

LEGISLATIVE POSITIONS

The following categories are used in your legislative summary reports:

- **Sponsor** – This is a sponsored or cosponsored bill.
- **Support 1 (S1)** – This is the highest priority support bill. We send a letter of support to the author, a letter of support to all committee members considering the bill, and undertake full lobbying to assure passage of the bill. We also closely monitor all amendments and constantly re-evaluate our position.
- **Support 2 (S2)** – This level of support is moderate. A letter is sent to the author, committee Chair, Vice-Chair and consultants considering the bill, but there is usually less lobbying or testifying before committees. We also closely monitor all amendments and constantly reevaluate our position.
- **Support 3 (S3)** – A letter is sent to the author only. We closely monitor the bill for amendments.
- **Support 4 (S4)** – This is the lowest level of support. This position is used for internal purposes only and no letter is sent. We closely monitor the bill for amendments.
- **Oppose 1 (O1)** – This is the highest priority oppose bill. We send a letter of opposition to the author, a letter of opposition to all committee members considering the bill, and undertake full lobbying to assure failure of the bill. Only those bills which are judged to be detrimental are given an oppose position. Such are often accompanied by efforts to gain amendments in an effort to make the bill acceptable to our client, and therefore to remove our opposition.
- **Oppose 2 (O2)** – This level of oppose is moderate. A letter is sent to the author, committee Chair, Vice-Chair and consultants considering the bill, but there is usually less lobbying or testifying before committees. We also closely monitor all amendments and constantly reevaluate our position.
- **Oppose 3 (O3)** – A letter is sent to the author only. We closely monitor the bill for amendments.
- **Oppose 4 (O4)** – This is the lowest level of oppose. This position is used for internal purposes only and no letter is sent. We closely monitor the bill for amendments.
- **Watch 1 (W1)** – This is a bill of more than casual interest. We actively monitor such bills and often communicate with the author, the author’s staff, the legislative committee members and staff. We frequently seek clarifying amendments to bills in this category.
- **Watch 2 (W2)** – This is a bill of interest or concern that we keep close tabs on.
- **Pending** – This bill has been sent to the client. The client is reviewing and has yet to inform ARA of an official position.
- **“?”** – This is a bill that will show up in our screening from time to time. It is important that we discuss the bill so that we are able to remove the question mark by either deleting the bill or by assigning one of the above positions.

**RPEA LEGISLATIVE BILL SUMMARY REPORT 10/31/2025
ON BEHALF OF PAT & AARON - AARON READ & ASSOCIATES**

AB 4 (Arambula D) Covered California expansion.

Current Text: Introduced: 12/2/2024 [html](#) [pdf](#)

Introduced: 12/2/2024

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/23/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange, no sooner than January 1, 2027, and upon appropriation by the Legislature for this purpose, to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible, consistent with federal guidance and given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment, which would begin on October 1, 2028.

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

AB 83 (Pacheco D) The California Elder Financial Abuse Prevention Act.

Current Text: Amended: 5/1/2025 [html](#) [pdf](#)

Introduced: 12/20/2024

Last Amend: 5/1/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B. & F. on 3/24/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Would enact the California Elder Financial Abuse Prevention Act, which would authorize a depository institution, as defined, to take specified actions when, based on their own observations or information received from a governmental or law enforcement agency, the institution believes that an eligible adult, as defined, is the victim or target of financial abuse, including delaying or refusing a transaction involving the eligible adult and preventing the transfer of funds from the eligible adult's account. The bill would authorize a depository institution to notify an associated third party, as defined, if the depository institution believes an eligible adult may be the victim of financial abuse, and would exempt that disclosure from state privacy laws or requirements.

Client	Position	Priority	Assigned To
RPEA	COSPONSOR	PM	AR, PM

AB 92

(Gallagher R) Patient visitation.

Current Text: Introduced: 1/6/2025 [html](#) [pdf](#)

Introduced: 1/6/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/3/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Current law requires a health facility to allow a patient’s domestic partner, the children of the patient’s domestic partner, and the domestic partner of the patient’s parent or child to visit unless no visitors are allowed, the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility, or the patient has indicated to the health facility staff that the patient does not want this person to visit. A violation of this provision is a misdemeanor. This bill, Dianne’s Law, would require a health facility to allow specified persons to visit, including the patient’s children and grandparents. The bill would require the health facility to develop alternate visitation protocols, if circumstances require the health facility to restrict visitor access to the facility due to health or safety concerns, that allow visitation to the greatest extent possible while maintaining patient, visitor, and staff health and safety.

Notwithstanding the requirement mentioned above, the bill would prohibit a health facility from prohibiting in-person visitation in end-of-life situations unless the patient has indicated to the health facility staff that the patient does not want this person to visit, as specified, and would authorize a health facility to require visitors to adhere to personal protective equipment and testing protocols not greater than those required of facility staff for the duration of their visit.

Client	Position	Priority	Assigned To
RPEA	S2	PM	AR, PM

AB 278

(Ransom D) Health care affordability.

Current Text: Introduced: 1/21/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/10/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: Current law establishes the Health Care Affordability Board to establish, among other things, a statewide health care cost target and the standards necessary to meet exemptions from health care cost targets or submitting data to the Office of Health Care Affordability. Current law authorizes the office to establish advisory or technical committees, as necessary, in order to support the board’s decisionmaking. This bill would require the board, on or before June 1, 2026, to establish a Patient Advocate Advisory Standing Committee, as specified, that is required to publicly meet, and receive public comments, at least 4 times annually. The bill would require the committee to include specified data from the meetings to the board as part of its annual report.

Client	Position	Priority	Assigned To
RPEA	S2	PM	AR, PM

AB 280 (Aguiar-Curry D) Health care coverage: provider directories.

Current Text: Amended: 7/15/2025 [html](#) [pdf](#)

Introduced: 1/21/2025

Last Amend: 7/15/2025

Status: 9/11/2025-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)

Location: 9/11/2025-S. 2 YEAR

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Current law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a plan's or insurer's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing, which would count toward the in-network deductible and out-of-pocket maximum. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

Client	Position	Priority	Assigned To
RPEA	S2	PM	AR, PM

AB 508 (Aguiar-Curry D) Residential care facilities for the elderly: direct care ratios.

Current Text: Amended: 4/24/2025 [html](#) [pdf](#)

Introduced: 2/10/2025

Last Amend: 4/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/7/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: The California Residential Care Facilities for the Elderly Act requires the State Department of Social Services to license, inspect, and regulate residential care facilities for

the elderly (RCFEs), as defined, and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. This bill would require each RCFE to calculate a direct care ratio, as defined, and maintain records of its direct care ratios for a minimum of 12 months. The bill would require RCFEs to disclose its direct care ratios to residents or to the resident’s representatives upon admission and any time there is a rate increase, as specified. The bill would require these disclosures to be provided in writing and signed by the resident, the resident’s representative, or the licensee or an employee of the licensee, as specified, to confirm receipt. The bill would require copies of the signed disclosure to be provided to the resident or the resident’s representative. The bill would require each RCFE to make its direct care ratios available to the public by specified means, including, among others, by posting the daily direct care ratio on the facility’s internet website. The bill would require the RCFE’s internet website and any literature or internet website used to advertise the RCFE and the level of care provided by that facility to include a statement that direct care ratios are calculated on a daily basis, that direct care ratios are available to the public upon request for any given day within the prior 12 months, and that direct care ratios are required to be disclosed to residents or their representatives at the points of time described above.

Client	Position	Priority	Assigned To
RPEA	S2	PM	AR, PM

AB 569 (Stefani D) California Public Employees’ Pension Reform Act of 2013: exceptions: supplemental defined benefit plans.

Current Text: Amended: 4/24/2025 [html](#) [pdf](#)

Introduced: 2/12/2025

Last Amend: 4/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/21/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: The California Public Employees’ Pension Reform Act of 2013 (PEPRA) on and after January 1, 2013, requires a public retirement system, as defined, to modify its plan or plans to comply with PEPRA, as specified. PEPRA prohibits a public employer from offering a defined benefit pension plan exceeding specified retirement formulas, requires new members of public retirement systems to contribute at least a specified amount of the normal cost, as defined, for their defined benefit plans, and prohibits an enhancement of a public employee’s retirement formula or benefit adopted after January 1, 2013, from applying to service performed prior to the operative date of the enhancement. PEPRA prohibits a public employer from offering a supplemental defined benefit plan if the public employer did not do so before January 1, 2013, or, if it did, from offering that plan to an additional employee group after that date. This bill would authorize a public employer, as defined, to bargain over contributions for supplemental retirement benefits administered by, or on behalf of, an exclusive bargaining representative of one or more of the public employer’s bargaining units, subject to the limitations specified above.

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

AB 909 (Schiavo D) Financial abuse of an elder or dependent adult: fraudulent transactions: liability.

Current Text: Amended: 3/28/2025 [html](#) [pdf](#)

Introduced: 2/19/2025

Last Amend: 3/28/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B. & F. on 3/28/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: The Uniform Commercial Code (UCC) provides that, unless displaced by the particular provisions of the UCC, the principles of law and equity, including the law merchant and the law relative to capacity to contract, principal and agent, estoppel, fraud, misrepresentation, duress, coercion, mistake, bankruptcy, and other validating or invalidating cause supplement the UCC. Current law generally regulates fund transfers, including by prescribing rules applicable to a transfer pursuant to a security procedure for the detection of error to a beneficiary not intended by the sender. This bill would similarly specify that those fund transfer provisions do not displace those principles of law and equity.

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

AB 1054 (Gipson D) Public employees' retirement: deferred retirement option program.

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 3/24/2025

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was P.E. & R. on 3/24/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

Summary: The County Employees Retirement Law of 1937 prescribes retirement benefits for members of specified county and district retirement systems. Current law establishes the Deferred Retirement Option Program as an optional benefit program for specified safety members of those systems that, by ordinance or resolution by the county board of supervisors or the governing body, elect to adopt it. The program provides eligible members access, upon service retirement, to a lump sum or, in some cases, monthly payments in addition to a monthly retirement allowance, as specified. The Public Employees' Retirement Law (PERL) creates the Public Employees' Retirement System (PERS) for the purpose of providing pension benefits to state employees and employees of contracting agencies and prescribes the rights and duties of members of the system and their beneficiaries. Current law vests management and control of PERS in its board of administration. PERS provides a defined benefit to members of the program, based on final compensation, credited service, and age at retirement, subject to certain variations. This bill would establish the Deferred Retirement Option Program as a voluntary program within PERS for employees of State Bargaining Units 5 (Highway Patrol) and 8 (Firefighters).

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

AB 1105 (Quirk-Silva D) Conservatorships.

Current Text: Amended: 7/3/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 7/3/2025

Status: 8/28/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Location: 8/28/2025-S. 2 YEAR

Summary: The Guardianship-Conservatorship Law generally establishes the standards and procedures for the appointment and termination of an appointment for a guardian or conservator of a person, an estate, or both. Current law authorizes a conservator to authorize the placement of a conservatee in a secured perimeter residential care facility for the elderly upon a court making specific findings. This bill would also authorize a conservator to authorize the placement of a conservatee in a residential facility, an intermediate care facility, or a skilled nursing facility, as defined, that has a secured perimeter, a delayed egress device, or both a secured perimeter and a delayed egress device, as specified. The bill would require court approval for a subsequent placement of a conservatee in a different facility if specific regulations have not been promulgated for the type of facility to which the conservator is seeking to move the conservatee.

Client	Position	Priority	Assigned To
RPEA	S2	PM	AR, PM

[AB 1131](#) (Ta R) General plan: annual report: congregate care for the elderly.

Current Text: Amended: 4/10/2025 [html](#) [pdf](#)

Introduced: 2/20/2025

Last Amend: 4/10/2025

Status: 8/29/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/14/2025)(May be acted upon Jan 2026)

Location: 8/29/2025-S. 2 YEAR

Summary: The Planning and Zoning law requires each planning agency to prepare and the legislative body of each county and city to adopt a comprehensive, long-term general plan containing specified elements, including a housing element. After the legislative body has adopted all or part of a general plan, current law requires the planning agency to provide by April 1 of each year an annual report to various entities that includes specified information. Current law requires the Department of Housing and Community Development, in consultation with each council of governments, to determine each region's existing and projected housing need, as provided. Current law requires each council of governments, or the department for cities and counties without a council of governments, to adopt a final regional housing need plan that allocates a share of the regional housing need to each city, county, or city and county and that furthers specified objectives. This bill would, for the 7th and each subsequent revision of the housing element, authorize a planning agency to include in that report the number of units approved for congregate care for the elderly, as defined, for up to 15% of a jurisdiction's regional housing need allocation for any income category.

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

[AB 1383](#) (McKinnor D) Public employees' retirement benefits.

Current Text: Amended: 4/11/2025 [html](#) [pdf](#)

Introduced: 2/21/2025

Last Amend: 4/11/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

Summary: Current law creates the Public Employees' Retirement Fund, which is continuously appropriated for purposes of the Public Employees' Retirement System (PERS), including depositing employer and employee contributions. Under the California Constitution, assets of a public pension or retirement system are trust funds. The California Public Employees' Pension Reform Act of 2013 (PEPRA) establishes a variety of requirements and restrictions on public employers offering defined benefit pension plans. In this regard, PEPRA restricts the amount of compensation that may be applied for purposes of calculating a defined pension benefit for a new member, as defined, by restricting it to specified percentages of the contribution and benefit base under a specified federal law with respect to old age, survivors, and disability insurance benefits. This bill, on and after January 1, 2026, would require a retirement system to adjust pensionable compensation limits to be consistent with a defined benefit limitation established and annually adjusted under federal law with respect to tax exempt qualified trusts.

Client	Position	Priority	Assigned To
RPEA	W	PM	AR, PM

SB 242 (**Blakespear D**) **Medicare supplement coverage: open enrollment periods.**

Current Text: Amended: 5/5/2025 [html](#) [pdf](#)

Introduced: 1/30/2025

Last Amend: 5/5/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

Summary: Current federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Current law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Current law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Current law requires an issuer to make available specified Medicare supplement benefit plans to a qualifying applicant under those circumstances who is 64 years of age or younger who does not have end stage renal disease. This bill would delete the exclusion of otherwise qualified applicants who have end stage renal disease, thereby making the specified Medicare supplement benefit plans available to those individuals. The bill, on and after January 1, 2026, 2027, would prohibit an

issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant, except as specified, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require applications to be accepted for any Medicare supplement coverage available from an issuer, as specified. The bill would require the open enrollment period to be a guaranteed issue period. The bill would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicants' age at the time of issue, as specified, but would prohibit the premiums from varying based on age after the contract is issued.

Client	Position	Priority	Assigned To
RPEA	S1	PM	AR, PM

SB 433 **(Wahab D) Residential care facilities for the elderly: assisted living waiver rental rate protection.**

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 7/17/2025

Status: 8/28/2025-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Location: 8/28/2025-A. 2 YEAR

Summary: Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services. This bill would prohibit a residential care facility for the elderly that is contracted to receive Medi-Cal reimbursement for services provided to a resident enrolled in Medi-Cal from charging that resident a room and board rate exceeding the difference between their income, as defined, and the personal and incidental needs allowance set by the department for recipients of SSI/SSP in nonmedical out-of-home care. By creating a new crime, this bill would impose a state-mandated local program. This bill would, for the purposes of determining Medi-Cal eligibility, exclude the difference between the resident's income and the rate charged by a residential care facility for the elderly and retained by the resident from countable income. The bill would state that the exclusion does not apply to the portion of the difference retained by the resident that exceeds the personal and incidental needs allowance set by the department for recipients of SSI/SSP in nonmedical out-of-home care. Because counties are required to make Medi-Cal eligibility determinations, and this bill would alter Medi-Cal eligibility by changing the income disregard amounts and would increase the responsibility of counties in determining Medi-Cal eligibility, the bill would impose a state-mandated local program.

Client	Position	Priority	Assigned To
RPEA	S3	PM	AR, PM

SB 434 **(Wahab D) Residential care facilities for the elderly: housing protections.**

Current Text: Amended: 4/1/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 4/1/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

Summary: Current law provides for the licensure and regulation of residential care facilities for the elderly (RCFEs) by the State Department of Social Services. Under current law, a licensee of an RCFE that sends a notice of eviction to a resident is required to include in that notice specified information, including the effective date of the eviction and resources available to assist the resident in identifying alternative housing. Under current law, the RCFE is also required to notify, or mail a copy of the notice to quit to, the resident's responsible person. Current law requires that a licensee of an RCFE provide a resident with a 30-day notice of eviction, except where the department has approved the RCFE to provide a 3-day notice. This bill would extend the length of notice that a licensee is required to provide to a resident to 30, 60, or 90 days, depending on the length of the resident's residency in the RCFE, among other factors relating to nonpayment of the rate for basic services within 10 days of the due date. The bill would additionally require a licensee of an RCFE to include in a notice of eviction documentation of the licensee's reasonable efforts to create a safe discharge plan, and would require the plan to include a list of the resident's posteviction needs, goals, and preferences, and a list of discharge locations that meet specified criteria, such as being financially practicable for the resident.

Client	Position	Priority	Assigned To
RPEA	S3	PM	AR, PM

SB 435 (**Wahab D**) **California Consumer Privacy Act of 2018: sensitive personal information.**

Current Text: Amended: 6/23/2025 [html](#) [pdf](#)

Introduced: 2/18/2025

Last Amend: 6/23/2025

Status: 7/17/2025-Failed Deadline pursuant to Rule 61(a)(10). (Last location was P. & C.P. on 6/27/2025)(May be acted upon Jan 2026)

Location: 7/17/2025-A. 2 YEAR

Summary: The California Consumer Privacy Act of 2018 grants to a consumer various rights with respect to personal information that is collected by a business, including the right to direct a business that collects sensitive personal information about the consumer to limit its use of the consumer's sensitive personal information, as defined, to that use which is necessary to perform the services or provide the goods reasonably expected by an average consumer who requests those goods or services, to perform certain other services, and as authorized by certain regulations. The California Privacy Rights Act of 2020, amended, added to, and reenacted the CCPA and establishes the California Privacy Protection Agency and vests the agency with full administrative power, authority, and jurisdiction to enforce the CCPA. Current law provides that sensitive personal information that is publicly available, as defined, is not considered sensitive personal information or personal information. This bill would remove that provision regarding publicly available sensitive personal information.

Client	Position	Priority	Assigned To
RPEA	S1	PM	AR, PM

Total Measures: 16

Total Tracking Forms: 16