



## Letter from the Director

Greetings! Welcome to CHBRP's Spring Quarterly Newsletter.

I hope that all of our readers are doing their best to stay healthy, occupied, and sane during these challenging times. CHBRP staff began working from home in mid-March. Like many of you, we are also juggling home responsibilities, isolation, and managing childcare and homeschooling needs. It has been a learning curve, to say the least! CHBRP staff have been connecting during video Zoom calls (see a picture from our last staff meeting below) and we recently used a Friday lunchtime to play a game of trivia together. These moments to come together are even more valuable and have helped preserve some level of connection.

Despite the COVID-19 pandemic that has been unfolding around us, our work continues. CHBRP was requested to analyze 14 bills this year and we have posted analyses for 12. More information about the analyses submitted and those in progress are below. This work would not be possible without CHBRP's Task Force members and contributors. Several of our Task Force members and content experts are clinicians and have been pulled into COVID-19 related work; we are especially grateful for their contributions to CHBRP and to the critical care they provide. I am also deeply appreciative of CHBRP's staff, faculty, and other Task Force members and actuaries who have stayed up late into many nights completing CHBRP assignments while they each juggle many of the same competing priorities as staff and numerous other professional responsibilities, amidst great uncertainty and disruption. Our two students have also stayed with us through this semester's many disruptions, and we are delighted that they both will continue with us part-time over the summer (virtually or in-person, if circumstances allow).

Looking towards the late spring and summer, we would normally be convening an in-person Task Force meeting with all of our contributors to recap the work done this year and begin planning and working on updates and enhancements needed for the future. This year, we will also be putting additional effort into assessing the best modeling approaches to accurately project health insurance and premiums for 2022 (amidst great uncertainty), which we will use to support our cost projections for the Legislature in next year's session. Instead of in-person meetings, CHBRP will be holding multiple virtual meetings to engage our contributors and assemble workgroups over the summer and fall months. CHBRP staff would also usually be organizing summer meetings with our stakeholders, including health plan representatives, agency and legislative staff, and consumer groups. These meetings will also most likely be held virtually instead of in-person for the foreseeable future.

As the world continues to adapt to significant uncertainty and disruption, here at CHBRP, we're doing our part to flatten the curve and support the Legislature with any additional analytic requests in the weeks ahead.

My best wishes, on behalf of CHBRP, for staying safe and healthy!

Garen



## CHBRP Task Force Member Marilyn Stebbin's COVID-19 Experience

Marilyn Stebbins, PharmD, has been a CHBRP Task Force Member for many years. Her expertise with pharmaceuticals is invaluable for many of our analyses.

In February, Marilyn became quite sick while on a family vacation to Idaho and later developed viral pneumonia, requiring admission to the ICU. She was shortly thereafter diagnosed with COVID-19, one of the first people in Yolo and Sacramento Counties. Throughout her illness and interactions with the health system, Marilyn documented her symptoms and experiences. She shares her journey and lessons learned in a recent blog post: <https://pharmacy.ucsf.edu/news/2020/04/my-covid-19-journey>

Thankfully, Marilyn has been recovering from COVID-19, despite ongoing symptoms and a potential re-emergence of the virus. All of us at CHBRP wish her well in her continued recovery.



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## CHBRP Student Assistants

We are so thankful for the continued work of our student assistants. We're pleased to share that our two student assistants from this academic year, Liliane Nienstedt and Sabrina Woll, will be continuing on with us this Summer.

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## 2020 Completed Analyses and Status

In 2020, the Legislature requested that CHBRP analyze 14 bills.

**At the time CHBRP published the analyses, there is substantial uncertainty regarding the impact of the COVID-19 pandemic on premium rates and health plan enrollment, including how the pandemic will impact healthcare costs in 2021. Because the variance of potential outcomes is significant, CHBRP does not take these effects into account as any projections at this point would be speculative, subject to federal and state decisions and guidance currently being developed and released. In addition, insurers', providers', and consumers' responses are uncertain and rapidly evolving to the public health emergency and market dynamics.**

The requesting Committee (Senate or Assembly) has alerted CHBRP that several bills analyzed by CHBRP in 2020, in part in consideration of the COVID-19 pandemic, were not being scheduled for a policy committee hearing (see under the third column below). CHBRP has posted all completed reports, as all may be of use to stakeholders considering future legislative action on the subject.

As in 2019, CHBRP will publish an "Amendments Update" document ahead of key hearings that will indicate the portions of CHBRP analyses that remain relevant after amendments are made to analyzed bills. This will be available on CHBRP's website at [http://chbrp.org/completed\\_analyses/index.php](http://chbrp.org/completed_analyses/index.php). CHBRP will also notify readers when a new version is posted via email.

Bill	Date submitted	Initial health committee hearing scheduled?
AB 1904 (Boerner Horvath) Pelvic Floor Physical Therapy	3/31/20	No
AB 1986 (Gipson) Colorectal Cancer Screening and Testing	4/06/20	No
AB 2144 (Arambula) Step Therapy and Prior Authorization	4/14/20	No

Bill	Date submitted	Initial health committee hearing scheduled?
AB 2203 (Nazarian) Insulin Cost-Sharing Cap	4/13/20	No
AB 2204 (Arambula) Sexually Transmitted Diseases	4/14/20	No
AB 2242 (Levine) Mental Health Services	4/10/20	No
AB 2258 (Reyes, Bonta, Limón, McCarty) Doula Care: Medi-Cal Pilot Program	4/14/20	No
AB 2625 (Boerner Horvath) Emergency Ground Medical Transportation	4/16/20	No
AB 2640 (Gonzalez) Genetic Biomarker Testing	Analysis in progress	No
AB 2781 (Wicks) Treatment for Infertility	4/03/20	No
SB 854 (Beall) Substance Use Disorders	3/13/20	Yes
SB 855 (Wiener) Mental Health Parity	3/13/20	Yes
SB 888 (Wiener) Substance Use Disorder Services: Contingency Management	4/15/20	Yes
SB 1452 (Morrell) Biological Products	Analysis in progress	Yes

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## Newly Released and Updated Resources

CHBRP is pleased to have released these recent resources:

- **"Federal Preventive Services Mandate and California Mandates."** This annually updated resource identifies potential overlap between the federal benefit mandate requiring health insurance coverage of some preventive services and California state benefit mandates.
- **"Estimates of Sources of Health Insurance in California in 2021."** Annually, CHBRP updates its Cost and Coverage Model, which is used to model impacts of proposed legislation and includes estimates of sources of health insurance. This resource provides an overview of CHBRP's estimates of sources of health insurance for Californians.
- **"Estimates of Pharmacy Benefit Coverage in California in 2021."** This document notes the presence or absence of a pharmacy benefit among Californians enrolled in state-regulated health insurance.

All of these documents are available at [http://chbrp.com/other\\_publications/index.php#](http://chbrp.com/other_publications/index.php#).

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### Task Force Spotlight: Nadareh Pourat, PhD

Dr. Pourat is a Professor in Health Policy and Management at the UCLA Fielding School of Public Health, Associate Director at the UCLA Center for Health Policy Research, and Director of the Health Economics and Evaluation Research Program at the Center, as well as the Vice Chair for CHBRP's cost team.

Her research interests are primarily focused on the disparities in access to health care among different populations. As part of her work she conducts evaluations of various national and state programs that provide care to low-income and uninsured populations. Dr. Pourat says the work is rewarding to her because it directly impacts the lives of underserved populations.

The results of the evaluations and other research she has done is used to change the health care delivery system to better serve the populations they are responsible for. Dr Pourat has led or co-led the evaluations of California demonstrations of the Delivery System Reform Incentive Payment (DSRIP) program, the Low Income Health Program (LIHP), the Health Care Coverage Initiative (HCCI), Chronic Care Management (CCM), and Disease Management Pilot Program (DMPP), among others.

As part of the Cost Team at CHBRP, she works with the rest of the team to ensure quality and consistency of the cost methodology for legislative analyses. As she notes, "My work with CHBRP is highly rewarding because it helps the legislature make decisions on proposed legislation. The ability to know the cost, medical effectiveness, and public health impacts of proposed bills is a huge benefit that is not commonly available." Additionally, she enjoys working with a diverse set of colleagues on CHBRP analyses, and particularly appreciates the ability to learn from CHBRP teammates from different disciplines while all working on the same issue. "It helps me have a broader understanding of issues we examine," she notes.

Dr. Pourat has long been interested in health policy, because of its applied nature and ability to directly improve the lives of others. She received her undergraduate degree in psychology from CSU Northridge and an MSPH and PhD in health services at UCLA.



### **Task Force Spotlight: Dominique Ritley, MPH**

Dominique Ritley is a senior health policy analyst at UC Davis' Center for Healthcare Policy and Research (CHPR), and is currently involved in a project related to co-locating integrated health care and housing for individuals experiencing chronic homelessness in Sacramento County. This project is led by Joy Melnikow, CHPR Director (and CHBRP Vice-Chair), and commenced with a recently published [report](#) about Sacramento's current state of homelessness and potential options to improve health care with innovative models. Additionally, CHPR Associate Director, Jeff Hoch, is currently producing an economic analysis of an integrated care campus that would offer housing, medical and behavioral health care. They plan to present the results in June in conjunction with the Sacramento County Department of Health Services and the Sierra Health Foundation to elevate discourse about effectively addressing the problems that persist among those experiencing homelessness.

Ms. Ritley is a Task Force Contributor at CHBRP and her work involves researching and drafting the medical effectiveness and public health impacts of proposed health insurance benefits. Since 2007, she has contributed to

over 40 analyses of a large variety of topics. In addition, Ms. Ritley also consults on CHBRP's public health methodology and performs methodological research to support the analytic framework (i.e., racial/ethnic composition of the insured population). In prior years, she was a part of the CHBRP panel presenting at AcademyHealth and America's Health Insurance Plans conferences.

Ms. Ritley finds it incredibly rewarding to help inform public policy deliberation with evidence-based, non-partisan analyses that meet the legislative timeline. She feels grateful to work with a team of incredibly talented, brilliant, and generous colleagues who all share high standards. Ms. Ritley also finds it particularly interesting to be able to analyze a large variety of topics and constantly learn new things, and she also enjoys the challenge of interpreting bill language and contributing to discussions about differing interpretations.

Ms. Ritley's interest in health policy began with an undergraduate internship with U.S. Senator Howard Metzenbaum (OH), whose health policy advisor rescued her from the mailroom where she was autosigning letters to constituents! Her interest solidified as she worked in the health policy office of the Senate Labor and Human Resources Committee (now called Health, Education, Labor, and Pension) chaired by Senator Edward Kennedy. It was an exciting and rewarding time to be on Capitol Hill working on major legislation including the Ryan White CARE Act and Basic Health Benefits bill (precursor to the ACA). She then left the health policy office to work at a healthcare boutique lobby firm that was co-directed by a Democrat and a Republican. Complementing her policy experience was Ms. Ritley's work with the burgeoning outcomes research field following her MPH graduate program at the University of Michigan. This path ultimately led her to UC Davis' CHPR and CHBRP.

In her career, Ms. Ritley is most proud of translating research findings into lay terms to support applied policy decision making. For example, updating the estimated prevalence of autism in California for a CHBRP bill analysis was important context for understanding the magnitude of the problem the bill addressed. Another example includes modeling the cost and health outcomes of a medication dispensing machine program to inform a "go-no go" decision by the Department of Health Care Services. The resulting report provided them with a straightforward, evidence-based answer about potential programmatic cost-savings. Ms. Ritley also co-authored an AHRQ decision guide to help communities understand and select health care quality measures, which can often be quite complicated. Although there is a tremendous amount of valuable research available, it must be translated into language that is accessible to decision makers to make a difference, and Ms. Ritley hopes that her work helps with making those findings more accessible to people.

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