



February 21, 2025

Welcome to America's Physician Groups' *California Update*. Each week APG reports the latest on health care happenings in the Golden State.

Here's what you'll find in this week's edition:

- Multiple New California [Bills Introduced In 2025](#) Impacting Prior Authorizations
- [2025](#) APG California Policy & Advocacy Meeting Dates
- APG California Advocacy Member [Resources](#)



Multiple New California Bills Introduced In 2025 Impacting Prior Authorizations

Today is the last day for legislators to introduce new bills for the 2025-26 legislative session. Hundreds of new bills have come into print this week, and hundreds more are expected to be in print by early next week.

One prominent theme in the newly introduced legislation is attempts at changing or prohibiting the use of prior authorization.

- AB 220 (Jackson): Requires facilities providing pediatric or adult subacute care to include a specific form with treatment authorization requests in lieu of Medi-Cal managed care plans creating their own criteria for determining medical necessity outside those specified forms.
- AB 510 (Addis): Requires appeals or grievances about decisions to delay, deny, or modify health services be reviewed by a physician matching the specialty of the service in question within two business days. Requires in urgent cases, responses to match the urgency of the patient's condition. Specifies that if the deadlines are missed, the authorization request is automatically approved.
- AB 512 (Harabedian): Shortens the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests from the health plan/insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination.

- AB 517 (Krell): For Medi-Cal, prohibits DHCS from requiring prior authorization for the repair of a CRT-powered wheelchair if the cost of the repair does not exceed \$1,250.
- AB 538 (Schiavo): Requires a prior authorization for a health plan/insurer to remain valid for a period of at least one year from the date of approval.
- SB 306 (Ortega): Prohibits health plans/insurers from requiring prior authorization for a covered health care service if certain conditions are met, including 90% or more of the requests for that service were approved in the previous year. If a service qualifies for this exemption, it must be posted on the health care plan/insurer's website.



2025 APG California Policy & Advocacy Meeting Dates

Members, please mark your calendars for APG's California Policy Forum and California Medi-Cal Forum meetings. You can download APG's 2025 events calendar [here](#).

California Policy Forum

2:00 - 3:00 pm

- April 10
- June 12
- November 12

California Medi-Cal Forum

10:30 am - 12:30 pm

- May 20
- October - TBD



APG California Advocacy Member Resources

- **Tracked Health Care Bills [2025-26](#)**: bills we're following in the California State Legislature
- **Digital Exchange Framework** [APG member tool kit](#), [QHIO webinar](#) and [DxF Program summary slide deck](#)
- **Office of Health Care Affordability** [regulations](#) and [explanatory slide deck](#)

- APG, Moss Adams, Sheppard Mullin **CMIR Regulation** [webinar](#) and [slides](#)
- **DMHC SB 510** [All Plan Letter](#) on Health Plan payment responsibilities
- **DMHC Quality and Equity Reporting** program [All Plan Letter](#)
- **DHCS Medi-Cal Medical Loss Ratio** [Implementation Summary](#)
- **DHCS Medi-Cal Connect** [Population Health Program](#) Information

For more news and resources, please visit APG's [website](#) or contact a member of APG's California advocacy team.

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