by health facilities available to the public on its website.
  - e) SB 326 (Eggman), Chapter 790, Statutes of 2023 renames the Mental Health Services Act to the Behavioral Health Services Act. Also renames the Mental Health Services Oversight and Accountability Commission to the Behavioral Health Services Oversight and Accountability Commission.
  - f) SB 449 (Monning), Chapter 282, Statutes of 2017 requires that at least two of the 60 hours of classroom training address the special needs of persons with Alzheimer's disease and related dementias.
- 5) **TECHNICAL AMENDMENTS.** The Committee is proposing further technical amendments to the provisions of this bill that clarify that certain disability insurers do not have to provide fertility treatments.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Association of California Life & Health Insurance Companies  
California Association for Adult Day Services  
Commission for Behavioral Health  
Stanford Health Care  
One individual

**Opposition**

None on file

**Analysis Prepared by:** Lara Flynn / HEALTH / (916) 319-2097