

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Senate Bill 523 Contraceptive Equity Act of 2022

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

This notification is based on Senate Bill (SB) 523 – Contraceptive Equity Act of 2022, which can be found in full on the California Legislative Information website at:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB523.

BACKGROUND

SB 523 requires health plans to provide point-of-sale coverage for over-the-counter Federal Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. It also prohibits cost-sharing on vasectomy services and procedures under conditions similar to those applicable to other contraceptive coverage.

POLICY

In this subdivision, a "Provider" refers to an individual who is certified or licensed to furnish family planning services within their scope of practice.

MHC will provide coverage for the following, under general terms and conditions applicable to all benefits:

- FDA-approved prescription contraceptive methods designated by MHC.
- All FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the enrollee's provider.
- Voluntary tubal ligation and other similar sterilization procedures.
- Clinical services related to the provision or use of contraception, including consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient education, referrals, and counseling.
- Follow-up services related to the drugs, devices, products, and procedures covered under this subdivision, including, but not limited to, management of side effects, counseling for continued adherence, and device removal.

This coverage is applicable to all subscribers and enrollees, covered spouses, and covered non-spouse dependents.

For any health care service plan contract that is issued, amended, renewed, or delivered on or after January 1, 2024, both of the following conditions shall apply:

- A prescription shall not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products.
- Point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products shall be provided at in-network pharmacies without cost sharing or medical management restrictions.

MHC will:

- Provide coverage for another appropriate method prescribed by the patient's provider in the event the patient's participating provider, acting within the provider's scope of practice, determines that none of the FDA-approved prescription contraceptive methods designated by MHC is medically appropriate for the patient's medical or personal history.
- Provide coverage without cost sharing for the original, brand-name contraceptive if there is no therapeutic equivalent generic substitute available in the market.
 - If the FDA has approved one or more therapeutic equivalents, as that term is defined by the FDA, of a contraceptive drug, device, or product, MHC is not required to cover all of those therapeutically equivalent versions as long as at least one is covered without cost sharing.
- Defer to the determination and judgment of the provider and provide coverage for the alternative prescribed contraceptive drug, device, product, or service without imposing any cost-sharing requirements if a covered therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by the enrollee's provider.
 - Medical inadvisability may include considerations such as the severity of side effects, differences in permanence or reversibility of contraceptives, and ability to adhere to the appropriate use of the drug or item, as determined by the provider. A request for coverage that is submitted by an enrollee, an enrollee's designee, or a provider shall be approved by MHC in compliance with the time limits within SB 523 and, as applicable, with MHC's Medi-Cal managed care contract.

MHC will not:

- Infringe upon an enrollee's choice of contraceptive drug, device, or product.
- Impose any restrictions or delays on the coverage required under this subdivision, including prior authorization, step therapy, or other utilization control techniques.
- Impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage provided pursuant to this subdivision, including vasectomy services and procedures, on a Medi-Cal beneficiary.
- Impose any restrictions or delays, including, but not limited to, prior authorization, on vasectomy services or procedures.

WHAT IF YOU NEED ASSISTANCE?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
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If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.