



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.

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LEGISLATIVE UPDATE

What is new in CRA advocacy:

The two-year session wrapped up late August 31st. More than 1,200 bills passed the Legislature this year. The Governor has already signed 490 and has almost 800 on his desk now. The Governor has until September 30th to take action.

There were a number of bills CRA was active on this year. Below is a summary of our activity. We will still be lobbying on a few bills in particular AB 1880 (Arambula) and AB 1278 (Nazarian). We will provide another update on bills that made it to the Governor at the end of September.

[AB 1880 \(Arambula\)](#) passed out of the Legislature and is headed to the Governor. The bill passed off the Assembly Floor this morning and is now headed to the Governor. I am working with the author and co-sponsors on actions to help our chances with the Governor to sign the bill.

AB 1880 is the CRA co-sponsored 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 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)

[AB 1278 \(Nazarian\)](#) – [Oppose Position](#) – [On Governor's Desk](#)

You may recall this bill from last year doing the following:

1. Require physicians to both verbally and in writing disclose to patients any remuneration received from a drug or device company, as indicated in the Open Payments Data base, prior to the intended use of a drug or device. Patient would need to sign written disclosure, be given a copy, and the document be placed in patient medical record.
2. Post sign in office explaining how to access the Open Payments Database,
3. Post information on physician website on how to access the Open Payments Database,
4. A violation of the above provisions would be unprofessional conduct

CRA actively opposed the bill with a coalition of other physician specialty groups which led to the author amending the bill last year to change the first provision to having the physician provide a document to the patient explaining how they would access the Open Payments Database. This document would be given to the patient at the first patient encounter and then every year thereafter.

The bill was held in the Senate Appropriations Committee last year but was released this year. The oppose coalition offered amendments to the author that would remove our opposition but were rejected by the author. Although the author did not accept our amendments, he did amend the bill last week to eliminate the requirement to have the patient sign a document regarding the Open Payments Database every year.

With this amendment, our lobbying efforts became more challenged as Legislators saw this as a middle ground between the amendments we had asked for and the author's desire not to amend the bill. As a result, the bill passed the Legislature and is headed to the Governor. The oppose coalition is interacting with the Governor's office seeking a veto. AB 1278 now does the following:

- Require physician to give patient a document, at the initial patient encounter, with information on how to access the Open Payments Database, have the patient sign the document with a copy given to the patient, and a copy included in the patient record,
- Post on a sign in the physician office on how to access the Open Payments Database,
- Place information on physician website with the same information on how to access the Open Payments Database,
- Any violation of those provisions would be unprofessional conduct

[SB 1375 \(Atkins\)](#) – **[Neutral Position](#) as the result of amendments – ***On Governor's Desk*****

The main intent of the bill is to improve access to abortion services by expanding the training options for NPs or certified nurse midwives (CNMs) to perform aspiration abortions. The NPs, who are the sponsors of the bill, also included a provision in a different section that would eliminate certain "transition to practice" requirements that were included in AB 890 (Wood) which was the bill signed in 2020 to provide pathways for NPs to practice without physician supervision. CRA, along with other physician specialty groups, have been fighting against these provisions to eliminate the "transition to practice" provisions. We have been up against the author, Toni Atkins, who is the leader of the Senate, and also with a political environment where the Legislature is very supportive of bills on expanding access to abortion services.

One of the primary concerns with the bill is that it would eliminate the authority for the BRN to issue regulations on implementing AB 890. The concern is this would leave the law ambiguous on what areas of medicine an NP may practice without physician supervision.

After heavy lobbying efforts all year, the author finally agreed to amend the bill to take out the "transition to practice" provisions we had been opposing.

[AB 1328 \(Irwin\)](#) – **[Oppose Position](#) – Bill Died in last two weeks of session**

This bill was introduced last year to expand the scope of practice for pharmacists to allow them to do health screenings and patient assessment procedures. You may recall last year this bill was held in the Senate Appropriations Committee but this year it was released in the same way as AB 1278. We immediately engaged with the author's office to express our concerns and had a meeting with the pharmacists' association. After our meeting the author decided not to move the bill forward this year. The author and pharmacists do want to pursue the bill next year so discussions may begin in the Winter to explore any possible middle ground. This promises to be a controversial bill next year.

[AB 2352 \(Nazarian\)](#) – **[Support Position](#) – ***On Governor's Desk*****

This bill requires health plans to provide patients and physicians, upon consent from the patient, access to real time patient benefit information that will assist the patient and physician in understanding the cost to acquire the needed medication which will improve a patient's ability to begin therapy without delay.

Many times you may prescribe a medication only to have the patient not fill the prescription when they go to the pharmacy as they learn how much they need to pay for the medication. This bill would lead to the physician being able to understand how much a medication may cost at the time you are prescribing. The bill passed the Legislature and is now on the Governor's desk.

[SB 250 \(Pan\)](#) – **[Support Position](#) – ***Held in Assembly Appropriations Committee*****

This bill would create a program where if a physician had 90% of their prior authorization requests approved by a health plan they would not be required to submit prior authorization requests for two years. The bill was strongly opposed by the health plans and medical groups that subcontract with the health plans. The bill was held in the Assembly Appropriations Committee. CMA was the sponsor and have indicated they want to have the bill reintroduced next year.

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

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