

Connection Co Status Report

Wednesday, August 08, 2018

[**AB 315**](#)

(Wood D) Pharmacy benefit management.

Current Text: Amended: 7/11/2017 [html](#) [pdf](#)

Last Amend: 7/11/2017

Status: 9/7/2017-Ordered to inactive file at the request of Senator Hernandez.

Location: 9/7/2017-S. INACTIVE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
|-----------|--------|--------|-------|-----------|--------|--------|-------|-------|----------|--------|-----------|
| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Would require pharmacy benefit managers, as defined, to be registered with the Department of Managed Health Care, as prescribed. The bill would require the department to develop applications for the registration, and would specify certain information to be provided in those applications. The bill would authorize the department to charge a fee for registration, as specified. The bill would authorize the director of the department to suspend the registration of a pharmacy benefit manager under specified circumstances.

Organization MHAC **Position** Support

Assigned
Connection
Coalition, Other

[**AB 2384**](#)

(Arambula D) Medication-assisted treatment.

Current Text: Amended: 7/3/2018 [html](#) [pdf](#)

Last Amend: 7/3/2018

Status: 8/6/2018-In committee: Referred to APPR. suspense file.

Location: 8/6/2018-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
|-----------|--------|--------|-------|-----------|--------|--------|-------|-------|----------|--------|-----------|
| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Would, until January 1, 2024, require a health insurer or a health care service plan, not including a Medi-Cal managed care plan, to cover, at a minimum, one version of each specified medication-assisted treatment and overdose reversal prescription drug approved by the United States Food and Drug Administration for opioid use disorder. The bill would provide that one version of each medication-assisted treatment, as identified by a health care service plan or health insurer, is not subject to specified requirements of a health care service plan or policy of health insurance, including prior authorization and an annual or lifetime dollar limit, as specified.

Organization MHAC **Position** Support

Assigned
Connection
Coalition,
Drug/Alcohol

[**AB 2863**](#)

(Nazarian D) Health care coverage: prescriptions.

Current Text: Amended: 7/3/2018 [html](#) [pdf](#)

Last Amend: 7/3/2018

Status: 8/7/2018-Read second time. Ordered to third reading.

Location: 8/7/2018-S. THIRD READING

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
|-----------|--------|--------|-------|-----------|--------|--------|-------|-------|----------|--------|-----------|
| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Would limit the amount a health care service plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription to the lesser of the applicable cost-sharing amount or the retail price. The bill would prohibit a health care service plan or health insurer from requiring a pharmacy to charge or collect a cost-sharing amount from an enrollee or insured that exceeds the total retail price for the prescription drug. The bill would require the amount paid for a prescription to be applied to the enrollee's or insured's deductible and out-of-pocket maximum if the enrollee or insured pays the retail price.

Organization MHAC **Position** Support

Assigned
Connection
Coalition, Other

[**SB 1021**](#)

(Wiener D) Prescription drugs.

Current Text: Amended: 8/6/2018 [html](#) [pdf](#)

Last Amend: 8/6/2018

Status: 8/6/2018-From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR.

Location: 8/6/2018-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
|-----------|--------|--------|-------|-----------|--------|---------------|-------|-------|----------|--------|-----------|
| 1st House | | | | 2nd House | | | | | | | |

Summary: Current law prohibits the formulary or formularies for outpatient prescription drugs maintained by a health care service plan or health insurer from discouraging the enrollment of individuals with health conditions and from reducing the generosity of the benefit for enrollees or insureds with a particular condition. Current law, until January 1, 2020, provides that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription shall not exceed \$250 for a supply of up to 30 days, except as specified. Current law, until January 1, 2020, requires a nongrandfathered individual or small group plan contract or policy to use specified definitions for each tier of a drug formulary. This bill would extend those provisions until January 1, 2024.

Organization **Position**
 MHAC Support

Assigned
 Connection
 Coalition, Other

Total Measures: 4

Total Tracking Forms: 4