

SENATE THIRD READING

STR Bill Id:SB 862 Author:(Committee on Health)

As Amended Ver:August 19, 2025

Majority vote

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).

Major Provisions**COMMENTS**

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 Department of Public Health (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.

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

Electronic written notices. HSC Section 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 Section 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.

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 Section 10119.6 (a)(1), related to large group policies, does not reflect these exemptions.

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 eight to 18 years of age. The intent was to place the requirement only on health insurers, but currently captures all types of insurers.

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.

Community Based Adult Services (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 California Advancing and Innovating Medi-Cal (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.

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.

Arguments in Support

The Association of California Life and Health Insurance Companies (ACLHIC) writes that this bill's clarification to INS Section 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 Section 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 Department of Health Care Access and Information 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.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, there are no state costs associated with this bill.

VOTES**SENATE FLOOR: 38-0-2**

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

ABS, ABST OR NV: Limón, Reyes

ASM HEALTH: 15-0-1

YES: Bonta, Chen, Aguiar-Curry, Caloza, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Elhawary

ABS, ABST OR NV: Addis

ASM APPROPRIATIONS: 13-0-2

YES: Wicks, Sanchez, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Solache, Ta, Tangipa

ABS, ABST OR NV: Arambula, Pellerin

UPDATED

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