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CALIFORNIA INSURANCE COMMISSIONER

NOTICE

STATE OF EMERGENCY NOTIFICATION FILING REQUIREMENTS

**January 7, 2025 State of Emergency Declaration
Los Angeles and Ventura Counties
(Palisades Fire and windstorm conditions)
(Ins. Code § 10112.95 (AB 2941, Stats. 2018, Ch. 196))**

TO: All California Health Insurers

Date: January 8, 2025

On Tuesday, January 7, 2025 Governor Gavin Newsom declared a [State of Emergency](#) in Los Angeles and Ventura Counties due to the Palisades Fire and windstorm conditions.

The declared emergency has the “immediate potential to displace insureds” within the meaning of Insurance Code section 10112.95(b), particularly, but not limited to, their ability to access needed medical care, including but not limited to access to prescription medications where network pharmacy services are no longer available. Accordingly, this is a reminder that all health insurers operating in California must submit a notification describing whether the insurer has experienced or expects to experience any disruption to the operation of the insurer, explaining how the insurer is communicating with potentially impacted insureds, and summarizing the actions the insurer has taken (or is in the process of taking) to ensure that the health care needs of insureds are met. This notification shall include information demonstrating that insureds have access to medically necessary health care in affected areas, including but not limited to the following:

- 1) How the insurer will comply with the actions specified in section 10112.95(b)(1)-(6). In particular, the insurer should describe its policies concerning suspending prescription fill or refill limitations, waiving charges for home delivery, and other means of removing barriers to access

to outpatient prescription drugs. These measures should include, but are not limited to, the following measures, consistent with section 10112.95(b)(3):

- a. Relaxing limitations on waiting periods between refills so that insureds can maintain at least a 30-day supply of medication on hand, while managing, in collaboration with pharmacists and providers, patient safety risk associated with early refills for certain drug classes, such as opioids, benzodiazepines, and stimulants.
 - b. Permitting conversion of 30-day prescriptions with multiple refills into one larger prescription, so that, for example, a prescription written as a 30-day supply with 3 refills may be filled as a single 90-day supply.
 - c. Relaxing insurer-imposed fill or refill supply limits where the provider has indicated that a larger fill or refill amount is appropriate for the patient.
 - d. Waiving delivery charges for home delivery of prescription medications.
 - e. Assuring access by streamlining or eliminating processes for requesting prior authorization, step therapy exceptions, and exceptions for obtaining off-formulary drugs when a drug is unavailable due to supply chain disruptions or similar issues.
 - f. Access to retail pharmacies, including non-network pharmacies, to fill prescriptions ordinarily filled by mail order when timely delivery by mail cannot be assured, or when mailing poses a risk of deterioration due to the State of Emergency.
 - g. Monitoring of timeliness of pharmaceutical delivery to assure the adequacy of the network in delivering medications timely.
- 2) How the insurer is complying with section 10112.95(a), which requires insurers to provide displaced insureds with “access to medically necessary health services.”
 - 3) The insurer’s plan for replacement of medical equipment or supplies.
 - 4) The insurer’s plan to comply with section 2240.1(e) of title 10 of the California Code of Regulations, which requires that networks must provide access to medically appropriate care from a qualified provider and, if care cannot be provided within the network, the insurer must arrange for available and accessible providers outside the network, with the patient responsible only for an amount equal to in-network cost-sharing.
 - a. This plan should include a discussion of the policies and procedures in place for the contingency of network providers, particularly hospitals, being unable to provide care due to excessive demand related to this emergency, consistent with guidelines from governmental public health agencies. The plan should detail the

policies and procedures in place for effecting transfer to the nearest facility, in or out of network, which has capacity to provide medically appropriate care.

- 5) The insurer's plans for communicating with insureds regarding care options available during the emergency, including provision of a toll-free telephone number.

Because of the nature of these emergencies, the required notification must be filed within 48 hours of the declaration by the Governor. The filing should be made through the Department of Insurance "California Life & Health" instance on SERFF. Designate "form" under the "filing type" field. In the "Filing Description" field, enter "Disaster Notification Fire January 7." Submit the disaster notification under the "Supporting Documentation" tab. Additional information about emergency notification filing requirements can be found here: [NOTICE: Insurer Compliance with AB 2941 -- Health Care Coverage: State of Emergency](#).

Please note, the Department may issue additional guidance pursuant to section 10112.95(d), which may set forth actions insurers must take in response to this emergency, including, but not limited to the actions specified in section 10112.95(b)(1)-(6).

For questions regarding this notice, please contact Ethan Lavelle at ethan.lavelle@insurance.ca.gov or Chris Citko christopher.citko@insurance.ca.gov.