

# Legislative Update

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# 2021 Enacted Bills

- AB 326 (Rivas): Consumer Participation Program
- AB 457 (Santiago): Telehealth Coverage
- AB 570 (Santiago) Dependent Health Care Coverage
- AB 1184 (Chiu): Medical Confidentiality
- SB 255 (Portantino) & SB 718 (Bates): Association Health Plans
- SB 428 (Hurtado): Adverse Childhood Experiences Screenings

# AB 342 (Gipson)

## Colorectal Cancer Screening

- Effective January 1, 2022, this bill requires health plan contracts and health insurance policies to cover, at zero cost-sharing, a colorectal cancer (CRC) screening exam test assigned either a grade of A or B by the United States Preventive Services Task Force (USPSTF).
- Consistent with May 2021 USPSTF recommendations.

# AB 347 (Arambula)

## Step Therapy Exceptions

- Effective January 1, 2022, a health plan or insurer must expeditiously grant a request for a step therapy exception if a prescribing provider determines use of the drug required under step therapy is inconsistent with good professional practice for the provision of medically necessary covered services, while considering the enrollee's circumstances.

# SB 221 (Wiener)

## Timely Access

- Effective January 1, 2022, SB 221 places portions of the timely access standards adopted in regulation by the DMHC into the Health and Safety Code and Insurance Code.
- Specifies a 10-business day timely access standard for follow-up appointments for certain mental health and substance use disorder providers, beginning July 1, 2022.

# SB 242 (Newman)

## Provider PPE Reimbursement

- Effective January 1, 2022, this bill requires health plans and insurers to reimburse contracting physicians and dentists for the costs of personal protective equipment (PPE) and additional supplies, materials, and clinical staff time made necessary by a future public health emergency due to a respiratory-transmitted infectious disease.
- This bill does not apply to the COVID-19 State of Emergency.

# SB 306 (Pan)

## STD Home Test Kits

- Effective January 1, 2022, this bill requires health plans and health insurers to cover sexually transmitted disease (STD) home test kits.
- The bill further updates California's current Expedited Partner Therapy (EPT) statute to include provider liability protections and permits pharmacists to provide EPT treatment.

# SB 326 (Pan)

## Affordable Care Act Codification

- Effective January 1, 2022, this bill codifies many of the federal Affordable Care Act's consumer protections in the Health and Safety Code and Insurance Code by deleting certain language, commonly referred to as "tiebacks."
- Protections include (1) guaranteed issuance and renewability; (2) ban on pre-existing condition exclusions; (3) rates based solely on age and region; and (4) requirement to provide all 10 essential health benefits.



# SB 368 (Limon)

## Out-of-Pocket Maximum Tracking

- Effective July 1, 2022, this bill requires a health plan contract or health insurance policy issued, amended, or renewed in the individual or group market, to monitor an enrollee's accrual balance toward their annual deductible and their out-of-pocket maximum (OOPM).
- Requires health plans to provide an enrollee with their accrual balance for every month in which benefits are used, and until the accrual balance equals the full deductible or out-of-pocket maximum amount.

# SB 510 (Pan)

## COVID-19 Cost Sharing

- Effective January 1, 2022, this bill requires health plans and insurers to cover the costs associated with diagnostic and screening testing for and immunization against COVID-19 without cost-sharing, prior authorization, utilization management or in-network requirements.
- Effective retroactively to March 4, 2020, the date the Governor declared a State of Emergency.

# SB 510 (Pan)

## COVID-19 Cost Sharing

- Prohibits health plans from delegating such costs to providers without a renegotiation of contract terms.
- Applies a similar framework for testing and immunization during future public health emergencies.

# SB 535 (Limon)

## Biomarker Testing

- Effective July 1, 2022, this bill prohibits plans from requiring prior authorization for non-experimental biomarker testing for an enrollee with either: (a) advanced or metastatic stage 3 or 4 cancer; or (b) progression or recurrence with advanced stage 3 or 4 cancer.

# Questions