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# AWCP
## Legislative Report
Updated: August 19, 2024

## Workers' Compensation

**AB 1239 (Calderon, D) Workers' compensation: disability payments.**
**Current Text:** 06/10/2024 - Amended HTML PDF
**Introduced:** 02/16/2023
**Last Amended:** 06/10/2024
**Status:** 08/15/2024 - Re-referred to Com. on INS. pursuant to Assembly Rule 77.2.
**Location:** 08/15/2024 - Assembly Insurance for concurrence with Senate Amendments
**Summary:** Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of the employee's employment. Current law governs temporary and permanent disability indemnity payments. Current law, until January 1, 2025, allows an employer to commence a program under which disability indemnity payments are deposited in a prepaid card account for employees. This bill would extend the authorization to deposit indemnity payments in a prepaid card account until January 1, 2027. (06/10/2024 text)

**AB 2337 (Dixon, R) Workers' compensation: electronic signatures.**
**Current Text:** 06/20/2024 - Amended HTML PDF
**Introduced:** 02/12/2024
**Last Amended:** 06/20/2024
**Status:** 08/08/2024 - From Consent Calendar. Ordered to third reading.
**Location:** 08/08/2024 - Senate THIRD READING
**Summary:** The Uniform Electronic Transactions Act provides that if a law requires a record to be in writing, or if a law requires a signature, an electronic record satisfies the law. Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of the employee's employment. Current law establishes a Workers' Compensation Appeals Board and sets forth various proceedings that are required to be brought forth before the board. Current law provides that the appeals board is vested with full power, authority, and jurisdiction to try and determine finally all the matters specified in those proceedings subject only to the review by the courts, as specified. Current law requires every compromise and release agreement to be in writing and duly executed, signed by the employee or other beneficiary, and attested by 2 disinterested witnesses or acknowledged before a notary public. This bill would define "signature" for purposes of a proceeding before the board to include an electronic signature, as defined in the Uniform Electronic Transactions Act and would apply the notarization procedures of that act to the above-described acknowledgment requirement. (06/20/2024 text)

**SB 636 (Cortese, D) Workers' compensation: utilization review.**
**Current Text:** 08/24/2023 - Amended HTML PDF
**Introduced:** 02/16/2023
**Last Amended:** 08/24/2023
**Status:** 09/14/2023 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 8/28/2023)(May be acted upon Jan 2024)
**Location:** 09/14/2023 - Assembly 2 YEAR
**Summary:** Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, that generally requires employers to secure the payment of workers' compensation for injuries incurred by their employees that arise out of, and in the course of, employment. Current law requires every employer to establish a medical treatment utilization review process, in compliance with specified requirements, either directly or through its insurer or an entity with which the employer or insurer contracts for these services. Current law prohibits any person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services from modifying, delaying, or denying requests for authorization of medical treatment for

reasons of medical necessity to cure or relieve. This bill would, commencing January 1, 2025, for private employers, require the physician to be licensed by California state law. (08/24/2023 text)

**SB 1058 (Ashby, D) Peace officers: injury or illness: leaves of absence.**
**Current Text:** 08/15/2024 - Enrollment HTML PDF
**Introduced:** 02/08/2024
**Last Amended:** 06/10/2024
**Status:** 08/15/2024 - Assembly amendments concurred in. (Ayes 37. Noes 0.) Ordered to engrossing and enrolling.
**Location:** 08/15/2024 - Senate ENROLLMENT
**Summary:** Current law entitles, among others, local law enforcement, firefighters, and probation officers employed on a regular full-time basis to a leave of absence without loss of salary while disabled by injury or illness arising out of and in the course of their duties. Current law provides that a leave of absence under those provisions is in lieu of temporary disability payments or maintenance allowance payments otherwise payable under the workers' compensation system. This bill would expand these provisions to entitle a park ranger employed on a regular full-time basis by a county or special district to this leave of absence. (06/10/2024 text)

**SB 1205 (Laird, D) Workers' compensation: medical treatment.**
**Current Text:** 06/27/2024 - Amended HTML PDF
**Introduced:** 02/15/2024
**Last Amended:** 06/27/2024
**Status:** 08/15/2024 - From committee: Do pass as amended. (Ayes 11. Noes 3.) (August 15).
**Calendar:** 08/19/24 #179 A-SECOND READING FILE -- SENATE BILLS
**Location:** 08/07/2024 - Assembly SECOND READING
**Summary:** Current law, under the workers' compensation system, requires employers to provide medical, surgical, chiropractic, acupuncture, licensed clinical social worker, and hospital treatment reasonably required to cure or relieve the injured worker from the effects of the injury. Current law makes it a misdemeanor for an employer to discharge, threaten to discharge, or discriminate against, or for an insurer to advise, direct, or threaten an insured to discharge, an employee because they have filed or made known their intention to file a claim for compensation, or an application for adjudication, or because the employee has received a rating, award, or settlement, as specified. This bill would require an employee, when possible, to make a reasonable effort to schedule treatment outside of work hours. The bill would require the employee to provide notice if treatment occurs during work hours, as specified. The bill would require that the leave taken by an employee pursuant to these provisions run concurrently with leave taken pursuant to the federal Family and Medical Leave Act of 1993 and the California Family Rights Act if the employee would have been eligible for that leave. (06/27/2024 text)

## Health Care

**AB 236 (Holden, D) Health care coverage: provider directories.**
**Current Text:** 06/27/2024 - Amended HTML PDF
**Introduced:** 01/13/2023
**Last Amended:** 06/27/2024
**Status:** 08/15/2024 - In committee: Held under submission.
**Location:** 08/05/2024 - Senate APPR. SUSPENSE FILE
**Summary:** 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 health plan'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, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. 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 arrange care and 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 contracted 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. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. (06/27/2024 text)

**AB 1943** (**Weber, D**) **Medi-Cal: telehealth.**
**Current Text:** 06/06/2024 - Amended HTML PDF
**Introduced:** 01/29/2024
**Last Amended:** 06/06/2024
**Status:** 08/15/2024 - In committee: Held under submission.
**Location:** 06/17/2024 - Senate APPR. SUSPENSE FILE
**Summary:** Under current law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. This bill would require the State Department of Health Care Services to, by October 1, 2025, produce a public report on telehealth in the Medi-Cal program that includes analyses of, among other things, (1) telehealth access and utilization, (2) the effect of telehealth on timeliness of, access to, and quality of care, and (3) the effect of telehealth on clinical outcomes, as specified. The bill would authorize the department, in collaboration with the California Health and Human Services Agency, to issue policy recommendations based on the report's findings. (06/06/2024 text)

**AB 2494** (**Calderon, D**) **Employer notification: continuation coverage.**
**Current Text:** 07/03/2024 - Amended HTML PDF
**Introduced:** 02/13/2024
**Last Amended:** 07/03/2024
**Status:** 08/15/2024 - In committee: Held under submission.
**Location:** 08/05/2024 - Senate APPR. SUSPENSE FILE
**Summary:** Current federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985, and known as COBRA, requires that certain employers provide former employees with continuation of benefits. COBRA requires that an employee be notified of the continuation of coverage for which the employee may be eligible upon certain qualifying events, including termination. Current law requires all employers, whether public or private, to provide employees, upon termination, notification of all continuation, disability extension, and conversion coverage options under any employer-sponsored coverage for which the employee may remain eligible. This bill would require all employers, whether public or private, to provide a notice to employees, following termination or reduction in hours, as specified, stating that the employee may be eligible for coverage under COBRA and that the employee will receive an election notice from the plan administrator or group health plan, as provided. (07/03/2024 text)

**AB 2914** (**Bonta, D**) **Health care coverage: essential health benefits.**
**Current Text:** 04/10/2024 - Amended HTML PDF
**Introduced:** 02/15/2024
**Last Amended:** 04/10/2024
**Status:** 08/06/2024 - Read second time. Ordered to third reading.
**Location:** 08/06/2024 - Senate THIRD READING
**Summary:** Current law requires the Department of Insurance to regulate health insurers. Current law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Current law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year. (04/10/2024 text)

**AB 3129** (**Wood, D**) **Health care system consolidation.**
**Current Text:** 06/27/2024 - Amended HTML PDF
**Introduced:** 02/16/2024
**Last Amended:** 06/27/2024
**Status:** 08/15/2024 - From committee: Amend, and do pass as amended. (Ayes 4. Noes 2.) (August 15). Read second time and amended. Ordered returned to second reading.
**Location:** 08/15/2024 - Senate SECOND READING
**Summary:** Current law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. This bill would require a private equity

group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General before a transaction between the private equity group or hedge fund and a health care facility, provider, or provider group, as those terms are defined, and any of those entities under common control or affiliated with a payor, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the transaction. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General before a transaction between a private equity group or hedge fund and a nonphysician provider or a provider, with specified gross annual revenue. (06/27/2024 text)

**AB 3221 (Pellerin, D) Department of Managed Health Care: review of records.**
**Current Text:** 08/05/2024 - Amended HTML PDF
**Introduced:** 02/16/2024
**Last Amended:** 08/05/2024
**Status:** 08/06/2024 **-** Read second time. Ordered to third reading.
**Location:** 08/06/2024 **-** Senate THIRD READING
**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 and makes a willful violation of the act a crime. Current law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. (08/05/2024 text)

**AB 3275 (Soria, D) Health care coverage: claim reimbursement.**
**Current Text:** 06/27/2024 - Amended HTML PDF
**Introduced:** 02/16/2024
**Last Amended:** 06/27/2024
**Status:** 08/15/2024 **-** From committee: Do pass. (Ayes 7. Noes 0.) (August 15).
**Location:** 08/05/2024 **-** Senate APPR. SUSPENSE FILE
**Summary:** Current law requires a health insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under current law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Current law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under current law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. Commencing January 1, 2026, this bill instead would require a health care service plan or health insurer to reimburse a clean claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim does not meet the criteria for a clean claim, to notify the claimant within 30 calendar days that the claim is contested or denied. The bill would require the Department of Managed Health Care and the Department of Insurance to determine the criteria for a clean claim, as specified, no later than July 31, 2025. The bill would authorize the departments to issue guidance and amend regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027. (06/27/2024 text)

**SB 294 (Wiener, D) Health care coverage: independent medical review.**
**Current Text:** 05/24/2024 - Amended HTML PDF
**Introduced:** 02/02/2023
**Last Amended:** 05/24/2024
**Status:** 08/15/2024 **-** August 15 hearing: Held in committee and under submission.
**Location:** 07/02/2024 **-** Assembly APPR. SUSPENSE FILE
**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, and makes a willful violation of the act a crime. Current law provides for the regulation of disability insurers by the Department of Insurance. Current law establishes the

Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. (05/24/2024 text)

**SB 1120 (Becker, D) Health care coverage: utilization review.**
**Current Text:** 07/08/2024 - Amended HTML PDF
**Introduced:** 02/13/2024
**Last Amended:** 07/08/2024
**Status:** 08/15/2024 - From committee: Do pass. (Ayes 14. Noes 0.) (August 15).
**Calendar:** 08/19/24 #40 A-SECOND READING FILE -- SENATE BILLS
**Location:** 08/07/2024 - Assembly SECOND READING
**Summary:** Current law generally authorizes a health care service plan or disability insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires a health care service plan or disability insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Current law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or disability insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the tool bases its determination on specified information and is fairly and equitably applied. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. (07/08/2024 text)

## Pharmacy

**AB 1842 (Reyes, D) Health care coverage: Medication-assisted treatment.**
**Current Text:** 05/20/2024 - Amended HTML PDF
**Introduced:** 01/16/2024
**Last Amended:** 05/20/2024
**Status:** 06/11/2024 - Read second time. Ordered to third reading.
**Location:** 06/11/2024 - Senate THIRD READING
**Summary:** Current law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, or a buprenorphine product or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder, to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. (05/20/2024 text)

**AB 1902 (Alanis, R) Prescription drug labels: accessibility.**
**Current Text:** 08/12/2024 - Amended HTML PDF
**Introduced:** 01/23/2024
**Last Amended:** 08/12/2024
**Status:** 08/13/2024 - Read second time. Ordered to third reading.
**Location:** 08/13/2024 - Senate THIRD READING
**Summary:** Current law requires the California State Board of Pharmacy to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. Current law prohibits a pharmacist from dispensing a prescription except in a container that meets the requirements of

state and federal law and is correctly labeled with prescribed information. Existing law makes a violation of its provisions a crime. Current law requires a dispenser, upon request, to provide translated directions for use, as prescribed. Current law authorizes a dispenser to use translations made available by the board pursuant to specified regulations of the board and provides that a dispenser is not required to provide translated directions for use beyond the languages that the board has made available or beyond the directions that the board has made available in translated form. Current law authorizes a dispenser to provide their own translated directions for use to comply with these provisions and prohibits the provisions from being construed to prohibit a dispenser from providing translated directions for use in languages beyond those that the board has made available or beyond the directions that the board has made available in translated form. This bill would also expressly require a dispenser to provide translated directions for use in the languages the board has made available. (08/12/2024 text)

**AB 2169 (Bauer-Kahan, D) Prescription drug coverage: dose adjustments.**
**Current Text:** 03/21/2024 - Amended HTML PDF
**Introduced:** 02/07/2024
**Last Amended:** 03/21/2024
**Status:** 08/15/2024 - In committee: Held under submission.
**Location:** 08/05/2024 - Senate APPR. SUSPENSE FILE
**Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. (03/21/2024 text)

**SB 966 (Wiener, D) Pharmacy benefits.**
**Current Text:** 07/03/2024 - Amended HTML PDF
**Introduced:** 01/24/2024
**Last Amended:** 07/03/2024
**Status:** 08/15/2024 - From committee: Do pass as amended. (Ayes 11. Noes 0.) (August 15).
**Calendar:** 08/19/24 #142 A-SECOND READING FILE -- SENATE BILLS (Floor Mgr.- Wood)
**Location:** 08/07/2024 - Assembly SECOND READING
**Summary:** The Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. (07/03/2024 text)

## Labor & Employment

**AB 1516 (Kalra, D) Labor and Workforce Development Agency: working group: minimum wage.**
**Current Text:** 01/25/2024 - Amended HTML PDF
**Introduced:** 02/17/2023
**Last Amended:** 01/25/2024
**Status:** 08/15/2024 - In committee: Held under submission.
**Location:** 06/17/2024 - Senate APPR. SUSPENSE FILE

**Summary:** Would require the Labor and Workforce Development Agency to convene a working group to study and evaluate topics related to the minimum wage in California. The bill would require the working group to submit to the Legislature, on or before July 1, 2025, a report that outlines recommendations for raising the minimum wage for all workers in California. (01/25/2024 text)

**AB 2123 (Papan, D) Disability compensation: paid family leave.**
**Current Text:** 07/03/2024 - Amended HTML PDF
**Introduced:** 02/06/2024
**Last Amended:** 07/03/2024
**Status:** 08/05/2024 **-** Read second time. Ordered to third reading.
**Location:** 08/05/2024 **-** Senate THIRD READING
**Summary:** Current law establishes, within the state disability insurance program, a family temporary disability insurance program, also known as the paid family leave program, for the provision of wage replacement benefits to workers who take time off work to care for certain seriously ill family members, to bond with a minor child within one year of birth or placement, as specified, or to participate in a qualifying exigency related to the covered active duty or call to covered active duty of certain family members. Current law authorizes an employer to require an employee to take up to 2 weeks of earned but unused vacation before, and as a condition of, the employee's initial receipt of these benefits during any 12-month period in which the employee is eligible for these benefits. This bill would make that authorization and related provisions inapplicable to any disability commencing on or after January 1, 2025. (07/03/2024 text)

**AB 2499 (Schiavo, D) Employment: unlawful discrimination and paid sick days: victims of violence.**
**Current Text:** 08/15/2024 - Amended HTML PDF
**Introduced:** 02/13/2024
**Last Amended:** 08/15/2024
**Status:** 08/15/2024 **-** From committee: Amend, and do pass as amended. (Ayes 5. Noes 2.) (August 15). Read second time and amended. Ordered returned to second reading. (Amended text released 8/16/2024)
**Location:** 08/15/2024 **-** Senate SECOND READING
**Summary:** Existing law, subject to specified requirements for the employee, prohibits an employer from discharging or in any manner discriminating against an employee because of the employee's status as a victim of crime or abuse or for taking time off for specified purposes. Those purposes include serving on a jury, and, if the employee is a victim of a crime, appearing in court as a witness in any judicial proceeding, and obtaining or attempting to obtain prescribed relief. Existing law requires an employer to provide reasonable accommodations for a victim of domestic violence, sexual assault, or stalking, who requests an accommodation for the safety of the victim while at work. Existing law requires reinstatement and reimbursement for discrimination or retaliation, as prescribed. Existing law makes an employer's willful refusal to restore an employee or former employee who has been determined to be eligible for rehiring or promotion by a grievance procedure or hearing authorized by law guilty of a misdemeanor. Existing law authorizes an employee who is discriminated or retaliated against because the employee has exercised these rights to file a complaint with the Division of Labor Standards Enforcement of the Department of Industrial Relations. Existing law defines terms for these purposes. Existing law, subject to specified requirements for the employee, also prohibits an employer with 25 or more employees from discharging, or in any manner discriminating or retaliating against, an employee who is a victim, for taking time off from work to seek medical attention for injuries caused by crime or abuse, to obtain certain services as a result of the crime or abuse or related to an experience of crime or abuse, or to participate in safety planning and take other actions to increase safety from future crime or abuse. Existing law requires reinstatement and reimbursement for discrimination or retaliation, as prescribed. Existing law makes an employer's willful refusal to restore an employee or former employee who has been determined to be eligible for rehiring or promotion by a grievance procedure or hearing authorized by law guilty of a misdemeanor. Existing law authorizes an employee who is discriminated or retaliated against because the employee has exercised these rights to file a complaint with the division. Existing law defines terms for these purposes. Existing law requires an employer to inform each employee of the victim rights above in writing, to be provided upon hire and to other employees upon request. Existing law requires the Labor Commissioner to develop and post a form that an employer may use to comply, as prescribed.
This bill would revise and recast the jury, court, and victim time off provisions for employees as unlawful employment practices within the California Fair Employment and Housing Act and, thus, within the enforcement authority of the Civil Rights Department. The bill would refer to a "qualifying act of violence," as defined, instead of crime, or crime or abuse. The bill would substantially revise existing definitions for its purposes, including defining "victim" as an individual against whom a qualifying act of violence is committed. The bill would prohibit an employer with 25 or more employees from discharging or in any manner discriminating or retaliating against an employee who is a victim or who has a family member who is a victim for taking time off work for any of a number of additional prescribed purposes relating to a qualifying act of violence. The bill would permit an employer to limit the total leave taken pursuant to these provisions, as specified, and require that the leave taken by an employee pursuant to these provisions run concurrently with leave taken

pursuant to the federal Family and Medical Leave Act of 1993 and the California Family Rights Act if the employee would have been eligible for that leave. (08/15/2024 text)

**AB 2738 (Rivas, Luz, D) Labor Code: alternative enforcement: occupational safety.**
**Current Text:** 05/20/2024 - Amended HTML PDF
**Introduced:** 02/15/2024
**Last Amended:** 05/20/2024
**Status:** 08/15/2024 **-** From committee: Amend, and do pass as amended. (Ayes 5. Noes 2.) (August 15). Read second time and amended. Ordered returned to second reading.
**Location:** 08/15/2024 **-** Senate SECOND READING
**Summary:** Current law establishes the Department of Industrial Relations in the Labor and Workforce Development Agency, administered by the Director of Industrial Relations, and vests it with various powers and duties to foster, promote, and develop the welfare of the wage earners of California, to improve their working conditions, and to advance their opportunities for profitable employment. Current law, until January 1, 2029, authorizes a public prosecutor, as defined, to prosecute an action through alternative enforcement procedures, for a violation of specified provisions of the Labor Code or to enforce those provisions independently. Current law requires moneys recovered by public prosecutors under that code to be applied first to payments, such as wages, damages, and other penalties, due to affected workers. Current law further requires all civil penalties recovered by a public prosecutor pursuant to those provisions to be paid to the General Fund of the state, unless otherwise specified. Current law authorizes the court to award a prevailing plaintiff reasonable attorney's fees and costs in an action under those provisions, as specified. The bill would instead require moneys recovered by public prosecutors under the Labor Code to be applied first to payments due to affected workers, then to attorney's fees and costs if otherwise authorized by this code. The bill would require the remaining moneys to be divided equally between the General Fund of the state and the public prosecutor's office to be used to support labor law enforcement, unless otherwise specified. (05/20/2024 text)

**SB 988 (Wiener, D) Freelance Worker Protection Act.**
**Current Text:** 04/18/2024 - Amended HTML PDF
**Introduced:** 01/30/2024
**Last Amended:** 04/18/2024
**Status:** 08/15/2024 **-** From committee: Do pass as amended. (Ayes 12. Noes 0.) (August 15).
**Calendar:** 08/19/24 #149 A-SECOND READING FILE -- SENATE BILLS (Floor Mgr.- Lee)
**Location:** 08/07/2024 **-** Assembly SECOND READING
**Summary:** Current law generally regulates employment and, with certain exceptions, requires a 3-part test, commonly known as the "ABC" test, to determine if workers are employees or independent contractors for purposes of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission. Current law authorizes the Division of Labor Standards Enforcement, the head of which is the Labor Commissioner, to enforce the Labor Code and all labor laws of the state the enforcement of which is not specifically vested in any other officer, board, or commission. This bill would impose minimum requirements, commencing January 1, 2025, relating to contracts between a hiring party and a freelance worker, defined as a person, as specified, that is hired or retained as an independent contractor by a hiring party to provide professional services in exchange for an amount equal to or greater than $250, as specified. Specifically, the bill would require a hiring entity to pay a freelance worker the compensation specified by a contract for professional services on or before the date specified by the contract or, if the contract does not specify a date, no later than 30 days after completion of the freelance worker's services. (04/18/2024 text)