



# Ohio Association of Rheumatology Legislative Newsletter February 2018

## STATE UPDATES

### OAR Continues to Fight for Step Therapy Reform

The number of groups advocating for step therapy reform in Ohio is growing. Over 61 patient and provider groups have joined Ohioans for Step Therapy Reform, advocating for legislation to improve step therapy protocol.

Senate Bill 52 is currently awaiting a vote in the Senate Health, Human Services and Medicaid Committee, while House Bill 72 is residing in the House Health Committee awaiting a vote. Both bills seek to improve step therapy protocols in Ohio by balancing cost with patient needs.

Ohioans for Step Therapy Reform recently sent a letter to Senate President Larry Obhof in support of Senate Bill 56, signed by OAR and over 50 other groups. The letter stressed that Senate Bill 56 does not prohibit insurers from using step therapy, but aims to improve upon the flawed current process. Ohioans for Step Therapy Reform are asking members to continue writing their Senators and Representatives in support of SB 56 and HB 72.

[View the letter](#)

### TAKE ACTION – Ohioans for Step Therapy Reform

### PBM Legislation

OAR and over 20 other organizations have joined the Ohio Pharmacist Association in applauding new legislation aiming to end a secretive practice that is causing patients to pay more than they should at the pharmacy counter.

Introduced by Representative Scott Lipps (R-Franklin) and Representative Thomas West (D-Canton), House Bill 479 would prohibit PBMs from requiring patients to pay a cost sharing amount that is greater than the pharmacy's cash price for a particular prescription drug. The bill would also prohibit PBMs from including "gag clauses" in their contract with network pharmacies. These gag clauses penalize pharmacists from disclosing important cost information to customers, ensuring that pharmacists cannot inform customers if there is a cheaper way to get their medication.

Staff from OPA and the National MS Society joined Representatives Lipps and West in introducing the bill. "The clawback is just the latest example of PBM shell game tactics that deceive patients, inflate the cost of prescription drugs, and line the pockets of administrative middlemen" said Antonia Ciaccia, OPA Director of Government & Public Affairs.

House Bill 479 was referred to the Government Accountability and Oversight Committee earlier this month. OAR will continue to monitor and actively support the bill as it makes its way through the legislature.

[Full OPA Press Release](#)

## OAR Joins ATAP

In an effort to combat increasing drug costs, OAR recently joined the Alliance for Transparent & Affordable Prescriptions (ATAP). ATAP is a coalition of patient provider groups concerned about the practices of PBMs driving up drug costs. Driven by the reality that many patients struggle to afford their medications, ATAP aims to advocate for patients, shine light on the practices of PBMs, and lower drug costs for all Americans



“Research within the field of rheumatology continues to expand the knowledge of and options for treatment,” said Dr. Stephanie Ott, OAR President. “Unfortunately, economics and hidden forces affecting the market around the cost of our treatments puts these out of the reach of many of our patients,” she continued. “PBM or insurance company profits should never come before patient care or interfere with the treatment decisions of physicians,” Dr. Ott added. “OAR strongly believes in defending our patients and our profession against these types of practices and is excited to support ATAP in these crucial efforts.”

ATAP was formed to bring attention to the practices of PBMs that are contrary to the best interests of patients. The coalition works to support policy solutions at both the state and federal level that lower prescription drug costs and give decision making power back to physicians and patients. OAR is excited to be a part of this new coalition and work to increase patient access to medication.

## FEDERAL UPDATES

### OAR Signs onto Comments for CMS

OAR and a number of other state societies signed onto the Coalition of State Rheumatology Organizations comments that were submitted to CMS in response to their proposed rules for Medicare Part D. The comments touched on a number of issues, including the inordinate volume of medical record request rheumatologists receive, the rising cost of patient cost-sharing, and improvements to the Quality Rating System.

[View the comments](#)

### OAR Urges Congress to Reverse CMS Policy

OAR and over 100 other groups signed onto a letter urging Congress to immediately reverse a new Centers for Medicare & Medicaid Services (CMS) policy that will create enormous financial uncertainty for specialty providers and jeopardize patient access to vital Part B drug therapies.

Sent to the leaders of the Senate Finance, House Ways & Means, and House Energy & Commerce Committees, the letter states that an adjustment to the Merit-based Incentive Payment (MIPS) score may lead to decreased patient access to Part B drugs and increased financial risk to physicians who administer Part B drugs. The new policy could lead to payment cuts as high as 29 percent for certain specialties that prescribe Part D drugs, including rheumatology, according to an analysis done by Avalere Health.

Part B drugs cannot be purchased at local pharmacies and must be administered by specialists. A physician's office is often the most cost effective and convenient place to receive these treatments. OAR hopes that Congress will act swiftly to correct this policy and ensure patients have access to the treatments they need.

[View the letter](#)