

Legislative Update

Sutter Health Plus

Sutter Health Plus created this initial document to summarize some of the impacts to the health plan or its vendors from bills that passed the California Legislature in 2023. This list does not include all bills and provisions that became law or are set to become law. This summary is for informational purposes only and is not intended to be legal or compliance advice. The summary does not represent all the requirements outlined in a specific bill. We will provide additional information and/or send a Notice of Plan Changes, as applicable, at a future date.

Brokers who have questions or want more information can call Account Services at 855-315-5800.

Bill	Effective Date	Summary of Bill Requirements	Status
AB 317: Pharmacist Service Coverage	Jan. 1, 2024	Requires the health plan to pay or reimburse the cost of covered services performed by a duly licensed pharmacist acting within their scope of practice.	Sutter Health Plus is working with our plan partners and medical groups to assess and implement the requirements of AB 317.
AB 659: Cancer Prevention Act	Jan. 1, 2024	Requires the health plan to cover the human papillomavirus (HPV) vaccine without cost-sharing for enrollees for whom the vaccine is FDA-approved.	Sutter Health Plus covers the HPV vaccine without cost-sharing.
AB 716: Ground Medical Transportation	Jan. 1, 2024	Establishes reimbursement and cost-sharing requirements related to covered services received from a noncontracting ground ambulance provider and prohibits balance billing.	Sutter Health Plus is working with our plan partners and medical groups to assess and implement the requirements of AB 716.
AB 948: Prescription Drugs	Jan. 1, 2024	Prohibits a copayment or percentage coinsurance for outpatient prescription drugs from exceeding 50 percent of the cost to the health plan. Requires the health plan to ensure that an enrollee is subject to the lowest cost-sharing that would be applied when there is a generic equivalent to a brand name drug, regardless of whether both the generic equivalent and the brand name drug are on the formulary. Deletes "drugs that are biologics" from the definition of Tier 4.	Sutter Health Plus is working with our plan partners to assess and implement the requirements of AB 948.

Bill	Effective Date	Summary of Bill Requirements	Status
SB 421: Health Care Coverage: Cancer Treatment	Jan. 1, 2024	Deletes a sunset date in Health & Safety Code Section 1367.656, thereby extending indefinitely existing requirements related to cost-sharing for orally administered anticancer medications.	Sutter Health Plus is compliant with this existing requirement. There are no changes to coverage of orally administered anticancer medications.
SB 496: Biomarker Testing	July 1, 2024	Requires the health plan to cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition to guide treatment decisions.	Sutter Health Plus is developing an implementation plan to cover medically necessary biomarker testing pursuant with the legislation by July 1, 2024, including the update of utilization management policies and procedures, and claims systems.
SB 621: Health Care Coverage: Biosimilar Drugs	Jan. 1, 2024	This bill authorizes the health plan to require an enrollee to try a biosimilar drug, as defined, before providing coverage for a branded prescription drug. The bill also clarifies that a step-therapy requirement to try a biosimilar, generic equivalent, or interchangeable biological product does not prohibit or supersede a step-therapy exception request.	Sutter Health Plus may require enrollees to try a biosimilar drug, generic equivalent, or interchangeable biological product as part of existing step-therapy protocols. There are no changes to the Sutter Health Plus step-therapy exception request process.