

### Bill Summary

SB 418 would require health plans and policies to cover up to a 12-month supply of an FDA-approved prescription hormone therapy and necessary supplies for self administration. In addition, SB 418 would:



- Prohibit utilization management to limit the duration of supply to <12 months
- Prohibit health plans from requiring more than a pharmacy claim for coverage for hormone therapy
- Not apply to therapies that must be refrigerated, are controlled substances, or are experimental/investigational

### Insurance Subject to the Mandate

SB 418 would apply to the health insurance of approximately **23.5 million enrollees** (61.8% of all Californians)

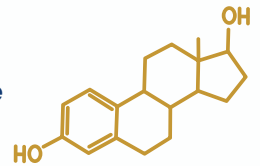
- ☒ **CDI and DMHC-Regulated** (Commercial and CalPERS)
- ☒ **Medi-Cal Rx**
- ☐ **Federally-Regulated** (Medicare, self-insured, etc.)

**CalPERS:** California Public Employees Retirement System  
**CHBRP:** California Health Benefits Review Program  
**CDI:** California Department of Insurance  
**COHS:** County Organized Health System  
**DMHC:** Department of Managed Health Care  
**FDA:** Food and Drug Administration

### Context

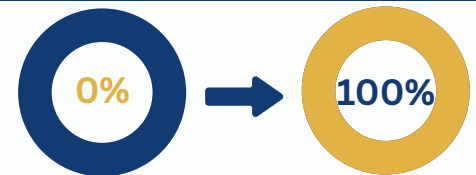
Existing California law limits dispensing of prescription hormone therapy to 90 days. Hormone therapy is used to medically suppress, block, increase, or replace hormones that the body is not producing at intended levels. Conditions commonly treated with hormone therapy include (but are not limited to):

- menopause
- breast cancer
- prostate cancer
- thyroid cancer
- gender dysphoria
- gender incongruence
- hypothyroidism



### Benefit Coverage and Expenditures

At baseline, **0%** of enrollees have coverage compliant with the dispensing duration mandate, increasing to **100%** postmandate.



- SB 418 would be **unlikely to create a measurable number of new users** due to broad baseline coverage of hormone therapies
- CHBRP estimates that **0.09% of enrollees with health insurance subject to SB 418 would switch to a 12-month supply of hormone therapy**

SB 418 would lead to an **increase in total net annual expenditures of \$476,000.**



**Pharmaceutical waste** would occur among a small proportion of enrollees who received a 12-month supply of their original prescription(s) and switched to a new prescription before using all of their previously acquired drugs.

### Public Health Impacts



CHBRP estimates SB 418 would have no measurable short-term public health impact. However, increased access to longer-duration prescription hormone therapy **could address barriers to accessing treatment and improve quality of life** for some people, particularly those facing reduced access to care as a result of federal actions aiming to restrict gender-affirming care.