SENATE THIRD READING
SB 950 (Weber Pierson)
As Amended August 19, 2026
Majority vote

SUMMARY

Requires a health plan and insurer to cover all medically necessary treatments or medications, as determined by a health care provider, approved by the United States Food and Drug Administration (FDA) for the treatment of Alzheimer's disease or other *medical conditions affecting memory.*

Major Provisions

COMMENTS

Alzheimer's disease is a progressive, irreversible neurologic condition that damages and destroys neurons in the brain. As the disease progresses, memory, language, and cognitive processing challenges are often the first symptoms to emerge. Patients with Alzheimer's disease may live up to 10 years or longer after receiving a diagnosis, spending roughly 40% of that *time* in the more severe stages of disease, during which they need help with activities of daily living. Early-onset Alzheimer's disease is a form of Alzheimer's dementia that develops before the age of 65 years and is often associated with a faster cognitive decline. As patients lose the ability to drive, work, and care for themselves, support from others becomes necessary. In 2024, an estimated 19.2 billion hours of assistance was provided for people with Alzheimer's disease by unpaid caregivers. There is no cure or treatment to reverse Alzheimer's disease, and it is eventually fatal. In 2022, an estimated 17,363 people died from Alzheimer's disease in California. Alzheimer's disease is distinguished from other forms of dementia and cognitive impairment by two biomarkers that accumulate in the brain: an abnormal form of tau protein and beta-amyloid protein fragments. Brain inflammation, atrophy, and reduced glucose metabolism and uptake by the brain cells are also pathological features of the disease.

Medications for Alzheimer's. Medication treatments for Alzheimer's disease include medications that treat symptoms of the disease, which treat symptoms of dementia without altering beta-amyloid accumulation and can be used at any stage of the disease. There are also disease-modifying medications that aim to alter the rate of disease progression by slowing and reversing beta-amyloid accumulation in the brain. Barriers to receiving a diagnosis for Alzheimer's disease and accessing disease-modifying medications are substantial and may be attributed to the limited supply of treating clinicians. According to the California Health Benefits Review Program (CHBRP) currently, disease-modifying medications are only available for patients who meet certain clinical criteria. Eligibility to receive disease-modifying medications is narrow, requires special testing, and may only be available in specialized facilities.

CHBRP. CHBRP was created in response to AB 1996 (Thomson), Chapter 795, Statutes of 2002, which 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. SB 125 (Hernandez), Chapter 9, Statutes of 2015, added an impact assessment on essential health benefits (EHBs), and legislation that impacts health insurance benefit designs, cost-sharing,

premiums, and other health insurance topics to CHBRP's purview. CHBRP reviewed this bill and included the following impact estimates in their analysis:

1) *Increased premiums and consumer costs.* CHBRP estimates that 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 would increase by $660,000, or up to $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 in the Senate would likely result in fewer enrollees newly using some medications. As a result, fiscal impacts would be slightly lower than projected in CHBRP's initial analysis.

2) *Medical effectiveness.* Medications that treat symptoms of Alzheimer's disease demonstrate generally small and inconsistent effects across medications, severity of disease, and outcomes; strength of evidence varies. Disease-modifying medications demonstrate strong, consistent effects on amyloid biomarkers, with substantial reductions in amyloid burden and high rates of amyloid clearance across studies. There is some evidence that these therapies slow cognitive decline, functional decline, and combined measures of cognition and function; however, effect sizes were generally modest, and most findings did not meet thresholds for clinical meaningfulness. While there is some evidence disease-modifying medications are associated with an increased risk of harms, they are often asymptomatic but can occasionally result in serious harm.

3) *Limited public health impacts.* CHBRP projects no measurable public health impact at the population level due to the small estimated increase in utilization in the small population that would be covered by this bill and eligible for the medications. However, this bill would likely yield some health and quality-of-life improvements, such as slowing the decline of cognitive function, functional ability, and global assessment after 18 months of treatment among the 23 additional enrollees who would newly have access to and use disease-modifying medications.

According to the Author
Alzheimer's disease, while often thought of as a condition of aging, reflects broader disparities in our public health system. Californian women, lower-income Californians, and Californians of color face disproportionately elevated risks, higher diagnosis rates, and poorer outcomes once living with the disease. The author states that this devastating diagnosis is life- and community-changing. The author continues that as Alzheimer's progresses; individuals lose independence and the memories that connect them to their loved ones. The author notes that families often sacrifice their livelihoods to become caregivers while navigating a complex health system. The author states that during one of the most difficult times in their lives, California cannot allow barriers to delay or prevent access to appropriate treatment. The author continues that FDA-approved therapies offer new hope by slowing the progression of Alzheimer's disease in its early stages. The author states that removing the plaque responsible for the progression can preserve precious time, memories, and quality of life. But, the author argues that because they are only effective early in the disease, any delays can take away the opportunity to receive this treatment altogether. The author concludes that as a state, we must ensure timely access to these treatments and alleviate pressure from our families and healthcare system. Families deserve more time and support when navigating Alzheimer's.

Arguments in Support
The Alzheimer's Association is sponsoring this bill, stating that it expedites access for monoclonal antibody therapies that target amyloid plaque buildup in the brain to reduce cognitive decline. The Alzheimer's Association continues that these are among the first disease modifying treatments to become available for Alzheimer's disease, and alongside blood-based biomarker testing and new research have encouraged early detection and diagnosis of Alzheimer's disease. The Alzheimer's Association argues that this legislation provides needed clarity in state law to ensure uninterrupted coverage for these new developments, so individuals do not unnecessarily exit their eligibility window and advance in the disease progression, which can involve higher costs and levels of care.

Arguments in Opposition
The California Association of Health Plans (CAHP) and the Association of California Life & Health Insurance Companies (ACLHIC) write in opposition stating that even though this bill permits plans/insurers to apply utilization management like prior authorization, the bill requires that all products to treat Alzheimer's be included on formularies, forcing plans to adjust their current coverage, impacting health care affordability. CAHP and ACLHIC continue that 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 cite the CHBRP analysis, which noted there is "some evidence that disease-modifying medications are effective at slowing cognitive decline" but adds that "these effects generally fell below minimum clinically important difference thresholds." CAHP and ACLHIC are concerned that 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. Finally, 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. CAHP and ACLHIC conclude that 24-hour review is an incredibly short timeline for an entire class of drugs, specifically ones (like anti-amyloids) that are new to the market and required to be used under strict guidelines and supervision.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, 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.

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, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Hurtado, Niello

ASM HEALTH: 16-0-0
YES: Bonta, Sanchez, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Jeff Gonzalez, Mark González, Johnson, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

VERSION: August 19, 2026

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