

Provider Bulletin

Molina Healthcare of California

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November 26, 2025

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2025 CA Signed Legislations

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal and Marketplace lines of business.

What you need to know:

Molina is committed to keeping you informed about legislative changes that affect your practice and members. This bulletin summarizes legislation signed in 2025, including California Senate Bills (SB) and Assembly Bills (AB) that introduce new requirements for Medi-Cal and Marketplace programs.

- Updates include changes to coverage requirements, provider credentialing, adequacy standards, and member protections
- Effective dates vary; refer to the table for details
- Action may be required to ensure compliance with new mandates

Why this matters:

Staying current with these changes supports compliance, maintains quality care delivery, and helps ensure uninterrupted services for members.

Provider Action

Please review the legislative updates summarized in this bulletin to stay informed about new state requirements.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).



Bill No. and Title	Bill Summary	Impacted Line of Business	Effective Date
AB 260 Sexual and reproductive health care.	Among other changes related to criminal abortion penalties, the bill prohibits a health care service plan from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status.	<ul style="list-style-type: none"> Medi-Cal Marketplace 	09/26/2025
SB 497 Legally protected health care activity.	Enacts various safeguards against the enforcement of other states' laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California.	<ul style="list-style-type: none"> Medi-Cal Marketplace 	10/13/2025
AB 55 Alternative birth centers: licensing and Medi-Cal reimbursement.	Removes the requirement that an alternative birth center (ABC) be a comprehensive perinatal services program (CPSP) provider as a condition of licensure, and a condition for Medi-Cal reimbursement. Removes the requirement that an ABC be 30 minutes from a hospital.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026
AB 543 Medi-Cal: field medicine.	Authorizes a Medi-Cal managed care plan to elect to offer Medi-Cal covered services through an in-network, contracted field medicine provider, and requires a plan that elects to offer Medi-Cal covered services through a field medicine provider to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a field medicine provider, regardless of the beneficiary's network assignment.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026
AB 951 Health care coverage: behavioral diagnoses.	Prohibits a health care service plan from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder (PDD) or autism to receive a re-diagnosis to maintain coverage for behavioral health treatment for their condition.	<ul style="list-style-type: none"> Medi-Cal Marketplace 	01/01/2026
SB 246 Medi-Cal: graduate medical education payments.	Requires DHCS to implement a program to allow district and municipal hospitals to draw down federal Medicaid funding for graduate medical education (GME) costs.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026
SB 250 Medi-Cal: provider directory: skilled nursing facilities.	Requires DHCS to include skilled nursing facilities as a searchable provider type in its Medi-Cal Managed Care Health Care Options plan selection directory website.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026
SB 278 Health data: HIV test results.	Allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality review organization contracted by DHCS to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipients.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026
SB 530 Medi-Cal: time and distance standards.	Extends the operation of the existing Medi-Cal managed care plan network adequacy standards for three more years, and adds new requirements regarding subcontractors, telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2026

SB 306 Health care coverage: prior authorizations.	Requires DMHC and CDI, on or before 7/1/2026, to instruct health plans and insurers on how to report statistics regarding covered services subject to prior authorization and the percentage rate at which they are approved. Plans would have to submit those reports by 12/31/2026. DMHC and CDI would be required, on or before 7/1/2027 to publish a list of services which are approved at least 90% of the time and are thus exempt from prior authorization beginning no later than 1/1/2028.	<ul style="list-style-type: none"> Marketplace 	07/01/2026
AB 348 Full-service partnerships.	Establishes specific criteria that would make a person with a serious mental illness presumptively eligible for a full-service partnership. Specifies that a county is not required to enroll an individual if doing so would conflict with contractual Medi-Cal obligations or court orders, or would exceed county FSP capacity or funding.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2027
AB 224 Health care coverage: essential health benefits.	Requires, if the US Dept of Health and Human Services approves a new essential health benefits (EHB) benchmark plan for California pursuant to the submission by the state, the existing EHB benchmark plan for health insurers to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits.	<ul style="list-style-type: none"> Marketplace 	01/01/2027
SB 40 Health care coverage: insulin.	Prohibits a copay, coinsurance, deductible, or other cost-sharing of more than \$35 for a 30-day supply of insulin. Requires at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary. Prohibits a health plan from imposing step therapy as a prerequisite to authorizing coverage of insulin.	<ul style="list-style-type: none"> Marketplace 	01/01/2027
SB 62 Health care coverage: essential health benefits.	Requires, if the US Dept of Health and Human Services approves a new essential health benefits (EHB) benchmark plan for California pursuant to the submission by the state, the existing EHB benchmark plan for health care service plans to additionally include coverage for hearing aids, durable medical equipment, and infertility benefits.	<ul style="list-style-type: none"> Marketplace 	01/01/2027
AB 688 Telehealth for All Act of 2025.	Requires DHCS, commencing in 2028 and every two years thereafter, to use Medi-Cal data and other data sources available to DHCS to produce analyses in a publicly available Medi-Cal telehealth utilization report.	<ul style="list-style-type: none"> Medi-Cal 	01/01/2028
AB 1041 Health care coverage: health care provider credentials.	Requires a health plan, health insurer or its delegate to subscribe to and use the most recent version of the Council for Affordable Quality Healthcare (CAQH) credentialing form, and to comply with the CAQH credentialing processes on or after January 1, 2028. Requires a health plan to only request additional information from a provider to clarify and confirm information that is provided on the CAQH credentialing form. Requires, effective January 1, 2029, a health plan that credentials providers for its networks to make a determination requiring the credentials of a provider within 90 days after receiving a completed provider credentialing application, including all required third-party verifications.	<ul style="list-style-type: none"> Marketplace 	01/01/2028