

Connection Co Status Report Monday, September 10, 2018

[AB 315](#) (Wood D) Pharmacy benefit management.

Current Text: Enrollment: 9/6/2018 [html](#) [pdf](#)

Last Amend: 8/24/2018

Status: 9/6/2018-Enrolled and presented to the Governor at 3 p.m.

Location: 9/6/2018-A. ENROLLED

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

Summary: Would require a pharmacy to inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the prescription drug, unless the pharmacy automatically charges the customer the lower price. If the customer pays the retail price, the bill would require the pharmacy to submit the claim to the plan or insurer in the same manner as if the customer had purchased the prescription drug by paying the cost-sharing amount when submitted by the network pharmacy. The bill would provide that the payment rendered by an enrollee would constitute the applicable cost sharing, as specified

Organization	Position	Assigned
MHAC	Support	Connection Coalition, Other

[AB 2384](#) (Arambula D) Medication-assisted treatment.

Current Text: Enrollment: 9/6/2018 [html](#) [pdf](#)

Last Amend: 8/23/2018

Status: 9/6/2018-Enrolled and presented to the Governor at 3 p.m.

Location: 9/6/2018-A. ENROLLED

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

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, at least one version of each specified medication-assisted treatment, relapse prevention, and overdose reversal prescription drug approved by the United States Food and Drug Administration for opioid use disorder. The bill would provide that at least one version of each medication-assisted treatment, relapse prevention, and overdose reversal prescription drug 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	Position	Assigned
MHAC	Support	Connection Coalition, Drug/Alcohol

[AB 2863](#) (Nazarian D) Health care coverage: prescriptions.

Current Text: Enrollment: 9/7/2018 [html](#) [pdf](#)

Last Amend: 8/13/2018

Status: 9/7/2018-Enrolled and presented to the Governor at 2:30 p.m.

Location: 9/7/2018-A. ENROLLED

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

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, and would provide that the payment rendered by an enrollee or insured would constitute the applicable cost sharing, as specified.

Organization	Position	Assigned
MHAC	Support	Connection Coalition, Other

[SB 1021](#) (Wiener D) Prescription drugs.

Current Text: Enrollment: 9/5/2018 [html](#) [pdf](#)

Last Amend: 8/23/2018

Status: 9/5/2018-Enrolled and presented to the Governor at 3:30 p.m.

Location: 9/5/2018-S. ENROLLED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	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