

August 12, 2022



## CRA Membership E-blast

Hello {First Name},

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

## LEGISLATIVE UPDATE

### What is new in CRA advocacy:

August brings an end to the two-year session. All bills still alive need to pass the Appropriations Committees by August 12th. The balance of August is then focused on pushing remaining bills of the respective Floors in each house. This is the busiest window of the two-year session and usually comes with a few surprises as Legislators are desperately pushing their bills to the Governor. For the bills that pass the Legislature, the Governor will have the month of September to take action. Here is a recap leading into the end of session.

Looking at bills CRA has been active on, we are co-sponsoring follow up legislation to AB 347 from last year to try and push through improvements to the step therapy and prior authorization processes that were taken out of AB 347. This bill is [AB 1880 \(Arambula\)](#) and contains the more controversial parts of AB 347 which should provide a challenging battle for us this year.

These include:

- Requiring health plans to use a clinical peer where someone of the same or similar specialty is reviewing the appeal of a step therapy exception request or prior authorization request (ex. a rheumatologist is reviewing a rheumatologist and an oncologist is reviewing an oncologist),
- Requiring reporting by health plans on their utilization management practices (such as how many prior authorization and step therapy requests they deny and approve each plan year).

**Status – Passed Senate Appropriations Committee – On Senate Floor**

### **[SB 250 \(Pan\)](#) – CRA Position – Support**

This bill is focused on several issues around the prior authorization process. Specifically, SB 250 does the following:

- Requires plans to create a prior authorization exemption program that allows physicians who are practicing within the plan's utilization criteria 90% of the time to get a one-year exemption from having to submit prior authorizations,
- Gives a treating physician that does not have a prior authorization exemption the right to have a physician of the same or similar specialty conduct an appeal of a prior authorization denial. This is the same approach that is being done in CRA sponsored bill, AB 1880 (Arambula) mentioned above,
- Requires physicians to be included in the development and updating of plan utilization management criteria.

CRA has been working with the California Medical Association, who is the sponsor of the bill, to supports their efforts in getting this bill passed.

**Status – Assembly Appropriations Committee – Held on Suspense File – Bill is dead for this year**

**[SB 853 \(Wiener\)](#) – 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. SB 853 continues our work to better ensure patients who are stable on their medications can stay on their medications.

**Status - Assembly Appropriations Committee – Held on Suspense File – Bill is dead for this year**

**[AB 2352 \(Nazarian\)](#) – CRA Position – Support**

The California Chronic Care Coalition, which CRA is a member, is sponsoring this bill to require health plans to provide patients and physicians, upon consent from the patient, access to a "real time benefit tool" that will assist the patient in understanding the cost to acquire the needed medication which will improve a patient's ability to begin therapy without delay. CRA was asked to be one of two primary witnesses to testify in support of the bill at the Assembly Health Committee hearing on March 29th. The bill passed the Health Committee and is now headed to the Assembly Appropriations Committee.

**Status – Passed Senate Appropriations Committee – On Senate Floor**

**[SB 958 \(Limon\)](#) – CRA Position – Support**

This bill addresses three growing areas of concerns as it relates to in-office injections:

- "White bagging" where payers are requiring patients to obtain their medications from a pharmacy specified by the payer and the medications are then sent to the physician for injection/infusion,
- "Brown bagging" where payers require patients to obtain their medications directly from a pharmacy and the patient brings them to the physician's office for injection/infusion, and
- The growing trend where payers are requiring patients to have their medications injected/infusion at home.

SB 958 would make it more difficult for payers require patients to be subjected to the three situations described above.

**Status - This bill was not heard in the Assembly Health Committee so it is dead for this year**

The CRA advocacy team is excited for what lies ahead in 2022. If you would like to get involved in advocacy whether it be learning more about the bills, contacting your local legislator on important advocacy issues, or even testifying on bills being considered, please contact Tim Madden at [madden@mqadvocacy.com](mailto:madden@mqadvocacy.com)

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