



## CRA Membership E-blast

Hello Shanna

The California Rheumatology Alliance remains dedicated to providing updated news and resources to our membership. We appreciate and encourage any feedback to assist in our service to our members. What do YOU want us to talk about? We'd love for these newsletters to be used as an opportunity for us all to learn from each other, so if there's anything specific you're interested in learning more about from other people involved with the California Rheumatology Alliance, let us know by emailing [info@calrheum.org](mailto:info@calrheum.org).

Visit our Website

## ANTHEM BLUE CROSS DENIALS

In September, CRA was notified of an issue some members were experiencing with Anthem no longer paying for injections/infusion on the same day as when billing for an E&M office visit. CRA continues to work with the Department of Managed Health Care (DMHC) on the issue we raised with Anthem and has begun conversations with Anthem to better understand their justification for the policy change.

If you are experiencing the same situation with Anthem or any other payers it would be very helpful for you to reach out to Tim Madden ([madden@mgadvocacy.com](mailto:madden@mgadvocacy.com)), our advocate in Sacramento, and Shanna Castro, CRA Executive Director ([susui@calrheum.org](mailto:susui@calrheum.org)) with details.

## LEGISLATIVE UPDATE

### What is new in CRA advocacy:

The California Legislature is moving quickly towards the last day of session which is September 14<sup>th</sup>. Last week the Appropriations Committees finished reviewing bills. Unfortunately, a few bills CRA was advocating for were held in the Appropriations Committees. More details on those and other bills we are tracking are below.

### Below are a few bills CRA is advocating this year.

#### [SB 598 \(Skinner\)](#) – **CRA Position: Support**

This bill would create a “gold card” program where if a contracted physician has 90% of their prior authorization requests approved they would be exempt from having to go through prior authorization for the following 12 months. The bill also includes a provision requiring the health plan to use a provider with the same or similar specialty as the treating physician when reviewing appeals

*Bill was held in the Assembly Appropriations Committee. This bill is dead for this year.*

#### [AB 948 \(Berman\)](#) – **CRA Position: Support**

This bill would make permanent the law capping cost sharing expenses for covered outpatient prescription drugs to \$250 per drug for up to a 30 day supply. This law, which has been critical to patients being able to afford their medications is currently set to expire at the end of 2023 unless this bill passes.

*Bill was signed by Governor*

#### [SB 70 \(Wiener\)](#) – **CRA Position: Support**

This bill, sponsored by the Crohn's & Colitis Foundation, requires health plans and insurers to cover denied medications, including the prescribed dose, for the duration of an appeals process. This bill also strengthens California's prohibition on non-medical switching by applying that same prohibition to a prescribed dose or dose level of a drug.

*Bill was held in the Assembly Appropriations Committee. This bill is dead for this year.*

**[SB 873 \(Bradford\)](#) – CRA Position: Support**

This bill would require health plans and health insurers to pass through to enrollees at the time of purchasing prescription drugs at least 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug being prescribed.

**Bill was held in the Assembly Appropriations Committee. This bill is dead for this year.**

**[AB 874 \(Weber\)](#) – CRA Position: Co-Sponsoring**

Working with the Hemophilia Council of California, Cystic Fibrosis Research Institute, and the ALS organization. This bill would clarify the law to allow patients to use funds received from any source for the purpose of helping them afford medications to count those funds towards their out-of-pocket requirements. Unfortunately, this bill was not heard in the Assembly Health Committee due to concerns with the Chair of the Committee. **The bill is eligible to be heard in January of 2024.**

**[SB 815 \(Roth\)](#) – CRA Position: Oppose unless Amended**

This is the Medical Board sunset review bill. Once every five years, the Legislature reviews each board to look at making any changes. This bill was looking to make a number of changes to the Medical Board.

Two changes that are of most interest are:

- As introduced, the bill would have raised physician licensing fees from \$863 to \$1,350. The reasoning for the increase is the Medical Board is on the verge of financial insolvency and the fee increase is needed to keep the Board from going bankrupt.
- The Medical Board has historically been composed of both physician and non-physician board members. The board has always had a physician majority. This bill adds additional board seats and changes the makeup from a physician majority to a non-physician majority\*  
*\* After lobbying from CRA and other physician groups this provision was dropped from the bill so the Medical Board will continue to have a physician majority.*

CRA still maintains its' position of Oppose unless Amended focusing on the large fee increase. We are lobbying to limit the fee increase to \$150. Given the financial condition of the Medical Board some level of fee increase will need to occur.

**Bill was signed by Governor**

**[SB 525 \(Durazo\)](#) – CRA Position: Oppose**

This bill would establish a \$25/hour minimum wage for all healthcare workers. Provider and business groups continue to strongly oppose the bill which is being sponsored by SEIU. The author did take amendments to stagger the implementation of the bill but the oppose coalition remains. Last month, the Speaker of the Assembly tweeted his support for the bill which has led to the hospital association trying to negotiate a deal to soften the blow of the bill. It is unknown what the details may be in a deal. This bill continues to be the most actively lobbied bills at the end of session.

**Bill was signed by Governor**

**[SB 621 \(Caballero\)](#) – CRA Position: Oppose unless Amended (removed opposition based on amendments described below)**

This bill would add biosimilars to the list of medications a plan may require a patient “try and fail” before approving the medication originally prescribed by the treating physician. CRA took an Oppose unless Amended position over concerns the bill would force patients to “try and fail” a biosimilar when they were stable on an existing medication. CRA successfully secured amendments to clarify patients stable on a medication would not be required to “try and fail” a biosimilar. We worked closely with CSRO to obtain this amendment. The bill passed the Senate after our amendment was placed in the bill.

**Bill was signed by Governor**

**We are always looking for patient stories around your challenges with health care system in particular any challenges with the prior authorization process.** If you have any patient stories or are interested in learning more about CRA advocacy efforts, please email Tim Madden at

[madden@mqadvocacy.com](mailto:madden@mqadvocacy.com) or Shanna Castro at [susui@calrheum.org](mailto:susui@calrheum.org)

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California Rheumatology Alliance | 5230 Pacific Concourse Drive, Suite 100, Los Angeles, CA  
90045

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