

LEGISLATIVE UPDATE



Week of February 16, 2026

State Issues

Legislative Update

Today is the last day for bills to be introduced this session. As of yesterday, the two houses had introduced 1,250 bills but nearly 30% of those are placeholders. As we've seen in past years, many members wait until the last minute, so we expect to see an estimated 600-700 measures come into print over the weekend. A more comprehensive picture will be available next week.

In the meantime, here are a few bills introduced so far that have caught our attention:

- [AB 1900](#) (Kalra): **Single Payer**. Proposes Cal Care, a single payer health care system for California. The bill does not include a comprehensive way to pay for the program.
- [AB 1907](#) (Addis): **Covered California enrollment**. Authorizes the Exchange to enroll an individual in the plan in which other members of the individual's household are enrolled.
- [AB 1586](#) (Ramos): **Opioid overdose reversal medication**. Requires school resource officers to carry opioid overdose reversal medication.
- [AB 2368](#) (Bonta): **County indigent care plans**. Mandates counties submit detailed plans to the Department of Health Care Services on how they intend to provide care to patients without health care coverage.
- [SB 964](#) (Small-Wood Cuevas): **Drug coverage: dose adjustments**. Authorizes 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 a patient without prior authorization.
- [SB 987](#) (Weber Pierson): **California Health Access Fund**. Creates a fund that would include deposits made by the Legislature equal to the amount of any savings to the state resulting from decreased enrollment in the Medi-Cal program.
- [SB 895](#) (Weiner): **California Science and Health Research Bond Act**. Places a \$23 billion bond on the statewide ballot to finance grants and loans to fund research and construct, operate, and maintain facilities for research.

(more)

<p>LAO Updates its Fiscal Outlook for California</p>	<p>The Legislative Analyst’s Office (LAO) upgraded its near-term state revenue outlook significantly today (online here). While noting the broad uncertainty inherent in California state revenue forecasting, the LAO said it anticipated state General Fund tax revenues might be \$8.1 billion higher than the Governor’s January estimates for 2025-26 and \$3.4 billion lower than those January estimates for 2026-27, for a net revenue gain of about \$5 billion over those two fiscal years (known as the “budget window”). As LAO describes in an accompanying post, that \$5 billion net revenue gain would reduce projected near-term deficits by about \$2.5 billion.</p> <p>In their report, the LAO attributes the boost in income tax collections to the recent stock market performance. They continue to strongly advise the Legislature to treat near-term strength in tax collections as temporary because they predict these tax gains will reverse. In addition, because the state faces significant structural deficits in the future, they recommend that any windfall received from this revenue uptick represents an opportunity for the Legislature to prepare for future fiscal challenges.</p>
<p>Budget Hearing on State’s Revenue Volatility</p>	<p>This week, the Senate Budget Committee held a hearing on the inherent volatility in California’s fiscal picture. You can find the LAO’s report here.</p> <ul style="list-style-type: none"> ▪ Revenues Are Volatile. From year to year, revenues can grow very quickly or contract quickly. ▪ Reasons for Volatility. The personal income tax (PIT) makes up most of the General Fund revenues. Taxable personal income is more volatile than the overall economy, primarily because (1) incomes of high-income taxpayers are more sensitive to changes in the economy and asset markets and (2) the state’s progressive rate structure concentrates taxes on these volatile incomes. ▪ Volatility Presents Two Related but Separate Issues. Reserves, ideally separate ones, can address two distinct challenges: (1) forecast error, and (2) downside risk. ▪ Revenues Are Volatile, but Core Spending Grows Steadily. Compared to revenues, the ongoing growth in costs of the state’s programs, the core spending level — is much steadier. ▪ Reserves Allow the State to Smooth the Difference. Reserves can be saved when revenues are surging and then spent when revenues decline below that long-term trajectory.
<p>California’s Primary Care Workforce: Challenges and Policy Solutions</p>	<p>The California Health Care Foundation published a report this week, Strengthening California’s Primary Care Team Workforce: Data and Recommendations for Action, which focuses on the need for more primary care providers in California. They hope the report can offer policymakers, health systems, and advocates a clear path forward to building primary care teams that are equipped to meet the needs of California’s diverse communities.</p>

(more)

California's
Primary Care
Workforce:
Challenges and
Policy Solutions
(continued)

Research shows that today's primary care requirements — spanning prevention, chronic disease management, behavioral health, and social needs — far exceed what traditional physician-only models can deliver. CHCF notes that primary care **teams** offer a more sustainable and effective approach. By aligning care delivery with the skills of a broad range of health professionals, team-based primary care models improve access, quality, and workforce sustainability while better meeting the medical, behavioral, and social needs of patients and communities.

They also note that our primary care workforce is a critical component to our health care delivery system. How we staff and support primary care teams directly shapes whether Californians — particularly those in rural and underserved communities — can access the care they need. They state that current payment models limit practices' ability to hire nurses, pharmacists, community health workers, and other essential team members. Training remains siloed, and California lacks reliable data on much of its primary care workforce.

The report includes and details six policy recommendations:

- Improved data collection and reporting
- Modernize payment models
- Targeted pipeline development to enhance geographic distribution and workforce diversity
- Consistent and relevant training
- Supportive infrastructure for team-based care
- Effective retention strategies

You can access the recommendations and their support [here](#).

For more information, please contact Lori Dangberg at 1215 K Street, Suite 2040 ■ Sacramento, CA 95814
916.591.3991 or e-mail: ldangberg@thealliance.net