Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 950 (Weber Pierson) – As Amended July 2, 2026

Policy Committee: Health Vote: 16 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill requires a health plan and health insurer to cover all medically necessary treatments or medications, as determined by a health care provider and approved by the U.S. Food and Drug Administration (FDA), without step therapy, for the treatment of Alzheimer's disease or other related dementia.

More specifically, this bill:

1) Requires a health plan and health insurer (collectively, health plan) cover all medically necessary treatments or medications, as determined by a health care provider, that are approved by the FDA for the treatment of Alzheimer's disease or other related dementia.

2) Defines medically necessary treatments or medications to include, but not be limited to, those that reduce clinical decline.

3) Includes medications administered through a medical benefit and an outpatient prescription drug benefit, to the extent the health plan or contract covers outpatient prescription drugs, in the definition of medically necessary treatments in item 1, above.

4) Prohibits a health plan and insurer from imposing step therapy protocols as a prerequisite to authorizing coverage pursuant to item 1, above.

5) Exempts a health plan from covering all types of treatment for Alzheimer's disease or other medical conditions affecting memory without step therapy if at least one antiamyloid therapy is covered without step therapy, as specified.

6) Allows a health plan to apply utilization management, including prior authorization, to determine the medical necessity for treatment of Alzheimer's or other medical conditions affecting memory if such determinations are made in the same manner as for the treatment of any other illness, condition, or disorder covered by the plan or insurer.

7) Requires a health plan's coverage criteria for FDA-approved treatments under this bill to not be more restrictive than FDA-approved indications for those treatments.

8) Requires a health plan consider authorization for a medically necessary treatment approved by the FDA for the treatment of Alzheimer's disease or other medical conditions affecting memory an exigent circumstance requiring a 24-hour review timeline.

9) Exempts Medicare supplements, Medi-Cal managed care plans, and specialized health care service plans.

FISCAL EFFECT:

The Department of Managed Health Care and the Department of Insurance anticipate minor and absorbable costs.

The California Public Employees Retirement System anticipates no costs.

COMMENTS:

1) **Purpose.** This bill is sponsored by the Alzheimer's Association. The author intends this bill to reduce delays to appropriate treatment for Alzheimer's disease and similar conditions. According to the author:

> California cannot allow barriers to delay or prevent access to appropriate treatment.
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> Today, FDA-approved therapies offer new hope by slowing the progression of Alzheimer's disease in its early stages. Removing the plaque responsible for the progression can preserve precious time, memories, and quality of life. But, because they are only effective early in the disease, any delays can take away the opportunity to receive this treatment altogether.

2) **Background.** The California Health Benefits Review Program (CHBRP) reports medications that treat symptoms of Alzheimer's disease demonstrate generally small and inconsistent effects across medications, severity of disease, and outcomes, and that the strength of the evidence varies. Disease-modifying medications demonstrate strong, consistent effects on amyloid biomarkers, with some evidence such therapies slow cognitive decline and functional decline; however, effect sizes were generally modest, and most findings did not meet thresholds for clinical meaningfulness.

   CHBRP estimated the introduced version of this bill would result in 66 additional enrollees receiving medications to treat symptoms and 23 additional enrollees receiving disease-modifying medications. Total annual premiums across the state would increase by $7.9 million, or $660,000 per month, or $0.03 per member, per month. Cost sharing for enrollees who are new users of these medications would increase between $1,310 and $1,990 annually. CHBRP notes that amendments taken after CHBRP initiated its analysis would likely result in fewer enrollees newly using some medications and a slightly smaller fiscal effect than projected in analysis.

3) **Opposition.** The California Association of Health Plans (CAHP) and the Association of California Life & Health Insurance Companies (ACLHIC) write in opposition, stating this bill prevents plans from updating their policies as new data emerges and from designing policies that are both affordable and appropriate for a specific diagnosis. CAHP and ACLHIC note that the due to the intensive treatment requirements, potential of severe side effects, and limited amount of providers who have experience prescribing and providing this treatment, this bill will accelerate utilization of these drugs before their value is proven and

the infrastructure for treatment is available. Further, CAHP and ACLHIC are concerned with the recent amendment that requires anti-amyloids and other Alzheimer's drugs to be treated as an exigent circumstance, as 24-hour review is a short timeline for an entire class of drugs, specifically drugs like anti-amyloids that are new to the market and must be used under strict guidelines and supervision.

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