



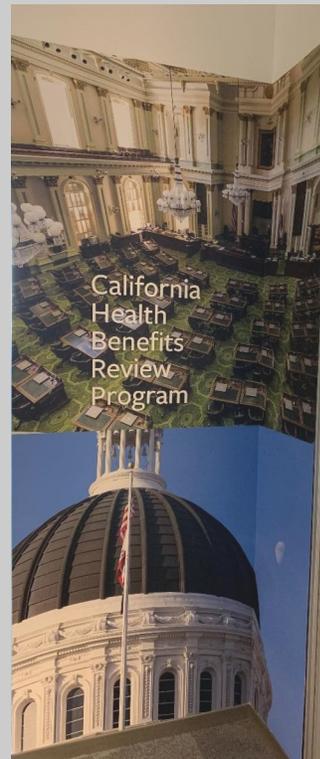
## Letter from the Director

Greetings! Welcome to CHBRP's Fall Quarterly Newsletter.

This past year has been very challenging for many of our California-based readers in a myriad of ways. From the many direct and indirect impacts of the pandemic, fires, and more, I hope that all of our readers are coping well and riding through this tumultuous year. Finding ways to recharge, take a break, and take care of ourselves and each other is more important than ever. Some fantastic resources for coping and managing some of life's personal and professional curveballs are available at The Greater Good Science Center at UC Berkeley. The Center studies the psychology, sociology, and neuroscience of well-being, and teaches skills that foster a thriving, resilient, and compassionate society. These resources are available to everyone and can be accessed for free, at this [link](#). We encourage you to take a look and sign up for their free newsletter.

At CHBRP, we've settled into working remotely and managing other family responsibilities, such as distance learning for kids. This summer, we continued to adapt to new working conditions and of course, a changing legislative landscape. As we mentioned in our last newsletter, the majority of bills analyzed by CHBRP were withdrawn before they were heard by the California Legislature's Committees on Health as a result of an abbreviated and disrupted legislative calendar due to COVID-19. Below is an overview of which bills analyzed by CHBRP moved forward and which were withdrawn (and perhaps will be reintroduced).

As many readers are aware, CHBRP has been reauthorized for two more years. We are deeply appreciative of the enactment of California Senate Bill 406 (Senate Health Chair, Dr. Richard Pan), which included CHBRP's reauthorization. In a time of great uncertainty, we look forward to continuing to provide support to decision-makers on matters relating to health policy and health insurance, drawing from the expertise of faculty at the University of California and beyond. We thank the Legislature, legislative staff, state agencies, and critical stakeholders for this opportunity to provide in-depth, unbiased analyses on health insurance-related legislation.



This fall, CHBRP is at work preparing for the next legislative season. The first year of each two year legislative cycle is typically busier than the second, and given the disruptions in 2020, we are anticipating an even busier 2021 for CHBRP. Our teams have been actively reviewing report templates, updating the California Cost and Coverage Model, and thinking through potential changes to health insurance enrollment, premiums, and utilization due to COVID-19. Our task force members, actuaries, and national advisory council members are convening (virtually) for multiple meetings this fall to discuss proposed changes and finalize our approach.

Warm regards,  
Garen

## Thank you to our 2020 Summer Graduate Interns

Working remotely due to the COVID-19 pandemic, two graduate students completed Summer 2020 Internships with CHBRP. Both virtually met stakeholders in state-level health insurance benefit mandate legislation and both completed independent research for related resources that CHBRP maintains.

We are grateful for their contributions and wish them the best of luck as they continue with their studies.



Sam Lau, MPH/MPP candidate at the University of California, Los Angeles, focused on California's complex rules for prescription drug cost-sharing. He also reviewed the overlap between California's mandates and the ACA's preventive services mandate. "I was able to gain in-depth experience working on California health policymaking issues. I learned about different facets of state regulated health insurance, the policymaking process, and CHBRP's unique role in providing non-partisan and evidence-based analysis to the State Legislature."



Niloufar Nasrollahzadeh, MPP candidate at the University of California, Riverside, focused on the applicability of some (but not all) California mandates to the benefit coverage of some (but not all) Medi-Cal beneficiaries. She also researched the variety of actors that can be involved in judging medical necessity for an enrollee's use of covered benefits. "This incredible internship at CHBRP has become the foundation of health policy knowledge for me."

---

## Thank you, Dr. Michelle Ko!

Michelle Ko, MD, PhD is stepping away from her work with CHB RP after



many years of serving on our Task Force. Dr. Ko has been an integral member of our Cost team and has analyzed potential impacts of legislation that would require health insurance coverage of violence preventive services, BRCA gene mutation testing, and types of mammography. Her curiosity and critical thinking make her an excellent team member and CHBRP will miss working with her.

Recently, Dr. Ko published a perspective in [Health Affairs](#) detailing her observations and experience with racism as an Asian American medical student in the 90s. Her continued involvement with University of California's Programs in Medical Education (PRIME), which focuses on training physicians to meet the medical needs of underserved communities across California, is highlighted within the article, as are other suggestions for how medical schools can work to adopt a health equity focus.

Best of luck, Dr. Ko!

---

## 2020 Completed Analyses and Status

In 2020, the Legislature requested that CHBRP analyze 14 bills. CHBRP published 13 analyses, and posted a resource related to the request for AB 2640 (Gonzalez) Genetic biomarker testing. Of the fourteen bills analyzed, only one bill, SB 855 (Wiener) Mental Health Parity, was passed by the Legislature and signed into law by the Governor.

As mentioned in Garen's note, CHBRP was also grateful for the signing of SB 406 (Pan) Health care: omnibus bill, which - among other things - included CHBRP's reauthorization for two more years.

In light of the number of bills that were rescinded from consideration due to impacts of the COVID-19 pandemic, CHBRP expects to see many of the bills that were introduced in 2020 return during the 2021 legislative session. Topics that were analyzed in 2020 and may be reintroduced in 2021 include:

- Pelvic floor physical therapy
- Colorectal cancer screening and testing
- Step therapy and prior authorization
- Insulin cost-sharing cap
- Sexually transmitted diseases
- Mental health services
- Doula care: Medi-Cal pilot program
- Emergency ground medical transportation
- Treatment for infertility
- Substance use disorder
- Substance use disorder services: contingency management
- Biological products

All analyses are available on CHBRP's website: [https://chbrp.org/completed\\_analyses/index.php](https://chbrp.org/completed_analyses/index.php)

---

# Recently Published Resources and Information About CHBRP Contributors

CHBRP has recently published or updated the following [resources](#):

- **Federal Preventive Services Mandate and California Mandates.** This updated resource identifies potential overlap between the federal benefit mandates requiring health insurance coverage of some preventive services and California state
- **Health Insurance Benefit Mandates in California State and Federal Law.** This resource lists existing state and federal health insurance benefit mandate laws that may relate to the subject or purpose of a proposed state health insurance benefit mandate or repeal bill. The updated resource now includes information about applicability of benefit mandates to the insurance of Medi-Cal beneficiaries enrolled in DMHC-regulated plans.
- **Genetic Biomarker Testing and Prior Authorization.** This resource includes background information on genetic biomarker testing for Californians with advanced cancer, and, where possible, the presence and impact of prior authorization on such testing.

CHBRP has also updated the [issue brief](#) **What is Cost Sharing in Health Insurance: An Overview of Common Terms.** This resource helps clarify and explain common cost sharing terms often addressed in health policy legislation.

New to CHBRP's website, short biographies are now available for each [Task Force member](#) and [National Advisory Council member](#). We are thrilled to be able to share more information about the vital contributors that help produce CHBRP's legislative analyses.



## Task Force Spotlight: Jacqueline Miller

Jacqueline Miller is a research data analyst at UCSF in both the Institute for Health Policy Studies and Healthforce Center. She works with a variety of faculty on projects related to health services research and conducts both quantitative and qualitative analyses for her different projects. Specifically, Ms. Miller has been involved in many projects related to the health workforce and has studied community

health workers and home care workers, among other health professions. Part of this work includes projects conducted for the UCSF Health Workforce Research Center on Long-Term Care. She finds this work particularly rewarding considering the growing importance of long-term care as the country's population continues to age. She loves that her work allows her to learn about current issues related to health care delivery and policy as well as investigate ways to mitigate these issues.

Ms. Miller also works on the Medical Effectiveness team at CHBRP. She helps with all parts of the medical effectiveness section of reports, including assessing relevant literature, determining evidence quality and strength, and writing the analyses. Ms. Miller enjoys working with CHBRP because she is constantly learning about different topics through the research process. Additionally, she finds it rewarding that her work with CHBRP has an

immediate and noticeable impact given that reports go directly to committee members who read the analyses and make voting decisions based on them.

Ms. Miller first became interested in health policy as an undergraduate student at the University of Michigan, where she learned about the field of public health and found herself particularly interested in health policy topics. While in school, she took several classes and joined various clubs that helped foster connections with people involved in policy, allowing her to have policy-related conversations. After graduating, she worked at a federally qualified health center in Michigan where she led the quality improvement department for a year prior to starting at UCSF. In her career thus far, Ms. Miller is proud of her contributions to her first peer-reviewed publication related to long-term care. She worked closely with the project team to research nurse practice acts in different states and their impact on home care workers' ability to deliver care. She participated in all study interviews, conducted qualitative analyses, wrote portions of the report, and was involved in the editing process. Ms. Miller is also grateful for the opportunity to attend various conferences where she has presented her work, interacted with peers who share her professional interests, and educated herself about new research that further informs her work.



### **Task Force Spotlight: Gerald F. Kominski, Ph.D.**

Gerald Kominski, Ph.D. is a professor in the Department of Health Policy and Management at the Fielding School at UCLA. He is also Senior Fellow at the UCLA Center for Health Policy and Research, where he served as Associate Director from 1994-2011 and Director from 2012-2018. In his 32 years as a professor and researcher at UCLA, Dr. Kominski has served as a

mentor for hundreds of students, and has most appreciated the opportunity to make a concrete difference in peoples' lives through research.

Before coming to UCLA, Dr. Kominski worked for three and a half years at the agency now known as the Medicare Payment Advisory Commission (MedPAC). There, Dr. Kominski was able to have a direct impact on Medicare, which he calls "the most important social insurance program that we have for healthcare in the United States."

Even as a kid, Dr. Kominski wanted to have a social impact, and to make a difference in the real world. Heavily influenced by the Civil Rights movement, he's worked on social justice and issues of equality since. Over the last ten years in particular, he's been able to accomplish this through focusing on advocating for the Affordable Care Act and increasing health insurance coverage for millions of Americans.

Dr. Kominski was one of the early architects of CHBRP, having had experience in conducting rapid policy analysis work during his time in

Washington, DC with MedPAC. He served as CHBRP's Cost Lead from 2003 (its inaugural year) through 2009, and since then has continued to serve as a Cost Reviewer for analytic teams. He also was a critical contributor to the original development of CHBRP's California Cost and Coverage Model, which produces baseline and postmandate financial impacts of proposed legislation.

At the end of June 2021, Dr. Kominski will enter retirement, where he'll continue to work on projects, including the California Simulation of Insurance Markets (CalSIM) project, a micro-simulation model that estimates the impact of various elements of the ACA. In the interest of continuing to make a difference after he retires, he's established the Gerald F. Kominski Health Policy Fellowship, an opportunity that will provide support to first-generation college graduates interested in studying health policy at UCLA in the Master's program. The first recipient will be awarded in the coming year, entering the school in the fall of 2021. Dr. Kominski has been overwhelmed and humbled by the initial community response, and is excited at the opportunity to continue to contribute positively to the lives of students interested in health policy for many years to come.

To contribute to the Gerald F. Kominski Health Policy Fellowship, please visit UCLA's website [here](#).

---

[View CHBRP's Newsletter Archive](#)

### Follow us on Social Media!

Get the latest news and updates from CHBRP. Follow us on:

[Twitter](#)

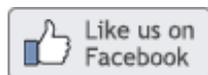
[Facebook](#)

[LinkedIn](#)

---

California Health Benefits Review Program | [info@chbrp.org](mailto:info@chbrp.org) | 510.664.5306 | [www.chbrp.org](http://www.chbrp.org)

See what's happening on our social sites:



Follow us on [twitter](#)

