



CAMPS End of the Year Bill Report - 2026

During the 2025-26 Legislative Session, CAMPS' lobbyists reviewed 5,060 pieces of legislation that were introduced. Of this total, 1,846 bills Assembly and Senate bills were introduced in 2026. Our lobbyists originally identified and analyzed 36 bills that would likely have impacted our members or addressed gaps in health care coverage for some of the State's most vulnerable individuals following federal Medicaid funding cuts. CAMPS actively supported 18 of these measures, wrote letters of support, and in some cases, advocated our position in Committee hearings. CAMPS also monitored 5 additional bills of interest that might have impacted our members.

CAMPS is proud to announce that our Sponsored legislation, Assembly Bill 1794, authored by Assemblymember Rhodesia Ransom, to allow for drop shipment of enteral nutrition products, was signed by Governor Newsom and chaptered into law.

CAMPS SUPPORT - ASSEMBLY BILLS – SIGNED BY GOVERNOR

AB 1794 (Ransom, Rhodesia - D) – CAMPS Sponsored Legislation Pharmacy: enteral products.

Beginning January 1, 2027, AB 1794 will allow for prescribed “medically necessary supplements, or enteral nutrition” to be dispensed directly to patients at their homes while maintaining pharmacist oversight to ensure that nutritionally complete and clinically appropriate products are delivered safely. “Drop shipment” of enteral nutrition formulas directly to a patient’s home has provided a lifeline for medically fragile patients who would otherwise be

forced to struggle with transportation due to a combination of physical, medical, sensory, and logistical challenges in order to retrieve their nutritional supports.

Medicare and many commercial payers allow for drop shipping as a cost-effective and efficient distribution method of enteral nutrition formulas and products. Prior to the establishment of Medi-Cal Rx in January 2022, licensed Home Medical Device Retailers (HMDRs) were able to distribute these items under fee for service and Medi-Cal managed care in the same manner. However, once Medi-Cal RX was implemented, providers were notified by Medi-Cal's pharmacy benefit manager (PBM) that drop shipping directly to patients' homes would no longer be acceptable as dispensing of these nutritional items would require a pharmacist or pharmacy technician to physically pull and label the items.

CAMPS sponsored bill.

Status: Signed by Governor Newsom on 9/27/26 and Chaptered by Secretary of State - Chapter 546, Statutes of 2026.

AB 1907 (Addis, Dawn - D)

CA Health Benefit Exchange: automatic health care coverage enrollment

This bill minimizes the steps required to obtain health coverage by following an existing streamlined Covered California enrollment process. AB 1907 addresses concerns that changes due to House Resolution 1 at the federal level will cause up to 3.4 million Californians to lose coverage.

The author states that changes in healthcare at the federal level will cause up to 3.4 million Californians to lose coverage. Covered California is California's health benefit exchange for individual and small business purchasers authorized under the federal Patient Protection and Affordable Care Act (ACA). SB 260 (Hurtado) of 2019, established automatic enrollment for a person who loses Medi-Cal eligibility and instead qualifies for Covered California. Such an individual receives an eligibility notice when they are disenrolled from Medi-Cal and auto-enrolled in the lowest-cost silver plan

available, or a plan offered by the individual's previous Medi-Cal managed care plan.

This bill extends the provisions of SB 260 to include new applicants found eligible through SAWS, the county eligibility system used for determining eligibility Medi-Cal, CalFresh and CalWORKS, thereby streamlining the process and reducing gaps in coverage.

Recommendation: Support

Status: Signed by Governor Newsom on 9/14/26 Chaptered by Secretary of State - Chapter 204, Statutes of 2026.

AB 2081 (Stefani, Catherine - D)

Medi-Cal: Home and Community-Based Alternatives Waiver.

The "Home- and Community-Based Services" (HCBA) Waiver provides care management services to individuals who are at risk of nursing facility or institutional placement. Medi-Cal's HCBA Waiver helps medically vulnerable Californians receive high quality care in their own homes and communities instead of being forced into institutional settings.

Currently, expansion is limited to 5,000 waiver slots for each waiver year. Enrollment caps have left more than 5,600 vulnerable Californians stuck on a waiting list without access to critical services.

This bill would require the DHCS, beginning in 2027, to ensure an annual increase of not fewer than 10,000 waiver slots for each waiver year.

Recommendation: Support

Status: The bill was Vetoed by the Governor on 9/18/2026.

But additional slots were funded in the Final Budget Bill AB 109 - 4260-101-0001—PROVISION #21 - Of the funds appropriated in Schedule (2), \$1,500,000 shall support staffing or contract authority to enable the Department to clear the Medi-Cal Home and Community Based Alternatives (HCBA) Waiver waitlist and serve all eligible individuals seeking enrollment in the HCBA Waiver program.

AB 2348 (Bonta, Mia - D)
Medi-Cal: Community Supports.

The state received federal approval for the California Advancing and Innovating Medi-Cal (CalAIM) waiver that, in part, allows the state to draw down additional federal funding for “community supports. This bill authorizes Medi-Cal managed care plans to continue to cover Community Supports (services meant to address **non-health care** related barriers to health) in the Medi-Cal program that are cost effective and medically appropriate.

Under the bill, this continued coverage would commence on January 1, 2027 and would be conditioned on the availability of federal financial participation for the following “Community Supports:

- 1)Respite Services
- 2) Assisted Living Facilities, formerly known as Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly and Adult Residential Facilities
- 3)Community or Home Transition Services, formerly known as Community Transition Services/Nursing Facility Transition to a Home
- 4)Personal Care and Homemaker Services
- 5)Environmental Accessibility Adaptations (Home Modifications)
- 6)Medically Tailored Meals/Medically Supportive Food
- 7)Sobering Centers
- 8)Asthma Remediation
- 9)Housing Transition Navigation Services (Volume 2)
- 10)Housing Deposits (Volume 2)
- 11)Housing Tenancy and Sustaining Services (Volume 2)
- 12) Day Habilitation Programs (Volume 2)
- 13) Recuperative Care
- 14) Short-term Post-hospitalization Services

Recommendation: Support

Status : Signed by Governor Newsom and Chaptered by Secretary of State - Chapter 600, Statutes of 2026.

SENATE BILLS – SIGNED BY GOVERNOR

SB 1049 (Weber-Pierson, Akilah - D)

Health care claims reimbursement, prohibits denial corrected claim

Currently, some health plans will deny corrected claims if they are submitted more than 90 days from the date of service. This results in a plan recouping funds by withholding payment for ongoing patient care.

This bill provides a 90-day opportunity for a health care provider to submit a corrected claim if a health plan or insurer denies a claim or sends a notice of overpayment based on a defect that may be remedied by submitting a corrected claim. It also prohibits a plan or insurer from denying a corrected claim submitted on the grounds that the provider did not submit the claim within the original claim filing deadline.

Recommendation: Support

Status: Signed by the Governor and Chaptered by Secretary of State. Chapter 1001, Statutes of 2026.

SB 1304 (Wahab, Aisha - D)

Respiratory Care Practice Act:

CAMPS has been actively involved with the section of this bill relative to “LVNs performing Respiratory Tasks & Services. Recent amendments are in line with what CAMPS has been seeking. SB 1304 authorizes a licensed vocational nurse to perform specific respiratory care tasks and services in expanded settings, including, among others, congregate living health facilities, group homes, and adult residential facilities. The bill would require a licensed vocational nurse, in all exempted settings, to complete patient-specific training provided by the employer before January 1, 2028, and receive task-specific training on respiratory tasks and services from specified providers on or after that date.

SB 1304, as amended on April 15, 2026, includes clear authorization for LVNs who have received training from their employer to continue performing intermediate tasks & services so as not to disrupt the continuity of care for medically fragile children and adults who choose to receive respiratory care services and the normalcy of life at home and in community-based settings with their families instead of in a hospital or other institutional setting.

Recommendation: Support

Status: Signed by the Governor 9/20/26 and Chaptered by Secretary of State. Chapter 431, Statutes of 2026.

CAMPS SUPPORTED BILLS – VETOED BY THE GOVERNOR

AB 539 (Schaivo, Pilar – D)

Prior Authorization

AB 539 sought to require that a prior authorization for a health care service, provided by a health insurer or health care service plan, shall remain valid for a period of at least one year from the date of approval. This was a 2 year bill introduced in 2025

Summary of the Governor Newsom's veto message:

While I appreciate the author's intent to reduce administrative burdens, this bill would apply prior authorizations too broadly, limiting health plans' ability to reassess medical necessity as a member's condition changes. This could result in overutilization, inappropriate continuation of services, and unnecessary costs. The bill also conflicts with existing clinical guidelines and utilization management controls, undermining program integrity and flexibility to ensure that care remains appropriate for patients.

Recommendation: Support

Status: Vetoed by the Governor

AB 2565 (Wallis, Greg - R)

Medi-Cal – Pharmacy Coverage.

This bill would have required Medi-Cal managed care plans to submit extensive data and information on access, utilization, and claims to the Department of Health Care Services (DHCS). It would have also required DHCS to compile and submit an annual report to the Legislature on compliance with requirements to cover pharmacist services.

According to the author, the law already requires managed care plans to cover and reimburse pharmacist services for Medi-Cal patients, but plans are not consistently paying for them and patients are not reliably getting them.

According to the author, this bill would have ensured that noncompliant plans will be identified and held accountable, eligible patients would get the care the law already promised them, and the state would see the cost savings that comes with greater access to and utilization of pharmacist services.

Recommendation: Support

Status: Vetoed by Governor Newsom.

FAILED PASSAGE IN THE SENATE OR ASSEMBLY

AB 1126 (Patterson, Joe - R)

Medi-Cal managed care plans: enrollees with other health care coverage.

As a condition of accepting regional center services, individuals with developmental disabilities who receive services from a regional center and need a higher level of care must enroll in Medi-Cal so they can access Medi-Cal services that are not available under their private health plans. That's because the regional center is a "payer of last resort."

Two years ago, DHCS moved to a "managed care" approach for servicing these individuals. This has caused a high level of confusion in the coordination of care between providers, the plans, and DHCS that has resulted in this vulnerable population unable to bill their primary coverage, thus resulting in the loss of access to their specialized medical teams.

AB 1126 would have implemented several changes to help beneficiaries enrolled in commercial health coverage and who use Medi-Cal as a payer of last resort to maintain their providers as they transition from fee-for-service (FFS) Medi-Cal to Medi-Cal managed care.

Position: Support

Status: Held on Assembly Appropriations Suspense File. Failed. But Author continues to work with DHCS on resolving these issues.

**AB 1561 (Krell, Maggy - D) – Re-Introduction of CAMPS supported bill
Medi-Cal: complex rehabilitation technology.**

Current law 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. Current law requires a CRT provider to a Medi-Cal beneficiary to comply with certain standards, including with regard to CRT repairs. Current law authorizes the department to adopt any utilization controls for CRT, as appropriate.

This bill would prohibit the department from requiring prior authorization for the repair of a CRT-powered wheelchair if the cost of the repair does not exceed \$1,250.

Position: Support

Status: February 3, held in Assembly Health Committee. Failed.

**AB 1671 (Tangipa)
Rural medical services grant program**

Currently the California State Office of Rural Health (ORH) is overseeing the Rural Health Transformation Program (RHTP) which is a federal initiative designed to strengthen health care in rural communities where access, workforce shortages, and infrastructure gaps create unique challenges.

According to the Department of Health Care Access and Information (HCAI), over 80% of California is a rural census tract, and approximately 76% of these are in a Primary Care Health Professional Shortage Area (PCHPSA).

This bill would have required the office of Rural Health, within the California Health and Human Services Agency, to develop and administer a competitive grant program for the delivery of medical services to individuals who reside in rural areas.

Recommendation: Support

Status: May 14, held in Assembly Health Committee. Failed.

AB 1672 (Solache, Jose Luis - D)

California Program of All-Inclusive Care for the Elderly (PACE program)

California's "Program of All-Inclusive Care for the Elderly" (PACE program) provides preventive, primary, acute, and Long Term Care (LTC) services to older individuals with significant health needs so they can continue living in the community and avoid hospitalization and skilled nursing facility (SNF) placement. PACE plans assume full financial risk for participants' care without limits on amount, duration, or scope of services.

This bill would have increased capitation rates paid to PACE organizations for care of dually enrolled Medi-Cal and Medicare beneficiaries.

Recommendation: Support

Status: Passed the Assembly. 8/25/26 Ordered to inactive file at the request of Senator Menjivar.

AB 2208 (Stefani, Catherine - D)

Medi-Cal: cost sharing, retroactivity, and accessibility.

Prior to H.R. 1, the "One Big Beautiful Bill Act," under federal Medicaid law, states were required to provide coverage for care and services received up to three months prior to the date an individual applied for Medicaid. However,

H.R. 1 restricts retroactive Medicaid coverage to one month for the ACA Expansion population and two months for other populations.

AB 2208 would have restored the 3 month retroactivity provision to protect individuals who do not know they're eligible for Medi-Cal or are not able to apply until after an emergency happens. This bill would have also set a copayment of \$0.01 for nonemergency services for the ACA expansion population and prohibited a service provider from denying care or services to an individual solely because of nonpayment of copayment.

Recommendation: Support

Status: August 13, held on the Senate Appropriations Suspense File.

AB 2240 (Stefani, Catherine - D)

Medi-Cal: private duty nursing: specialty care.

This bill will require the state to look at whether children who are approved for in-home nursing are actually receiving the care they are promised, and whether current payment rates are strong enough to recruit and retain the nurses that families depend on.

Private Duty Nurses (PDN) Services providers care for critically ill children in California suffering from complex medical conditions, such as spastic quadriplegic cerebral palsy, muscular dystrophy, and anoxic brain injury. PDN services are covered as a benefit for children in Medi-Cal under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

According to a report by California Health Policy Strategies commissioned by the California Association of Health Services at Home (CAHSAH), "Estimating the Cost of Caring for Children with Complex Medical Conditions During a Nursing Shortage," the current shortage of nursing personnel and the related rise in wages paid to nurses present a challenge to the viability of care at home. According to the author of AB 2240, in recent years, over 1000 children with complex medical conditions and their families have been on waiting lists across the state for medical services that will allow them to remain in their homes and out of institutional settings. The author states that even more

children do receive care at home but are receiving hours of service that are less than authorized and insufficient to meet their needs.

Recommendation: Support

Status: May 14, held on Assembly Appropriations Suspense File. Failed.

AB 2368 (Bonta, Mia - D)

Indigent health care: information and planning.

This bill would have required the State Department of Health Care Services, by July 1, 2027, to establish an internet website where the public can access information on safety-net health care services in each county in the state. It would have also required each county, no later than January 1, 2028, to prepare and submit to DHCS a plan to operate programs to provide health care to medically indigent individuals.

According to the author, under HR 1 California is bracing for a surge in uninsured residents, with counties estimating that indigent programs will experience new enrollment of between 417,000 and 1.3 million. When federal policies restrict eligibility, introduce intentional barriers to enrollment, or roll back coverage, people don't simply stop getting sick. Instead, they fall into our county safety nets to be the provider of last resort. The author argues that without a coordinated, statewide strategy to collect safety net program eligibility and contacts in a single platform to connect people to care, and understand the strain on local resources, our county health systems risk being overwhelmed, leaving our most marginalized communities without life-saving care.

Recommendation: Support

Status : August 13, held on Senate Appropriations Suspense File.

SB 987 (Weber-Pierson, Akilah – D)

California Health Access Fund

Creates the California Health Access Fund to redirect any savings to the state resulting from decreased enrollment in the Medi-Cal program caused by the implementation of recently enacted federal enrollment barriers. Requires moneys in the fund to be used to ensure that California residents losing health coverage can continue to receive health care services and that health care providers are reimbursed for these services.

Federal legislation, H.R. 1, created new eligibility barriers that could cut nearly two million people off the Medi-Cal program. While coverage losses reduce state Medi-Cal expenditures on paper, Individuals who lose coverage often delay care, rely on emergency services, or receive uncompensated care from safety-net providers, shifting costs rather than reducing them.

Recommendation: Support

Status: May 14, held on Assembly Appropriations Suspense File.

SB 1002 (Niello, Roger - R)

Coauthor: Senator Valladares

Out-of-state physicians and surgeons: telehealth: license exemption

This bill would have allowed a patient that has been diagnosed with an immediately life-threatening disease or condition that is now in remission to continue receiving care with the previously established out-of-state physician and surgeon via telehealth.

The California Senior Legislature writes, “When a disease enters remission, patients frequently require ongoing monitoring, medication management, and consultation with the very specialist who guided them through active treatment. For seniors, especially those with mobility limitations, compromised immune systems, or limited transportation options, telehealth is not simply a convenience, it is a lifeline. Disrupting an established physician-patient relationship at this critical stage can create medical risk, emotional stress, and avoidable health system costs.

Recommendation: Lean Support with the amendment by CMA to limit the telehealth to ensure it does not include the ordering of any medical service,

procedure, test or treatment, or the prescribing of a dangerous drug or dangerous device.

Status: June 23, failed passage in Assembly Business & Professions Committee.

SB 1137 (Valladares, Suzette Martinez - R)

Personal income tax: deduction: medical expenses.

The Personal Income Tax Law, in conformity or modified conformity with federal income tax laws, allows various deductions in computing the income that is subject to the taxes imposed by that law, including a deduction for the medical and dental expenses paid during the taxable year, not compensated for by insurance or otherwise, for the medical or dental care of the taxpayer, spouse, or a dependent, to the extent that such expenses exceed 7.5% of federal adjusted gross income. This bill would, for taxable years beginning on or after January 1, 2026, instead allow that deduction to the extent that those medical and dental expenses exceed 4% of federal adjusted gross income.

Recommendation: Support

Status: May 14, held on Senate Appropriations Suspense File.

WATCH BILLS

AB 298 (Bonta, Mia - D) 2 year bill

Health care coverage cost sharing.

Would have prohibited a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would have prohibited an individual or entity from billing or seeking reimbursement, as provided, for in-network health care services provided to an enrollee or insured under 21 years of age, except as otherwise specified.

Recommendation: Watch, introduced in 2025 as two-year bill.

Status: January 22, 2026, held on Assembly Appropriations Suspense file.

AB 2431 (Patel, Darshana - D)

Prohibits Downcoding medical claims.

This bill would have prohibited a health care service plan or an insurer issuing group or individual policies of health insurance from using an automated process, system, or tool to downcode a claim, which is the unilateral alteration by a payer of the service or procedure code submitted on a claim resulting in a lower payment. The bill would have set forth requirements for and limitations of downcoding decisions, and, if a claim is downcoded, would require a plan or insurer to provide a billing provider with specified information and a clear and accessible process for disputing downcoded claims. The bill would have authorized the departments to take action against a plan or insurer that engages in a pattern or practice of discriminatory downcoding or that otherwise violates these provisions.

The California Medical Association sponsored this bill, stating that insurers are increasingly relying on “claim-editing” algorithms to automatically downcode claims without requesting or reviewing relevant clinical records.

The California Association of Health Plans and Association of California Life and Health Insurance Companies opposed this bill stating that improperly documented high-intensity claims inflate costs that are ultimately passed on to consumers and employers.

Recommendation: Watch. Sponsored by CA Medical Association.

Status: May 14, held on Assembly Appropriations Suspense File. Failed.

SB 1037 (Weber-Pierson, Akilah - D)

Health care coverage: rate review.

Current law requires that health care service plans and health insurers submit rates to their regulating entity for review and to demonstrate the impact of any changes in the rate of growth of health care costs resulting from health care

cost targets. This bill would have required the Department of Managed Health Care (DMHC) and the Department of Insurance (DOI), in collaboration with the Office of Health Care Affordability (OHCA), to each conduct an enhanced rate review to determine if health care premiums are affordable for individual and group purchasers.

Recommendation: Watch / FYI

Status: The Governor vetoed this bill on September 27, 2026. In Senate. Consideration of Governor's veto pending.

In his veto message the Governor states: "This bill approach is premature, but the intention to address rising healthcare costs could not be more timely. As such, I am directing the DMHC and OHCA, and requesting CDI, to continue to work collaboratively to ensure that health plans' efforts to comply with the statewide cost target are considered in the premium rate review process under existing law."

SB 1057 (Becker, Josh - D)

Licensing: certified nurse assistants and home health aides & crimes.

Californians for Safety and Justice, the sponsors of the bill, stated that passage of AB 2138 improved the ability of those with a conviction history to navigate occupational licensing process for many boards within Department of Consumer Affairs (DCA) but it did not include CNA and Home Health Aide (HHA) certification regulated by the Department of Public Health (DPH).

This bill would have narrowed the circumstances under which the Department can deny an application for a certificate, training or examination application for a nurse assistant or home health aide if the individual has been convicted of a crime. Instead, the Department could only deny an applicant if the crime occurred within the preceding 7 years from the date of the application, AND if the crime was substantially related to the qualifications, functions, or duties of a CAN or HHA regardless of whether the applicant was incarcerated for that crime. Secondly, this bill would have narrowed the circumstances under which the Department can issue a denial if the applicant has been subjected to formal discipline for professional misconduct.

Recommendation: *Watch*

Status: *Vetoed by the Governor on September 18, 2026. In Senate. Consideration of Governor's veto pending.*

SB 1252 (Durazo, Maria Elena - D)

Health care coverage

SB 1252 would have responded to undocumented immigrants being excluded from Medi-Cal in last year's Budget, as a result of H.R. 1, by creating an entitlement to health care for every taxpaying resident whose income is below 138% of the federal poverty level. This bill would have required the Department of Health Care Services to ensure these individuals have access to public health coverage through the programs it administers, including Medi-Cal.

Recommendation: *Watch.*

Status: *April 22, held in Senate Health Committee at request of the author.*