

February 11, 2022



## CRA Membership E-blast

Greetings!

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.

If there are any topics you are interested in and would like for us to cover via webinar, please email [info@calrheum.org](mailto:info@calrheum.org).

Visit our Website

## CRA MEMBERSHIP DUES

The 2022 CRA Annual Membership is open for renewal! Pay your annual dues easily online for exclusive access to special membership benefits such as discounted rates on your meeting registration, tickets for amusement parks, movies, and stage shows as well as curated information surrounding news and policies that directly impact the rheumatology community.

Pay your 2022 Membership Dues today!

## CRA 18TH ANNUAL MEETING

We're so excited to announce that after 2 years, we'll be heading back to the city by the bay for our 18th Annual Medical & Scientific Meeting!

**May 14-15, 2022**  
**SAN FRANCISCO MARRIOTT MARQUIS**  
*San Francisco, CA*

**SAVE THE DATE**  
**CRA 18TH ANNUAL MEDICAL &  
SCIENTIFIC MEETING**

MAY 14-15, 2022  
MARRIOTT MARQUIS SAN FRANCISCO



Join us in the City by the Bay this May



*Save the Date*

for the

**CRA 16TH ANNUAL  
MEDICAL &  
SCIENTIFIC MEETING**

**MAY 14-15, 2022**

The meeting will be held at the  
San Francisco Marriott Marquis  
780 Mission St.  
San Francisco, CA 94103

**For more information, hotel accommodations  
and to register visit**

**[WWW.CALRHEUM.ORG/EVENTS](http://WWW.CALRHEUM.ORG/EVENTS)**

Please keep an eye out for future newsletters with more information or visit our website at <https://www.calrheum.org/events>

We recently sent out a member survey to learn how the CRA can better serve our members and understand their needs. It's a quick 2-minute survey and would appreciate your feedback!

## LEGISLATIVE UPDATE

**What is new in CRA advocacy:** The Legislature is slowly introducing new bills for 2022. By the February 18<sup>th</sup> bill introduction deadline there will be more than 2,500 new bills introduced. The big news in Sacramento over the past month was the battle over AB 1400 (Kalra) which would have established a single payer health system in California. The bill had been introduced last year which was the first year of the two-year session and needed to pass out of the Assembly by January 31<sup>st</sup>. The bill, sponsored by the

California Nurses Association (CNA), would establish CalCare which would be the state-run single payer health system. Below are some details of the plan:

- Every resident whose primary place of abode is in CA, without regard to immigration status, is eligible for benefits,
- Every resident is eligible to enroll in CalCare at no cost to the “member.” No premiums, co-pays deductibles, etc...no out of pocket costs for patients,
- The provider determines medical necessity. No prior authorization or other utilization controls,
- Covered benefits is a long list that are customarily included in various programs and insurance products,
- Providers may be paid by fee for service, salary, or larger entities can be paid by “global payments,”
- A provider may not delegate services to a different provider,
- No referrals are necessary to specialists,
- Rebuttable presumption that Medicare fee-for-services rates of reimbursement are reasonable,
- No private insurer is allowed to offer benefits for which coverage is offered to individuals under CalCare.

CRA took an **Oppose** position on the bill. The opposition also comprised of numerous groups including the California Medical Association, Chamber of Commerce, the health insurer industry heavily lobbied against the bill. On January 31<sup>st</sup> the bill was not brought up for a vote by the author because he recognized there were not enough votes for the bill to pass. There was a big setback for the CNA and for progressive Democrats who have been pushing for movement on this topic.

As mentioned in last month’s report, CRA is 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:

- Applying step therapy exceptions to Medi-Cal plans, where step therapy is allowed
- 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)
- 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)

Other bills introduced which CRA will be actively working on include:

- [SB 958 \(Limon\)](#) – 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.

- [SB 853 \(Wiener\)](#) - 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.

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)

---

## CORPORATE MEMBERS

## DIAMOND MEMBERS

abbvie



SANOFI GENZYME 

---

PLATINUM MEMBERS



---

GOLD MEMBERS

