

# Policy At A Glance:

## Key Health-Related Bills Passed in CA in 2025

*Of the 794 bills signed into law by Governor Gavin Newsom during the 2025 Legislative Session in California, several are health related. This brief provides an overview of some of the health-related bills passed during California's 2025 Legislative Session that aim to decrease cost, streamline processes, and improve access.*

### Introduction

During the 2025 Legislative Session, the California Legislature passed 917 bills, and Governor Gavin Newsom signed 794 of them into law.<sup>1</sup> These new laws span various areas, including data privacy protections, cost of living, behavioral health, prescription medications and ultra-processed foods to name a few.

Many of the newly signed bills relate to health, public health or healthcare. The main health-related bill passed during the 2025 Legislative Session was AB 116, the Health Omnibus Trailer Bill, which was signed by the Governor on June 27.<sup>2</sup> AB 116 made several adjustments to Medi-Cal, California's Medicaid program. For example, it froze full-scope Medi-Cal enrollment for new undocumented applicants aged 19 and older starting in January 1, 2026, and set a \$30/month premium for adults ages 19-59 with Unsatisfactory Immigration Status (UIS) starting July 1, 2027.

This brief provides an overview of some of the other health-related bills passed during California's 2025 Legislative Session that aim to decrease cost, streamline processes, and improve access.

### *Timeline for California's 2025 Legislative Session<sup>3</sup>*

- 12/2/2024** Convening of the 2025 Legislative Session
- 1/24/2025** Deadline for submitting bill request to the Office of Legislative Counsel
- 2/21/2025** Deadline for introducing bills
- 6/6/2025** Deadline for each house to pass the bills introduced in their respective house
- 9/12/2025** Last day for each house to pass bills
- 10/12/2025** Last day for the Governor to sign or veto bills passed by the Legislature on or before September 12

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# Streamlining or Decreasing Cost

## **AB 447: Emergency Room Patient Prescriptions**

Introduced by Assemblyman Mark González and signed into law on October 6, 2025, this bill allows patients in the emergency department to take home any unused medications such as inhalers upon discharge as long as the medication is not a controlled substance and the provision of the unused portion of the medication is required to continue treatment of the patient.<sup>4</sup>

## **AB 1312: Hospital Pricing**

Introduced by Assemblywoman Pilar Schiavo and signed into law on October 7, 2025, this bill requires hospitals to prescreen a patient for presumptive eligibility for participation under the hospital's charity care policy and discount payment policy, effective July 1, 2027.<sup>5</sup> For example, if a patient meets certain criteria such as enrollment in public assistance programs (e.g., CalFresh or CalWORKs), the patient would be presumptively considered eligible for participation in the hospital's charity care policy and discount payment policy. The bill also requires hospitals to provide patients with the ability to opt out of the screening process through a specified form and authorizes the use of certain tools for the screening process.<sup>5</sup>

## **SB 40: Health Care Coverage: Insulin**

Introduced by Senator Scott Weiner and signed into law on October 13, 2025, SB 40 caps the copay amount for insulin to \$35 for a 30-day

supply.<sup>6</sup> This cap applies to “a large group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2026, or an individual or small group health care service plan contract or health insurance policy on or after January 1, 2027.”<sup>6</sup> SB 40 also prohibits a health care service plan or health insurer from imposing step therapy as a prerequisite to authorizing insulin coverage. With approximately 263,000 Californians suffering from type 1 diabetes that requires daily doses of insulin for treatment and many of the over 4 million Californians with type 2 diabetes also needing insulin, legislators felt it necessary to curb its cost—especially with one in four insulin users reporting under-usage due to the high cost of insulin.<sup>6</sup>

## **SB 41: Pharmacy Benefits**

Also introduced by Senator Scott Weiner, SB 41 was signed into law on October 11, 2025.<sup>7</sup> With the growing concern that pharmacy benefit managers (PBMs) are driving up the cost of medications, SB 41 bans practices such as “spread pricing” where PBMs charge health plans or employers more for a medication than it pays pharmacies for the same medication, resulting in them pocketing the difference; ensures rebates are passed through to health plans; and prohibits discriminatory pharmacy exclusions.<sup>7</sup> The goal of the new law is to reduce prescription drug costs and increase pricing transparency.

## Streamlining Processes and Improving Access

### **AB 260: Sexual and Reproductive Health Care**

Introduced by Assemblywoman Cecilia Aguiar-Curry and signed into law on September 26, 2025, AB 260 prohibits health plans or insurers from limiting or excluding coverage for brand name or generic mifepristone, a medication that can be used for medical abortion, solely on the basis that the drug is prescribed for a use that is different from what has been approved by the US Food and Drug Administration (FDA).<sup>8</sup> It also shields providers from certain legal risks when they prescribe mifepristone.<sup>8</sup>

### **AB 416: Involuntary Commitment**

Introduced by Assemblywoman Maggy Krell, SB 416 was signed into law on October 13, 2025.<sup>9</sup> It expands the pool of professionals who are eligible to initiate and release involuntary commitment and treatment of persons with specified mental disorders—a process known as 5150 holds—under the Lanterman-Petris-Short Act to include emergency department physicians.<sup>9</sup> It is part of a broader effort to ensure that a wider range of professionals are trained and designated to handle involuntary detentions for proper treatment.

### **AB 688: Telehealth for All Act of 2025**

Introduced by Assemblyman Mark González and signed into law on October 7, 2025, AB 688 aims to improve access to telehealth services.<sup>10</sup> The bill requires the Department of Health Care Services (DHCS) to use Medi-Cal data and other data sources available to the department

to produce analyses in a publicly available Medi-Cal telehealth utilization report starting in 2028 and every 2 years thereafter.<sup>10</sup> The bill also authorizes the department to include those analyses in each of the department's Biennial Telehealth Utilization Reports to identify any disparities and address access to care issues.<sup>10</sup>

### **AB 849: Health Providers: Medical Chaperones**

Introduced by Assemblywoman Esmeralda Soria and signed into law on October 7, 2025, AB 849 requires health care facilities to notify patients or legal guardians that a trained medical chaperone can be provided if requested by the patient for sensitive examinations involving an ultrasound performed by a sonographer.<sup>11</sup> The notification may be made in writing, verbally, or electronically, effective January 1, 2027.<sup>11</sup>

### **SB 306: Health Care Coverage: Prior Authorizations**

Introduced by Senator Josh Becker and signed into law on October 6, 2025, SB 306 requires healthcare service plans and health insurers to stop requiring prior authorizations for healthcare services that are found to be approved at a rate of 90% or above, starting no later than January 1, 2028.<sup>12,13</sup> This bill is an attempt to address the concerns that prior authorizations cause delays in necessary care and increase administrative burden. (See IHPL's [November policy brief](#) for more details.)

## Conclusion

Every year, legislators introduce, consider and debate hundreds of bills before voting to approve them or not. Even after the legislators of both chambers of the California Legislature give their approval, the Governor must sign the bill in order for it to become chaptered as law. Of the 794 bills that made the final cut in 2025 and became law, several affect how Californians access or experience healthcare. By no means comprehensive, this brief covered some of the bills that aimed to streamline costs or processes in order to ultimately improve access. There is still a lot of work to be done. The 2025-2026 legislative session adjourns on November 30, 2026, so the fate of some of the two-year bills that carry over into the second year of the biennial legislative session still hangs on the balance.

## References

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## Did you know?

On average, about 40% of the bills introduced each legislative year make it through the entire process to reach the Governor's desk.<sup>14</sup>



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