Letter from the Director

Welcome to CHBRP's Winter Newsletter.

Mild, sunny winter days in the Bay Area have produced many stunning sunsets, providing us a respite from the tumultuous events in recent weeks. Yet the continued dry weather also causes concern for our upcoming fire season. This is emblematic of the tangled emotions and experiences for so many over recent months. As we settle into 2021, we wish to embrace the pretty sunsets (even as we hope for rain) while extending our best wishes for good health and fortune to each of you, our readers and partners. I wanted to highlight a couple of upcoming events for our readers, and a bit of staffing news.

CHBRP's Legislative Briefing will be held virtually via Zoom, on February 11th from 10:30-11:30 am. We welcome legislators, legislative and agency staff, advocates, health plan staff, students, and the public to our annual legislative briefing. A free registration link can be accessed, here.

We are hard at work on an issue brief summarizing evidence related to telehealth. This was requested by the Assembly Committee on Health in advance of an Information Hearing titled Telehealth Policy in California: Post Pandemic, in which we are participating. The hearing will be on February 16, 2021. The Committee will post details as we get closer, here.

CHBRP has also received two recent requests from the Legislature to analyze introduced bills, so far. Senate Bill 245 (Abortion Services: Cost Sharing) and Assembly Bill 114 (Medi-Cal Benefits: Rapid Whole Genome Sequencing). We anticipate more requests for CHBRP analysis will be made as go into the month of February.

Finally, I'll close with a special thank you and fond farewell to Ana Ashby, MPP. Ana is a CHBRP Staff Policy Analyst departing in early February. Ana will be starting a new health policy/finance position in her home state of Minnesota. Ana joined CHBRP in 2018 as a Graduate Student Assistant, and upon graduation became an integral member of our team as a full-time Policy Analyst, a role that she excelled in over the past year and a half. She will be missed, and we wish her the very best.
ChBRP's Annual Legislative Briefing - Now Virtual!

You're invited to ChBRP's annual Legislative Briefing, which will take place virtually on Thursday, February 11 from 10:30-11:30am. This is an annual opportunity for legislators, legislative and agency staff, advocates, health plan staff, and the public to learn more about ChBRP. At this year's legislative briefing, we will discuss the analytic approach ChBRP uses and demonstrate how ChBRP serves as a bridge between academia and the policy-making process within the Legislature's fast timeline.

Register Now!

ChBRP's Analytic Timeline

Each analysis is completed within a 60-day period. The strict timeline ensures that reports are submitted before the Legislature formally considers the bill. The figure below shows an overview of the different analytic and review periods within the 60-day timeline.

ChBRP's 60-Day or Less Timeline

The analytic teams are composed of a ChBRP staff member, who coordinates the contributions of a subset of the Task Force, researchers, librarians, and members of ChBRP's contracted actuarial firm. The Task Force is drawn from several University
CHBRP analyses are reviewed multiple times before the report is delivered to the Legislature. The first review is conducted by the Vice Chairs (UC Faculty members who lead an analytic section, such as Medical Effectiveness, Cost, or Public Health) and CHBRP's director. A peer faculty member (a UC Faculty member who provides guidance throughout the report's 60-day timeline) may also review at this time. The second review is conducted by the content expert (experts in pertinent areas of clinical practice, clinical controversies, and research are retained for each analysis) and a subset of the National Advisory Council (health care and health policy experts from outside of California).

More information about CHBRP's 60-day timeline is included at [www.chbrp.org](http://www.chbrp.org):

- Analysis Methodology (including a sample 60-day timeline): [https://chbrp.org/analysis_methodology/index.php](https://chbrp.org/analysis_methodology/index.php)

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### 2021 Analyses In Progress

CHBRP has been requested to analyze two bills, as of January 29, 2021:

- Assembly Bill 114 (Maienschein) Medi-Cal benefits: rapid whole genome sequencing
- Senate Bill 245 (Gonzalez) Abortion services: cost sharing

Interested parties who believe they have scientific evidence relevant to CHBRP's analysis of proposed health insurance benefit mandates as described in CHBRP's authorizing statute are encouraged to provide that information to CHBRP's staff within 14 days of CHBRP receiving the request. Instruction for how to submit this information, and key dates and bill language for these requests are available on CHBRP's website: [https://chbrp.org/recent_requests/index.php](https://chbrp.org/recent_requests/index.php)

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### Welcome to CHBRP's Newest Task Force Members!

**Timothy Brown**, PhD is the Associate Director for Research at the Berkeley Center for Health Technology and is also an Associate Adjunct Professor for Health Economics at the University of California, Berkeley. Dr. Brown joins CHBRP as a **senior cost reviewer**. Dr. Brown's primary research interests include public health systems and services, chronic pain, health insurance design, social capital and health, mental health services, and dental services. He has also co-authored over 60 publications on a large variety of topics.

**Michelle Keller**, PhD, MPH is a health services researcher at the University of California, Los Angeles and Cedars-Sinai Medical Center and is the newest member of **CHBRP's cost team**. Dr. Keller's research has involved improving medication management among older patients, reducing low-value health care, promoting patient-clinician communication, and using informatics to improve patient safety. Dr. Keller teaches courses on cost-effectiveness analysis and the organization of
healthcare delivery systems at UCLA.

Full biographies of CHBRP's new Task Force Members are available at https://chbrp.com/about_chbrp/task_force/index.php. Welcome!

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**Recently Published Resources**

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.

- **Medical Necessity Determination Process for Covered Benefits.** This resource discusses the medical necessity determination process, which may involve multiple clinicians, for enrollees in health plans and health policies regulated by the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI).

- **Outpatient Prescription Drug Cost Sharing.** This resource discusses cost sharing laws and limits that are applicable to outpatient prescription drug benefits regulated by DMHC and CDI. A brief discussion of pharmacy benefits, cost sharing, and the laws that are relevant to them follows. Definitions for terms commonly used in discussions of pharmacy benefits are included in the appendix.

Additional resources and issue and policy briefs are available on CHBRP's website: https://chbrp.com/other_publications/index.php

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**CHBRP’s Talented Contractors**

In order to complete analyses as requested by the Legislature, CHBRP staff rely on assistance from two contractors. An-Chi Tsou and Karen Shore take on the role of CHBRP lead for a few analyses and conduct the policy analysis, guide the team, and serve as the point of contact for external communications. Get to know these valuable team members:

**CHBRP Contractor:**

**An-Chi Tsou, PhD**

An-Chi Tsou, PhD, is the founder and Principal Consultant of Tsou Consulting, which was established in 2016. In 2020, she contributed to three of CHRBPs’s analyses as a writer, and in 2021, will serve as a bill lead.

Dr. Tsou is passionate about contributing to
Karen K. Shore, PhD, is the founder of Golden State Health Policy, a consulting firm that advances the use of research evidence to inform policy. Dr. Shore is an independent contractor with CHBRP, where she leads legislative analyses and other special projects on a contractual basis.

Golden State Health Policy conducts research and policy analysis, plans conferences, and provides educational programming for clients from philanthropic organizations to higher education institutions (including the University of California), state and county agencies, associations, and more. Dr. Shore has worked as a consultant since 2016, and enjoys the opportunity to work across organizations and projects, and with different types of organizations and people.

When it comes to her work with CHBRP, Dr. Shore sees the Analytic Lead role as a choreographer who guides the work of faculty and researchers to contribute meaningfully to reports that stakeholders will find useful. She enjoys the opportunity that CHBRP’s work presents to quickly become an expert in a topic, and to contribute high-quality and concise information to legislators to use in their bill deliberations. Having begun graduate work with the University of California in 1991, she also enjoys staying connected to the UC system and several different campuses through CHBRP’s analytic work.
Dr. Shore began her career as a health services researcher, and in the mid-00’s began working in Sacramento where she quickly became enmeshed in the policy world. She sees health policy as a way to be particularly impactful, and to provide "real world" problem-solving assistance. She is passionate about bringing evidence-based solutions into the policy-making realm.

Dr. Shore is eager to see what policy solutions might be proposed in 2021, and is looking forward to a time where policy-making can move beyond the important work of the COVID-19 pandemic to think broadly about innovation in the health policy realm. She looks forward to returning to her work with CHBRP’s great faculty and researchers to continue to provide reports that will help stakeholders do their jobs with some evidence-based research to inform their decisions.

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