STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026-27	4150	Department of Managed Health Care

Hyperion Budget Request Name	Relevant Program or Subprogram
4150-026-BCP-2026-GB	3870-Health Plan Program

Budget Request Title
Pharmacy Benefit Managers (SB 41)

Budget Request Summary
The Department of Managed Health Care (DMHC) requests seven positions and $1,721,000 in 2026-27, increasing to nine positions and $2,169,000 in 2027-28, and $2,160,000 in 2028-29 and annually thereafter from the Pharmacy Benefit Manager (PBM) Fund to implement the requirements of Senate Bill 41 (Chapter 605, Statutes of 2025).

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☐ N/A	N/A

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO N/A	Date N/A

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No. N/A **Approval Date:** N/A

Project Approval Document: N/A **Total Project Cost:** N/A

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Rita Pearson	1/10/2026	Gita Mehirdel	1/10/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Mary Watanabe	1/10/2026	Kim Johnson	1/10/2026

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

Principal Program Budget Analyst	Date submitted to the Legislature
Joseph Donaldson	1/10/2026

A. Problem Statement

The Department of Managed Health Care (DMHC) requests seven positions and $1,721,000 in 2026-27, increasing to nine positions and $2,169,000 in 2027-28, and $2,160,000 in 2028-29 and annually thereafter from the Pharmacy Benefit Manager (PBM) Fund to implement the requirements of Senate Bill 41 (Chapter 605, Statutes of 2025).

This request includes $70,000 in 2026-27, $84,000 in 2027-28, and $91,000 in 2028-29 and annually thereafter for consultants to assist in revising the reporting template and for statistical and clinical consultants.

The following table notes the requested positions by program and classification:

Table 1- Positions Requested

Program / Classification	Number of Positions 2026-27	Number of Positions 2027-28 / Ongoing
Help Center (HC)		
Associate Governmental Program Analyst	1	1
Total Positions (HC)	**1**	**1**
Office of Plan Licensing (OPL)		
Attorney IV	1	1
Staff Services Manager I	1	1
Associate Governmental Program Analyst	1	1
Total Positions (OPL)	**3**	**3**
Office of Plan Monitoring (OPM)		
Attorney III	1	2
Health Program Specialist II	0	1
Total Positions (OPM)	**1**	**3**
Office of Enforcement (OE)		
Attorney III	1	1
Attorney	1	1
Total Positions (OE)	**2**	**2**
Total Positions	**7**	**9**

Background/History

The DMHC's mission is to ensure health plan members have access to equitable, high-quality, timely and affordable health care within a stable health care delivery system. As part of this mission, the DMHC licenses and regulates health plans under the Knox-Keene Health Care Service Plan Act of 1975, as amended (Knox-Keene Act). The DMHC regulates the majority of

health care coverage in California including 97 percent of state regulated commercial and government markets. Health plans licensed by the DMHC provide coverage for over 30 million enrollees.

Prescription drugs make up a significant portion of overall health care spending. Health plans and insurers typically contract with PBMs to oversee nearly all aspects of drug coverage. The PBM's role is to negotiate the best possible drug prices from drug manufacturers on behalf of health plans. However, due to limited data, health plans often cannot determine whether the savings achieved justify the fees paid to PBMs or the additional costs associated with the use of PBM affiliated pharmacies.

The DMHC introduced a licensure and data reporting program for PBMs pursuant to AB 116 (Chapter 21, Statutes of 2025). Under this new framework, the PBMs that contract with health plans licensed by the DMHC or health insurers regulated by California Department (CDI) will be required to obtain a DMHC license. The licensure requirements will take effect on January 1, 2027.

As part of licensure, the PBMs must report detailed business operational, financial and payment information to the DMHC, as well as submit drug-level data on costs, expenditures and other metrics to the Department of Health Care Access and Information (HCAI).

The new licensing program replaces the current PBM registration requirements. Under the existing law, the DMHC's enforcement authority extended only to the licensed health plans, not PBM itself. Once the new program takes effect, the DMHC will gain direct oversight and enforcement authority over PBMs, allowing the DMHC to take regulatory action against PBMs for noncompliance, when appropriate.

SB 41 builds upon the newly established licensure requirement by expanding the statutory framework that grants the DMHC licensing and regulatory authority over PBMs. While AB 116 primarily focuses on establishing licensure, reporting and transparency requirements, along with DMHC enforcement authority through licensure process, SB 41 adds additional legal requirements related to PBM revenue practices and pharmacy network reforms, including:

- Prohibits a PBM from deriving income for pharmacy benefit management services provided to a payer except for income from a pharmacy benefit management fee.
- Requires a PBM to use a "passthrough pricing model," which means that the PBM shall direct 100 percent of any manufacturer rebates it negotiates to the health plan or insurer with which it is contracted.
- Allowing performance bonuses to be paid by the health plan to the PBM based on savings the plan realizes that decrease premiums for enrollees.
- Prohibits certain "claw back" income that PBMs receive from pharmacies:
    - Reducing payment of pharmacist services under a reconciliation process to an effective rate of reimbursement.
    - Retroactively reducing or denying pharmacist services claims after adjudication except in cases of fraud, duplicate claims, or services not properly rendered.
    - Reversing and resubmitting contract pharmacy claims without prior notice and just cause and more than 90 days after the claim was first adjudicated.
    - Charging pharmacists a fee to process a claim electronically.
- Prohibits effective January 1, 2026, the use of spread pricing.

- Prohibits exclusivity contracts between PBMs and manufacturers to use only that manufacturers drugs, unless the PBM can demonstrate the extent to which the exclusivity results in the lowest cost to the plan and the lowest cost sharing for the enrollee. Also prohibits exclusivity contracts between pharmacies and pharmacy services administration organizations that restrict access to nonaffiliated pharmacies' ability to contract employers and health plans.
- Allows the DMHC to inspect PBM compensation arrangements.

SB 41 also establishes new restrictions on how PBMs operate their contracted pharmacy networks. The bill introduces a range of provisions that are designed to not only improve enrollee access to a wider choice of pharmacies and prescription drug delivery options but also protect the viability of retail pharmacies whose business model has been impacted in recent years by PBM-affiliated drug store chains and exclusive mail-order services.

To address the requirements of SB 41, the DMHC will need to:

- Issue guidance regarding the implementation of, and compliance with, the requirements of SB 41. This guidance is not subject to the Administrative Procedures Act (APA) until January 1, 2030.
- Consult with stakeholders in developing guidance.
- Conduct detailed legal research of health plan and PBM documents to verify compliance with SB 41.
- Design and draft All Plan Letters (APL) and filing review checklists.
- Address an increased number of provider complaints against PBMs following the passage of SB 41.
- Revise the reporting template to allow the additional rate data.
- Compile and analyze new PBM data.
- Prepare an annual report
- Update survey methodologies and tools for use in routine triennial survey and non-routine survey processes to assess compliance with the requirements of SB 41.

B. Justification

SB 41 enacts comprehensive reforms governing the business practices of PBMs, which will be licensed by the DMHC beginning January 1, 2027, in accordance with trailer bill legislation enacted in 2025-26. SB 41 reforms the revenue generating abilities of PBMs, including prohibiting the practice of spread pricing, requiring manufacturer rebates to be passed through to health plans and allowing only administrative fee charges to be assessed to health plan and health insurer clients.

Additionally, SB 41 strengthens oversight of PBM pharmacy network practices by prohibiting discriminatory practices against non-affiliated pharmacies and requiring PBMs to include in their network any pharmacy willing to accept standard terms and conditions.

The DMHC has determined the following resources are necessary to implement the requirements of SB 41.

Help Center (HC)

The DMHC's HC educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and assists consumers in getting timely access to appropriate health care services. The HC is the first point of contact for consumers and providers with complaints and concerns related to health care.

The HC anticipates an increased volume of provider complaints following the passage of SB 41 related to PBMs. The HC estimates an additional 176 complaints yearly beginning in 2026-27.

The HC is requesting the following resources to address the anticipated workload:

1.0 Associate Governmental Program Analyst
This position will conduct the initial review of the complaint information and review application documents.

The DMHC estimates the HC costs to be one position and $168,000 in 2026-27, one position and $160,000 in 2027-28 and annually thereafter.

Office of Plan Licensing (OPL)

The DMHC's OPL is responsible for assuring regulatory compliance of health plans with the Knox Keene Act. This is accomplished by reviewing applications for licensure, material modifications to existing licenses and amendments to existing licenses. This review includes requiring health plans to provide legally sufficient documentation of plan organization, disclosures, enrollee benefits and other aspects of regulatory compliance.

The OPL anticipates additional workload to conduct legal guidance, issue All Plan Letters, review health plan contracts, policies and procedures, evidence of coverage and disclosure forms for compliance with the requirements set forth in SB 41. OPL estimates approximately 19 PBMs and 31 health plan contracts would be subject to the requirements of SB 41 based on the number of PBMs currently registered with the DMHC.

The OPL is requesting the following resources to address the additional workload:

1.0 Attorney IV
This position will be responsible for conducting highly complex and in-depth legal analysis of health plan and PBM filings, including the review of evidence of coverage, disclosure forms, provider and enrollee notices, plan to plan agreements, policies and procedures and provider contracts for compliance with the requirements established under SB 41. The position will also lead stakeholder and workgroup engagement and lead detailed legal research to develop and maintain guidance used in filing reviews.

1.0 SSM I
This position will oversee and direct administrative team and lead enhancements to databases to support the PBM requirements in SB 41.

1.0 AGPA
This position will support the complex development and implementation of compliance measures and provide ongoing analytical review of PBM filings, contracts, policies and procedures, evidence of coverage and disclosure forms.

The DMHC estimates the OPL costs to be three positions and $653,000 in 2026-27, three positions and $629,000 in 2027-28 and annually thereafter.

Office of Financial Review (OFR)

The DMHC's OFR works to improve stability in California's health care delivery system by actively monitoring the financial status of health plans and provider groups to verify they can meet their financial obligations to consumers and purchasers. The Division of Financial Oversight, within the OFR, monitors and evaluates the financial viability of health plans to support continued access to health care services for California enrollees. This is achieved by reviewing financial statements, analyzing financial arrangements, evaluating the information submitted during the licensing,

material modification and amendment processes and conducting routine and non-routine financial examinations.

The OFR anticipates additional workload to revise the reporting template to capture the additional rate data, annually compile the data, and prepare an annual report in accordance with the SB 41 requirements.

The OFR is requesting the following resources to address the additional workload:

Consultant Funding
The OFR is requesting consulting funding of $57,000 in 2026-27, $24,000 in 2027-28 and annually thereafter to support the revisions to the reporting template used to capture the additional rate data and in the annual data compilation and report preparation. The estimated consulting cost is based on OFR's experience with similar contracts, and it assumes an hourly rate of $400.

This work requires highly specialized expertise not available through the civil service system. Additionally, utilizing consultant contracts provides flexibility to access expertise across various areas that cannot be limited to a specific civil service classification.

The DMHC estimates the OFR costs to be $57,000 in 2026-27, $24,000 in 2027-28 and annually thereafter.

Office of Plan Monitoring (OPM)

The DMHC's OPM performs routine (triennial) and non-routine medical surveys of DMHC-licensed health, behavioral and specialized health plans.

The OPM anticipates additional workload during health plan surveys to assess health plan oversight of PBMs to verify PBMs are complying with the new SB 41 requirements.

The OPM estimates 20 routine surveys will be impacted in FY 2027-28 (year two of the triennial survey cycle) and 21 routine surveys will be impacted in FY 2028-29 (year three of the triennial survey cycle) and ongoing. In addition, the OPM also anticipates conducting two non-routine surveys annually beginning in 2028-29, as a result of the enactment of SB 41.

The OPM is requesting the following resources to address the additional workload:

1.0 Attorney III, increasing to 2.0 Attorney III in 2027-28 and ongoing
These positions will participate in implementation activities, work groups and other forums involved in the development of implementation regulations throughout 2026-27 and 2027-28. These positions will also provide ongoing complex legal review and consultation related to health plan compliance monitoring of PBMs, as well as coordinate and provide complex legal guidance during the review of health plan filings and surveys, material modifications and amendment filings.

1.0 Health Program Specialist II
This position will provide ongoing analysis and administrative support for SB 41 survey activities, including the preparation of reports and supporting documentation. This position will collaborate with legal and vendor teams to regularly update compliance tools, ensuring they reflect the latest changes in law and regulations and making necessary revisions.

Consultant Funding
The OPM is requesting consulting funding of $30,000 in 2026-27, decreasing to $21,000 in 2027-28 and annually thereafter to support statistical consultation and assistance with health plan survey methodologies and tools. These services will help assess and identify compliance issues related to health plan compliance reviews of PBMs through log analysis and targeted file review.

The OPM also requests consulting funding of $14,000 in 2026-27, $30,000 in 2027-28, $46,000 in 2028-29 and annually thereafter for clinical and pharmaceutical consultants to support health plan compliance and PBM oversight by revising survey tools, assisting with data and file selection and conducting clinical file reviews. The proposed consulting funding is based on OPM's experience with similar contracts and an anticipated hourly rate of $200 for statistical consultants and $350 for clinical consultants.

The work performed by the clinical and statistical consultants requires the use of highly specialized expertise that is not available through the civil service system. Additionally, utilizing consultant contracts will provide flexibility to access expertise in various clinical areas that are not available when limited to a specific civil service classification.

The DMHC estimates the OPM costs to be one position and $294,000 in 2026-27, increasing to three positions and $815,000 in 2027-28, three positions and $806,000 in 2028-29 and annually thereafter.

Office of Enforcement (OE)

The DMHC's OE handles the enforcement needs of the DMHC, including referrals from offices within the DMHC that review the activities of health plans and PBMs for compliance with statute and regulation requirements.

The OE anticipates sixteen investigative referrals annually and four significant matter enforcements referrals beginning in 2026-27, increasing to fifteen enforcement referrals beginning in 2028-29 and each fiscal year thereafter following the passage of SB 41.

The OE is requesting the following resources to address the additional workload:

1.0 Attorney III
This position will be responsible for providing legal support to investigate the highly complex referral cases, including the preparation of investigative discoveries, evaluating response, and providing oversight of the investigation and course of resolution.

1.0 Attorney
This position will be responsible for providing legal support to investigate referral cases, including the preparation and oversight of the investigation and course of resolution. Other responsibilities include performing legal review and analysis of the findings reports, conducting legal research of statutes, responding to legal questions during the investigations and developing response strategies.

Legal Software Licensing Costs
The OE is requesting $4,000 in 2026-27 and ongoing for legal software licensing to support the enforcement position identified in this proposal. The DGS service fee related to this procurement is minimal and will be absorbed within the DMHC's existing budget.

The DMHC estimates the OE costs to be two positions and $499,000 in 2026-27, two positions and $483,000 in 2027-28 and annually thereafter.

Office of Technology and Innovation (OTI)

The DMHC's OTI is responsible for all DMHC IT-related facets, including application/system development and support, procurement and management of IT assets, data security and supporting staff members' IT needs. OTI anticipates additional annual software licensing costs for the new employees included in this proposal.

The DMHC estimates the OTI costs to be $42,000 in 2026-27, $48,000 in 2027-28 and annually thereafter for software licensing costs.

Office of Administrative Services (OAS)

The DMHC's OAS is responsible for all administrative support services for the DMHC, including human resources, labor relations, training, EEO (Equal Employment Opportunity), DEIB (Diversity, Equity, Inclusion and Belonging), employee wellness, health and safety, accounting, budgeting, facilities management, business services, contracts, procurements, organizational effectiveness and improvement, business continuity planning, policies management and strategic planning

The OAS anticipates additional legal education costs to support the new legal positions.

The DMHC estimates the OAS costs to be $8,000 in 2026-27, $10,000 in 2027-28 and annually thereafter for legal education software licensing.

C. Departmentwide and Statewide Considerations

This proposal aligns with the DMHC's mission to support health plan members' access to equitable, high-quality, timely, and affordable health care within the health care delivery system. This proposal also aligns with the DMHC's strategic plan to regulate fairly, efficiently and effectively and foster a culture of excellence.

This proposal also supports the California Health and Human Services Agency's strategic priority to Build a Healthy California for All by monitoring for and addressing barriers to care in health plans' delivery systems to support access to care.

D. Outcomes and Accountability

Approval of this proposal will provide the DMHC with the necessary resources to implement the requirements of SB 41.

E. Implementation Plan

The DMHC will begin implementing the requirements of SB 41 on July 1, 2026.

F. Supplemental Information

This request will be funded through annual assessment of the health plans during 2026-27 that are regulated by the DMHC. Beginning in 2027-28, the PBMs will be assessed annually based on their adjudicated pharmacy claims of the PBMs.

Attachment A: BCP Fiscal Detail Sheet

Attachment B: Workload Standards

Attachment C: Current Org Chart

Attachment D: Proposed Org Chart

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Pharmacy Benefit Managers (SB 41)

BR Name: 4150-026-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Positions - Permanent	0	7	9	9	9	9
Total Positions	**0**	**7**	**9**	**9**	**9**	**9**
Earnings - Permanent	0	867	1,123	1,123	1,123	1,123
Total Salaries and Wages	**$0**	**$867**	**$1,123**	**$1,123**	**$1,123**	**$1,123**
Total Staff Benefits	0	566	731	731	731	731
Total Personal Services	**$0**	**$1,433**	**$1,854**	**$1,854**	**$1,854**	**$1,854**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	16	23	23	23	23
5302 - Printing	0	7	9	9	9	9
5304 - Communications	0	14	18	18	18	18
5306 - Postage	0	7	9	9	9	9
5320 - Travel: In-State	0	28	48	48	48	48
5322 - Training	0	28	36	36	36	36
5340 - Consulting and Professional Services - Interdepartmental	0	2	2	2	2	2
5340 - Consulting and Professional Services - External	0	70	84	91	91	91
5346 - Information Technology	0	53	61	61	61	61
5368 - Non-Capital Asset Purchases - Equipment	0	63	25	9	9	9
Total Operating Expenses and Equipment	**$0**	**$288**	**$315**	**$306**	**$306**	**$306**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$1,721**	**$2,169**	**$2,160**	**$2,160**	**$2,160**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 3447 - Pharmacy Benefit Manager Fund	0	1,721	2,169	2,160	2,160	2,160
Total State Operations Expenditures	**$0**	**$1,721**	**$2,169**	**$2,160**	**$2,160**	**$2,160**
Total All Funds	**$0**	**$1,721**	**$2,169**	**$2,160**	**$2,160**	**$2,160**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3870 - Health Plan Program	0	1,721	2,169	2,160	2,160	2,160
Total All Programs	**$0**	**$1,721**	**$2,169**	**$2,160**	**$2,160**	**$2,160**

Personal Services Details

Positions

Positions	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
4800 - Staff Svcs Mgr I	0	1	1	1	1	1
5393 - Assoc Govtl Program Analyst	0	2	2	2	2	2
5778 - Atty	0	1	1	1	1	1
5780 - Attorney IV	0	1	1	1	1	1
5795 - Attorney III	0	2	3	3	3	3
8336 - Hlth Program Spec II	0	0	1	1	1	1
Total Positions	**0**	**7**	**9**	**9**	**9**	**9**

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
4800 - Staff Svcs Mgr I	0	100	100	100	100	100
5393 - Assoc Govtl Program Analyst	0	164	164	164	164	164
5778 - Atty	0	120	120	120	120	120
5780 - Attorney IV	0	169	169	169	169	169
5795 - Attorney III	0	314	471	471	471	471
8336 - Hlth Program Spec II	0	0	99	99	99	99
Total Salaries and Wages	**$0**	**$867**	**$1,123**	**$1,123**	**$1,123**	**$1,123**

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150450 - Medicare Taxation	0	13	16	16	16	16
5150500 - OASDI	0	54	70	70	70	70
5150630 - Retirement - Public Employees - Miscellaneous	0	271	351	351	351	351
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	16	22	22	22	22
5150900 - Staff Benefits - Other	0	212	272	272	272	272
Total Staff Benefits	**$0**	**$566**	**$731**	**$731**	**$731**	**$731**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$1,433**	**$1,854**	**$1,854**	**$1,854**	**$1,854**

WORKLOAD STANDARDS
Help Center (HC)
1 Associate Governmental Program Analyst

Activities/ Tasks	Tasks Per Year	Hours Per Task	2026-27/ Ongoing Total Hours
Initial review of complaint information and application data fields.	176	0.30	53
Review application documents.	176	1.30	229
Review plan response and supporting documents.	176	1.60	282
Draft and send RFI to health plan and/or provider.	176	1.30	229
Track RFI due dates and calendar.	176	0.30	53
Phone calls to health plan and/or providers.	176	0.60	106
Draft initial Issue Summary.	176	0.50	88
Review health plan and/or provider RFI response and associated documents.	176	0.31	54
Extension request processing.	176	0.60	106
Input case notes following RFI receipt.	176	1.30	229
Consult with lead/manager.	176	0.30	53
Draft and send legal referral to Legal Affairs Branch/Office of Enforcement.	176	0.30	53
Input case notes following consult.	176	0.30	53
Recover payment information, select close reasons and findings.	176	0.60	106
Resolution Summary.	176	0.30	53
Log and track case closure.	176	0.30	53
Total Hours Worked			**1,800**
Number of Positions Required			**1**

WORKLOAD STANDARDS
Office Plan Licensing (OPL)
1 Attorney IV

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2029-30/ Ongoing Tasks Per Year	2026-27 Hours per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2029-30/ Ongoing Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29 Total Hours	2029-30 /ongoing Total Hours
Lead detailed legal research to determine the scope of contracts, documents and policies and procedures held by health plans and held by pharmacy benefit managers (PBMs) that would need to be submitted and reviewed to verify compliance.	1	0	0	0	80	80	80	80	80	0	0	0
Lead the design and draft of two separate All Plan Letters (APL) and filing review checklists to be utilized by (a) health plans and (b) PBMs to demonstrate compliance with the bill.	2	0	0	0	40	40	40	40	80	0	0	0
Lead Health Plan Stakeholder engagement and review stakeholder feedback on the APLs.	1	0	0	0	40	40	40	40	40	0	0	0
Lead PBM Stakeholder engagement and review stakeholder feedback on the APLs.	1	0	0	0	40	40	40	40	40	0	0	0
Lead detailed legal research to prepare internal guidance to be used in filing review to support uniform and accurate review by OPL staff of health plan and PBM filings.	1	0	0	0	80	80	80	80	80	0	0	0
Lead workgroup to determine and develop enhancements to the eFiling Database for health plans and PBMs to submit the required filings, such as creating new exhibit selections in eFiling drop down menu.	1	0	0	0	40	40	40	40	40	0	0	0
Lead pre-filing conferences with health plans prior to submission of new filings.	31	1	1	1	2	2	2	2	62	2	2	2

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2029-30/ Ongoing Tasks Per Year	2026-27 Hours per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2029-30/ Ongoing Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29 Total Hours	2029-30 /ongoing Total Hours
Lead pre-filing conferences with PBMs prior to submission of new filings.	19	1	1	1	2	2	2	2	38	2	2	2
Review the following exhibits that would be filed by health plans: Contracts with PBMs, Health plan policies and procedures, Individual subscriber contracts, Group subscriber contracts, Individual disclosure forms, Group disclosure forms, Individual EOC and Group EOC.	31	31	31	31	6	6	6	6	186	186	186	186
Review all subsequent amendments for health plans and PBMs. Comment letters will need to be drafted to address any deficiencies, and responses to those comment letters will need to be reviewed and analyzed for compliance.	31	31	31	31	15	23	23	23	465	713	713	713
Review PBM policies and procedures, and contracts with payers to confirm fiduciary obligations are met.	19	19	19	19	2	6	6	6	38	114	114	114
Review PBM policies and procedures, and contracts with non-affiliated pharmacies to determine compliance with nondiscrimination requirements.	19	19	19	19	6	6	6	6	114	114	114	114
Review PBM policies and procedures, and various contracts with pharmacies and payers to determine compliance with anti-steering requirements.	19	19	19	19	6	6	6	6	114	114	114	114
Review PBM policies and procedures, and contracts with manufacturers, payers, and pharmacies to determine compliance with PBM income requirements.	19	19	19	19	6	6	6	6	109	114	114	114

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2029-30/ Ongoing Tasks Per Year	2026-27 Hours per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2029-30/ Ongoing Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29 Total Hours	2029-30 /ongoing Total Hours
Review PBM policies and procedures, and contracts with pharmacies to determine compliance with payment of prescription drug claim requirements.	19	19	19	19	2	6	6	6	38	114	114	114
Review PBM policies and procedures, and advertisement materials to determine compliance with advertising requirements and ensuring no obstruction for timely access to prescription drugs.	19	19	19	19	3	6	6	6	57	114	114	114
Review PBM contracts with manufacturers to verify compliance with spread pricing and exclusivity prohibition requirements.	19	19	19	19	3	6	6	6	57	114	114	114
Lead meetings with health plans and PBMs to address any questions or issue feedback regarding substance of filings.	45	45	45	45	2	1	2	2	90	61	69	77
Lead internal meetings with the PBM compliance team to confirm consistency of filing review and address any issues arising from compliance filings.	24	18	12	12	2	2	2	1	48	27	24	17
Meet with PBM consultants.	24	12	6	3	1	1	1	2	24	11	6	5
Total Hours Worked									**1,800**	**1,800**	**1,800**	**1,800**
Number of Positions Required									**1**	**1**	**1**	**1**

WORKLOAD STANDARDS
Office Plan Licensing (OPL)
1 Staff Services Manager I

Activities/ Tasks	Tasks Per Year	Hours Per Task	2026-27/ Ongoing Total Hours
Recruiting, hiring, and onboarding of positions from this fiscal and replace any positions of those that may have promoted.	1	100	100
Oversee, mentor and direct team including managing workflow, delegating assignments and monitoring work performance.	1	80	80
Provide guidance with the design filing review guidelines for internal and external checklists and All Plan Letters.	1	50	50
Attend and oversee meetings with stakeholders, pertinent DMHC programs, and other state agencies.	1	6	6
Enhancements to databases	2	600	1200
Weekly management, team and 1-1 meetings.	52	7	364
Total Hours Worked			**1,800**
Number of Positions Required			**1**

WORKLOAD STANDARDS
Office Plan Licensing (OPL)
1 Associate Governmental Program Analyst

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28 Hours Per Task	2028-29/ Ongoing Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Assist with research to determine criteria and requirements for implementation.	1	0	0	40	40	40	40	0	0
Assist with the development of compliance implementation.	1	0	0	40	40	40	40	0	0
Assist with the filing review guidelines for external and internal review.	2	2	2	80	80	80	160	160	160
Assist with developing enhancement requirements to electronic filing database.	1	1	1	600	842	854	600	842	854
Create Reports and Tracking Logs.	3	1	1	50	50	50	150	50	50
Review filings, including preparation of responsive comments for PBM filings and subsequent filing amendments.	50	50	50	1	2	2	55	100	100
Review policies and procedures and PBM documents for compliance, including preparation of responsive comments for plan filings and subsequent filing amendments.	50	50	50	1	2	2	55	100	100
Attend internal meetings with the PBM compliance team to confirm consistency of filing review and address any issues arising from compliance filings.	24	18	12	2	2	2	48	36	24
Participate in external meetings with health plans and PBMs to address any questions or issue feedback regarding substance of filings.	45	45	45	3	3	3	135	135	135
Gather data and generate reports on compliance with management and post to External Website.	3	3	3	3	3	3	9	9	9

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28 Hours Per Task	2028-29/ Ongoing Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Participate in pre-filing conferences with health plans prior to submission of new filings.	31	1	1	2	2	2	68	2	2
Participate in pre-filing conferences with PBMs prior to submission of new filings.	19	1	1	2	2	2	36	2	2
Weekly meeting with Staff Services Manager.	52	52	52	2	2	2	104	104	104
Attend Team meetings.	52	52	52	5	5	5	260	260	260
Total Hours Worked							**1,800**	**1,800**	**1,800**
Number of Positions Required							**1**	**1**	**1**

WORKLOAD STANDARDS
Office of Plan Monitoring (OPM)
Division of Plan Surveys (DPS)
1 Attorney III in 2026-27, increasing to 2 Attorney III in 2027-28/ongoing

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2026-27 Hours Per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Participate in implementation workgroups and other forums as needed. Coordinate with other programs on implementation activities. Provide consultation and review to OLS in development of implementing regulations.	26	52	0	12	12	0	308	624	0
Provide ongoing legal review and consultation to verify health plan compliance and oversight of PBM activities. Support the identification and coordination of compliance monitoring efforts, offer legal guidance to staff and assist consultants and health plans. Assist with developing training, legal memoranda and other program materials regarding compliance monitoring.	26	52	52	12	12	12	312	624	624
Review language assistance documents filed by health plans and PBMs to meet new requirements. DPS anticipates all plans will file material modifications because of operational changes to policies and procedures, and amendments because of changes to PBM compliance monitoring requirements. 46 plans subject to implementation filings.	46	46	0	20	20	0	920	920	0
Review health plan material modification and amendment filings submitted because of survey deficiencies and help analysts in their review of filings, as needed. Assume 50% of 46 plans (year two and ongoing) affected by the bill will submit filings.	0	23	23	0	8	8	0	184	184
Provide legal guidance, consultation and assistance in developing new and revising existing compliance survey tools (onsite questionnaire, pre-onsite document requests, Utilization Management (UM), Quality Assurance (QA), Prescription Drug (Rx), and Grievances and Appeals (GA) technical assistance guides (TAGs), Rx, UM, and GA log instructions/requirements and Rx file review worksheets (FRWs) in the event focused Rx file review is warranted based on log analysis, etc.).	1	1	0	130	130	130	130	130	0
Provide legal guidance, consultation and assistance in developing and providing training for staff and vendors on health plan compliance monitoring of PBM requirements.	1	1	0	130	130	130	130	130	0

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2026-27 Hours Per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Assist in the maintenance of training for staff and vendors. Year three and ongoing.	0	0	52	0	0	8	0	0	420
Provide legal guidance regarding Routine Survey activity related to health plan compliance monitoring of PBM requirements (assume 61 plans (year one and two) and 64 plans (year three and ongoing) are subject to assessment every three years during Routine Survey). The additional three licensed plans per year are based on historical averages.	0	20	21	0	20	20	0	400	420
Provide legal guidance to survey team on data analysis of requests for off label use and dosage of pharmacy drugs and to develop file pull strategies. Assume 25% of year two and year three and ongoing plans will require a focused file review of Pharmacy case files related to health plan compliance monitoring of PBM.	0	5	5	20	20	20	0	100	100
Provide legal review of Routine Survey Preliminary and Final Reports related to health plan compliance monitoring of PBM findings.	0	20	21	24	24	24	0	488	504
Assume 100% of the plans surveyed have uncorrected deficiencies at issuance of the Final Report and require Follow -Up Surveys. Provide legal guidance regarding Follow-Up Survey activity related to health plan compliance monitoring of PBM requirements. Year three and ongoing.	0	0	21	40	40	40	0	0	840
Assume 100% of the plans will find deficiencies remain uncorrected at Follow-Up and four will require referrals to the Office of Enforcement (OE) (four less complex). Compile supporting documents and assist Legal with OE referrals for any uncorrected deficiencies. Year three and ongoing.	0	0	4	15	15	15	0	0	60
Help OE with enforcement actions.	0	0	4	10	10	10	0	0	40
Provide legal consultation, strategy, research and analysis activities for Nonroutine Surveys. Assume two Moderately Complex Nonroutine Surveys per year.	0	0	2	120	120	120	0	0	240
Conduct legal review, analysis and revisions as needed to Nonroutine Survey Reports.	0	0	2	0	0	48	0	0	96
Draft OE referral for uncorrected deficiency related to health plan compliance monitoring of PBM requirements. Two moderately complex referrals.	0	0	2	0	0	24	0	0	48

Activities/ Tasks	2026-27 Tasks Per Year	2027-28 Tasks Per Year	2028-29 Tasks Per Year	2026-27 Hours Per Task	2027-28 Hours Per Task	2028-29 Hours Per Task	2026-27 Total Hours	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Help OE with enforcement actions.	0	0	1	0	0	24	0	0	24
Total Hours Worked							**1,800**	**3,600**	**3,600**
Number of Positions Required							**1**	**2**	**2**

WORKLOAD STANDARDS
Office of Enforcement (OE)
1 Attorney III

Activities/ Tasks	2026-27 and 2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2026-27 and 2027-28 Hours Per Task	2028-29/ Ongoing Hours Per Task	2026-27 and 2027-28 Total Hours	2028-29/ Ongoing Total Hours
Evaluate cases, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up.	0	4	40	48	0	190
Evaluate and recommend courses of action based upon evidence received and violations found, negotiate settlement and corrective action, and close enforcement action. Prepare operative documents at each stage.	0	4	40	40	0	160
Evaluate case and document production from DPS and the plan, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up.	0	2	100	200	0	400
Evaluate and recommend courses of action based upon evidence received, consultation with experts, and violations found. Research applicable law, potential violations, and potential defenses to prosecute action.	0	2	40	40	0	80
Prepare appropriate course of resolution using accusation/pleadings, including appropriate location for prosecution, or settlement without hearing.	0	2	25	25	0	50
Evaluate case and document production from the plan, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up.	4	1	345	700	1380	700
Evaluate and recommend courses of action based upon evidence received, consultation with experts, and violations found.	4	1	34	100	136	100
Prepare appropriate course of resolution using accusation/pleadings, including appropriate location for prosecution, or settlement without hearing.	4	1	28	60	112	60
Prepare law and motion prosecution and defense; or settlement document without hearing.	4	1	20	30	80	30
Research applicable law, potential violations, and potential defenses to prosecute action.	4	1	23	30	92	30

Activities/ Tasks	2026-27 and 2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2026-27 and 2027-28 Hours Per Task	2028-29/ Ongoing Hours Per Task	2026-27 and 2027-28 Total Hours	2028-29/ Ongoing Total Hours
Total Hours Worked					**1,800**	**1,800**
Number of Positions Required					**1**	**1**

WORKLOAD STANDARDS
Office of Enforcement (OE)
1 Attorney

Activities/ Tasks	**Tasks Per Year**	**Hours Per Task**	**2026-27/ Ongoing Total Hours**
Evaluate cases, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up.	16	56	901
Evaluate and recommend courses of action based upon evidence received and violations found, negotiate settlement and corrective action, and close enforcement action. Prepare operative documents at each stage.	16	56	899
Total Hours Worked			**1,800**
Number of Positions Required			**1**

WORKLOAD STANDARDS
Office of Plan Monitoring (OPM)
1 Health Program Specialist II, beginning 2027-28

Activities/ Tasks	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2027-28 Hours Per Task	2028-29 Hours Per Task	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Provide ongoing analysis and administrative support pertaining to health plan compliance monitoring of PBMs. Assist in defining compliance monitoring activities, coordinate and help DPS legal, contracted consultants, and health plans. Assist with developing other program materials regarding compliance monitoring.	52	0	9	10	468	0
Provide ongoing analysis and administrative support pertaining to health plan compliance monitoring of PBMs. Assist in defining compliance monitoring activities, coordinate and help DPS legal, contracted consultants, and health plans. Assist with developing other program materials regarding compliance monitoring. Year three and ongoing	0	52	8	4	0	208
Contribute and help in developing and providing training for staff and vendors health plan compliance monitoring of PBMs.	1	0	12	30	12	0
Develop survey scope of work and conduct initial analysis of health plan information and data. Reviews include Utilization Management (UM), Quality Assurance (QA), Prescription Drug (Rx), and Grievances and Appeals (GA), Rx and GA logs, and Rx file review worksheets (FRWs) in the event focused Rx file review is warranted based on log analysis. Each licensed health plan is subject to a Routine Survey every three years.	20	21	40	25	800	525
Conduct additional analysis of data related to PBM requirements, addressing grievance and appeals claims and coverage of Biosimilar Insulin and all pharmacy requirements. Coordinate with assigned attorney to develop focused file pull strategy related to identified concerns. Assume 25% of year two and year three and ongoing plans will require a focused file review of Pharmacy case files related to PBM compliance and patient steering.	5	5	24	15	120	75
Review and validate deficiency findings related to health plan monitoring of PBMs cited in Preliminary Report and Final Reports (assume 100% of the plans surveyed have uncorrected deficiencies at issuance of the Final Report and require Follow-Up Surveys).	20	21	20	20	400	420
Assume 100% of the plans surveyed have uncorrected deficiencies at issuance of the Final Report and require Follow -Up Surveys. Strategize with attorney and clinical consultants to develop scope of work and assistance guide, conduct analysis of health plan data and information, develop file pull strategies in preparation for Follow-Up Surveys. Year three and ongoing. Year three and ongoing.	0	21	15	15	0	315

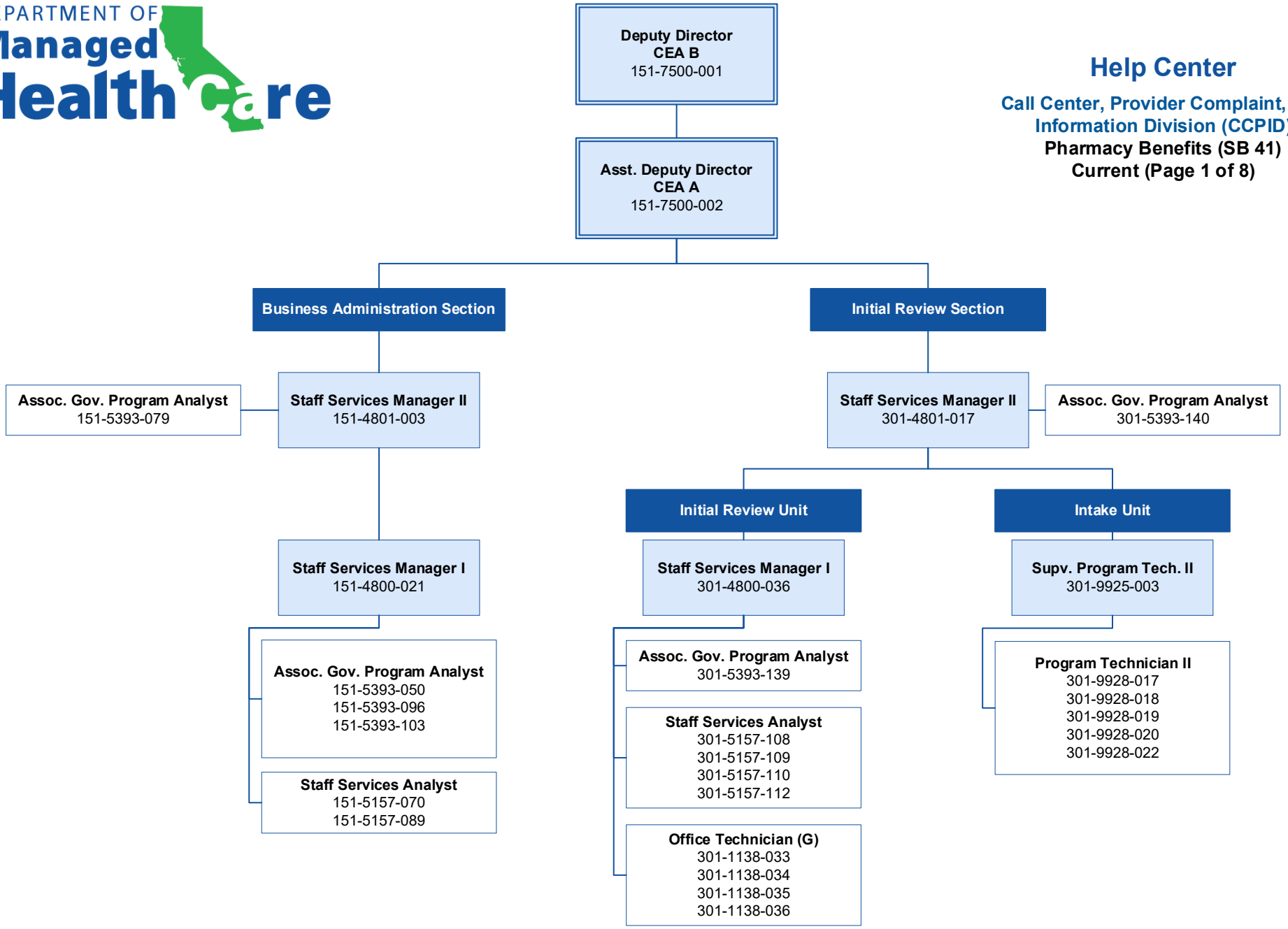
Activities/ Tasks	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	2027-28 Hours Per Task	2028-29 Hours Per Task	2027-28 Total Hours	2028-29/ Ongoing Total Hours
Assume 100% of the plans will find deficiencies remain uncorrected at Follow-Up and 25% of those will require four referrals to the Office of Enforcement (OE) (four less complex). Compile supporting documents and assist Legal with OE referrals for any uncorrected deficiencies. Year three and ongoing.	0	4	6	3	0	11
Gather information to support justification for nonroutine survey.	0	2	15	15	0	30
Develop Survey scope of work and conduct analysis of health plan information for Nonroutine Survey related to health plan compliance monitoring of PBM requirements. Assume two Nonroutine Surveys per year.	0	2	0	25	0	50
Assist in the development and/or tailoring of TAGS, FRWs and other tools for non-routine surveys.	0	2	0	25	0	50
Assist Attorney III with OE referral for any uncorrected deficiencies. One moderately complex	0	1	0	16	0	16
Monitor vendor compliance with administrative requirements, verify timely completion of deliverables/services, perform quality review of vendor performance, track issues and report to DPS management, monitor contract budget, coordinate with DPS onsite and administrative staff to aggregate vendor performance feedback, complete contractor evaluation at contract termination, develop new contracts in two-three-year intervals based on program need.	0	1	0	100	0	100
Total Hours Worked					**1,800**	**1,800**
Number of Positions Required					**1**	**1**

DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

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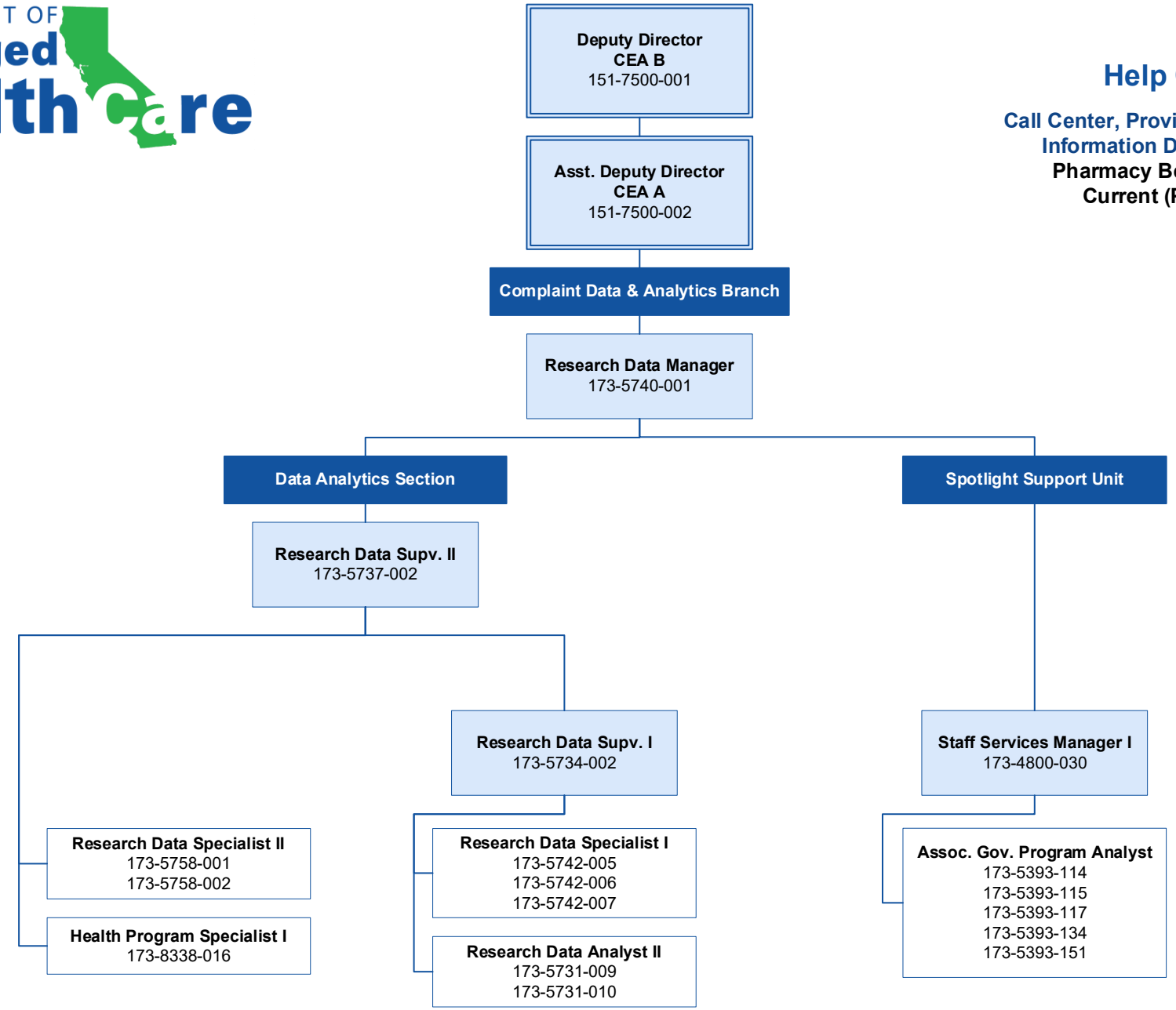


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

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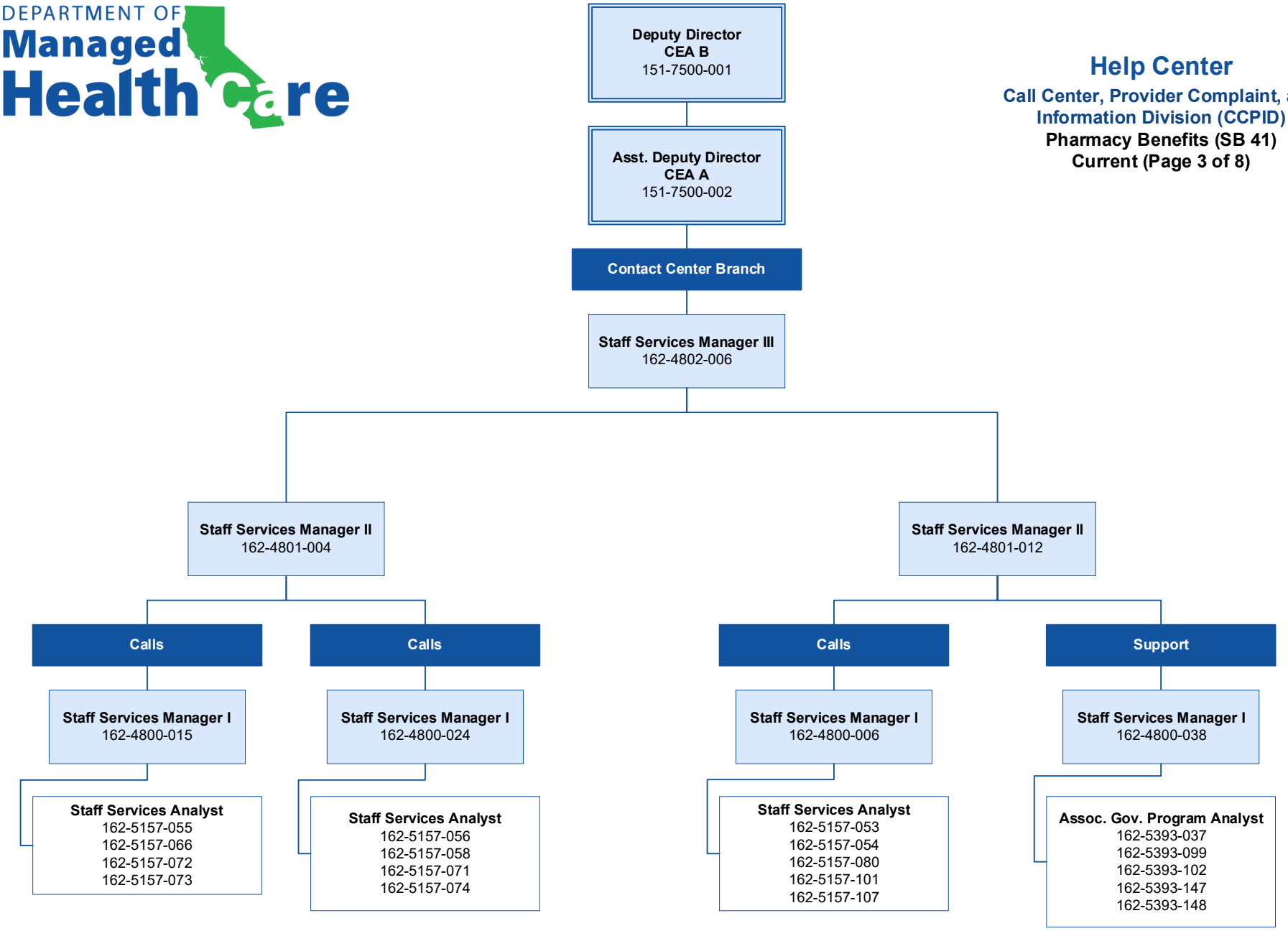


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

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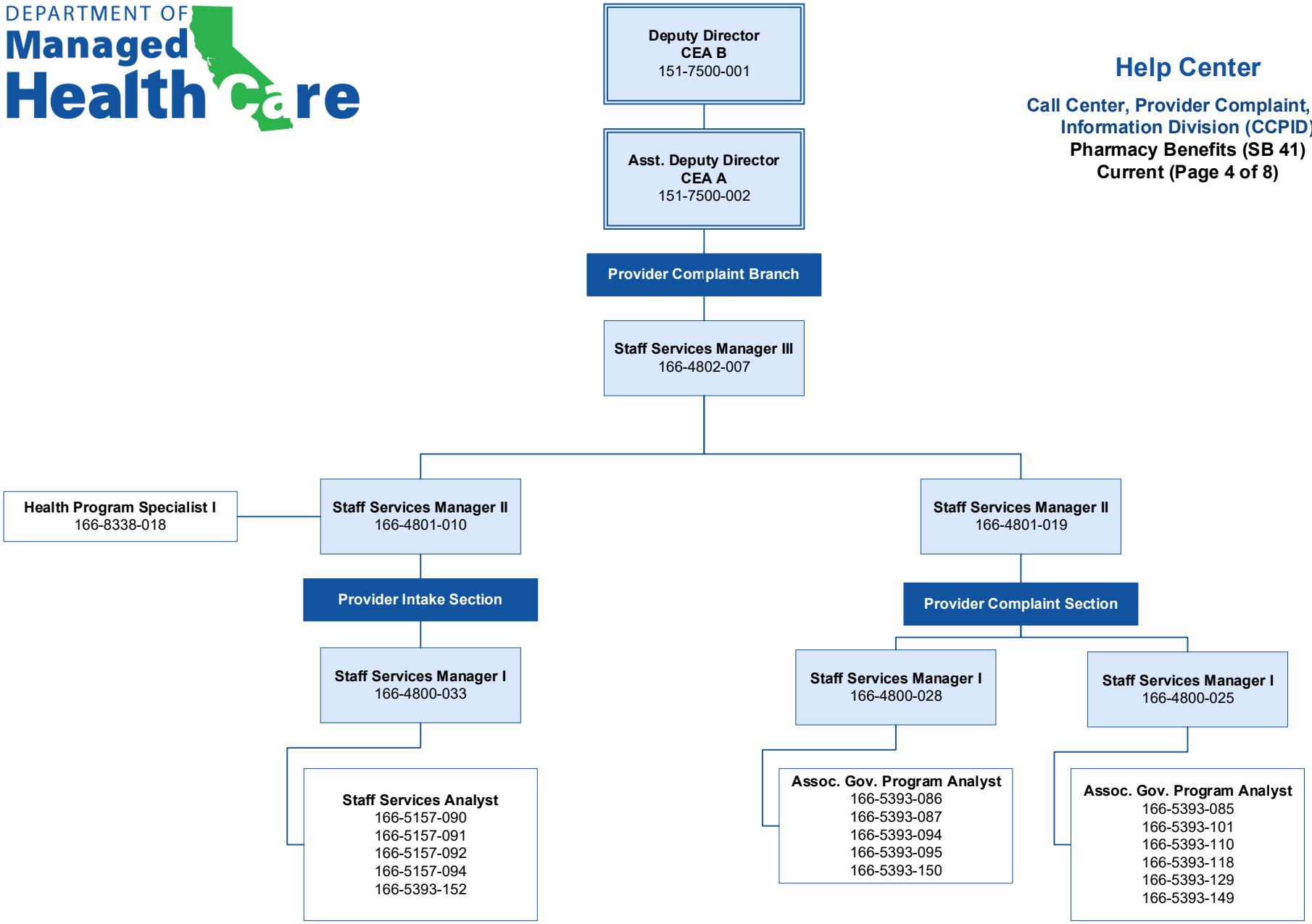


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

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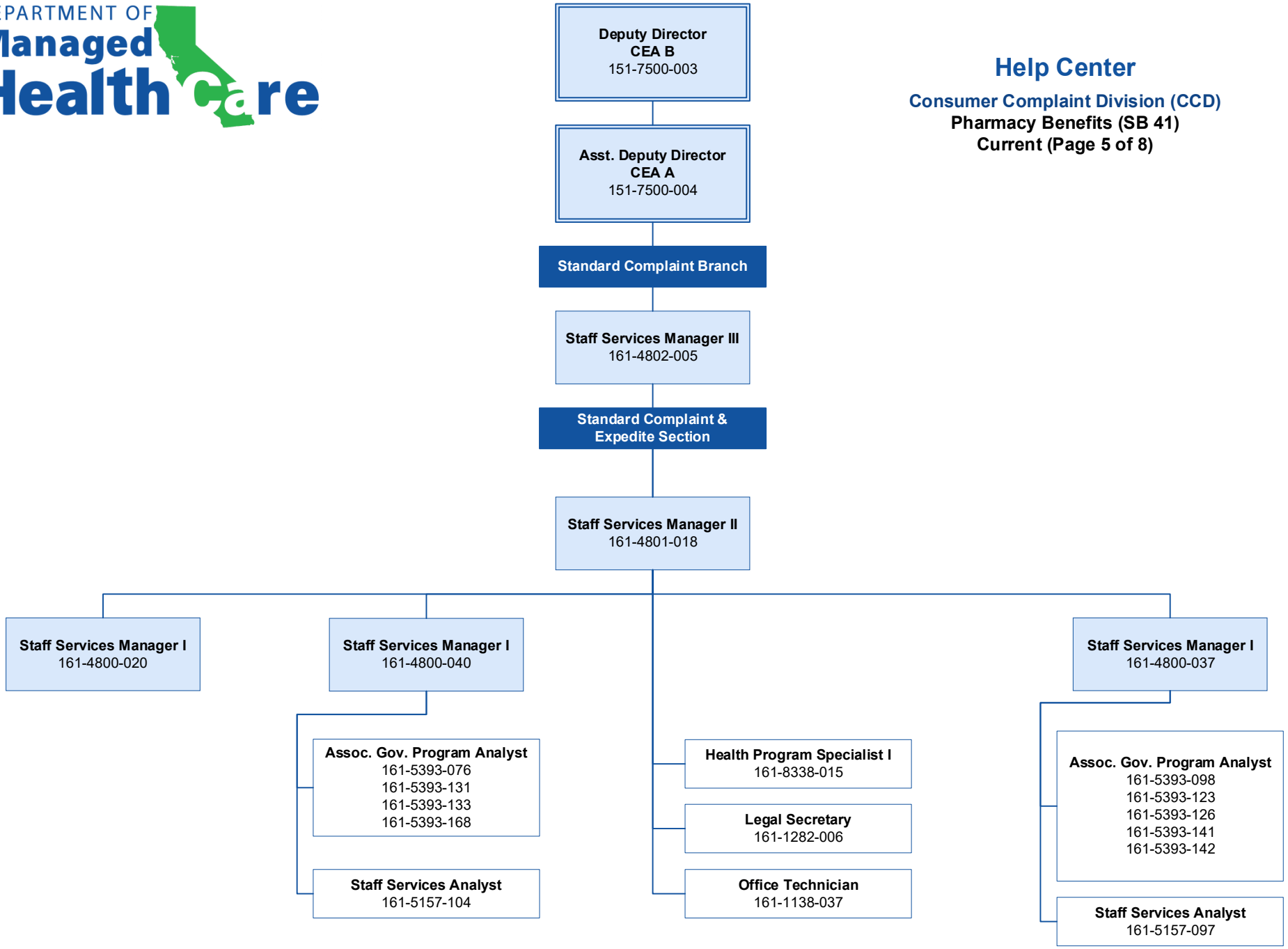


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

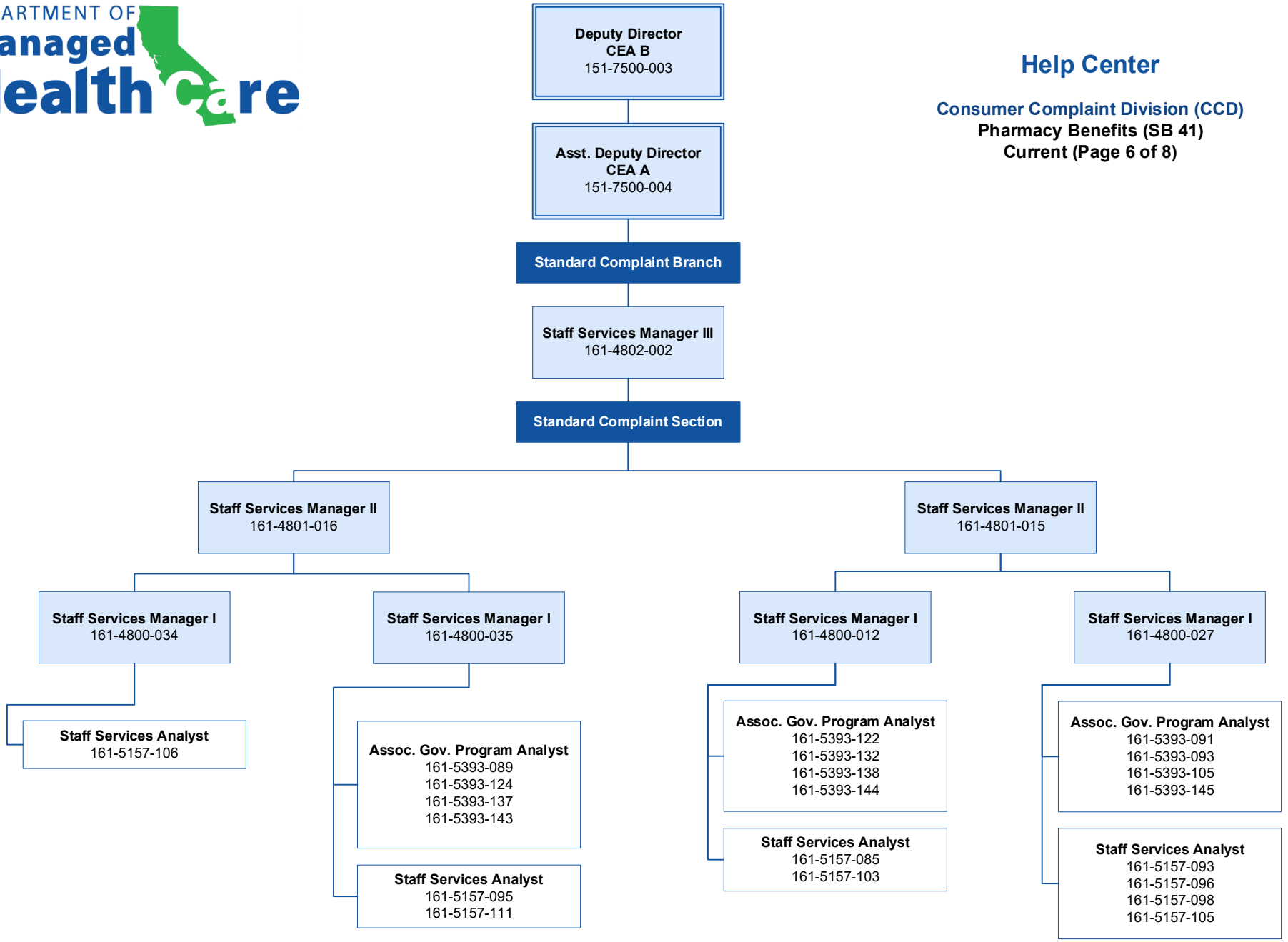
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Help Center

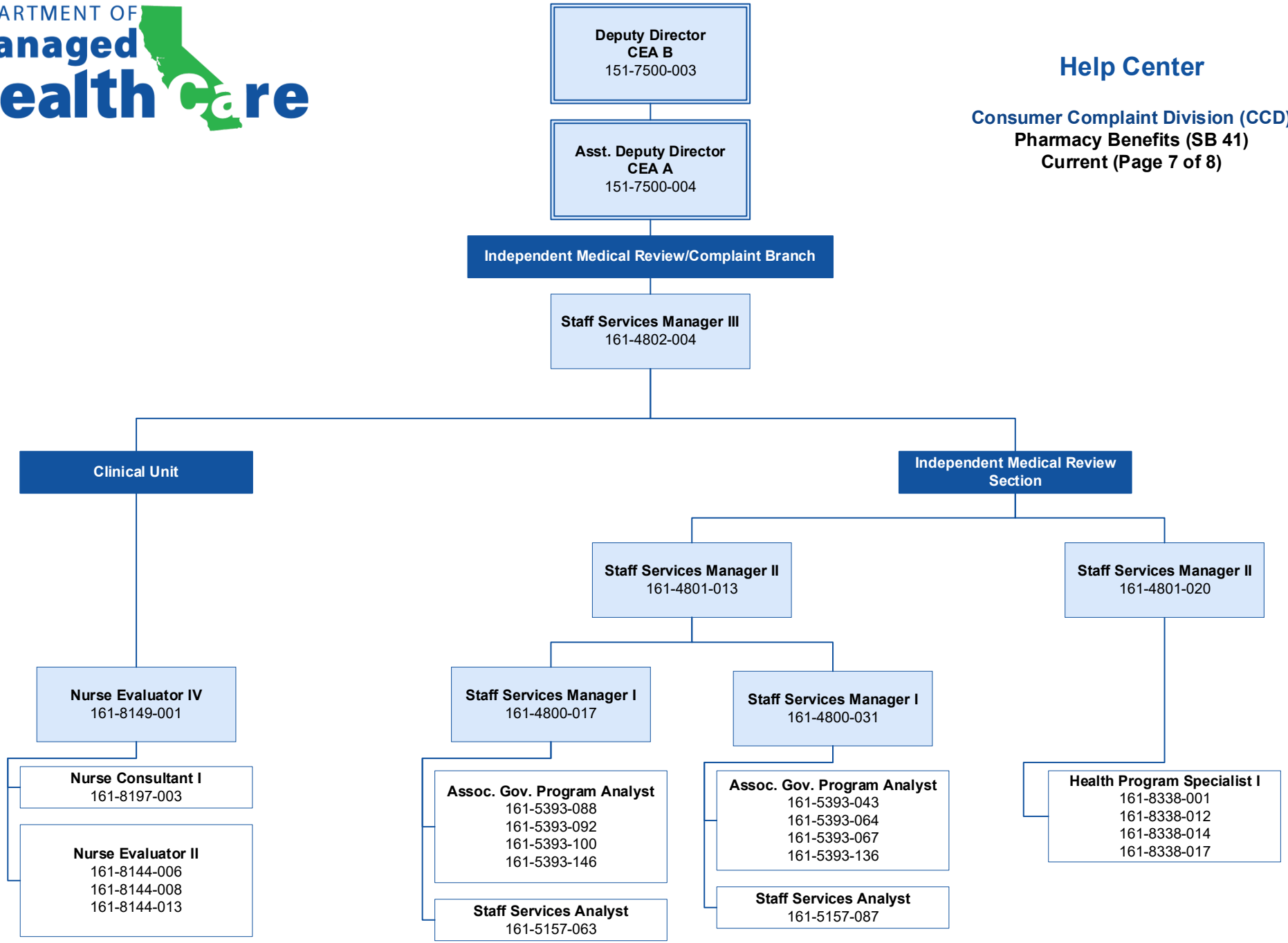
Consumer Complaint Division (CCD)
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DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)
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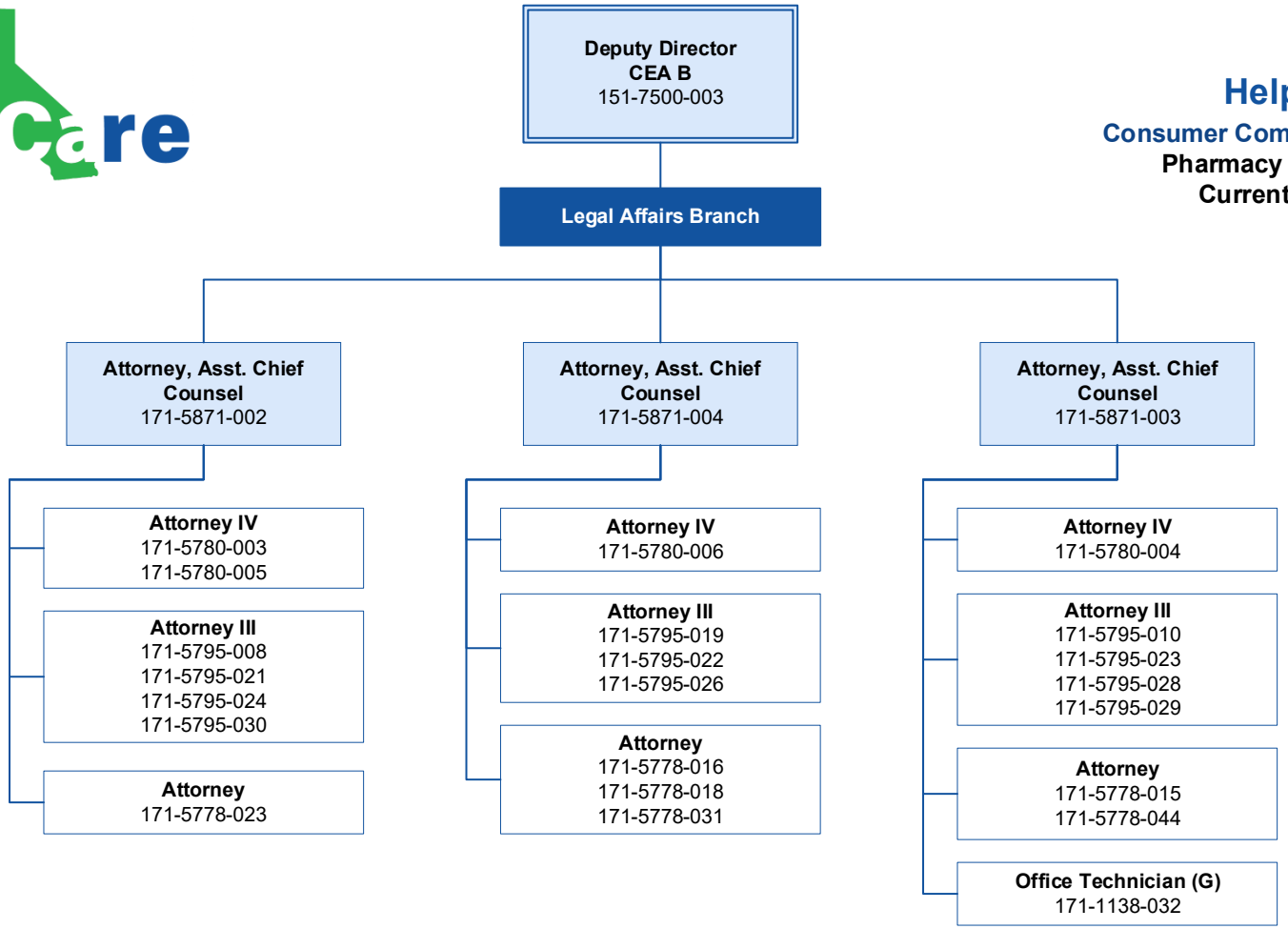


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

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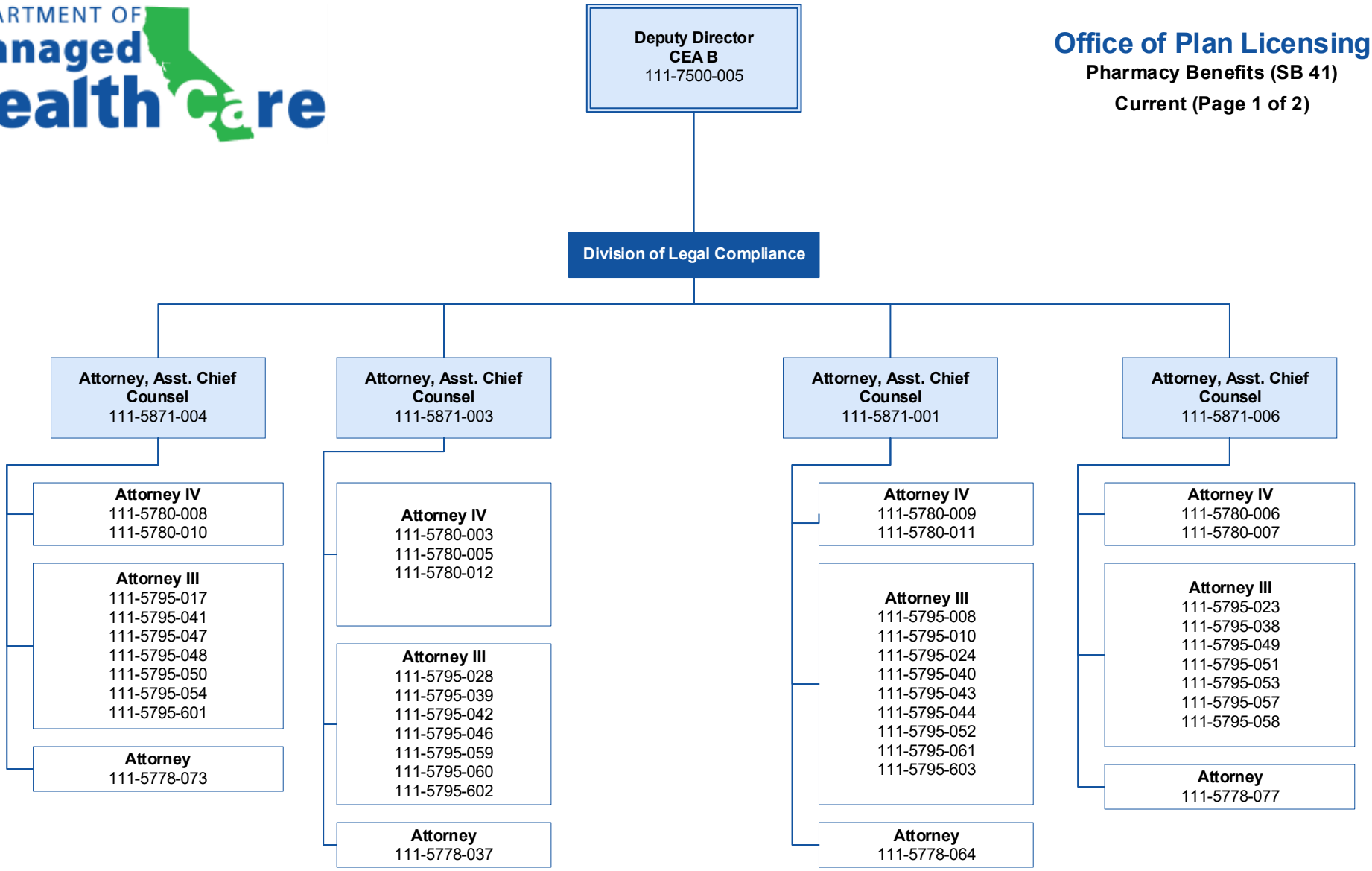


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

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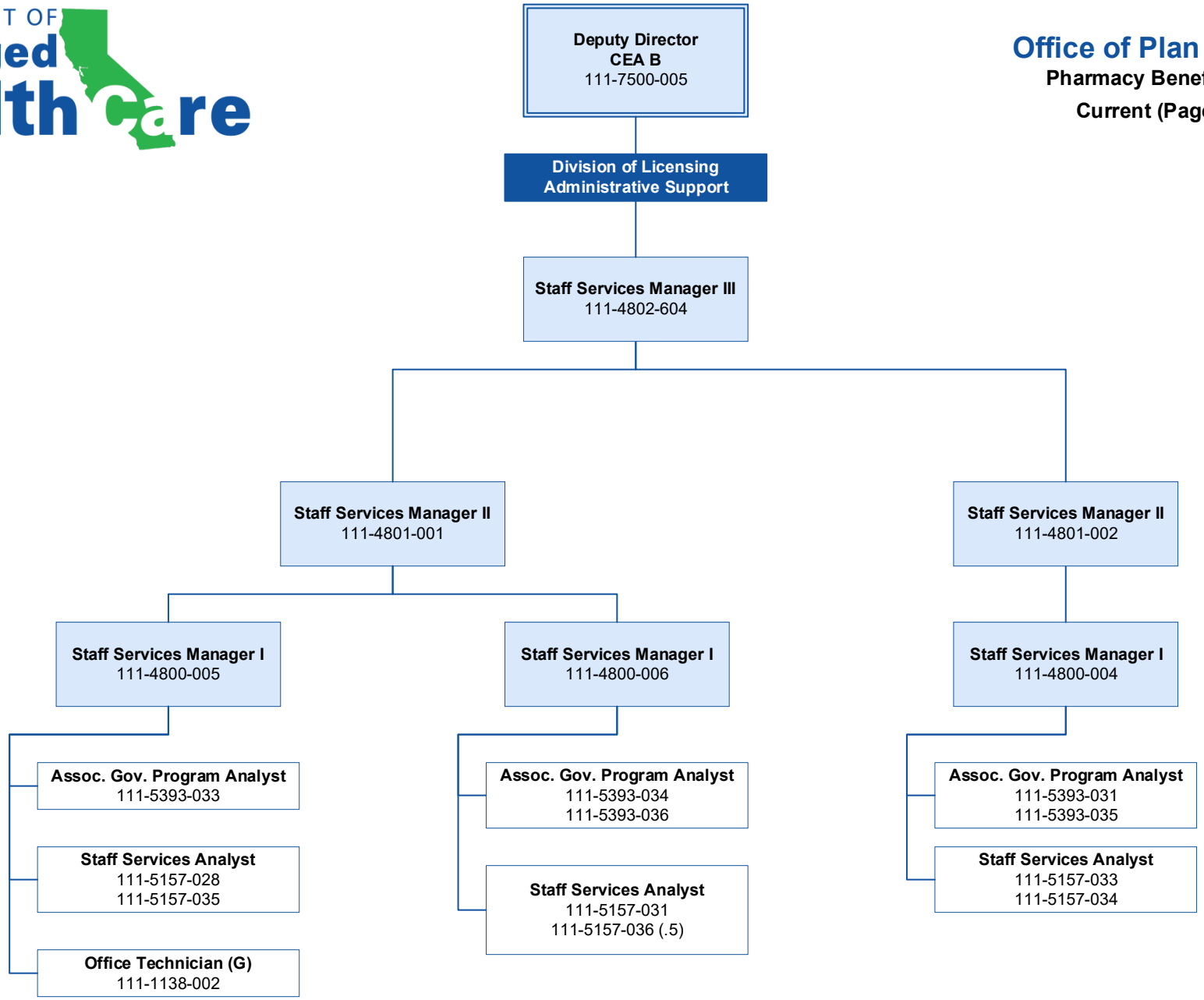


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

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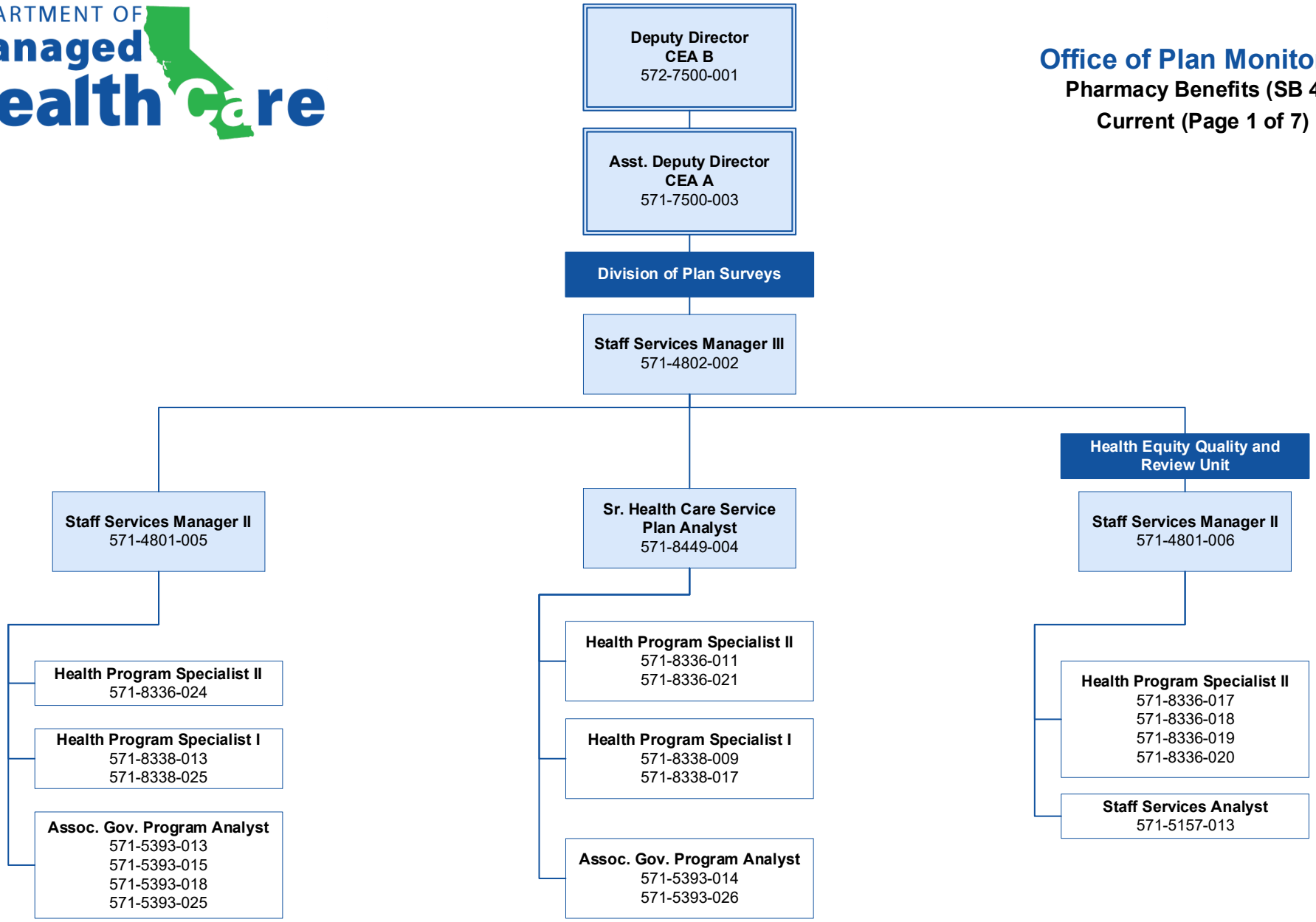


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

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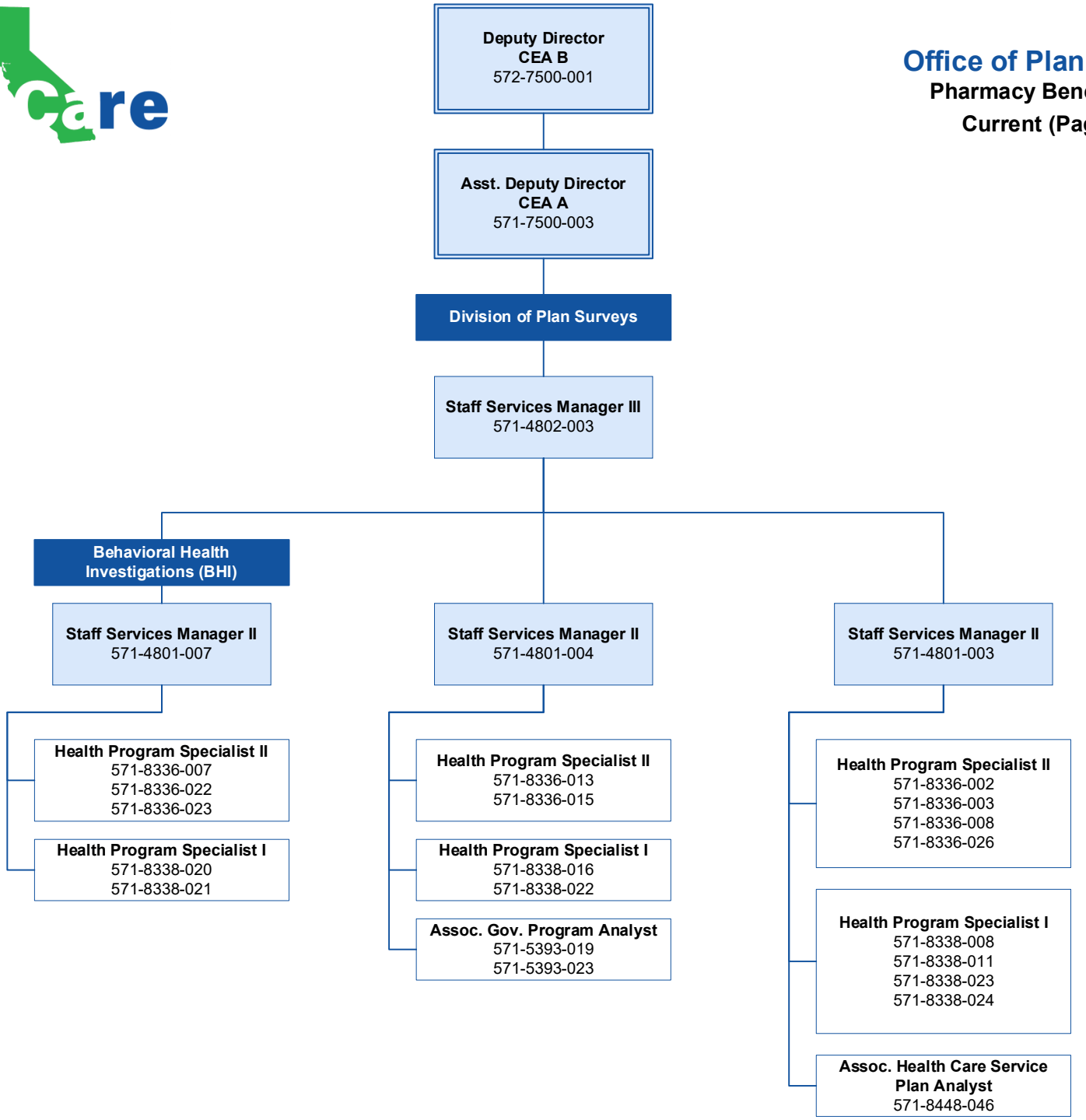


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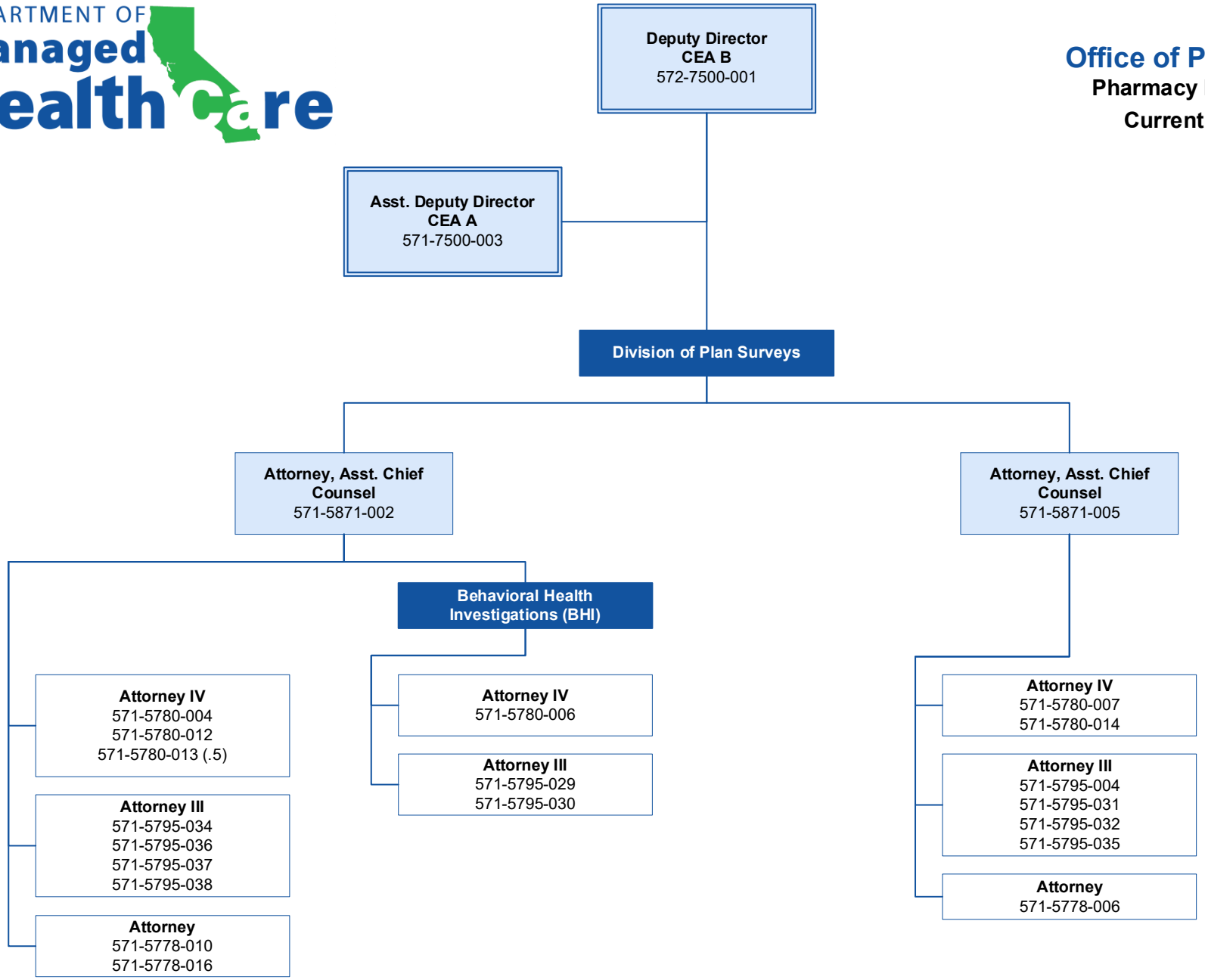


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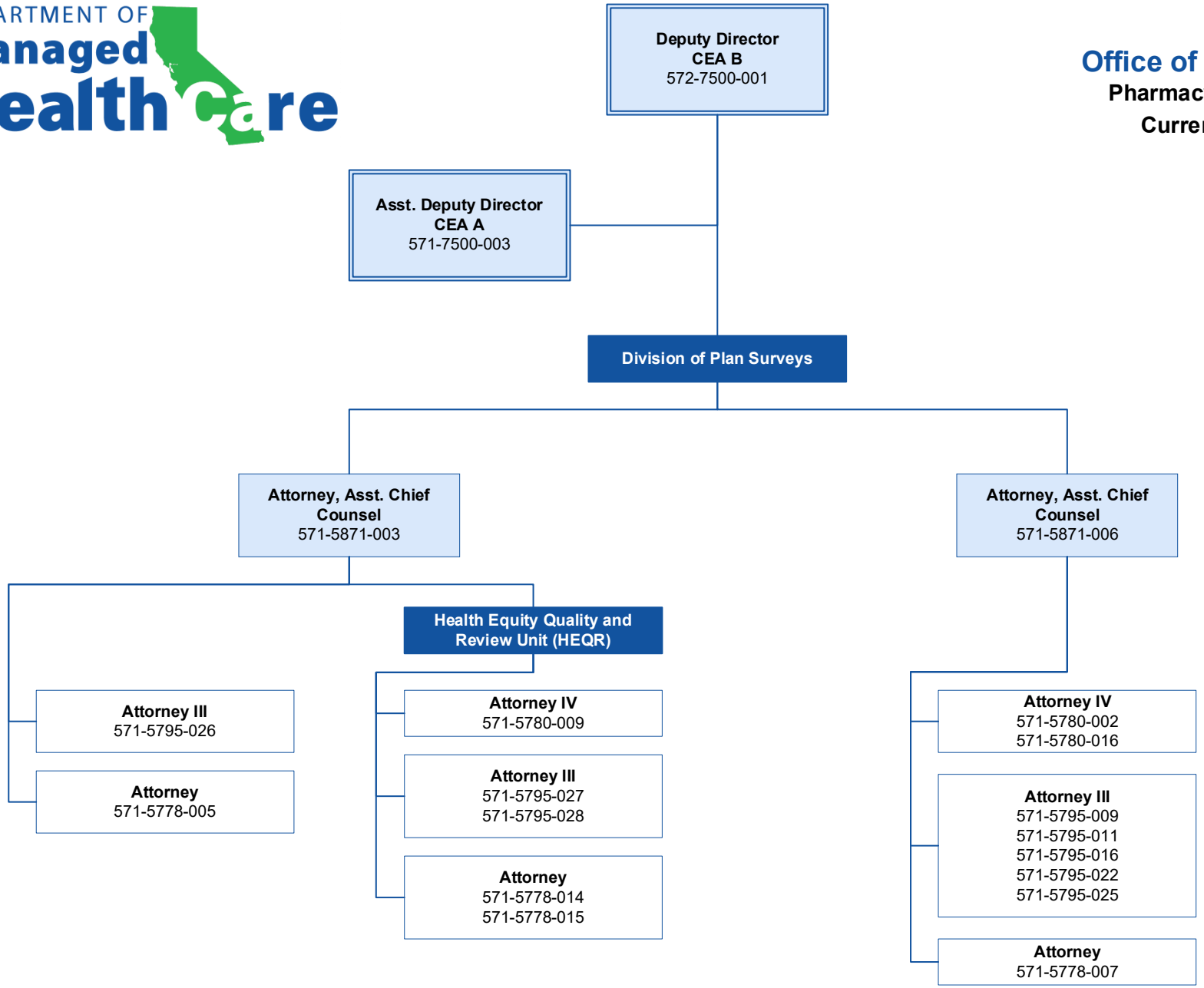


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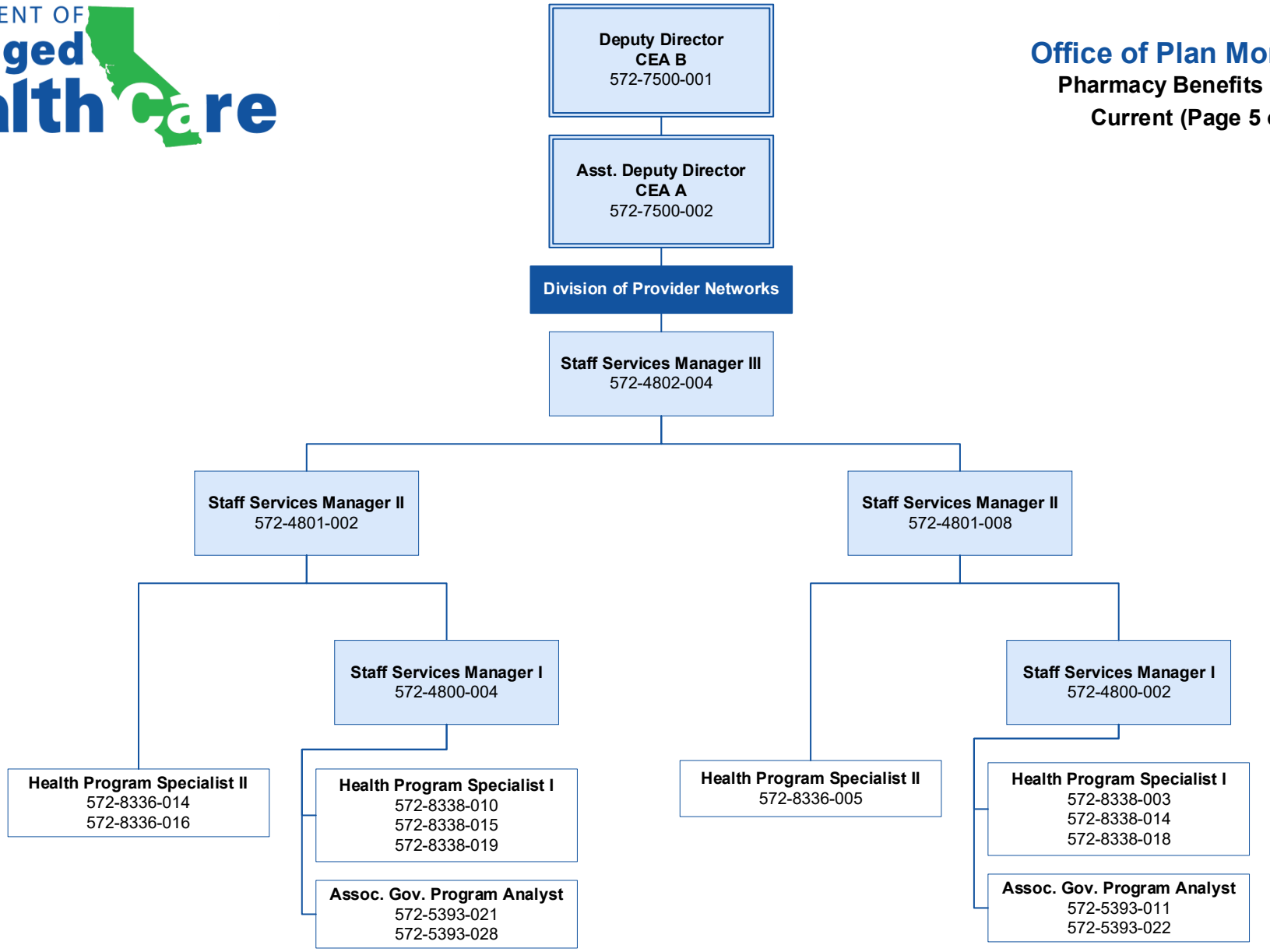


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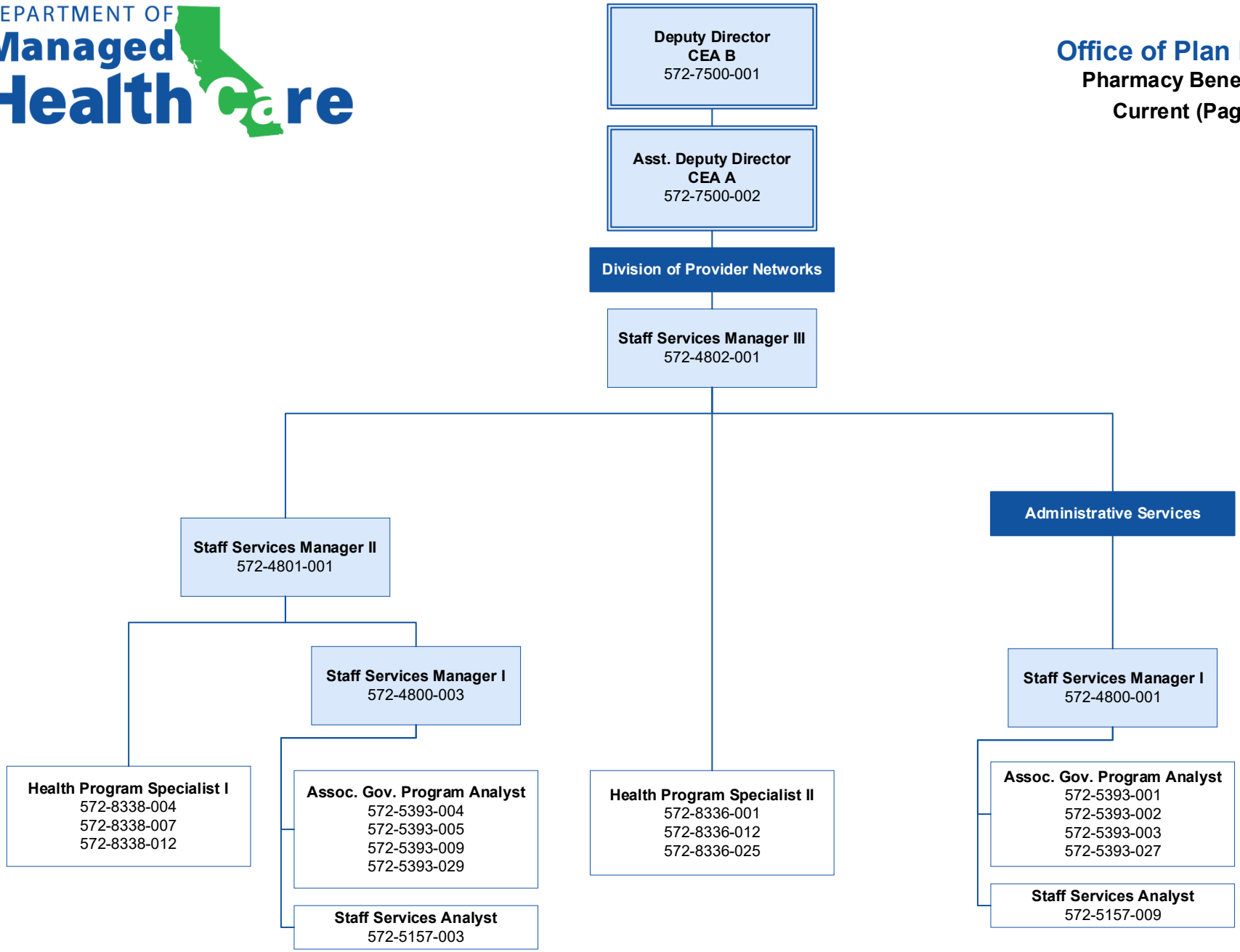


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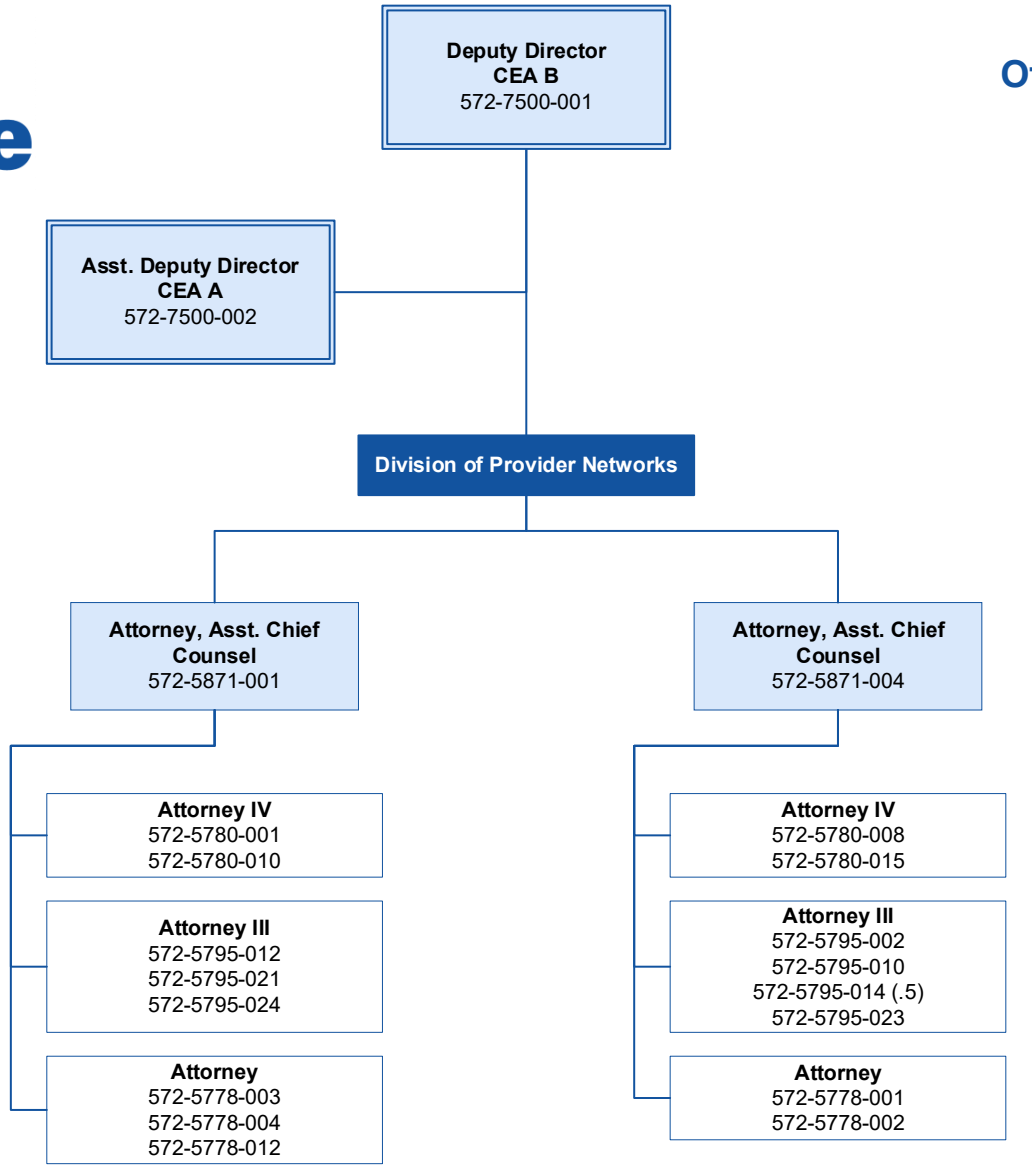


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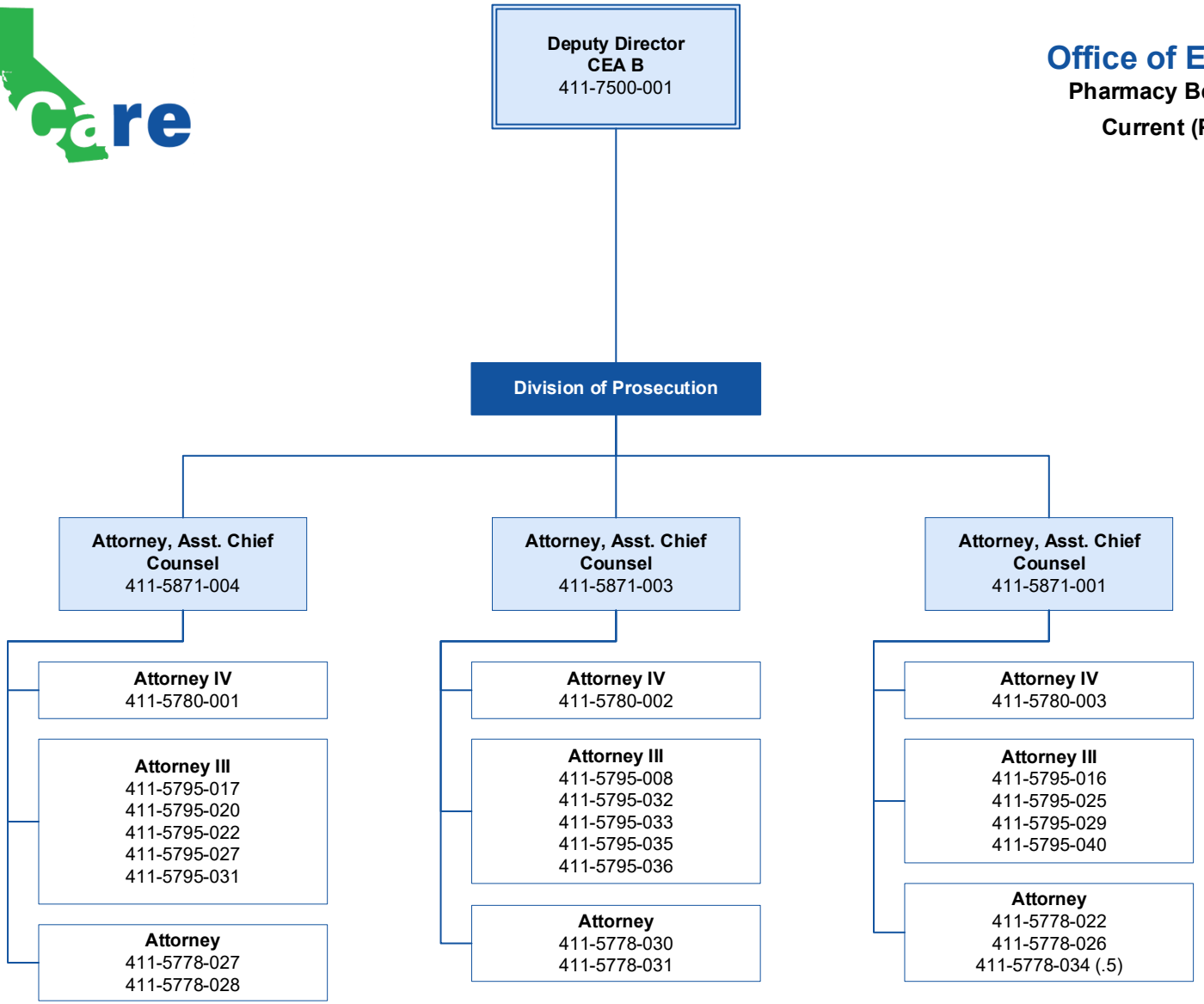


DEPARTMENT OF Managed Health Care

Office of Enforcement

Pharmacy Benefits (SB 41)

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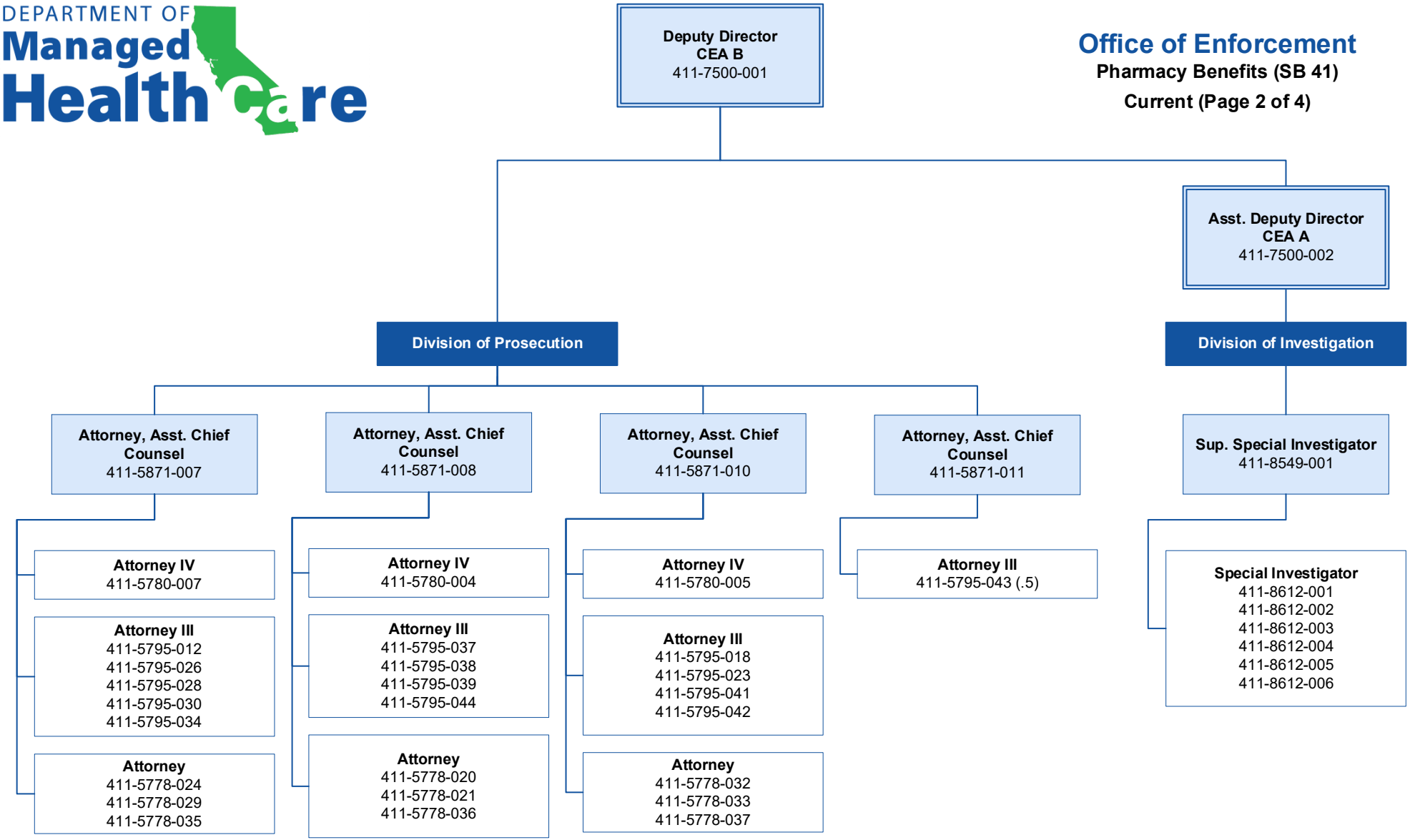


DEPARTMENT OF Managed Health Care

Office of Enforcement

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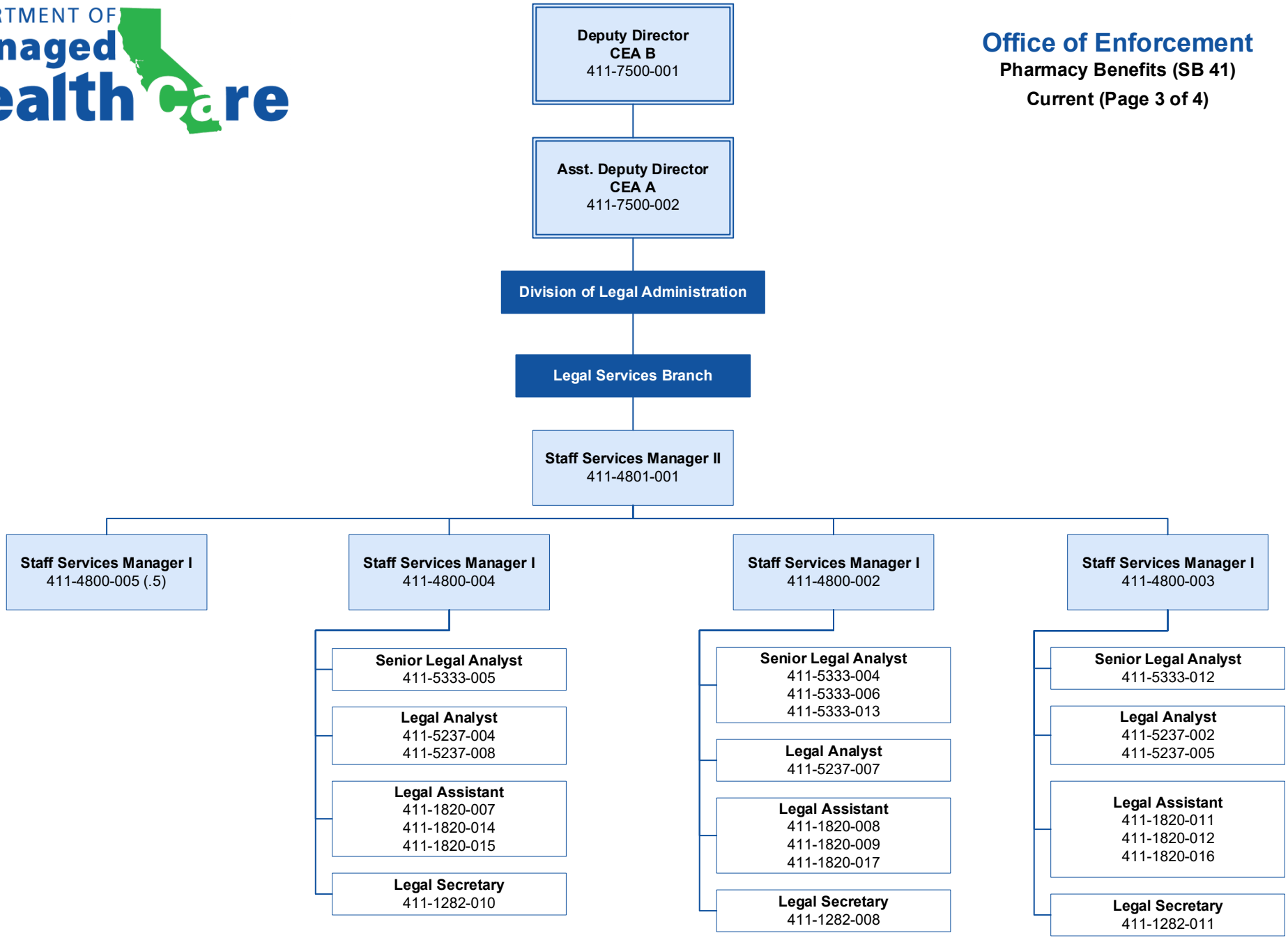


DEPARTMENT OF Managed Health Care

Office of Enforcement

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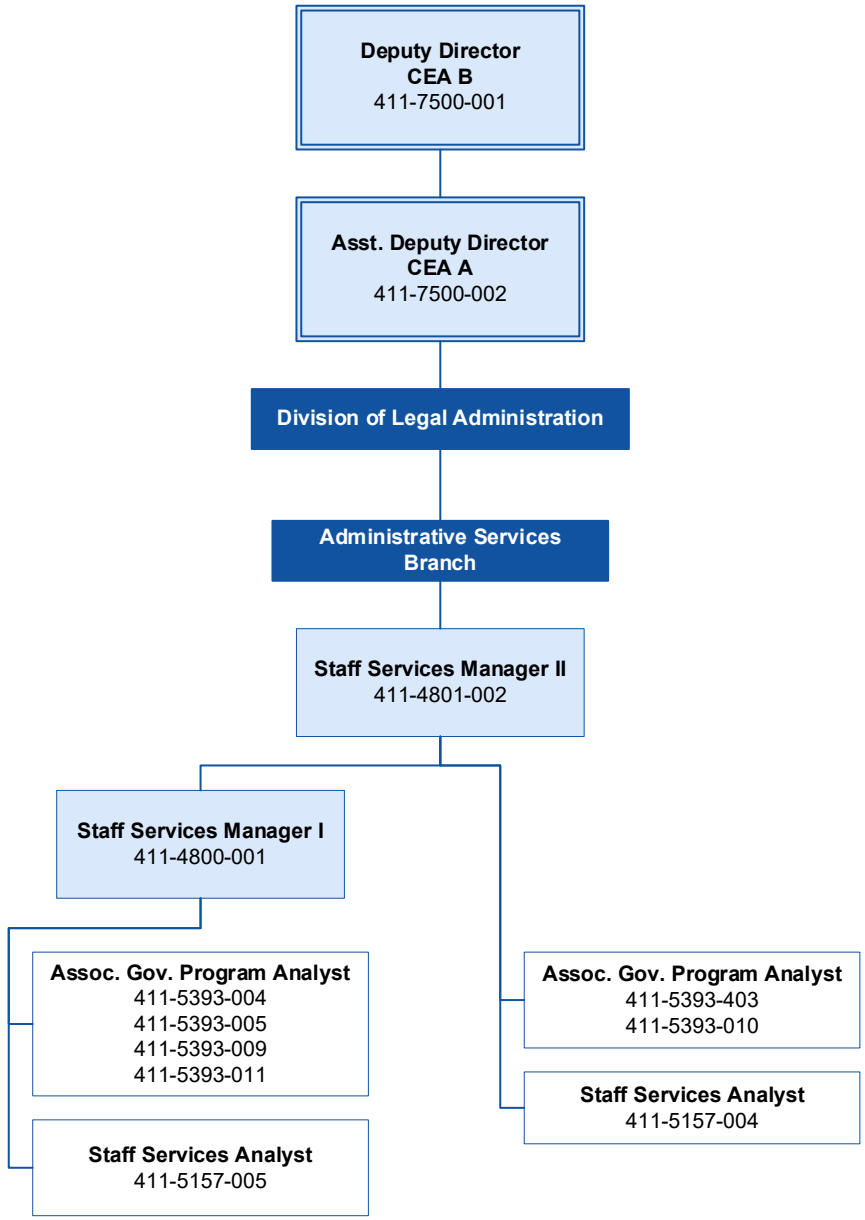


DEPARTMENT OF Managed Health Care

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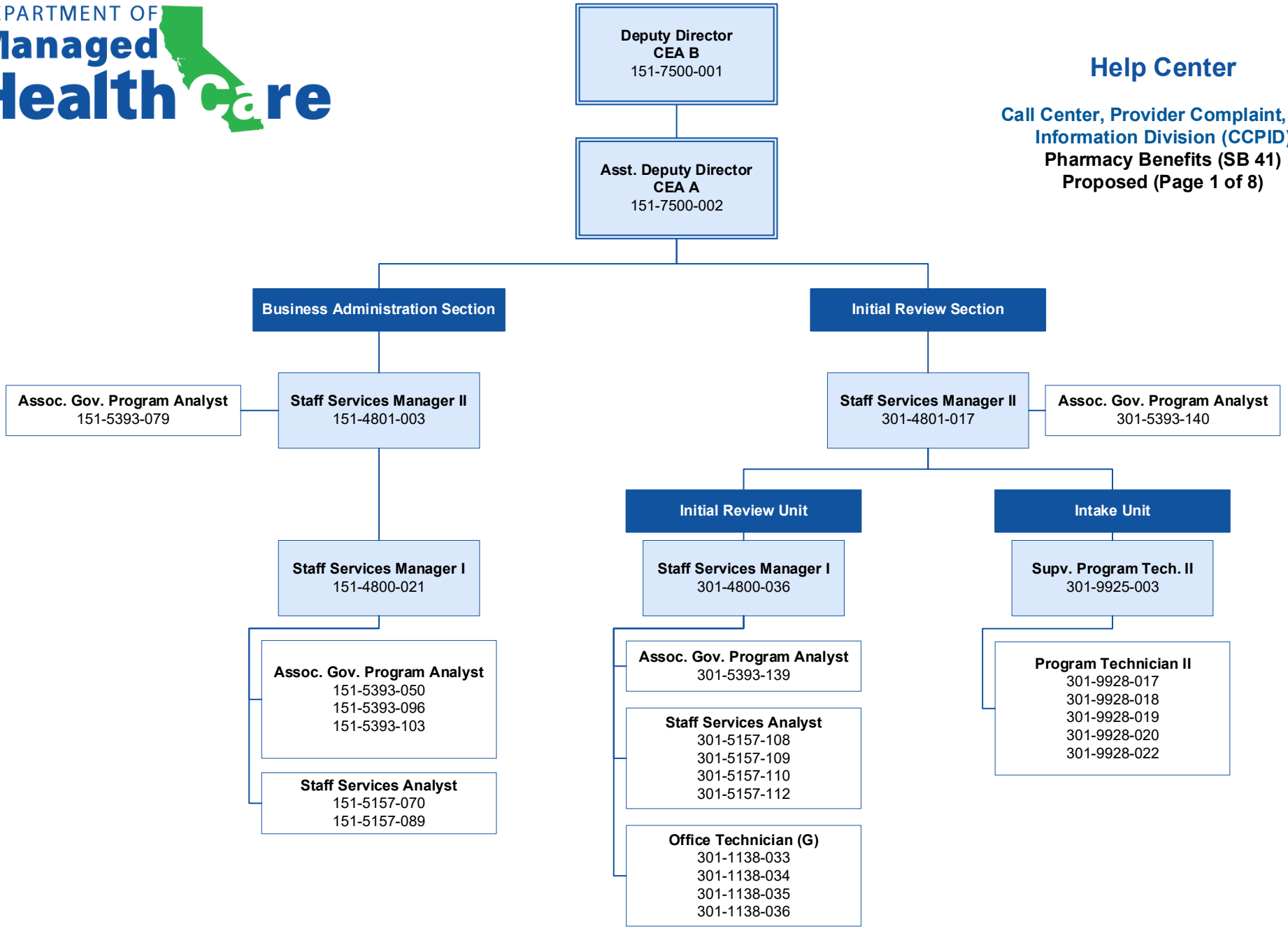


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Pharmacy Benefits (SB 41)
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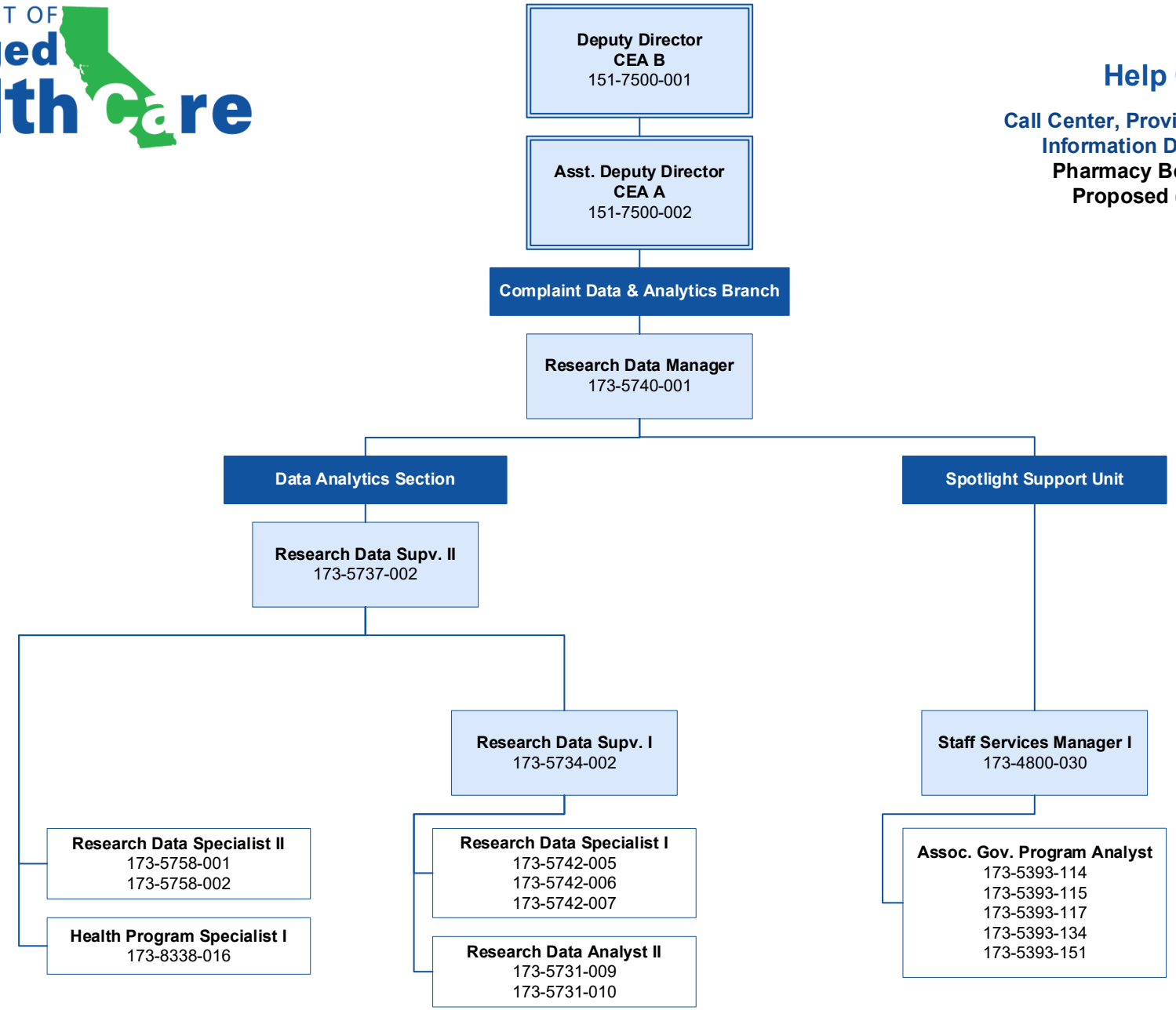


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Pharmacy Benefits (SB 41)
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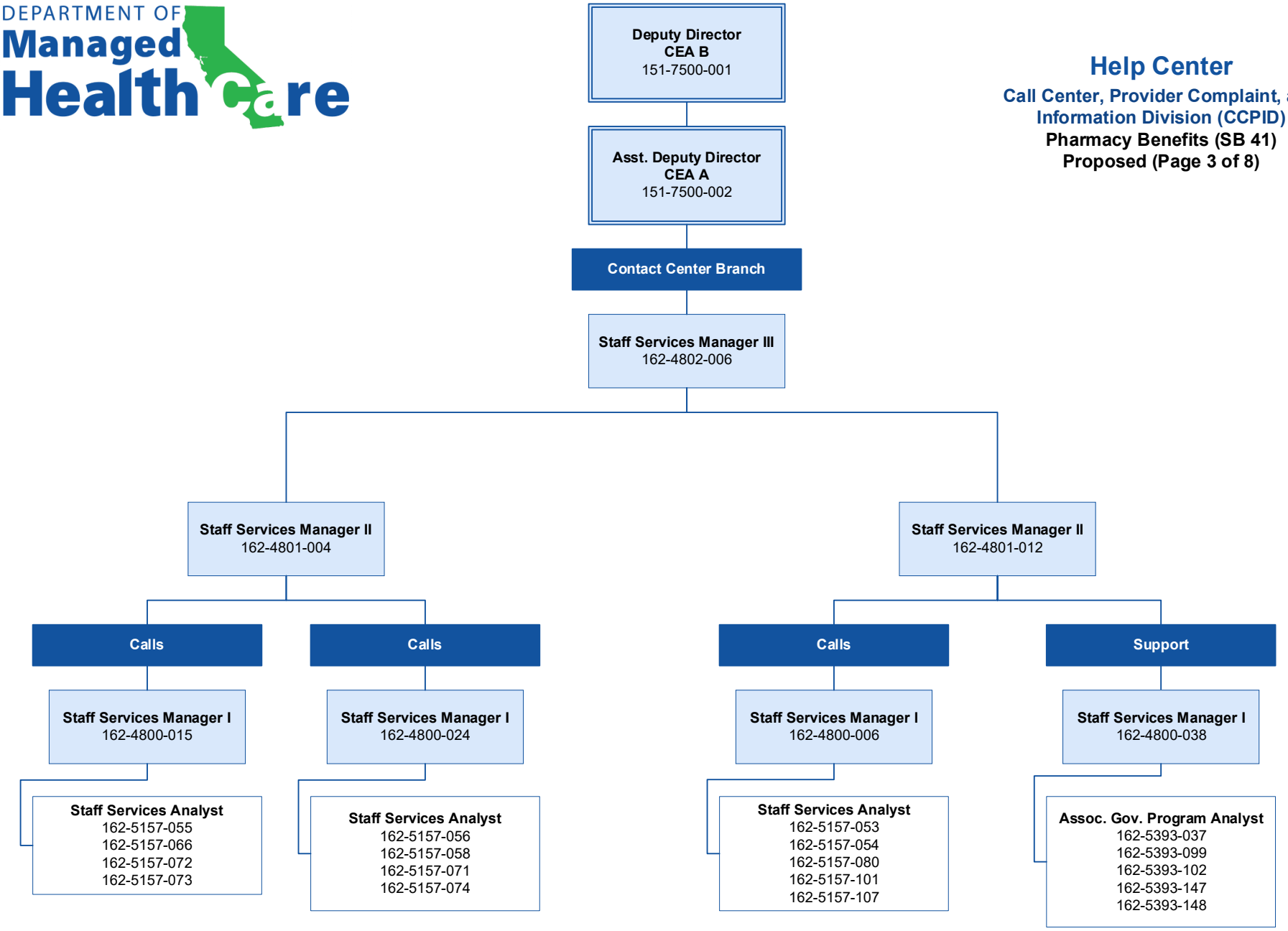


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Pharmacy Benefits (SB 41)
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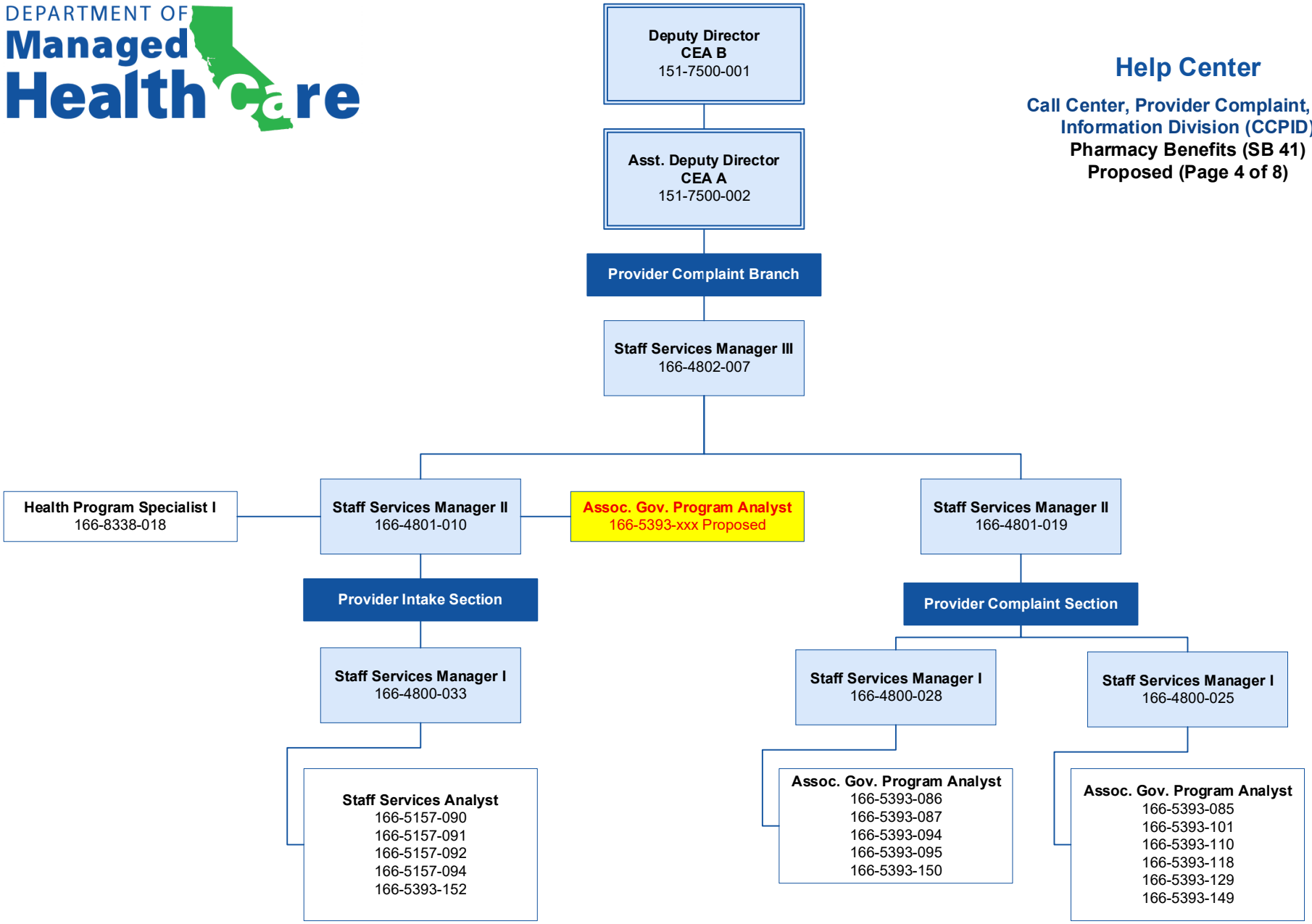


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Pharmacy Benefits (SB 41)
Proposed (Page 4 of 8)

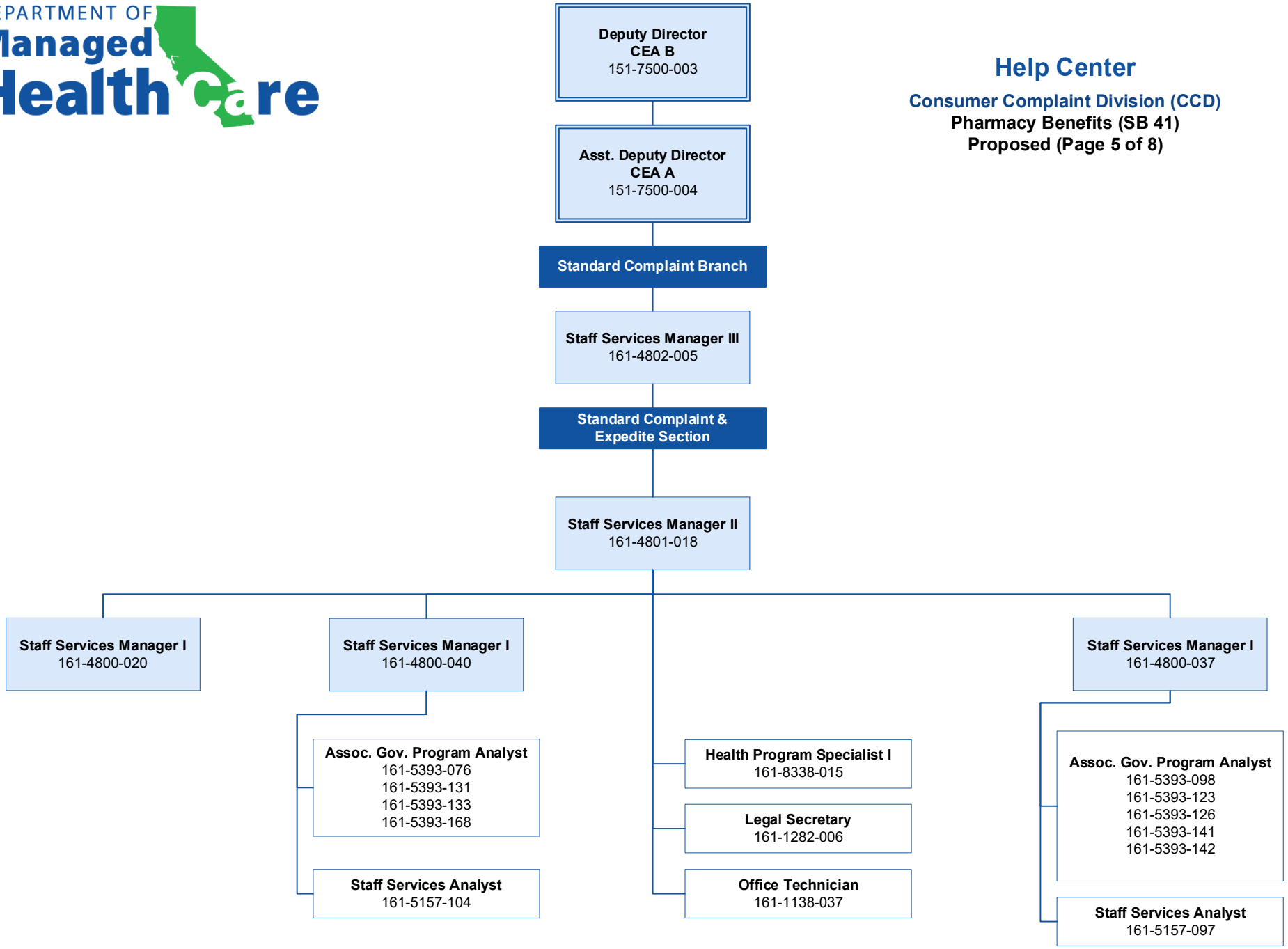


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Pharmacy Benefits (SB 41)
Proposed (Page 5 of 8)

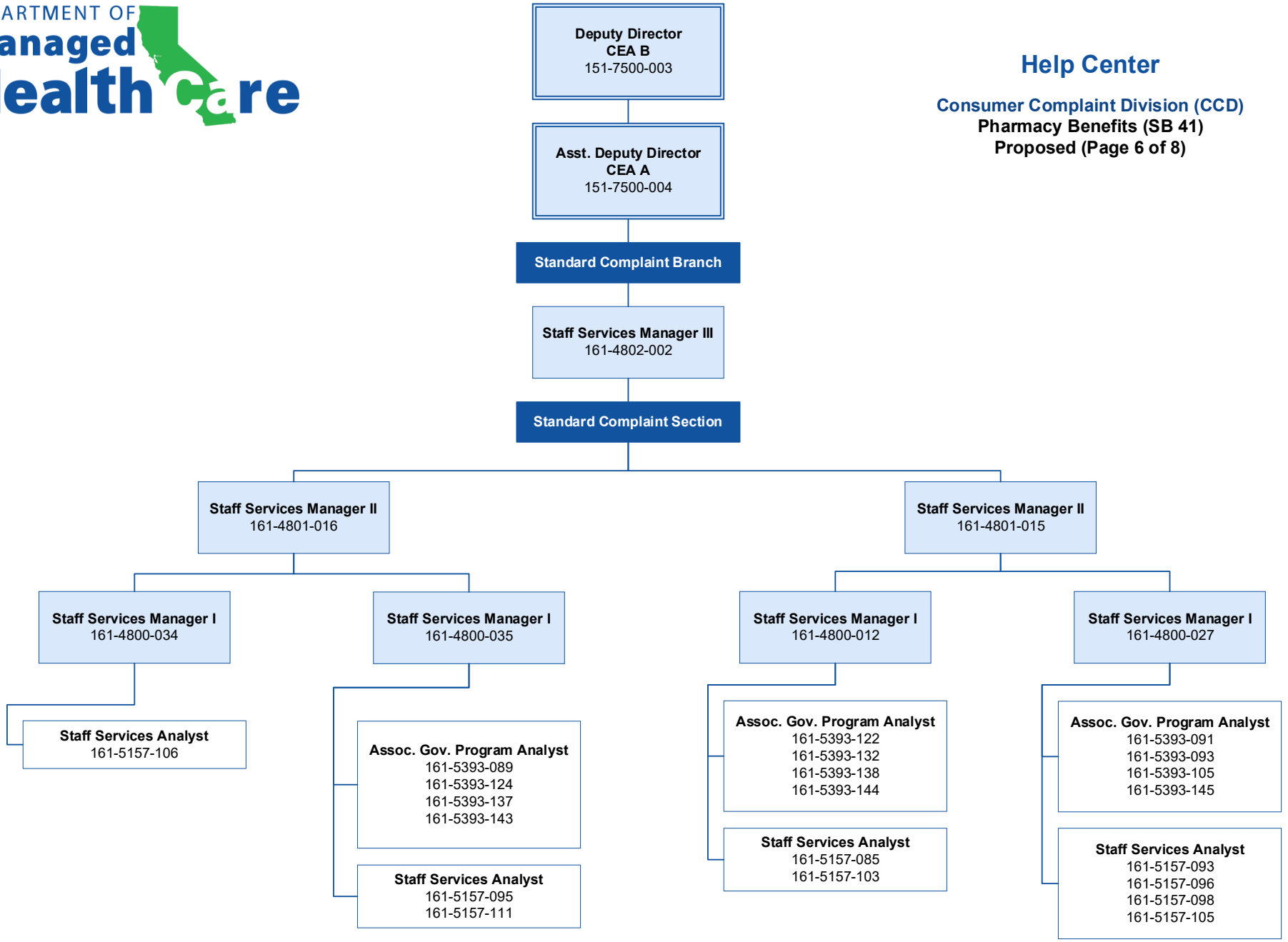


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

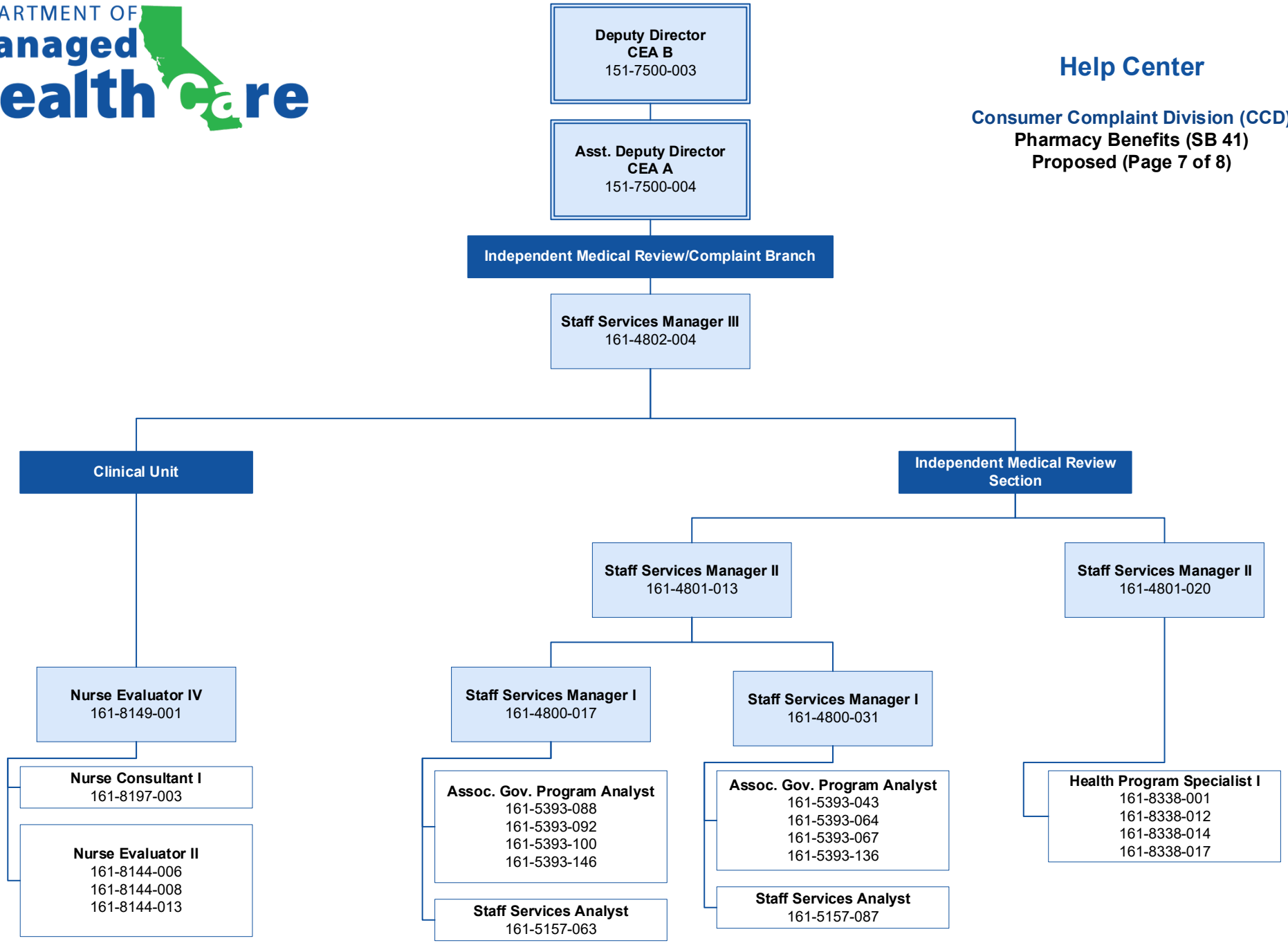
Pharmacy Benefits (SB 41)
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DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)
Pharmacy Benefits (SB 41)
Proposed (Page 7 of 8)

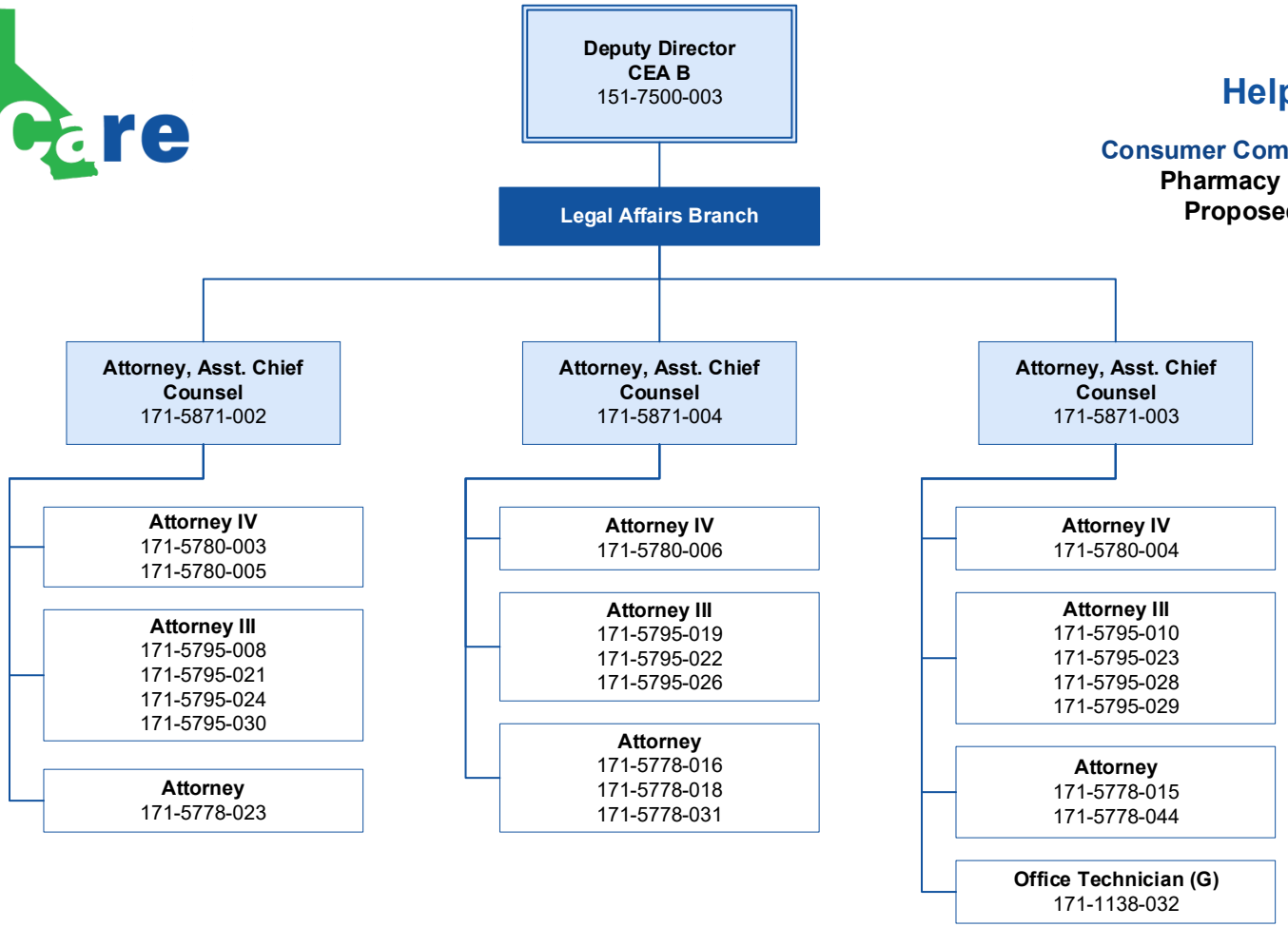


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Pharmacy Benefits (SB 41)
Proposed (Page 8 of 8)

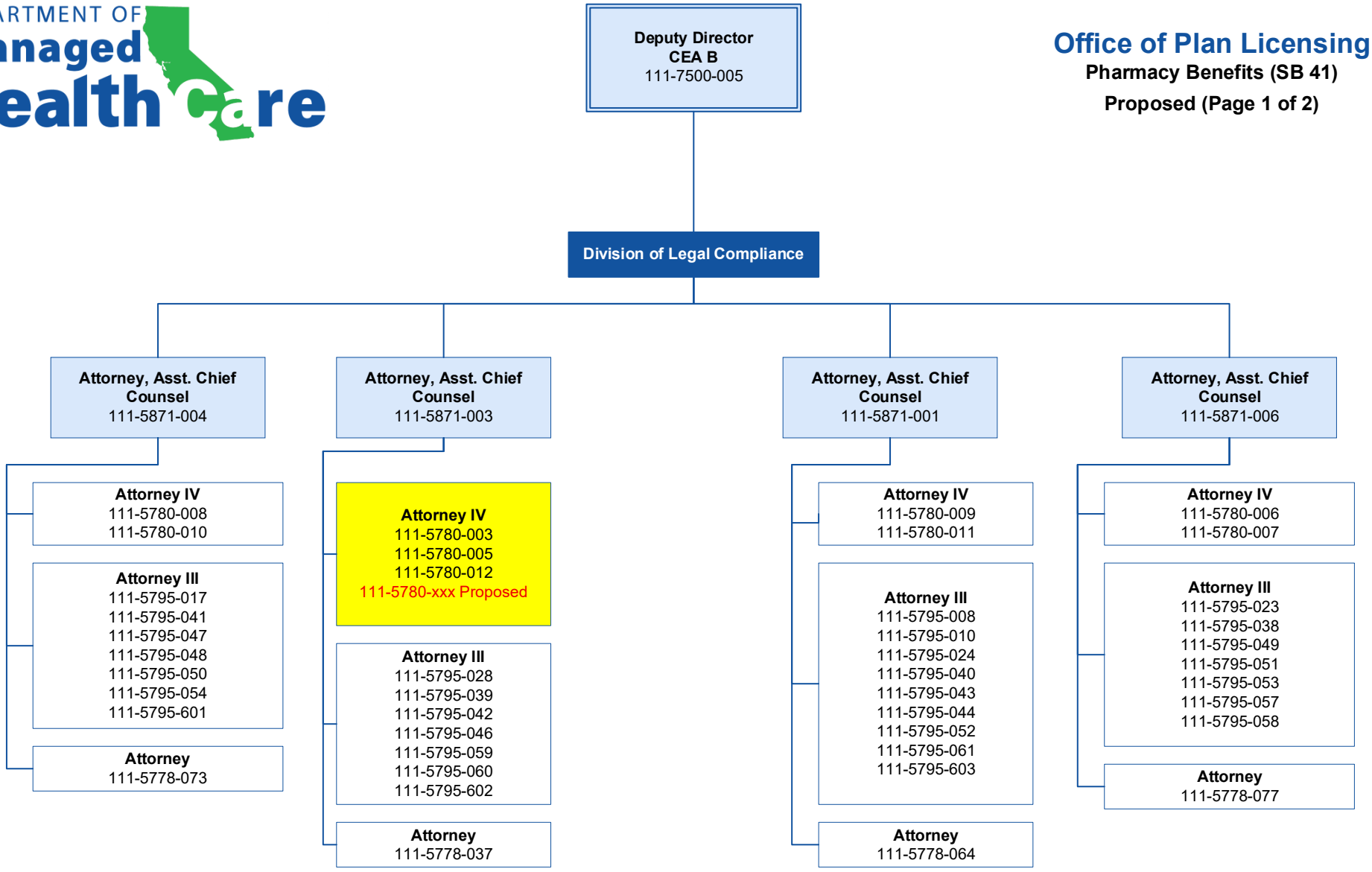


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Pharmacy Benefits (SB 41)

Proposed (Page 1 of 2)

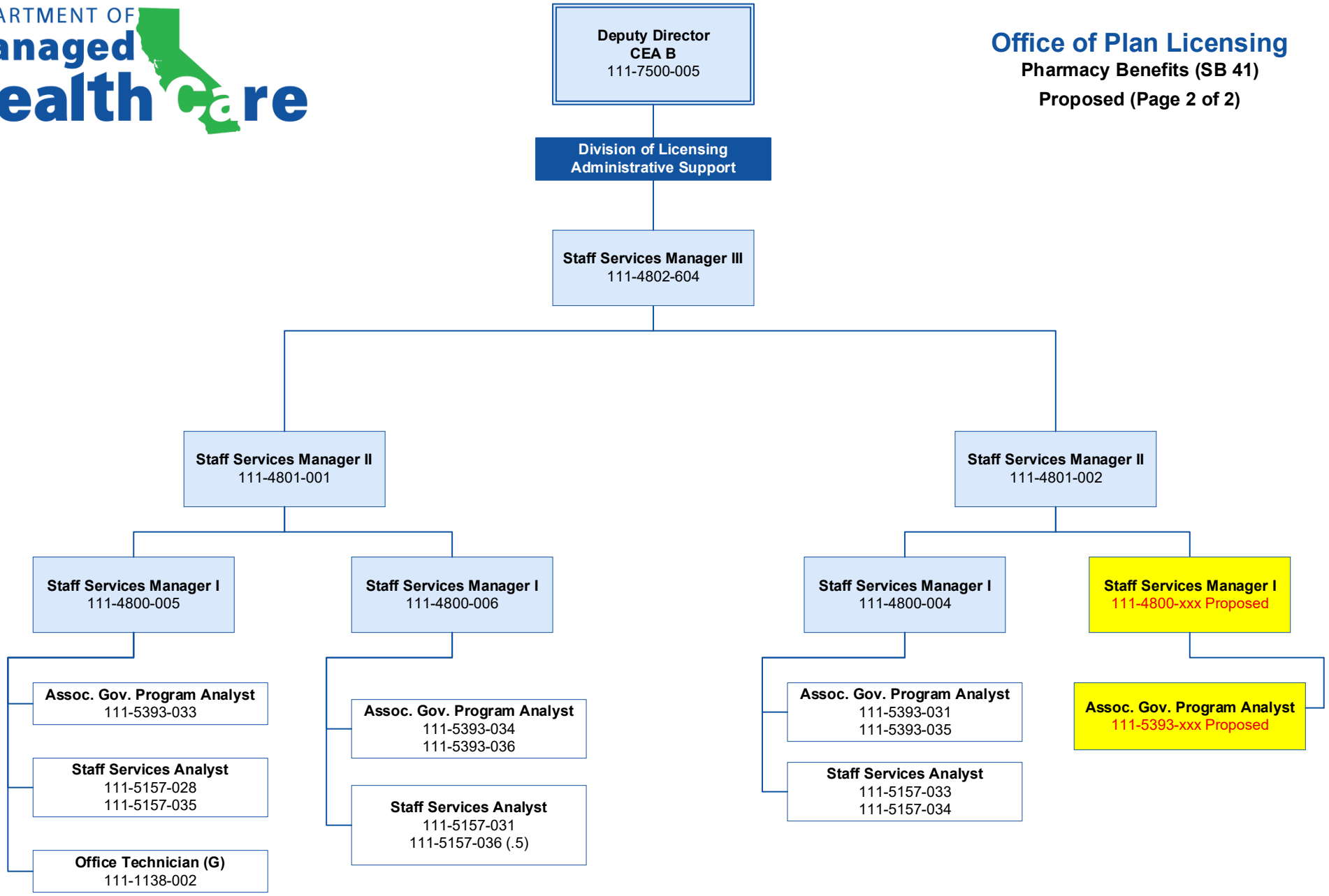


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Pharmacy Benefits (SB 41)

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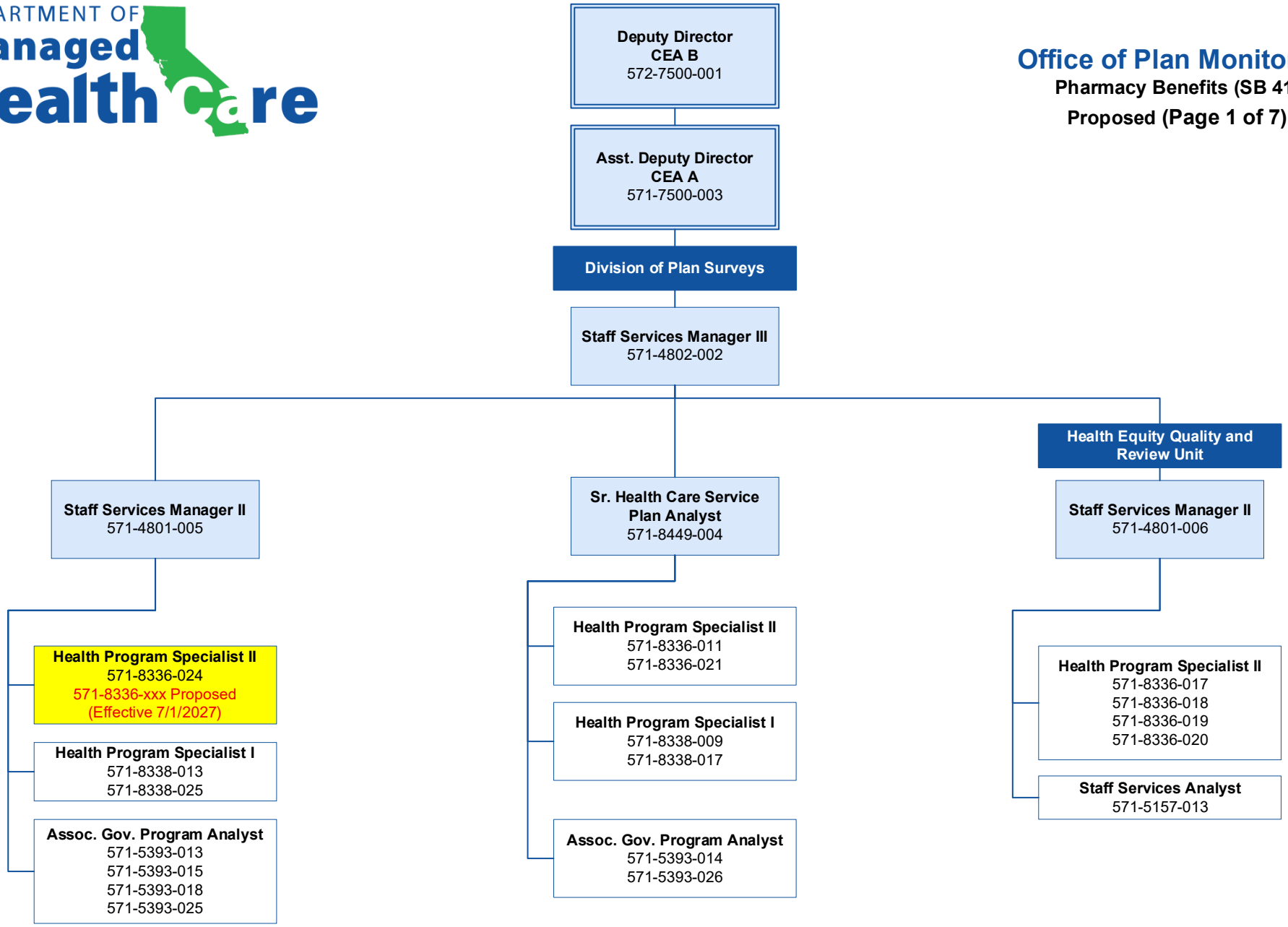


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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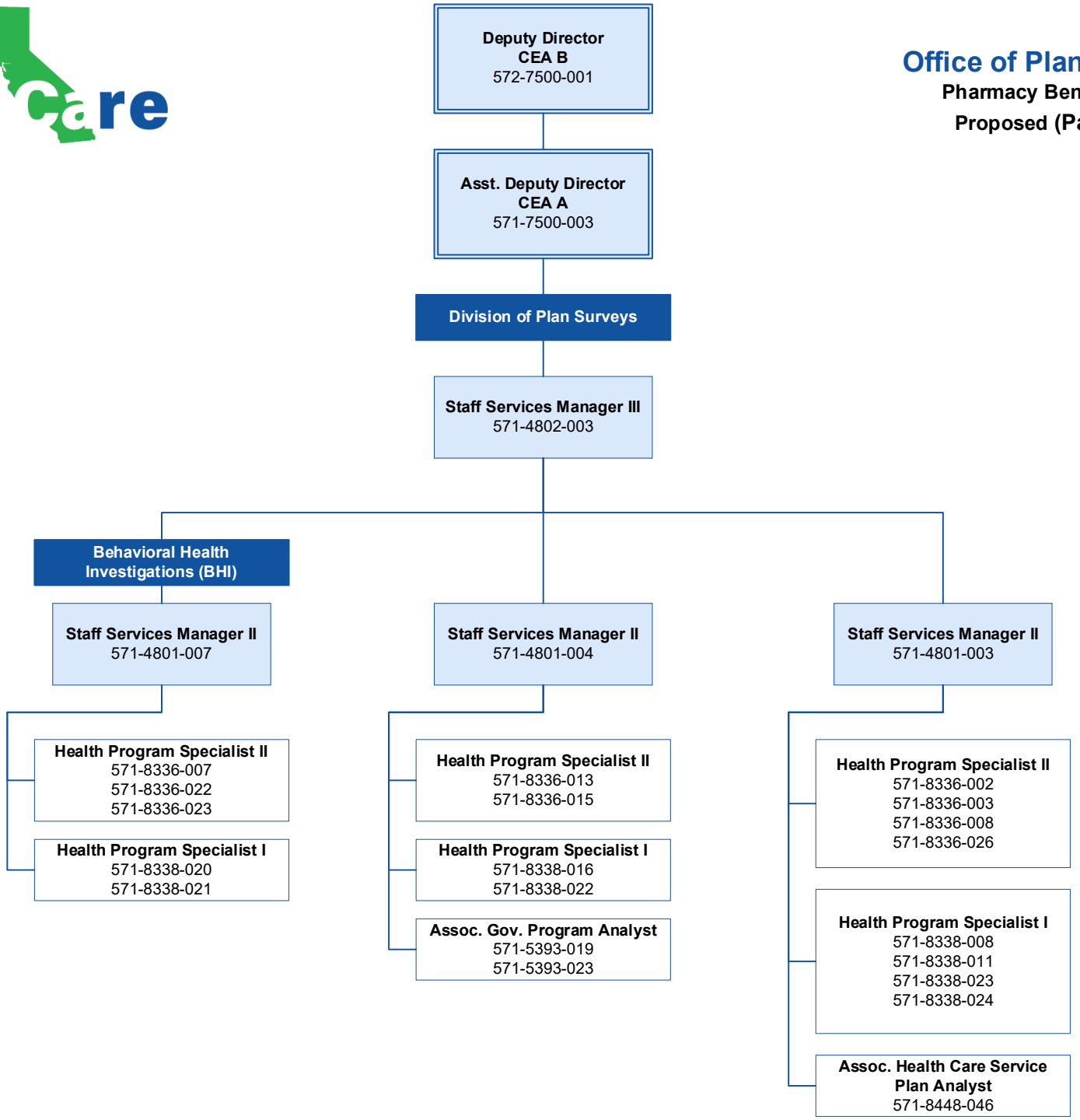


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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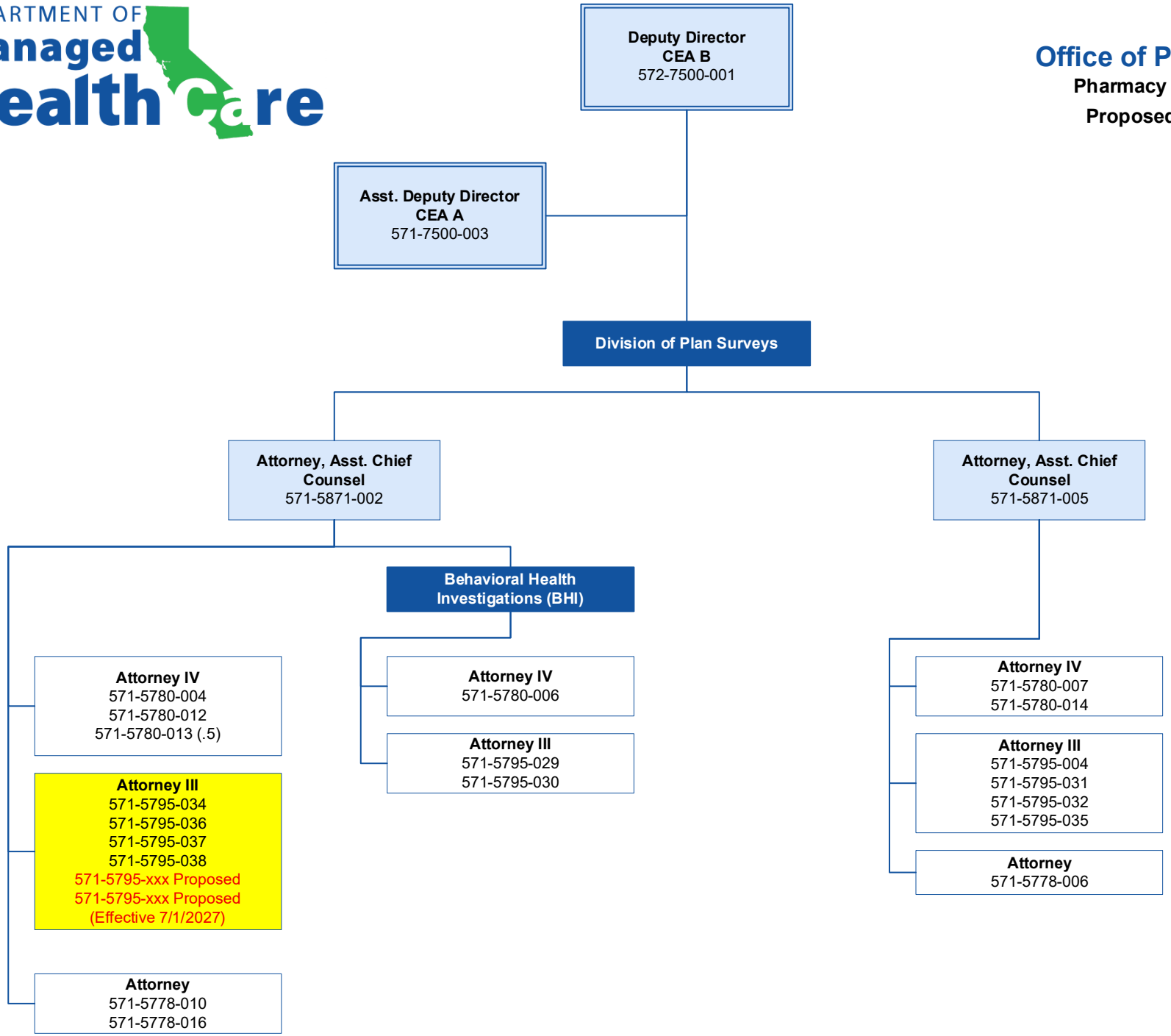


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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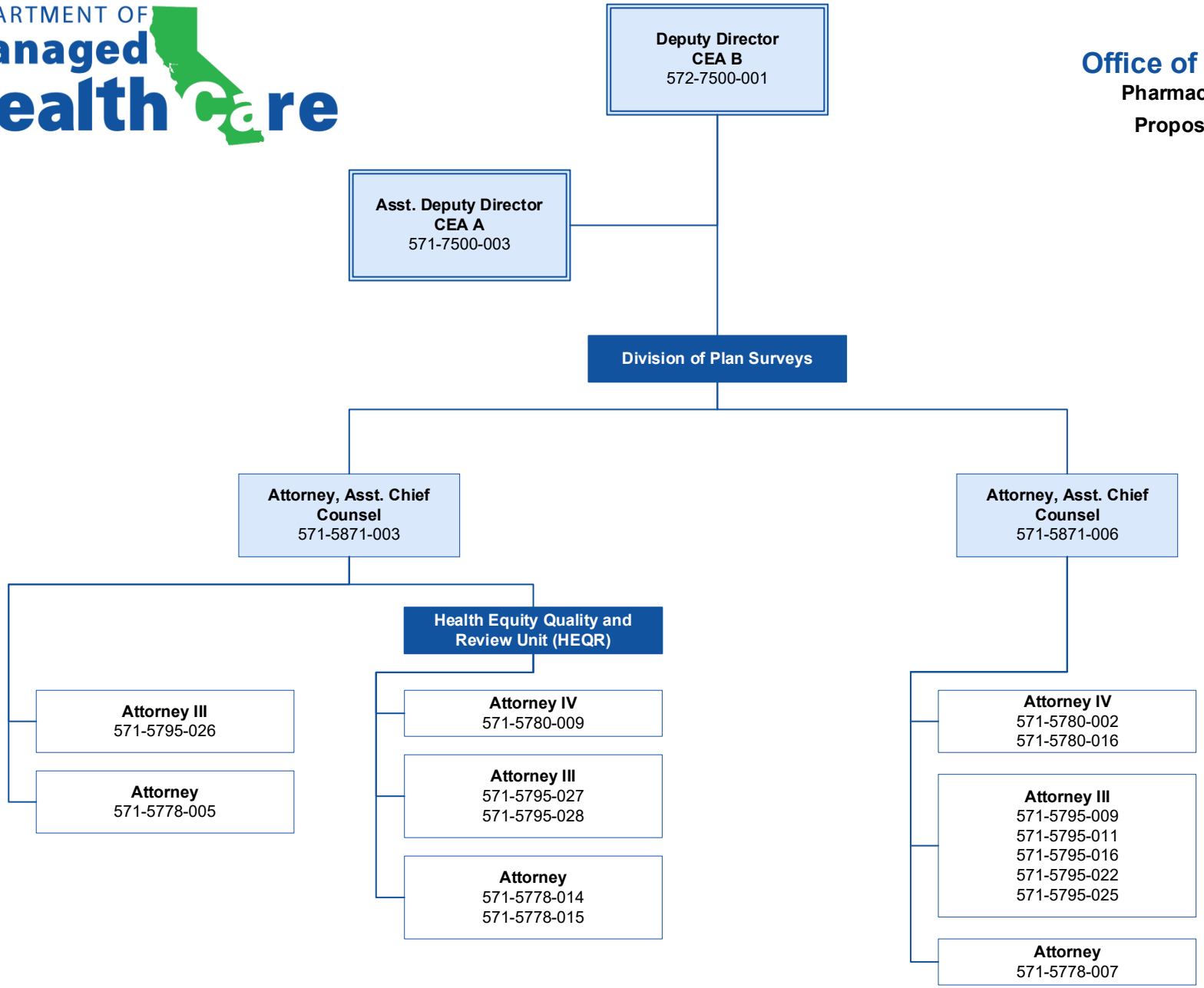


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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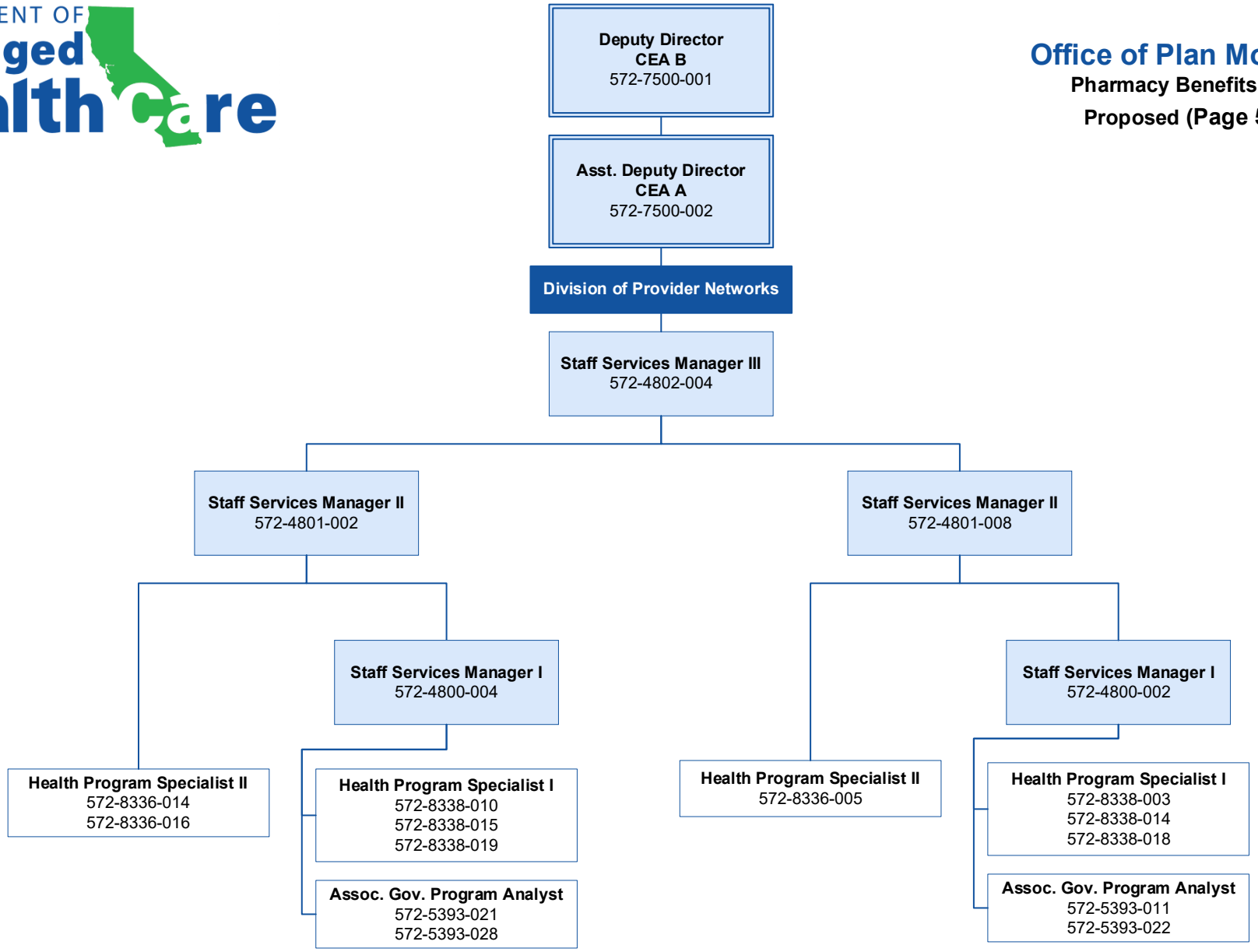


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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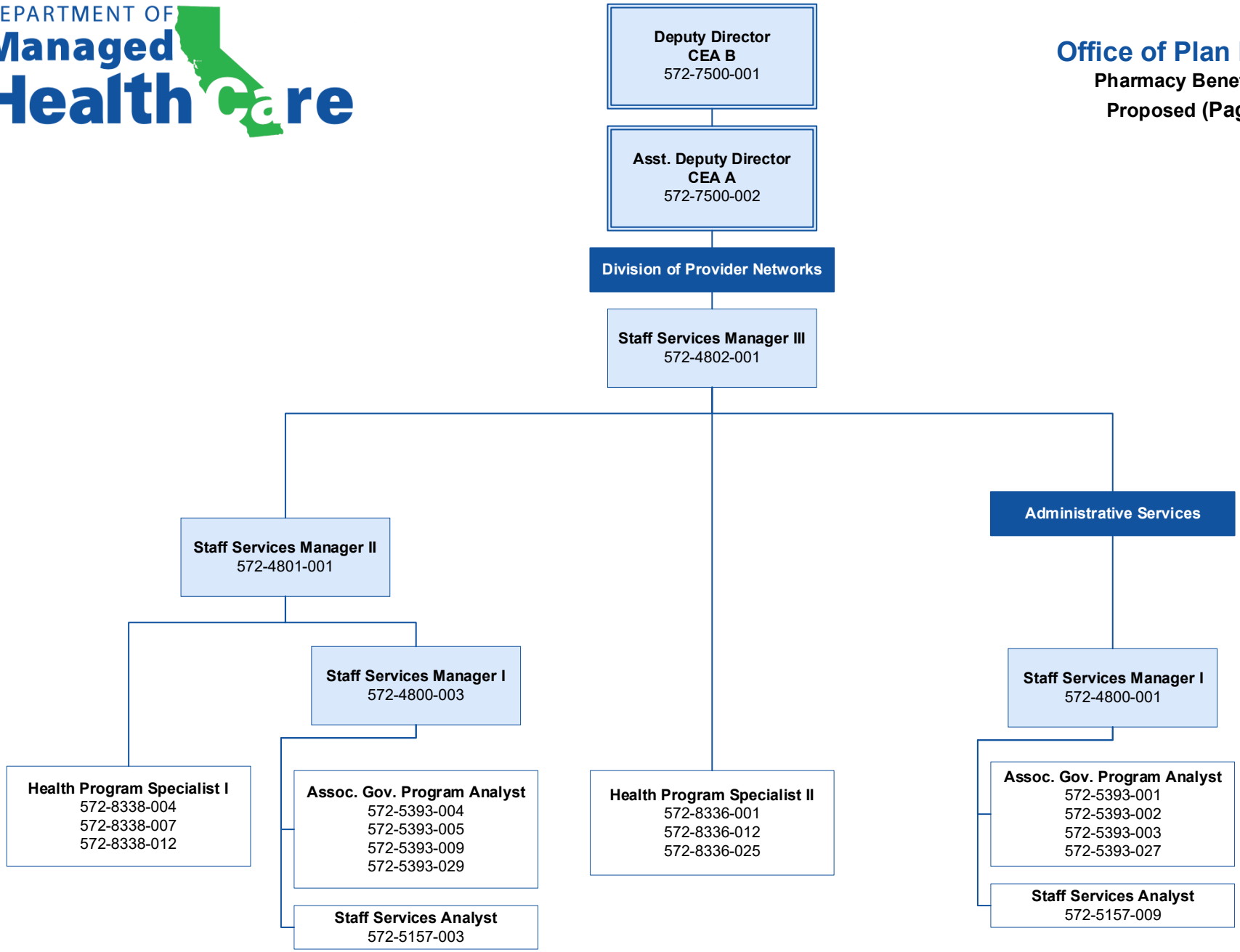


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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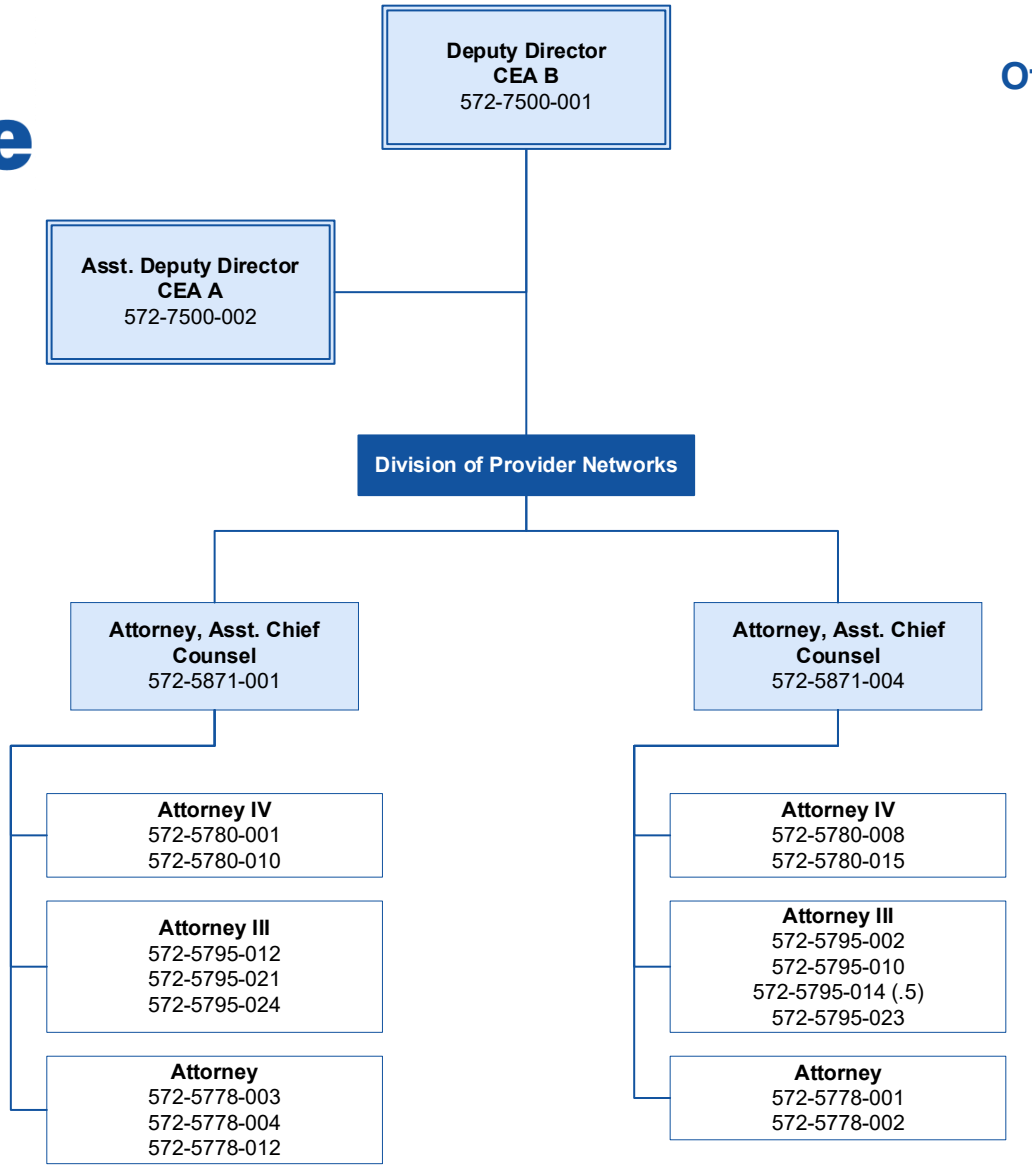


DEPARTMENT OF Managed Health Care

Office of Plan Monitoring

Pharmacy Benefits (SB 41)

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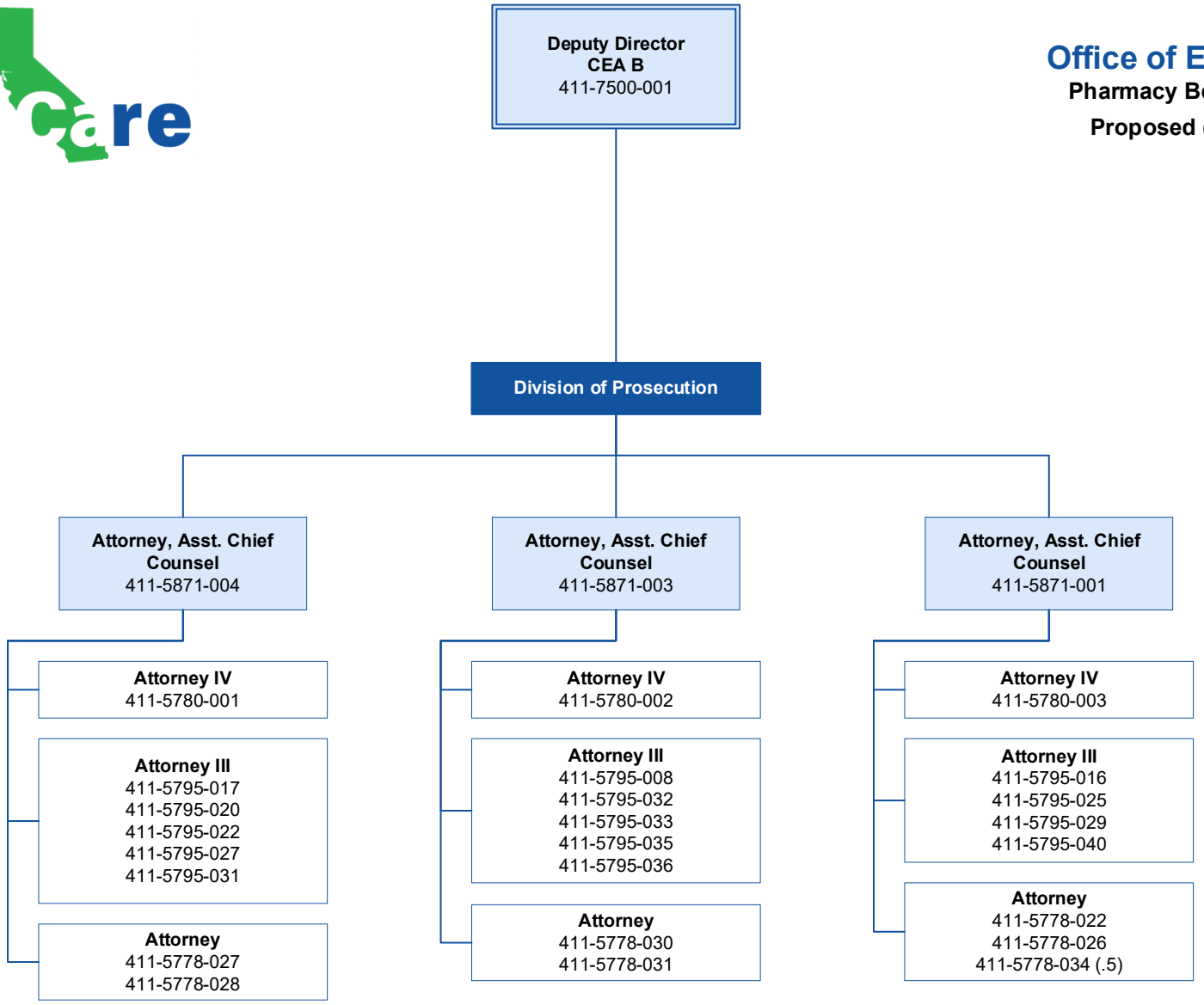


DEPARTMENT OF Managed Health Care

Office of Enforcement

Pharmacy Benefits (SB 41)

Proposed (Page 1 of 4)

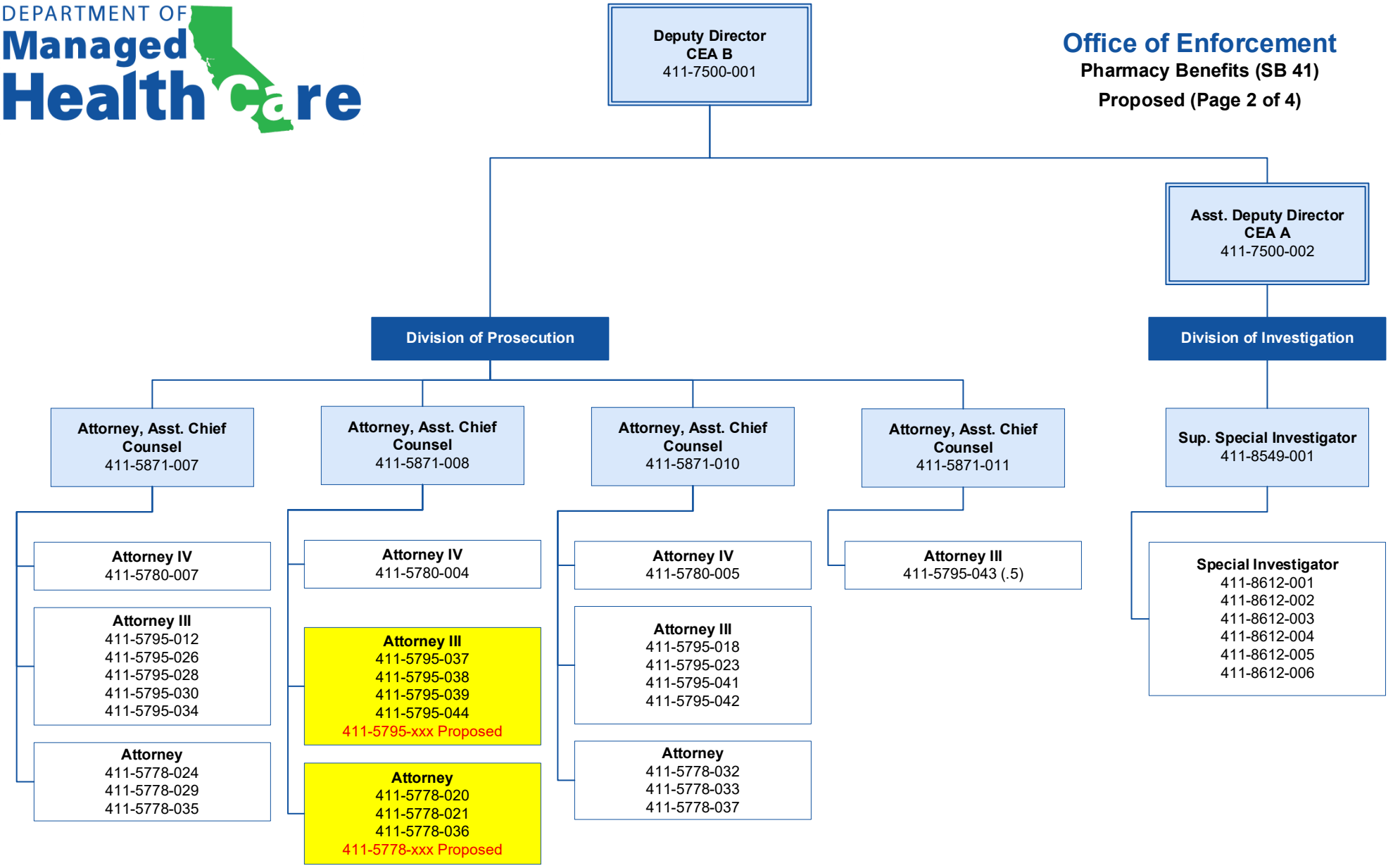


DEPARTMENT OF Managed Health Care

Office of Enforcement

Pharmacy Benefits (SB 41)

Proposed (Page 2 of 4)

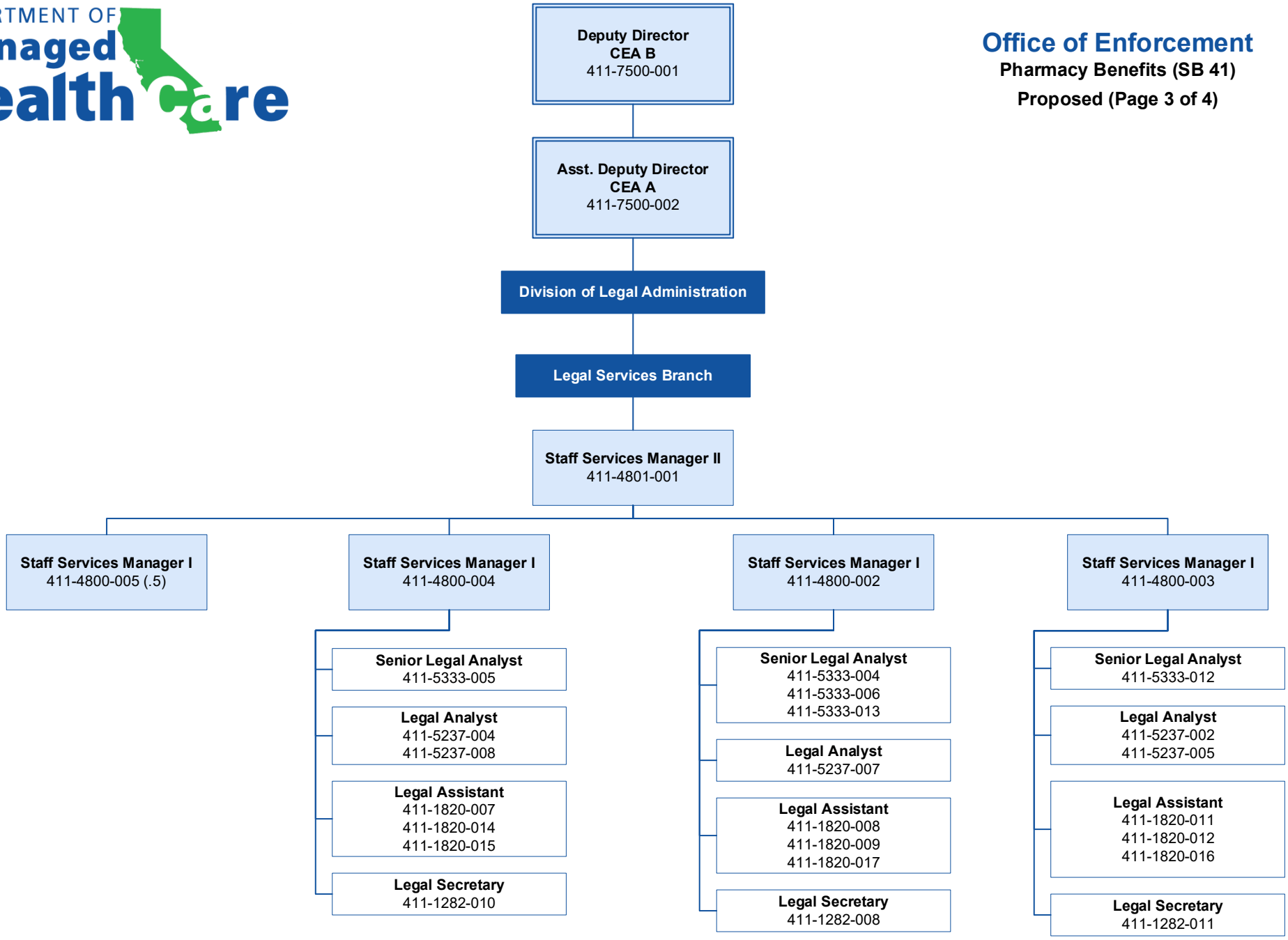


DEPARTMENT OF Managed Health Care

Office of Enforcement

Pharmacy Benefits (SB 41)

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DEPARTMENT OF Managed Health Care

Office of Enforcement

Pharmacy Benefits (SB 41)

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