

California Department of Insurance
Instructions For Menopause Filings Required Pursuant to SB 164
September 15, 2026

I. Filing Deadline(s)

Filing Requirement	Due Date
Endorsement or Amended Policy forms to comply SB 164	Due Immediately
Access to Current Menopause Information and Covered Items and Services Policies and Disclosure Attestation	December 29, 2026
Updated Utilization Review Policies & Procedures	January 1, 2027 and when modified thereafter

If you have any questions or need to request additional time, please contact Kelly Payne at (916) 313-4172 or Kelly.Payne@insurance.ca.gov or Christopher Citko at (916) 492-3187 or Christopher.Citko@insurance.ca.gov.

II. General Information

[Senate Bill \(SB\) 164](#) adds sections 10123.861 and 10123.862 to the Insurance Code (CIC) effective June 29, 2026. Section 10123.861 was enacted with immediate effect. Therefore, effective **June 29, 2026** all health insurance policies subject to this Bill must provide coverage in accordance with the provisions of these sections, and health insurers must revise their policy forms accordingly. Policy forms are subject to the Department’s review prior to use, so insurers who have not already done so must submit either amended forms or an amendatory endorsement to the Department.

III. Guidance for Submission of Policy Forms required by CIC Section 10123.861(a)

CIC Section 1023.861(a) requires a health insurance policy that provides outpatient prescription drug benefits and is issued, amended, or renewed on or after June 29, 2026 to include coverage for United States Food and Drug Administration-approved treatments used to treat menopausal symptoms, as medically necessary.

Please submit the following via SERFF in the California LAH instance:

- Please submit any revised policy forms or new endorsement under the Form Schedule tab.
- Submit a Document Submission Form (DSF) in the “Supporting Documentation” tab.
- If the insurer’s form filings are still under review by the Department and required conforming changes, please amend your filing as required and submit the forms in the current SERFF filing.
- In all submissions, please disclose any unsolicited changes (changes that are not in response to these instructions or other objections in form filings still under review) in redlines and note such changes in a response letter.

In the General Information tab under “Product Name” in the SERFF filing, please include the description: “SB 164 Policy Update” to expedite review and track submissions. Include a description of the product for which the policies and procedures apply, such as individual or small group major medical, etc. and along with reference to any previously submitted forms.

IV. Guidance for Submission of Insurer's Access to Current Menopause Information and Covered Items and Services policies and Disclosure Attestation required by CIC 10123.861(d)

CIC Section 10123.861(d) requires all affected insurers to file with the Commissioner, no later than December 29, 2026, the policies and notices required by subsection (c) of CIC 10123.861, as well as an attestation that these policies have been disclosed to providers and delegated entities impacted by this statute.

Please submit the following via SERFF in the California LAH instance under the Supporting Documentation Tab:

- Copy of information sent to providers.
- Copy of the policy to reimburse providers and identified CPT codes.
- Copy of the policy to inform insured individuals who may experience menopause.
- Notice to insured individual who may experience menopause.
- Notice to those 40 and older.
- Copy of the policy to contract with providers delivering care.
- Attestation of Disclosure.
- A Document Submission Form (DSF).

In the General Information tab under "Product Name" in the SERFF filing, please include the description: "SB 164 Policies, Notices, and Attestation" to expedite review and track submissions. Include a description of the product for which the policies and procedures apply, such as individual or small group major medical, etc. and along with reference to any previously submitted forms.

V. Guidance for Submission of Utilization Review Policies & Procedures required by CIC 10123.862

In addition to revising and submitting policy forms for review, insurers must also review their medical necessity criteria and utilization review policies and procedures and implement any changes necessary to ensure they are consistent and compliant with Insurance Code section 10123.862 by **January 1, 2027**. Insurance Code section 10123.862 applies to all health insurers that conduct utilization review and an entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf, in effect on or after June 29, 2026, even if a contract renews later in the year. This section does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, dental-only, or vision-only insurance policies, except to the extent they provide coverage for the treatment of symptoms resulting from menopause.

Please submit the following via SERFF in the California LAH instance under the Supporting Documentation Tab:

- Utilization review policies and procedures maintained pursuant to Insurance Code section 10123.135(b) and revised consistent and compliant with Insurance Code section 10123.862.

- Please be sure to refer to the [2026 Utilization Review Policies and Procedures](#) filing instructions issued in May 2026 for additional legal requirements that may require additional revisions.
- A Document Submission Form (DSF).

In the General Information tab under “Product Name” in the SERFF filing, please include the description: “SB 164 UR Policies and Procedures” to expedite review and track submissions. Include a description of the product for which the policies and procedures apply, such as individual or small group major medical, etc. and along with reference to any previously submitted forms.

NOTE

The Department is providing these instructions to assist insurers in submitting a complete filing and expedite review and authorization. Insurers and individuals are advised to review all applicable legal requirements and may not rely upon this information as legal authority or as a defense against disapproval of a filing or regulatory enforcement by the Department. These instructions and information may be subject to change at any time.