Provider Bulletin

Molina Healthcare of California

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December 28, 2023

Current and Upcoming Senate Bill and Assembly Bill Mandate Updates

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business, to inform you of the following mandated Senate Bills (SB) and Assembly Bills (AB) updates effective January 1, 2024.

What you need to know:

- SB 621(Caballero) Health Care Coverage: Biosimilar Drugs
 - SB 621 authorizes a health plan, or utilization review organization, to require an enrollee to try a biosimilar drug before providing for the equivalent branded prescription drug, if it does not prohibit or supersede a step therapy exception request. Clarifies that requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.
 - Full SB can be found at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtm l?bill_id=202320240SB621
 - AB 254 (Bauer-Kahan) Confidentiality of Medical Information Act
 - AB 254 revises the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified.
 - Full AB can be found at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtm</u> <u>l?bill_id=202320240AB254</u>
 - SB 786 (Portantino) Prescription Drug Pricing
 - SB 786 would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.
 - Full SB can be found at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtm</u> <u>l?bill_id=202320240SB786</u>

- SB 805 (Portantino) Health Care Coverage: Pervasive Developmental Disorders or Autism
 - SB 805 would expand the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would require those positions to meet the criteria for a Behavioral Health Professional, as provided.
 - Full SB can be found at: https://leginfo.legislature.ca.gov/faces/ billNavClient.xhtml?bill_id=202320240 SB805
- AB 716 (Boerner) Ground Medical Transportation
 - SB 716 would delete that direct reimbursement requirement and would require a health care service plan contract, or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider.



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• AB 716 (Boerner) – Ground Medical Transportation CONT.

- The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a statemandated local program.
- Full AB can be found at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB716

AB 317 (Weber) – Pharmacist Service Coverage

- AB 317 would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program
- Full AB can be found at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB317</u>

• AB 659 (Aguiar-Curry) – Cancer Prevention Act

- AB 659 would expand the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract, or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, issued, amended, or renewed on or after January 1, 2024, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.
- Full AB can be found at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB659

• SB 421 (Limon) – Health Care Coverage: Cancer Treatment

- SB 421 would extend the duration of that prohibition indefinitely. By indefinitely extending the operation of the prohibition, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program.
- Full SB can be found at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB421</u>

AB 948 (Berman) – Prescription Drugs

- AB 948 would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost-sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because the extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program.
- Full AB can be found at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB948

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

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