

15 year Anniversary



Executive Summary

Purpose & Achievement 2022

CCCC HISTORY

Voices of Advocacy in Common Cause

This year we celebrated our 15th anniversary! At the urging of then-Governor Arnold Schwarzenegger's administration, a working group of informed, patient-centered, non-profit health advocacy organizations was formed to aid in a statewide, comprehensive healthcare reform initiative. This is the foundation for what became the **California Chronic Care Coalition (CCCC)**. The efforts of the initial group led to an increased understanding of the challenges and barriers patients face within the healthcare system. California policy makers and legislators became more informed after hearing the voice of patients through this working group. Recognizing that in the development of any healthcare policy and legislation, the patient must be its first consideration, the CCCC was created in 2007 and became a 501(c) (3) non-profit organization five years later.

Since then, with its steadfast position of "patient centric" health care, the CCCC has served as a leader in advocacy for millions of Californians. The CCCC ensures that the needs and concerns of patients are the primary focus of health care legislation and policy decisions at the state, regional, local, or national levels.

The CCCC is a unique alliance of more than 40 leading consumer health organizations including physician and provider groups representing Californians living with chronic conditions. The CCCC advises and promotes the collaborative work of policy makers, industry leaders and patient-centered stakeholders emphasizing access to affordable, quality health care focusing on all levels of prevention, coordinated care, and the wellness and longevity of patients.

Ensuring The Resources And Tools Necessary For Optimal, Individual Treatment And Improved Health Outcomes

The CCCC envisions a system of care that is accessible, affordable, evidence-based, and of a high-quality. It will emphasize early diagnosis of chronic conditions, access to effective and appropriate treatment and improved patient outcomes through better chronic care management.

The CCCC has successfully advocated for and achieved legislative measures that protect the chronically ill, such as ending discriminatory practices against people with chronic conditions/disease, removing mandatory expenditure caps on expensive specialty medications, reducing barriers to appropriate medication by often unnecessary and harmful Prior authorization requirements, reducing step therapy requirements. On a national level, the CCCC is the first and foremost advocacy group working on comprehensive medication management.

THE CCCC ORGANIZATION CHART



Liz Helms
President & CEO

Officers



Joan Werblun, R.N.
Chair



Tim Madden
Madden Quinonez
Advocacy
Treasurer



Steven Schultz
Arthritis Association
Secretary

Board Members



Lynne Kinst
Hemophilia Council
of CA



Michelle Rivas
California Pharmacists
Association



Adrienne Shapiro, PhD
Axis Advocacy

Staff



Mary Odbert
Chief Operating
Officer



Alex Khan
Senior Policy
Council



**Blanca Garza-
Jacobs**
Communications
Director



Brittney Deselle
Public Affairs &
Communications
Assistant

Leadership

At the heart of the CCCC, from its Executive Officers, Board of Directors, policy consultants and dedicated army of volunteers, is a legacy of patient and community-centered advocacy and legislative success on behalf of those suffering from chronic disease. These efforts can be traced through profound personal stories and the unwavering professional commitment of all involved.

While passion is often the fuel that inspires us to action, the CCCC's core leadership is comprised of diverse established professionals with the knowledge and experience to make change possible. Board members represent organizations and stakeholders with long-recognized excellence in both community outreach and legislative success. They hold professional titles as Senior/Executive Directors, CEO's and Legislative Analysts/Consultants within key organization members on the forefront of patient care. Staff member are skilled professionals with successful track records in wide ranging areas of expertise.



LIZ HELMS

President & CEO

Author, *Healthcare Unhinged: The Making of an Advocate*

Liz has been a leader within the patient's rights movement since the mid-1990s. Her vision, breadth of knowledge and unwavering commitment to coalition building, grassroots advocacy, strategic planning, and policy development has earned her immense recognition and respect in California and nationally. In addition to being the President & CEO of the CCCC, Liz co-founded the Chronic Care Policy Alliance (CCPA) which works across state lines to ensure access to affordable, quality health care. CCPA gives

states a broader voice.

Liz was instrumental in bringing the clinical pharmacist on the care team to the Right Care Initiative – University of Best Practices which in 2010 won her the Michelotti Public Health Prize from the CA Pharmacy Foundation. In 2019, Liz was honored to receive the Friend of Pharmacy Award from the California Pharmacists Association, WPE. Liz has been a catalyst within the chronic disease community working with the California administration's health policy division on health care reform, including implementation of prevention, wellness, and coordination of care. Liz represents the foremost patient voice in the development and implementation of Comprehensive Medication Management strategies, as a member of the California Department of Public Health's (CDPH) CMM Statewide Implementation Workgroup, Executive Member of CDPH Wellness Plan, and serves as an Advisor to California's Master Plan for Heart Disease and Stroke Prevention and Treatment, the CA Right Meds Collaborative, CoverMyMeds 2022 Medication Access Report and serves as consumer representative to the Right Care Initiative, Executive Member - Get the Medications Right Institute, and is an active member of the CDC's National Hypertension Control Roundtable.

Many voices come together when one voice stands up. — Liz

Leadership — Executive Committee



JOAN WERBLUN R.N.
Board Chair

For thirty years Joan served as the Diabetes Nurse Expert for the UC Davis Hospital and Medical School. She was recruited by the State of California Health Department to develop a statewide program for standards of care and management of Diabetes and chaired this project for two years. As Chair of the program which became the Diabetes Coalition of California, she was given a proclamation by then Governor Pete Wilson for her work in Diabetes. She served on local, state and national boards and committees of the ADA for 27 years. She was awarded a grant from the American Pharmacists Association Foundation and spent a year with migrant farm laborers in the Lost Hills, CA area as part of the Project Impact, a national study of patient empowerment and care in the field of Diabetes. She worked in villages and hospitals in Nigeria and Ghana teaching diabetes management. She served as the founding chair of Citizens for the Right to Know and worked to create the Department of Managed Care. She is retired from UC Davis but continues her work in Diabetes throughout the state.



STEVEN SCHULTZ
Secretary

In 2014, Steven started with the Arthritis Foundation as the Advocacy Coordinator assisting with grassroots advocacy in the region before transiting to the role of Legislative Analyst. Steven served as State Director, Advocacy & Access where he managed the government affairs for 12 of the pacific states. Currently, Steven is the Director, State Legislative Affairs for the Arthritis Foundation where he oversees the state legislative and regulatory portfolio for all 50 states. He works tirelessly on behalf of patients and finished his first 500-mile bike ride in 2019 on behalf of the Arthritis Foundation.

Prior to working at the Arthritis Foundation, Steven served as a law clerk for one of the most prominent law firms in Sacramento. While in college, Steven had the opportunity to participate in two highly competitive internships within state government including one with Governor Arnold Schwarzenegger's Office of Constituent Affairs.



TIM MADDEN, JD
Treasurer

Tim is a principal with Madden Quiñonez Advocacy which is a government relations and consulting firm that evolved from Randlett Nelson Madden, established in 1976. Tim has been with the firm since February 2004. His focus has been on the firm's healthcare clients, including drafting legislation, testifying on bills and regulations, lobbying Members of the Legislature and agency officials, and organizing and implementing key contact and PAC contribution program.

Leadership — Board



LYNNE KINST

Lynne is the Executive Director of the Hemophilia Council of California (HCC). Joining HCC was the perfect opportunity to bring together Lynne's passion for advocacy and love for the bleeding disorders community. Previously, she was the Executive Director of Central California Hemophilia Foundation (CCHF). She has also worked for California State Board of Equalization Board Members George Runner and Diane Harkey, and the Taxpayer's Rights Advocate. Lynne served as director of administration with a non-profit organization now known as Capitol Commission. In addition, she has political experience from working for state elected officials in a variety of capacities.

Born and raised in Sacramento, Lynne attended the University of California, Davis earning a bachelor's degree in political science, with minors in human development and religious studies. Lynne also has a master of arts in biblical counseling from The Master's University. Her father, Jim Carey, was an active member of the CCHF Board, serving as treasurer since the chapter's founding until his death in 1994. CCHF's Jim Carey Scholarship is named in his honor. Previously, Lynne served on both the CCHF and HCC Boards of Directors. Lynne herself has mild hemophilia B.



MICHELLE RIVAS

Michelle began her career as assistant to the deputy legislative secretary in the office of Governor Pete Wilson. She spent 11 years as the manager of external affairs and as the legislative advocate for the California Dental Association. Since then, Rivas has spent time as the executive director of the California Hospital Association and as the director of development and fundraising for the CDA Foundation. She is currently Executive Vice President Government Relations & Corporate Affairs at the Executive Vice President, Government Relations & Corporate Affairs at California Pharmacists Association.



ADRIENNE BELL-CORS SHAPIRO, PhD

Adrienne is a Sickle Cell Disease and stem cell patient advocate, the founder and Science Administrator of the Axis Advocacy Foundation, and a fifth generation mother of a child with Sickle Cell Disease. She is a recipient of the highest honor in the regenerative medicine community, the 2018 Stem Cell and Regenerative Medicine Action Inspiration Award. She was one of the first supporters of the work done by UCLA'S Dr. Don Kohn in bone marrow and later stem cell transplants. As a firm believer that stem cell science will cure Sickle Cell Disease, she has dedicated a large portion of her life to improving the lives and overall healthcare of those living with the disease. Adrienne participates in educational conferences and seminars, meets with lawmakers to advocate for the Sickle Cell effected population and support of funding for clinical trials. Adrienne also serves as an ambassador for the Americans for Cures Foundation.

Leadership — Staff

ALEX KHAN, ESQ.

Senior Policy Counsel

Alex Khan joined the California Chronic Care Coalition February 2021 after serving as Legislative Director and Chief Policy Consultant for California Assembly Republican Leader, Marie Waldron. Alex was previously Principal Health Policy Consultant for the Republican Caucus, and a Department of Finance Budget Analyst in the Brown Administration. Alex, an attorney who has the distinction of having studied under U.S. Supreme Court Justices Elena Kagan and Anthony Kennedy, also works as a contract lobbyist with Valencia Government Relations, Inc. where he represents a diverse array of healthcare clients, among others.



MARY ODBERT

Chief Operating Officer

Mary is a veteran public affairs communicator, nonprofit executive, and marketing expert with an extensive background in the healthcare industry, giving her a breadth of knowledge on health issues and industry concerns. Mary's experience in advocacy began when she needed to advocate for her father's health and navigated through battles for coverage and access to the best care. That experience inspired her interest and dedication to ensuring patients understand their health, their access and how to improve the quality of care they receive.



As a seasoned marketing communicator, she brings 25 years of experience which includes working for a nationally known Sacramento-based public affairs firm, an advertising agency, a hospital, medical group and clinic serving a tri-county area, and a statewide healthcare association. She is a skilled professional with a strong track record of successfully managing coalitions and advocating for legislation by mobilizing stakeholders, managing issues, and educating the public. Notably, Mary developed, directed, and provided public affairs expertise for multiple coalitions working on health issues, which involved bringing together diverse advocates and health experts to pursue improved awareness and raised awareness of key issues. She served on the American Heart Association Stroke Task Force for Sacramento, as a board member/Treasurer for ALS Greater Sacramento, board member/Secretary of the Board to Community Health Charities of California (which included Nevada, Oregon, Washington and New Mexico) and worked closely with California Departments of Health Care Services and Public Health including representing a coalition on a State of California task force. In addition, she has developed and implemented award-winning social marketing, crisis communications and marketing/PR campaigns throughout her career.

Leadership — Staff

BLANCA GARZA JACOBS

Director of Communications

Blanca is a former television news anchor and worked for top Hispanic market television stations in the U.S. and other international networks since 1993. In 2001, she became Telemundo 48's news anchor and reporter in the Bay Area informing the Latino community daily for almost 20 years.

Among other prestigious recognitions, she is the recipient of eight Emmy Awards for her work as a Spanish speaking journalist. Blanca retired from on-air news and joined the nonprofit Second Harvest of Silicon Valley where she has worked as Spanish spokesperson and bilingual storyteller to help her community in need by promoting the access to free food since 2020.

Blanca was born in a small town in California's Central Valley — Dinuba. She lived in Mexico for 13 years, where she studied Communications at Universidad Autónoma de Nuevo León and returned to California to begin her 30 year career as a broadcaster in radio and television. Blanca is an advocate for underserved communities and volunteers in various organizations throughout the Bay Area to support those communities. In 2021, she completed a Latino Leadership Summer Program through Latino Leadership Academy and Stanford University.



BRITTNEY DESSELLE

Public Affairs & Communications Assistant

Brittney is a first year Master of Public Administration candidate at the University of Southern California's Sol Price School of Public Policy at the USC Sacramento Capital Center. Her passion for patient access to care stems from her own battle with health. At fourteen years old, Brittney was diagnosed with severe ulcerative colitis, a chronic autoimmune disease of the colon. She has reached remission, but that does not stop her drive for patient advocacy.

Previously, she was a public affairs and communications intern with the California CCCC. During her internship with the CCCC, Brittney worked on the *California Independent Medical Review Results* publication in 2019. Additionally, Brittney has interned with Perry Communications Group and the California Senate Communications Office. She is pursuing a career in public health policy and health promotion to spread awareness for access to treatment issues and technological advancements in medication.



**Thank you to all of our consultants who helped make
2022 a successful year for CCCC and our projects.**

Cher & David Gonzalez, Gonzalez Consulting

Chuck Dorcich, Cutting Edge Productions, Video Production

Larry LaMotte, Advocacy Options, Chronic Care Policy Alliance

Mercenary Creative Group, YourVaccinationGuide.org

Perry Communications Group, My Patient Rights & Chronic Care Policy Alliance

Rational 360, Chronic Care Policy Alliance



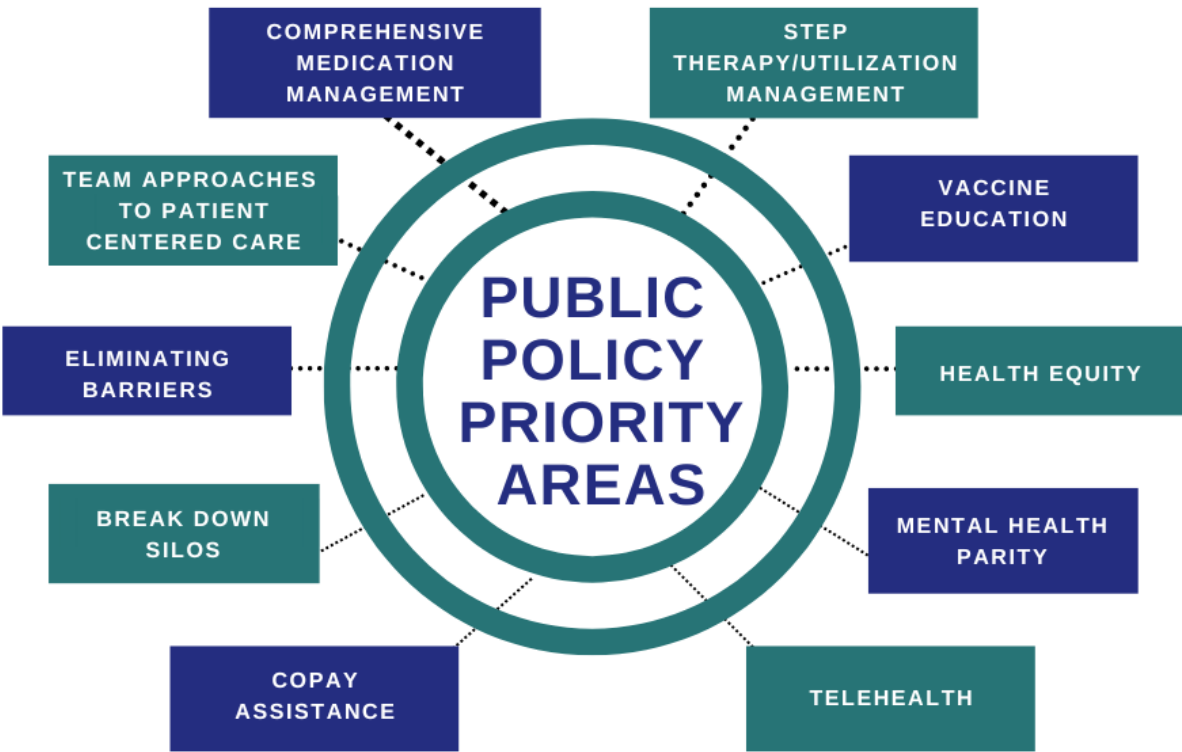


Legislative Summary 2022



15 year Anniversary

Public Policy Issues Agenda



Prevention, affordability access and quality are the CCCC goals for health care. Annually, we decide which specific issues we can work on that will drive us closer to our goal. Those issue for 2022 are listed above. We hope you'll join us in working on these issues as we build a country where public policy, leaders and decisionmakers in health care put the patient first.

CCCC 2022 Legislative Update

2022 was a triumphant year for the California Chronic Care Coalition (CCCC) on the legislative front. We successfully steered our sponsored bill, AB 2352, across the finish line. AB 2352 will provide patients and their health care providers real-time pharmacy benefit information at the point-of-care, ensuring health care decisions are made in the appropriate setting, based on meaningful, informed conversations that include the affordability of a chosen prescription drug. We have no doubt that this bill will improve health outcomes through increased medication adherence and patient choice, while also expanding the ability of health care providers to focus on caring for patients rather than dealing with ever-mounting paperwork burdens. The coalition that came together to support AB 2352 was invaluable, and we are thankful to everyone involved for their efforts.

We were proud to join with our partners at City of Hope, ACS-CAN, and the California Black Health Network to co-sponsor the successful California Cancer Care Equity Act, which will increase access to quality care for low-income California cancer patients. CCCC also backed numerous successful measures to, among other things, increase access to telehealth services, require the State of California to conduct expanded outreach to residents eligible for no-cost or low-cost health care coverage, increase alternative pain management options for California patients, and increase access to medical innovations that will lead to better health outcomes.

While 2022 brought numerous significant successes, it was not without its challenges. After back-to-back years of record budget surpluses, California's fiscal situation began showing signs of weakness, with current year tax revenues falling short of projections in every month since June. Based on looming fiscal uncertainty, the Governor vetoed several important measures that would, among other things, strengthen patients' rights while appealing a denial of coverage based on utilization management criteria, require coverage of biomarker testing, create a dementia care navigator pilot program, and eliminate cost sharing for breast cancer screening. Another CCCC priority bill, which sought to eliminate non-medical switching, was held in the Assembly Appropriations Committee, along with a bill that would have required plans and insurers to pass at least 90 percent of drug rebates along to consumers.

While we expect the 2023-24 legislative session to present challenges, including fiscal uncertainty and the need for fresh approaches to policies that have proven politically infeasible, we believe the coming year also provides the Coalition with ample new opportunities. A quarter of the 40-member State Senate is being replaced this fall, with seven members termed out of office and three others not seeking reelection. In the State Assembly, 25 members have either taken new jobs over the past year or announced they will not seek reelection. CCCC has been hard at work introducing ourselves to candidates up and down the state, and we look forward to the new faces and voices that will soon fill the Capitol.

Advocacy

Improving Healthcare for Patients at the Capital

Briefing — How Benefit Cost Transparency Improves Patient Outcomes

On March 16th CCCC presented an educational briefing Moderated by Liz Helms and co-hosted by Assemblymember Nazarian. CCCC had the privilege of having three healthcare providers, William Bommer, MD, FACP, FACC, Samy Metyas, MD, MSc, FACP, FACP and Sonya Fausto, PharmD, share their expertise and perspectives on barriers to benefit transparency. In addition, guest speakers addressed road blocks to access information at the point of prescribing. Tracy Russell, Senior Director, State Government Affairs CoverMyMeds, Pallavi Saraswat, Manager Business Solutions at MedImpact Health Systems, Inc. and Steven Schultz, Director, State Legislative Affairs, Arthritis Foundation

Advocacy Day — Advocacy in Action!

The CCCC Board of Directors, the Arthritis Foundation, Hemophilia Council of California, California Rheumatology Alliance, Axis Advocacy of California and the California Pharmacists Association held a very successful advocacy day event on May 11th. **Keynote Speakers were Assemblymember Adrin Nazarian and Senator Anthony Portantino.**

Resolution — April of 2022 CCCC sponsored Senate Concurrent Resolution 71 which named March Traumatic Brain Injury Awareness month in California.

Legislation

Below is a summary of CCCC's positions on 2022 bills, as well as bill summaries and final outcomes:

AB 32 (Aguiar-Curry D) Telehealth.

Summary: Extends telehealth flexibilities that were put in place during the Covid-19 pandemic to provide a vital lifeline for patients who have difficulty accessing services. The bill ensures that telehealth, including telephonic and video care, are available to patients regardless of who they are, their insurance, what language they speak, or the barriers they may face, including geographic, transportation, childcare, or the ability to take time off from work. **CCCC position:** *Support.* **Outcome:** *Chaptered.*

AB 933 (Daly) Prescription drug cost sharing.

Summary: Requires health plans and insurers to define cost-sharing for a prescription drug to be calculated at the point of sale (POS) based on a price that is reduced by an amount equal to 90 percent of all rebates received, or expected to be received, in connection with the dispensing or administration of a drug, and to provide an enrollee or insured with an end-of-calendar-year reconciliation for any cost-sharing reductions owed to the enrollee or insured pursuant to this bill that were not passed on to the enrollee or insured at the POS. **CCCC position:** *Support.* **Outcome:** *Held in Assembly Appropriations.*

AB 1120 (Irwin) Clinical laboratories: blood withdrawal.

Summary: Authorizes a certified phlebotomy technician to collect blood through a peripheral venous catheter under specified conditions, including that the blood collection procedure is performed under the general supervision of a physician and surgeon and the blood collection procedure is performed using a device or devices approved by the United States Food and Drug Administration. **CCCC position:** *support.* **Outcome:** *Chaptered.*

Advocacy

Legislation

AB 1618 (Aguilar-Curry) Alzheimer's disease.

Summary: Requires the California Department of Public Health to establish the Office of the Healthy Brain Initiative to conduct all department activities relating to Alzheimer's disease and to implement the action agenda items in the Healthy Brain Initiative, as defined. The bill would also, upon appropriation by the Legislature, require the office to establish a program in at least 10 local health jurisdictions, as specified, and award participating local health jurisdictions one-time grant funding, to develop local initiatives that are consistent with the Healthy Brain Initiative. **CCCC position:** *support.* **Outcome:** *Held in Senate Appropriations.*

AB 1684 (Voepel) Alzheimer's disease: public awareness campaign.

Summary: Requires the California Department of Public Health to implement an Alzheimer's disease public awareness campaign, as specified, and include education for unpaid caregivers. **CCCC position:** *support.* **Outcome:** *Held in Senate Appropriations.*

AB 1810 (Levine) Pupil health: seizure disorders.

Summary: Authorizes a trained employee volunteer to administer emergency anti-seizure medication to a pupil upon the request of the parent, requires the development of state standards for the training, and requires the parent to provide specified information to the local educational agency, including a seizure action plan. **CCCC position:** *support.* **Outcome:** *Chaptered.*

AB 1878 (Wood) California Health Benefit Exchange: affordability assistance.

Summary: Requires Covered California to provide affordability assistance to reduce cost sharing including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. **CCCC position:** *support.* **Outcome:** *Held in Senate Appropriations.*

AB 1880 (Arambula) Prior authorization and step therapy.

Summary: Requires a health plan or health insurer's utilization management process to ensure that an appeal of a denial is reviewed by a clinical peer, as specified. Requires health plans and health insurers that require step therapy or prior authorization to maintain specified information, including, but not limited to, the number of step therapy exception requests and prior authorization requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) commissioner. **CCCC position:** *Support.* **Outcome:** *Vetoed.*

AB 2352 (Nazarian) Prescription drug coverage.

Summary: Requires health plans and health insurers to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. Prohibits a health plan or health insurer from restricting a prescribing provider from sharing the information furnished about the prescription drug, including information about the cash price of the drug, or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug. **CCCC position:** *Sponsor.* **Outcome:** *Chaptered.*

Advocacy

Legislation

AB 2585 (McCarty) Nonpharmacological pain management treatment.

Summary: Makes findings and declarations related to pain management, including that the health care system should encourage the use of evidence-based nonpharmacological therapies. **CCCC position:** *Support.* **Outcome:** *Chaptered.*

AB 2709 (Boerner Horvath) Emergency ground medical transportation.

Summary: Requires a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2023, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider, and would prohibit the noncontracting ground ambulance provider from billing or sending to collections a higher amount. The bill would require the plan or insurer to reimburse a noncontracting ground ambulance provider the greater of the average contracted rate or 125% of the Medicare reimbursement rate for those services, as specified. **CCCC position:** *Support.* **Outcome:** *The bill did not receive a hearing in the Assembly Health Committee.*

AB 2942 (Daly) Prescription drug cost sharing.

Summary: Requires health plans and insurers to define cost-sharing for a prescription drug to be calculated at the point of sale (POS) based on a price that is reduced by an amount equal to 90 percent of all rebates received, or expected to be received, in connection with the dispensing or administration of a drug, and to provide an enrollee or insured with an end-of-calendar-year reconciliation for any cost-sharing reductions owed to the enrollee or insured pursuant to this bill that were not passed on to the enrollee or insured at the POS. **CCCC position:** *Support.* **Outcome:** *The bill did not receive a hearing in the Assembly Health Committee.*

SB 250 (Pan) Health care coverage.

Summary: Prohibits a health plan or health insurer from requiring, for a period of two years, a contracted health care provider to obtain prior authorization for any health care services if the health plan or insurer approved, or would have approved, at least 90% of the prior authorization requests that a provider submitted in the most recent one-year contracted period. The bill also requires a health plan or insurer to include physician representation in developing prior authorization criteria, provides that a physician has the right to have an appeal of a prior authorization decision conducted by a physician of the same or similar specialty, and prohibits a health plan or insurer from requiring a physician to file an appeal challenging an adverse result of a prior authorization request before filing an independent medical review. **CCCC position:** *Support.* **Outcome:** *Held in Assembly Appropriations.*

SB 473 (Bates) Health care coverage: insulin cost sharing.

Summary: Requires health plans and insurance policies to cover all available dosage forms and concentrations of insulin for a copayment of no more than \$35 for a monthly supply. **CCCC position:** *Support.* **Outcome:** *Held in Assembly Appropriations.*

Legislation

SB 568 (Pan) Deductibles: chronic disease management.

Summary: Prohibits a health plan contract or health insurance policy from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease. Limits the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in the health plan contract or insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified. **CCCC position:** *Support.* **Outcome:** *The bill did not receive a hearing in the Assembly Health Committee.*

SB 853 (Wiener) Prescription drug coverage.

Summary: Requires a health insurance policy or health plan that includes a pharmacy benefit to provide coverage for a drug, dose of a drug, or dosage form of a drug prescribed by a health care provider if that drug has been previously approved for coverage by a policy or plan for an enrollee's medical condition during the entire duration of utilization review and any appeals of utilization review. Prohibits a health plan or insurer that provides prescription drug coverage from imposing additional cost sharing for covering a drug as prescribed, during the utilization review and any appeals if specified criteria apply. **CCCC position:** *Support.* **Outcome:** *Held in Assembly Appropriations.*

SB 861 (Limón) Dementia Care Navigator Pilot Program.

Summary: Establishes, upon appropriation by the Legislature, the Dementia Care Navigator Grant Pilot Program under the California Department of Aging (CDA) for the purpose of incentivizing local organizations to provide dementia care navigation training services. Requires CDA to develop the pilot program in partnership with organizations with expertise using community health workers, promotores, and health navigators, and to award grants on a competitive basis, with priority given to organizations serving underserved communities. **CCCC position:** *Support.* **Outcome:** *Vetoed.*

SB 912 (Limón) Biomarker testing.

Summary: Requires a health plan contract, disability insurance policy and Medi-Cal to cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring if the test is supported by medical and scientific evidence, as specified. **CCCC position:** *Support.* **Outcome:** *Vetoed.*

SB 944 (Pan) California Health Benefit Exchange: affordability assistance.

Summary: Requires Covered California to provide affordability assistance to reduce cost sharing including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. **CCCC position:** *Support.* **Outcome:** *Vetoed.*

SB 967 (Hertzberg) Health care coverage: tax returns: information sharing authorization and outreach.

Summary: Requires Covered California to annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage. Requires the Franchise Tax Board (FTB) to include, on or after January 1, 2023, a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorizes FTB to share information from their tax return with the Exchange. **CCCC position:** *Support.*

Outcome: *Chaptered.*

Advocacy

Legislation

SB 987 (Portantino) California Cancer Care Equity Act.

Summary: requires a Medi-Cal managed care plan (MCMCP) to make a good faith effort to include in its contracted provider network at least one National Cancer Institute (NCI) Designated Comprehensive Cancer Center, NCI Community Oncology Research Program (NCORP) affiliated site, or qualifying academic center in each county the MCMCP operates. It also requires MCMCPs to notify all enrollees of their right to request a referral to access to care through any of those centers. **CCCC position:** *Co-sponsor. Outcome:* *Chaptered.*

SB 1361 (Kamlager) Prescription drugs: cost sharing: pharmacy benefit managers.

Summary: Requires, no later than January 1, 2024, an enrollee or insured's cost-sharing for each prescription drug be calculated at point of sale, as specified; would require the Department of Managed Health Care and the Department of Insurance to submit a legislative report, as specified; and would prohibit a pharmacy benefit manager from deriving income except from fees, and would specify the PBM fee must not be based on specified criteria. **CCCC position:** *Support. Outcome:* *Held in Senate Appropriations.*

SCR 71 (Jones) Traumatic Brain Injury Awareness Month.

Summary: Proclaims the month of March 2022 as Traumatic Brain Injury Awareness Month. **CCCC position:** *Support. Outcome:* *Chaptered.*

For a complete list of CCCC's tracked bills, please visit: <https://fastdemocracy.com/shared-bills/?sharing-bill-list-id=fQDIJaHqMysz>

Federal Action

Future of Pharmacy Care Coalition

The CCCC participates with 200 other organization on Future of Pharmacy Care Coalition to actively support H.R. 7213, the Equitable Community Access to Pharmacist Services Act, which ensures patients maintain reliable access to essential care and services provided by pharmacists. The CCCC has sent or signed onto support letters to congressional representatives and been active on social media in support.

340B

This is a drug program created to help low-income patients afford their care. Unfortunately, loopholes in the program have meant that too many vulnerable patients in Nevada are not receiving the benefits of the program and can't afford their medications.

Prescription Drug User Fee Act

Prescription Drug User Fee Act (PDUFA) helps ensure the availability of safe and effective medicines. PDUFA has helped meet urgent patient needs for more timely review and approval of life-saving medicines. We want PDUFA to be reauthorized before it expires in September 2022!

Medicare Multi-Cancer Early Detection Screening Coverage Act (MCED)

Supported H.R. 1946/S.1873, the Medicare Multi-Cancer Early Detection Screening Coverage Act through sign on letters and social media.



Programs & Partnerships 2022



15 year Anniversary

Outreach & Accomplishments



Vaccination and COVID

The CCCC continues to serve as a vaccination and COVID-19 resource for the chronic care community and the public nationally as the world struggled to keep us safe from COVID-19 and its variants. Late in 2021, YourVaccinationGuide.org the CCCC launched the Spanish language version website to help reach the Spanish speaking population who were slower to become vaccinated against COVID-19 and to share information about the benefits of vaccination with this population. The website continues to provide up to date information and news regarding COVID-19. In addition, this year we are providing increased information and responsiveness in other areas of vaccination including flu shots and monkey pox.

Social Media

Facebook



Twitter — 1000 Impressions over 5 month period



Outreach & Accomplishments

CCCC Response

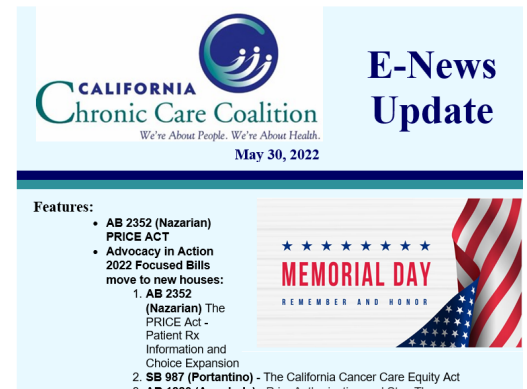
MediCal Rx

MediCal rolled out its new MediCal Rx program in January 2022. By February, the CCCC was receiving reports of major problems for patients accessing their life-saving medications. The CCCC joined with the Hemophilia Council of California (HCC) to encourage the Department of Health Care Services Pharmacy Benefits Division to address access issues. In addition, CCCC sent a letter to the department expressing concern about prior authorizations for drugs used to treat mental illness, as well as prior authorizations for some drugs prescribed to the pediatric population and requesting an extension of the exceptions of prior authorization for these at risk groups.

CCCC Communication

E-news Update

The CCCC publishes a weekly e-news packed with news, policy, legislation and health updates to members, partners and associates. This is a strong resource for following, monitoring and acting on issues impacting people with chronic disease and illness. Anyone can sign up for the e-news by visiting the website and filling out the contact us form.



Social media

Social media is a critical communication platform for reaching variety of audiences. The CCCC uses Facebook, Twitter and, this year began an account on LinkedIn. Below is a snapshot from each of those platforms.

Twitter: August 2022

3,733 impressions

1,314 mentions

Top Tweet earned 737 impressions

We are so excited for the great turnout this evening honoring [@adrin_nazarian](#) for his dedication to better the lives of Californians with chronic conditions over a remarkable 10-year legislative career. It's so great to see you all! [@CALifeSciences](#) [#Sacramento](#) [#CALEG](#) pic.twitter.com/4PnXsvYECV



5 13

Facebook: Aug/Sept (28 days)

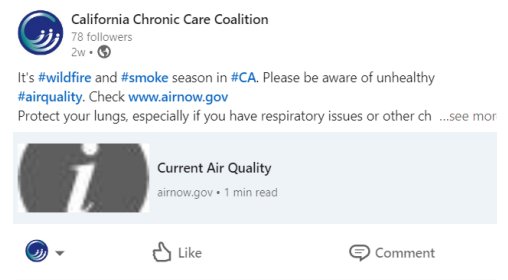
398 people reached

68 page visits



LinkedIn: Featured post

from September





In 2016, the California Chronic Care Coalition launched MyPatientRights.org as a means to collect and share the voices, needs, frustrations and challenges of health consumers experienced during their interactions with purchasing and securing insurance through health plans and providers. A first of its kind, MyPatientRights.org also functions as a patient's rights educational portal, and provides assistance to those who have been denied treatment or medicines, experienced delays in receiving care, or are dissatisfied with the decisions made by their health plans. First available in 17 states, My Patient Rights now helps consumers across the nation get the care they need.

Website Activity

The MyPatientRight.org website is the central resource for the program and to the public. On the site, visitors can listen to other people's stories, learn about their healthcare rights, and seek support to deal with obstacles to care. To date in 2022, 214 people have reach out to MyPatientRights through the website for assistance or information. All have been contacted and offered direction and information.

Social Media Snapshot: August 2022

MyPatientRights has a robust presence on Twitter sharing articles, news and events that would be of interest to those concerned about their healthcare rights.

15 Tweets 820 Impressions 3,921 Profile Visits

If you've been to a hospital recently and have been taken aback by your bill, make sure to be on the lookout for "facility fees," extra charges that are tacked on by for-profit hospitals. 😬💰

Read more from @modrnhealthcr here.
bit.ly/3cnchgS





The Nevada Chronic Care Collaborative (NCCC) is an alliance of over 20 non-profit health organizations, physician, provider and consumer organizations united to improve the health of Nevadans. NCCC's mission is to improve the health care system so that all Nevadans can access affordable, quality health care. The NCCC encourages the development of health care policies focused on addressing barriers of access to health care.

2022 Highlights

2022 is not an active year for the every-other-year Nevada legislature. NCCC used the year to renew partnerships post pandemic, further educate legislators and encourage legislation for 2023 that improves healthcare for all Nevadans.

First Partner Meeting

NCCC successfully held the first “in-person” meeting in two years. Senator Lange attended and spoke. Physical, mental, and behavioral health issues were identified as needing to be address by the legislature including co-pay accumulators, pharmacy benefit managers, and step therapy.

Bill Draft Requests

NCCC submitted suggestion through Bill Draft Requests (BDRs) process to the Joint Interim Standing Committee on Health and Human Services Step Therapy Prior Authorization, Co-Pay Accumulators, and Pharmacy Benefit Managers (PBM). The BDR on PBMs was moved forward.

Medicare Advantage Plans

NCCC sent a letter to CMS to urge them to strengthen and evolve Medicare Advantage so that seniors can continue to have a choice in their medical care.

E-news

New in 2022, NCCC rolled out a bi-monthly e-news. The e-news focuses on updating partners, advocates and provider groups on news and activities of the collaborative.

Coalition Participation

NCCC participates in various state based coalitions and statutory councils including: Nevada Minority Health and Equity Coalition, Nevada Tobacco Prevention Coalition, Nevada Cancer Coalition, Nevada Network Adequacy Advisory Council, Nevada Wellness and Prevention of Chronic Disease Council.

Joined sign-on letters

NCCC joined with other groups to make direct ask of CMS, DHHS, FTC, and Nevada congressional delegation.

Nationally

NCCC participated in Nevada congressional delegation policy roundtables.

LEADERSHIP

Tom McCoy, JD **Executive Director State Government Affairs**

Tom's strong leadership and invaluable expertise stems from his decades long diverse policy and advocacy work for patients with chronic illness and his commitment to achieving accessible, affordable and high-quality healthcare of all Nevadans.

Previously, Tom worked as the Nevada Director of Government Relations for the American Cancer Society Action Network for 12 years. He served as attorney for the Federal Communications Commission (FCC) and many roles in Broadcasting including reporter, professor, Vice President Network Operations and President & General Counsel for Golden West Broadcasters. Tom is chair of the state of Nevada Advisory Council on Wellness and the Prevention of Chronic Disease, and the Patient Centered Medical Home Committee. He is Co-chair of the Nevada Partnership to Fight Chronic Disease. He is a board member of Nevada Tobacco Prevention Coalition and Nevada Cancer Coalition. Tom is also a member of the State of Nevada Grants Management Advisory Committee, and Nevada Division of Insurance Network Adequacy Advisory Council.



NCCC Steering Committee

Tom McCoy, JD, Executive Director State Government Affairs

Larry Matheis, Retired Healthcare Consultant

Steven Schultz, Director, State Legislative Affairs, The Arthritis Foundation

VISION

The Nevada Chronic Care Collaborative envisions a healthcare system where all Nevadans can access individually appropriate health care and where people with chronic health conditions can become healthier and less costly to the healthcare system. This can be achieved through early and proper diagnosis, effective treatment, disease management, primary, secondary and tertiary prevention including timely affordable access to healthcare.

Partnerships



CCCC Partnerships and Milestones

OVER A DECADE OF COLLABORATIVE ACHIEVEMENT

Rooted in the successful formation of robust advocacy networks, as well as both intra-state and national collaborations for the development of meaningful, equitable and patient-centered health care policy, the footprint of the CCCC can be found within some of California's most successful community outreach campaigns to enhance public awareness, regional and statewide initiatives and partnerships, and the implementation of new legislation that protect health consumers. The projects that the CCCC is involved in work to collaboratively further this goal.



Bridging the Gaps in Chronic Care Nationally

The Chronic Care Policy Alliance (CCPA) is a network of state and regional advocacy organizations advancing public policy that improves the lives of those living with chronic conditions and diseases. Dedicated to achieving better access to quality, affordable health care, CCPA brings together advocates who share common goals and lends its experience in legislative action and public policy creation to support statewide and regional networking development.

History, Coalition Assistance and Opportunities

The CCPA was created to share and work in partnership by lending its experience regarding legislative action and policy creation, statewide and regional networking, beginner through advanced advocacy training, and state-to-state coalition building to support the success advocates across the country. In 2020, the CCPA became its own 501(c)4 organization.

Activities, Assistance and Opportunities

The CCPA also helps to strengthen multi-state network collaboration and unite and/or assist organizations within specific states or regions seeking to develop formal networks and coalitions. This year CCPA has worked on an number of critical projects including:

- Updating and revising the website to serve as an improved resource for partners.
- Participated on GTMRx extensive, building the coalition and support for Comprehensive Medication Management and reform of pharmacy benefit managers.
- Quarterly E-news to keep partners updated and informed.
- Webinar — Communicating with Legislators: A discussion on CCPA's policy priorities and tips on how to reach out to elected officials.
- Developed letter for reconciliation package response with 36 organization signed on.
- Inflation Reduction Act follow-up note sent to 10 congressional office health staffers.
- Outreach and relationship building in Idaho.
- Participation on All Co-Pays Count Coalition nationally.
- Supported H.R. 1946/S.1873, the Medicare Multi-Cancer Early Detection Screening Coverage Act through sign on letters and social media
- Active with Future of Pharmacy Care Coalition to actively support H.R. 7213, the Equitable Community Access to Pharmacist Services Act through social media, letters and legislative calls.

Currently, CCPA is developing a project to illustrate how copay accumulators negatively effect patients with chronic conditions.



Partnerships



California Department of Public Health Comprehensive Medication Management Statewide Implementation Workgroup

In partnership with CDPH, the Coalition is a member of a statewide workgroup with the goal of strategizing evidenced-based best practices in the implementation of Comprehensive Medication Management (CMM) and increasing the role and responsibilities of the pharmacist as an integral member of the care team. With over \$500 billion in waste from non-optimized drug therapy (**GTMRx**), CMM is the right move to protect patients and improve health.

California Department of Public Health — California's Master Plan for Heart Disease and Stroke Prevention

CCCC serves as an advisor to the development of CDPH California's Master Plan for Heart Disease and Stroke Prevention. In 2003, state legislation was passed to develop a Master Plan for the prevention and treatment of heart disease and stroke. The Plan, *California's Master Plan for Heart Disease and Stroke Prevention and Treatment, 2007-2015*, included a recommendation to create a statewide database to monitor the quality of acute stroke care in California.

With federal funding the register was developed and more than 55 California hospitals committed to participate in the state stroke registry. As of 2019, California is one of nine CDC-funded states, charged with improving the treatment of acute stroke across the care continuum, to include the pre-hospital, in-hospital, and post-hospital care settings. Registry data are used to help hospitals and EMS partners close the gap between stroke care guidelines and practice.

COVID-19 VACCINE EDUCATION *and* EQUITY PROJECT

COVID-19 Vaccine Education and Equity Project

The COVID-19 Vaccine Education and Equity Project aims to engage meaningfully with a broad set of stakeholders including diverse populations most impacted by COVID-19, provide clear information, invite discussion and underscore the processes already in place to maintain scientific rigor, to build confidence and the public's trust across all groups and stakeholders necessary to meet this challenge, advocate for diverse COVID-19 vaccine clinical trial populations to ensure that those most affected by the virus will benefit from the vaccine, drive a conversation that helps ensure equitable access to vaccines through equitable access to information and dialogue.



Partnerships



Covered California Plan Management Workgroup

The California Chronic Care Coalition, as a member of the workgroup, is working to identify experts that can advance Medication Optimization by showcasing their data through successful community pilots and health plan best practices utilizing the implementation of CMM. The guiding principles for developing expectations of health plans is driven by the desire to meet two complementary and overlapping objectives: 1) Assuring Quality Care: Ensure Covered CA members receive the right care, at the right time, in the right setting, at the right price. 2) Effective Care Delivery: Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term. This workgroup will provide the opportunity to develop a model contract that can be implemented in the 2023 plan year.



Keep Up The Rates

The COVID-19 pandemic has impacted health and well-being beyond the damage caused by the virus, with profound implications across the healthcare system. In nearly every US community, elective surgeries have been postponed and routine care has been delayed. Amid closed healthcare settings and fears of contracting the novel coronavirus, routine vaccinations have declined significantly across all populations, with demand plummeting as much as 95 percent for some vaccines. NFID has launched a national campaign to encourage all individuals to receive recommended vaccines that may have been delayed during the pandemic. The multi-media campaign engages national experts and leading public health organizations to reach populations most at risk of delaying vaccinations or experiencing complications from vaccine-preventable diseases.



California Right Meds Collaborative

The California Right Meds Collaborative was launched in September 2019 by USC School of Pharmacy and is consortium of health plans, pharmacies, academic and professional organizations in the Southern California region working to deliver high-impact Comprehensive Medication Management (CMM) services through a sustainable, value-based payment model.



Partnerships



Get the Medications Right Institute

The Get the Medications Right Institute (GTMRx) goal is to ensure appropriate and personalized use of medication and gene therapies by advancing to a scientific, evidence-based and cost-effective decision-making process and a team-based, systematic approach to medication use. The GTMRx Institute sponsors and supports multi-stakeholder activities that will encourage practice transformation, create pathways for dissemination of evidence and innovation and encourage payment and policy reform. Our Policy Advisor, Larry LaMotte serves as co-chair of the GTMRx payment methodologies subgroup of the Payment and Policy Solutions Workgroup. The specific charges of the subgroup is to develop a value framework of stakeholders encompassing the Value Proposition: Comprehensive Medications Management (CMM) improves patient safety, patient lives and health outcomes while avoiding unnecessary costs and saving money for the overall health system. With a value framework in place and agreed upon by stakeholders, the subgroup will turn its attention to Identifying payment structure solutions necessary to overcome barriers to adoption of CMM and optimize the use of medication and gene therapies.



National Hypertension Control Roundtable

The National Hypertension Control Roundtable (NHCR) is a multisector group of public, private, and nonprofit organizations unified to improve national hypertension control rates from about 50% today to at least 80% by 2025. The NHCR was formed in 2020 after two national partner meetings convened by CDC's Division for Heart Disease and Stroke Prevention (DHDSP). These meetings were designed to initiate a national dialogue to address the challenges surrounding hypertension control. The NHCR continues that national dialogue and fosters efforts to improve hypertension control in the United States. In February 2020 NHCR was launched with more than 50 founding members including the CCCC.



CoverMyMeds

CoverMyMeds, part of McKesson Corporation, is a fast-growing healthcare technology company that helps people get the medicine they need to live healthier lives. Through innovation and collaboration, CoverMyMeds' solutions seamlessly connect the healthcare network to help improve medication access, increase speed to therapy, reduce prescription abandonment and support improved health outcomes for patients.



Partnerships



2022 Medication Access Data Guide

CCCC served as advisor on the CoverMyMeds 2022 Medication Access Data Guide. You can download the guide here — <https://insights.covermymeds.com/medication-access-report>



Stronger- Combatting Vaccine and Medical Misinformation

Stronger's goal is to stop the spread of harmful misinformation about science, medicine, and vaccines. They do this by working with partner organizations, sharing correct information, and arming people with ways to fight back. Stronger is a new national campaign on behalf of science, medicine, and vaccines. It is the first vaccine advocacy campaign to focus on the root cause of vaccine hesitancy - misinformation. As an advocacy campaign, Stronger has an ever-growing number of public and private sector partners. Stronger is created and managed by PGP, a public health nonprofit. It is a team of experts in public health, research, and media dedicated to defending science in a bold, new way. It relies on data from scientists and vaccine experts to ensure our work is rooted in the facts.



Right Care Initiative

The Right Care Initiative's goal is to apply scientifically proven, evidence-based outcomes and improvement strategies to reduce preventable morbidity and mortality among all Californians. Initially with a focus on California's 25 million managed health plan enrollees, The California Right Care Initiative is focusing its efforts to share clinically proven best practices to all California medical, pharmacy and quality improvement directors — regardless of delivery system — to benefit as many patients as possible. For more information, visit: rightcare.berkeley.edu/



CCCC Members

Alzheimer's Association California Council
Alliance for Patient Access
American Bone Health
American Cancer Society Action Network, ACS-CAN, Inc.
American Diabetes Association
American Heart Association
American Stroke Association
Asthma and Allergy Network
Arthritis Foundation
AXIS Advocacy
Breathe LA
California Academy of Family Physicians
California Association of Alcohol And Drug Programs Executive, Inc. (CAADPE)
California Health Collaborative
California Life Sciences (CLS)
California Pharmacists Association
California Psychiatric Association
California Rheumatology Alliance
Carrie's TOUCH, Inc.
Crohn's and Colitis Foundation
Cystic Fibrosis Research Institute
Ease T1D
Hemophilia Council of California
International Foundation for Autoimmune
Autoinflammatory Arthritis (AiArthritis)
Leukemia and Lymphoma Society
Looms For Lupus
Lupus LA
Lupus Foundation of America
Mental Health America in California
National Multiple Sclerosis Society
Neuropathy Action Foundation
Sickle Cell Disease Foundation of California

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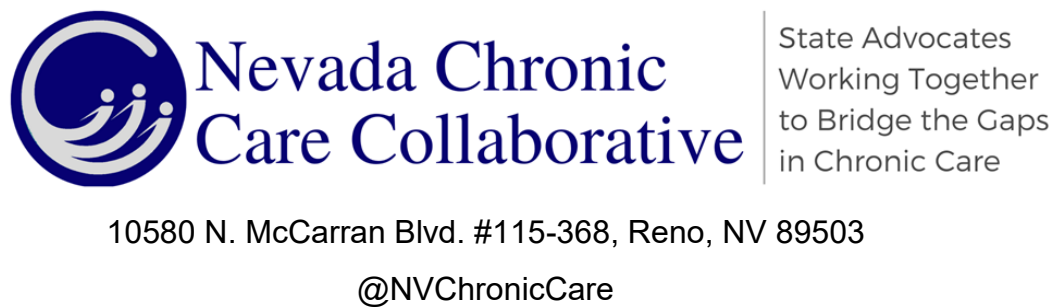


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