

AMENDED IN ASSEMBLY JUNE 20, 2016

AMENDED IN SENATE APRIL 18, 2016

AMENDED IN SENATE MARCH 29, 2016

SENATE BILL

No. 999

Introduced by Senator Pavley

(Principal coauthor: Senator Hertzberg)

(Principal coauthors: Assembly Members Atkins, Gomez, and Gonzalez)

(Coauthors: Senators Allen, Beall, Block, Hall, Hill, Jackson, Leyva, Wieckowski, and Wolk)

(Coauthors: Assembly Members *Bonilla*, Burke, *Campos*, *Chiu*, *Dababneh*, *Dodd*, *Eggman*, Cristina Garcia, Gipson, *Irwin*, Levine, McCarty, *Mark Stone*, *Weber*, and Williams)

February 10, 2016

An act to amend Section 4064.5 of the Business and Professions Code, to amend Section 1367.25 of the Health and Safety Code, and to amend Section 10123.196 of the Insurance Code, relating to contraceptives.

LEGISLATIVE COUNSEL'S DIGEST

SB 999, as amended, Pavley. Health insurance: contraceptives: annual supply.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2016, to provide coverage

for women for all prescribed and FDA-approved female contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related followup services.

This bill would require a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured at one time by a provider, pharmacist, or at a location licensed or authorized to dispense drugs or supplies. The bill would specifically provide that a health care service plan contract or an insurance policy is not required to cover contraceptives provided by an out-of-network provider, pharmacy, or other location, except as authorized by state or federal law or by the plan or insurer's policies governing out-of-network coverage. *The bill would also prohibit a health care service plan or health insurer, in the absence of clinical contraindications, from imposing utilization controls limiting the supply of FDA-approved self-administered hormonal contraceptives that may be furnished by a provider or pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies to an amount that is less than a 12-month supply.* Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Existing law authorizes a pharmacist to dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if the patient has met specified requirements, including having completed an initial 30-day supply of the drug. Existing law prohibits a pharmacist from dispensing a greater supply of a dangerous drug if the prescriber indicates "no change to quantity" on the prescription. *Existing law authorizes a pharmacist to furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, as specified.*

~~This bill would authorize a pharmacist to dispense FDA-approved, self-administered hormonal contraceptives as provided on the prescription, including a prescription for a 12-month supply, or, when dispensing pursuant to protocols developed by the Board of Pharmacy, up to a 12-month supply at one time.~~ *require a pharmacist to dispense,*

at a patient's request, up to a 12-month supply of an FDA-approved self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills. The bill would authorize a pharmacist furnishing an FDA-approved self-administered hormonal contraceptive, pursuant to the authorization described above, to furnish up to a 12-month supply at one time at the patient's request.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature hereby finds all of the
2 following:
3 (1) California has a long history of, and commitment to,
4 expanding access to services that aim to reduce the risk of
5 unintended pregnancies and improving reproductive health
6 outcomes.
7 (2) California's Family Planning, Access, Care, and Treatment
8 (Family PACT) Waiver Program, created in 1999, is viewed
9 nationally as the "gold standard" of publicly funded programs
10 providing access to reproductive health care. The program has
11 long recognized the value and importance of providing women
12 with a year's supply of birth control.
13 (3) The Affordable Care Act (ACA) and subsequent federal
14 regulations made contraceptive coverage a national policy by
15 requiring most private health insurance plans to provide coverage
16 for a broad range of preventive services without cost sharing,
17 including FDA-approved prescription contraceptives.
18 (4) Since the passage of the ACA, many states have passed laws
19 strengthening or expanding this federal contraceptive coverage
20 requirement. In 2014, California passed the Contraceptive
21 Coverage Equity Act of 2014, which requires plans to cover all
22 prescribed FDA-approved contraceptives for women without cost

1 sharing, and requires plans to cover at least one therapeutic
2 equivalent of a prescribed contraceptive drug, device, or product.

3 (5) Numerous studies support what California has determined
4 for decades in the Family PACT program: dispensing a 12-month
5 supply of birth control at one time has numerous benefits,
6 including, but not limited to, reducing a woman's odds of having
7 an unintended pregnancy by 30 percent, increasing contraception
8 continuation rates, and decreasing costs per client to insurers by
9 reducing the number of pregnancy tests and pregnancies.

10 (6) Access to contraception is a key element in shaping women's
11 health and well-being. Nearly all women have used contraceptives
12 at some point in their lives, and 62 percent are currently using at
13 least one method.

14 (7) Several states have mirrored the year-supply requirement
15 for contraceptive coverage in their publicly funded family planning
16 or Medicaid programs, recognizing the health benefits of reducing
17 barriers to continuous and effective use of contraception. Recently,
18 Oregon and Washington D.C. have gone further to require private
19 health care service plans and health insurance policies to also cover
20 a 12-month supply of contraceptives. With California's history of
21 leadership in establishing public policies that increase access to
22 contraceptives, adopting a similar requirement is a natural
23 progression of our state's commitment to reducing unintended
24 pregnancy.

25 (b) It is therefore the intent of the Legislature to expand on
26 California's existing contraceptive coverage policy by requiring
27 all health care service plans and health insurance policies, including
28 both commercial and Medi-Cal managed care plans, to cover a
29 12-month supply of a prescribed FDA-approved contraceptive,
30 such as the ring, the patch, and oral contraceptives.

31 SEC. 2. Section 4064.5 of the Business and Professions Code
32 is amended to read:

33 4064.5. (a) A pharmacist may dispense not more than a 90-day
34 supply of a dangerous drug other than a controlled substance
35 pursuant to a valid prescription that specifies an initial quantity of
36 less than a 90-day supply followed by periodic refills of that
37 amount if all of the following requirements are satisfied:

38 (1) The patient has completed an initial 30-day supply of the
39 dangerous drug.

1 (2) The total quantity of dosage units dispensed does not exceed
2 the total quantity of dosage units authorized by the prescriber on
3 the prescription, including refills.

4 (3) The prescriber has not specified on the prescription that
5 dispensing the prescription in an initial amount followed by
6 periodic refills is medically necessary.

7 (4) The pharmacist is exercising his or her professional
8 judgment.

9 (b) For purposes of this section, if the prescription continues
10 the same medication as previously dispensed in a 90-day supply,
11 the initial 30-day supply under paragraph (1) of subdivision (a) is
12 not required.

13 (c) A pharmacist dispensing an increased supply of a dangerous
14 drug pursuant to this section shall notify the prescriber of the
15 increase in the quantity of dosage units dispensed.

16 (d) In no case shall a pharmacist dispense a greater supply of a
17 dangerous drug pursuant to this section if the prescriber personally
18 indicates, either orally or in his or her own handwriting, "No
19 change to quantity," or words of similar meaning. Nothing in this
20 subdivision shall prohibit a prescriber from checking a box on a
21 prescription marked "No change to quantity," provided that the
22 prescriber personally initials the box or checkmark. To indicate
23 that an increased supply shall not be dispensed pursuant to this
24 section for an electronic data transmission prescription as defined
25 in subdivision (c) of Section 4040, a prescriber may indicate "No
26 change to quantity," or words of similar meaning, in the
27 prescription as transmitted by electronic data, or may check a box
28 marked on the prescription "No change to quantity." In either
29 instance, it shall not be required that the prohibition on an increased
30 supply be manually initialed by the prescriber.

31 (e) This section shall not apply to psychotropic medication or
32 psychotropic drugs as described in subdivision (d) of Section 369.5
33 of the Welfare and Institutions Code.

34 (f) Except for the provisions of subdivision (d), this section does
35 not apply to FDA-approved, self-administered hormonal
36 contraceptives.

37 ~~(1) A prescription for FDA-approved, self-administered~~
38 ~~hormonal contraceptives shall be dispensed as provided on the~~
39 ~~prescription, including, but not limited to, a prescription for a~~
40 ~~12-month supply.~~

1 (1) A pharmacist shall dispense, at a patient's request, up to a
2 12-month supply of an FDA-approved, self-administered hormonal
3 contraceptive pursuant to a valid prescription that specifies an
4 initial quantity followed by periodic refills.

5 (2) ~~When a~~ A pharmacist ~~furnishes~~ furnishing an FDA-approved
6 self-administered hormonal ~~contraception~~ contraceptive pursuant
7 to Section 4052.3 under protocols developed by the Board of
8 Pharmacy, ~~he or she~~ Pharmacy may ~~dispense, furnish,~~ furnish, at the
9 patient's request, up to a 12-month supply at one time.

10 ~~(3) Nothing in this subdivision shall be construed to require a~~
11 ~~provider to prescribe, furnish, or dispense 12 months of~~
12 ~~self-administered hormonal contraceptives at one time.~~

13 (3) Nothing in this subdivision shall be construed to require a
14 pharmacist to dispense or furnish a drug if it would result in a
15 violation of Section 733.

16 (g) Nothing in this section shall be construed to require a health
17 care service plan, health insurer, workers' compensation insurance
18 plan, pharmacy benefits manager, or any other person or entity,
19 including, but not limited to, a state program or state employer, to
20 provide coverage for a dangerous drug in a manner inconsistent
21 with a beneficiary's plan benefit.

22 SEC. 3. Section 1367.25 of the Health and Safety Code is
23 amended to read:

24 1367.25. (a) A group health care service plan contract, except
25 for a specialized health care service plan contract, that is issued,
26 amended, renewed, or delivered on or after January 1, 2000, to
27 December 31, 2015, inclusive, and an individual health care service
28 plan contract that is amended, renewed, or delivered on or after
29 January 1, 2000, to December 31, 2015, inclusive, except for a
30 specialized health care service plan contract, shall provide coverage
31 for the following, under general terms and conditions applicable
32 to all benefits:

33 (1) A health care service plan contract that provides coverage
34 for outpatient prescription drug benefits shall include coverage for
35 a variety of federal Food and Drug Administration (FDA)-approved
36 prescription contraceptive methods designated by the plan. In the
37 event the patient's participating provider, acting within his or her
38 scope of practice, determines that none of the methods designated
39 by the plan is medically appropriate for the patient's medical or
40 personal history, the plan shall also provide coverage for another

1 FDA-approved, medically appropriate prescription contraceptive
2 method prescribed by the patient’s provider.

3 (2) Benefits for an enrollee under this subdivision shall be the
4 same for an enrollee’s covered spouse and covered nonspouse
5 dependents.

6 (b) (1) A health care service plan contract, except for a
7 specialized health care service plan contract, that is issued,
8 amended, renewed, or delivered on or after January 1, 2016, shall
9 provide coverage for all of the following services and contraceptive
10 methods for women:

11 (A) Except as provided in subparagraphs (B) and (C) of
12 paragraph (2), all FDA-approved contraceptive drugs, devices,
13 and other products for women, including all FDA-approved
14 contraceptive drugs, devices, and products available over the
15 counter, as prescribed by the enrollee’s provider.

16 (B) Voluntary sterilization procedures.

17 (C) Patient education and counseling on contraception.

18 (D) Followup services related to the drugs, devices, products,
19 and procedures covered under this subdivision, including, but not
20 limited to, management of side effects, counseling for continued
21 adherence, and device insertion and removal.

22 (2) (A) Except for a grandfathered health plan, a health care
23 service plan subject to this subdivision shall not impose a
24 deductible, coinsurance, copayment, or any other cost-sharing
25 requirement on the coverage provided pursuant to this subdivision.
26 Cost sharing shall not be imposed on any Medi-Cal beneficiary.

27 (B) If the FDA has approved one or more therapeutic equivalents
28 of a contraceptive drug, device, or product, a health care service
29 plan is not required to cover all of those therapeutically equivalent
30 versions in accordance with this subdivision, as long as at least
31 one is covered without cost sharing in accordance with this
32 subdivision.

33 (C) If a covered therapeutic equivalent of a drug, device, or
34 product is not available, or is deemed medically inadvisable by
35 the enrollee’s provider, a health care service plan shall provide
36 coverage, subject to a plan’s utilization management procedures,
37 for the prescribed contraceptive drug, device, or product without
38 cost sharing. Any request by a contracting provider shall be
39 responded to by the health care service plan in compliance with
40 the Knox-Keene Health Care Service Plan Act of 1975, as set forth

1 in this chapter and, as applicable, with the plan’s Medi-Cal
2 managed care contract.

3 (3) Except as otherwise authorized under this section, a health
4 care service plan shall not impose any restrictions or delays on the
5 coverage required under this subdivision.

6 (4) Benefits for an enrollee under this subdivision shall be the
7 same for an enrollee’s covered spouse and covered nonspouse
8 dependents.

9 (5) For purposes of paragraphs (2) and (3) of this subdivision,
10 “health care service plan” shall include Medi-Cal managed care
11 plans that contract with the State Department of Health Care
12 Services pursuant to Chapter 7 (commencing with Section 14000)
13 and Chapter 8 (commencing with Section 14200) of Part 3 of
14 Division 9 of the Welfare and Institutions Code.

15 (c) Notwithstanding any other provision of this section, a
16 religious employer may request a health care service plan contract
17 without coverage for FDA-approved contraceptive methods that
18 are contrary to the religious employer’s religious tenets. If so
19 requested, a health care service plan contract shall be provided
20 without coverage for contraceptive methods.

21 (1) For purposes of this section, a “religious employer” is an
22 entity for which each of the following is true:

23 (A) The inculcation of religious values is the purpose of the
24 entity.

25 (B) The entity primarily employs persons who share the
26 religious tenets of the entity.

27 (C) The entity serves primarily persons who share the religious
28 tenets of the entity.

29 (D) The entity is a nonprofit organization as described in
30 Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of
31 1986, as amended.

32 (2) Every religious employer that invokes the exemption
33 provided under this section shall provide written notice to
34 prospective enrollees prior to enrollment with the plan, listing the
35 contraceptive health care services the employer refuses to cover
36 for religious reasons.

37 (d) (1) Every health care service plan contract that is issued,
38 amended, renewed, or delivered on or after January 1, 2017, shall
39 cover up to a 12-month supply of FDA-approved, self-administered
40 hormonal contraceptives when dispensed *or furnished* at one time

1 for an enrollee by a provider, pharmacist, or at a location licensed
2 or otherwise authorized to dispense drugs or supplies.

3 (2) Nothing in this subdivision shall be construed to require a
4 health care service plan contract to cover contraceptives provided
5 by an out-of-network provider, pharmacy, or location licensed or
6 otherwise authorized to dispense drugs or supplies, except as may
7 be otherwise authorized by state or federal law or by the plan's
8 policies governing out-of-network coverage.

9 (3) Nothing in this subdivision shall be construed to require a
10 provider to prescribe, furnish, or dispense 12 months of
11 self-administered hormonal contraceptives at one time.

12 (4) *A health care service plan subject to this subdivision, in the*
13 *absence of clinical contraindications, shall not impose utilization*
14 *controls or other forms of medical management limiting the supply*
15 *of FDA-approved self-administered hormonal contraceptives that*
16 *may be dispensed or furnished by a provider or pharmacist, or at*
17 *a location licensed or otherwise authorized to dispense drugs or*
18 *supplies to an amount that is less than a 12-month supply.*

19 (e) This section shall not be construed to exclude coverage for
20 contraceptive supplies as prescribed by a provider, acting within
21 his or her scope of practice, for reasons other than contraceptive
22 purposes, such as decreasing the risk of ovarian cancer or
23 eliminating symptoms of menopause, or for contraception that is
24 necessary to preserve the life or health of an enrollee.

25 (f) This section shall not be construed to deny or restrict in any
26 way the department's authority to ensure plan compliance with
27 this chapter when a plan provides coverage for contraceptive drugs,
28 devices, and products.

29 (g) This section shall not be construed to require an individual
30 or group health care service plan contract to cover experimental
31 or investigational treatments.

32 (h) For purposes of this section, the following definitions apply:

33 (1) "Grandfathered health plan" has the meaning set forth in
34 Section 1251 of PPACA.

35 (2) "PPACA" means the federal Patient Protection and
36 Affordable Care Act (Public Law 111-148), as amended by the
37 federal Health Care and Education Reconciliation Act of 2010
38 (Public Law 111-152), and any rules, regulations, or guidance
39 issued thereunder.

1 (3) With respect to health care service plan contracts issued,
 2 amended, or renewed on or after January 1, 2016, “provider” means
 3 an individual who is certified or licensed pursuant to Division 2
 4 (commencing with Section 500) of the Business and Professions
 5 Code, or an initiative act referred to in that division, or Division
 6 2.5 (commencing with Section 1797) of this code.

7 SEC. 4. Section 10123.196 of the Insurance Code is amended
 8 to read:

9 10123.196. (a) An individual or group policy of disability
 10 insurance issued, amended, renewed, or delivered on or after
 11 January 1, 2000, through December 31, 2015, inclusive, that
 12 provides coverage for hospital, medical, or surgical expenses, shall
 13 provide coverage for the following, under the same terms and
 14 conditions as applicable to all benefits:

15 (1) A disability insurance policy that provides coverage for
 16 outpatient prescription drug benefits shall include coverage for a
 17 variety of federal Food and Drug Administration (FDA)-approved
 18 prescription contraceptive methods, as designated by the insurer.
 19 If an insured’s health care provider determines that none of the
 20 methods designated by the disability insurer is medically
 21 appropriate for the insured’s medical or personal history, the insurer
 22 shall, in the alternative, provide coverage for some other
 23 FDA-approved prescription contraceptive method prescribed by
 24 the patient’s health care provider.

25 (2) Coverage with respect to an insured under this subdivision
 26 shall be identical for an insured’s covered spouse and covered
 27 nonspouse dependents.

28 (b) (1) A group or individual policy of disability insurance,
 29 except for a specialized health insurance policy, that is issued,
 30 amended, renewed, or delivered on or after January 1, 2016, shall
 31 provide coverage for all of the following services and contraceptive
 32 methods for women:

33 (A) Except as provided in subparagraphs (B) and (C) of
 34 paragraph (2), all FDA-approved contraceptive drugs, devices,
 35 and other products for women, including all FDA-approved
 36 contraceptive drugs, devices, and products available over the
 37 counter, as prescribed by the insured’s provider.

38 (B) Voluntary sterilization procedures.

39 (C) Patient education and counseling on contraception.

1 (D) Followup services related to the drugs, devices, products,
2 and procedures covered under this subdivision, including, but not
3 limited to, management of side effects, counseling for continued
4 adherence, and device insertion and removal.

5 (2) (A) Except for a grandfathered health plan, a disability
6 insurer subject to this subdivision shall not impose a deductible,
7 coinsurance, copayment, or any other cost-sharing requirement on
8 the coverage provided pursuant to this subdivision.

9 (B) If the FDA has approved one or more therapeutic equivalents
10 of a contraceptive drug, device, or product, a disability insurer is
11 not required to cover all of those therapeutically equivalent versions
12 in accordance with this subdivision, as long as at least one is
13 covered without cost sharing in accordance with this subdivision.

14 (C) If a covered therapeutic equivalent of a drug, device, or
15 product is not available, or is deemed medically inadvisable by
16 the insured's provider, a disability insurer shall provide coverage,
17 subject to an insurer's utilization management procedures, for the
18 prescribed contraceptive drug, device, or product without cost
19 sharing. Any request by a contracting provider shall be responded
20 to by the disability insurer in compliance with Section 10123.191.

21 (3) Except as otherwise authorized under this section, an insurer
22 shall not impose any restrictions or delays on the coverage required
23 under this subdivision.

24 (4) Coverage with respect to an insured under this subdivision
25 shall be identical for an insured's covered spouse and covered
26 nonspouse dependents.

27 (c) This section shall not be construed to deny or restrict in any
28 way any existing right or benefit provided under law or by contract.

29 (d) This section shall not be construed to require an individual
30 or group disability insurance policy to cover experimental or
31 investigational treatments.

32 (e) Notwithstanding any other provision of this section, a
33 religious employer may request a disability insurance policy
34 without coverage for contraceptive methods that are contrary to
35 the religious employer's religious tenets. If so requested, a
36 disability insurance policy shall be provided without coverage for
37 contraceptive methods.

38 (1) For purposes of this section, a "religious employer" is an
39 entity for which each of the following is true:

1 (A) The inculcation of religious values is the purpose of the
2 entity.

3 (B) The entity primarily employs persons who share the religious
4 tenets of the entity.

5 (C) The entity serves primarily persons who share the religious
6 tenets of the entity.

7 (D) The entity is a nonprofit organization pursuant to Section
8 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as
9 amended.

10 (2) Every religious employer that invokes the exemption
11 provided under this section shall provide written notice to any
12 prospective employee once an offer of employment has been made,
13 and prior to that person commencing that employment, listing the
14 contraceptive health care services the employer refuses to cover
15 for religious reasons.

16 (f) (1) A group or individual policy of disability insurance,
17 except for a specialized health insurance policy, that is issued,
18 amended, renewed, or delivered on or after January 1, 2017, shall
19 cover up to a 12-month supply of FDA-approved, self-administered
20 hormonal contraceptives when dispensed *or furnished* at one time
21 for an insured by a provider, pharmacist, or at a location licensed
22 or otherwise authorized to dispense drugs or supplies.

23 (2) Nothing in this subdivision shall be construed to require a
24 policy to cover contraceptives provided by an out-of-network
25 provider, pharmacy, or location licensed or otherwise authorized
26 to dispense drugs or supplies, except as may be otherwise
27 authorized by state or federal law or by the insurer's policies
28 governing out-of-network coverage.

29 (3) Nothing in this subdivision shall be construed to require a
30 provider to prescribe, furnish, or dispense 12 months of
31 self-administered hormonal contraceptives at one time.

32 (4) *A health insurer subject to this subdivision, in absence of*
33 *clinical contraindications, shall not impose utilization controls or*
34 *other forms of medical management limiting the supply of*
35 *FDA-approved self-administered hormonal contraceptives that*
36 *may be dispensed or furnished by a provider or pharmacist, or at*
37 *a location licensed or otherwise authorized to dispense drugs or*
38 *supplies to an amount that is less than a 12-month supply.*

39 (g) This section shall not be construed to exclude coverage for
40 contraceptive supplies as prescribed by a provider, acting within

1 his or her scope of practice, for reasons other than contraceptive
2 purposes, such as decreasing the risk of ovarian cancer or
3 eliminating symptoms of menopause, or for contraception that is
4 necessary to preserve the life or health of an insured.

5 (h) This section only applies to disability insurance policies or
6 contracts that are defined as health benefit plans pursuant to
7 subdivision (a) of Section 10198.6, except that for accident only,
8 specified disease, or hospital indemnity coverage, coverage for
9 benefits under this section applies to the extent that the benefits
10 are covered under the general terms and conditions that apply to
11 all other benefits under the policy or contract. This section shall
12 not be construed as imposing a new benefit mandate on accident
13 only, specified disease, or hospital indemnity insurance.

14 (i) For purposes of this section, the following definitions apply:

15 (1) “Grandfathered health plan” has the meaning set forth in
16 Section 1251 of PPACA.

17 (2) “PPACA” means the federal Patient Protection and
18 Affordable Care Act (Public Law 111-148), as amended by the
19 federal Health Care and Education Reconciliation Act of 2010
20 (Public Law 111-152), and any rules, regulations, or guidance
21 issued thereunder.

22 (3) With respect to policies of disability insurance issued,
23 amended, or renewed on or after January 1, 2016, “health care
24 provider” means an individual who is certified or licensed pursuant
25 to Division 2 (commencing with Section 500) of the Business and
26 Professions Code, or an initiative act referred to in that division,
27 or Division 2.5 (commencing with Section 1797) of the Health
28 and Safety Code.

29 SEC. 5. No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution because
31 the only costs that may be incurred by a local agency or school
32 district will be incurred because this act creates a new crime or
33 infraction, eliminates a crime or infraction, or changes the penalty
34 for a crime or infraction, within the meaning of Section 17556 of
35 the Government Code, or changes the definition of a crime within
36 the meaning of Section 6 of Article XIII B of the California
37 Constitution.

O