



Ohio Association of Rheumatology

Legislative Newsletter

February 2019

STEP THERAPY LEGISLATION PASSES IN OHIO

In a huge win for Ohio advocates, former Governor Kasich signed the step therapy bill into law on January 4, 2019. Patients will now be provided a clear process to override step therapy protocols in the state of Ohio.

OAR staff will be working to put together helpful materials for physicians to use in office once the new law takes effect on April 3, 2019. Thank you to everyone that contributed to the effort.

The new law will impose requirements on health plan issuers that implement a step therapy protocol with regard to exemptions and appeals. Upon the granting of a step therapy exemption or appeal, coverage for the prescription drug prescribed will be authorized if the patient has tried the required prescription drug while under their current, or previous health benefit plan and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event; or, if the patient is stable on a prescription drug selected by the provider.

Additionally, health plan issuers are required to make available to providers a clear, easily accessible, and convenient process for requesting a step therapy exemption on behalf of a covered individual (a step therapy exemption request made by the provider will require supporting documentation and rationale). The health plan issuer must also indicate what information or documentation must be provided for a step therapy exemption request to be considered complete (the information required must be available on the issuer's web site or provider portal, and the requirements may vary by drug). And a list of all drugs covered by the issuer that are subject to a step therapy protocol must be made available to all health care providers.

A step therapy exemption request received must be granted or denied within forty-eight hours for urgent care services and ten calendar days for all other requests. Any exemption request that is denied may be appealed by the provider on behalf of the patient, and all appeals must be granted within the same time frames for that of requests. A provider may also appeal any exemption request that is denied.

The OAR will be monitoring the regulatory implementation with the ODI and will keep membership updated on developments.

OHIO NON-MEDICAL SWITCHING LEGISLATION UPDATE

OAR President Dr. Stephanie Ott and OAR government affairs traveled to Columbus to meet with State Representative Scott Lipps to talk about Ohio non-medical switching legislation. Rep. Lipps has agreed to sponsor a bill in Ohio for the 2019 legislative session. The bill is currently being drafted. OAR will continue to work on non-medical switching reform with Ohio legislators and keep membership updated on the developments.

Several other states have formally introduced non-medical switching legislation this year, which include: Florida, Indiana, Iowa, Massachusetts, Maryland, Minnesota, New Mexico, New York, Oregon, and Texas.

A patient study was conducted by the Indiana Stable Patient Protection Coalition (ISPPC) recently on non-medical switching. Of the patient respondents surveyed, (68.9 percent) reported that they were victims of non-medical switching, and (69.2 percent) of those patients did not have the opportunity to reject or decline the switch. The study revealed that when patients did try to revert to their original prescription, changes in insurance coverage were found to be so dramatic that approximately three-fourths (74.1 percent) reported that the primary therapy prescribed to them became suddenly and significantly more expensive to obtain.

On January 1, 2019, Illinois' non-medical switching law took effect. [Public Act 100-1052](#) provides that commercial health insurance plans cannot remove a drug from its formulary unless the plan notifies the patient at least 60 days before the coverage change occurs. When a health plan notifies the prescribing provider about a midyear formulary change, they are required to include a one-page form or instructions to access an online portal where the provider can easily request that the health plan continues providing coverage because the drug is medically necessary.

ODI AND PRIOR AUTHORIZATION

As a result of legislation passed in 2016 of which OAR supported, Ohio Insurance Law requires insurers and plans defined time limits on which they must respond to prior authorization requests. OAR has been made aware that provisions in the law regarding timelines for approvals are not being met. The OAR government affairs staff contacted the Ohio Department of Insurance to discuss issues regarding prior authorization requests and how to file complaints.

Following from the discussions, OAR has compiled directions on how to file complaints through the ODI and a form that physicians may use when submitting their requests to third party administrators. Additionally, a cover sheet for prior authorization requests has been designed for OAR members' practices to use when submitting prior authorization requests to pharmacies.

You can view and download the forms on the OAR website from the "Advocacy" tab on the homepage, under the subtab "Prior Authorization:"

[FILE COMPLAINT](#)

OAR SIGNS ON TO CMS COMMENTS ON IPI

The OAR prepared a letter early this year for membership to use offering comments on the proposed International Pricing Index Model (IPI) for Part B drugs. The OAR letter urged the administration not to move forward with the IPI Rule as currently proposed. OAR holds that the IPI model for Part B drugs would likely have a significant negative impact on both rheumatology patients' access to life changing treatments and on rheumatology practices.

The model introduces third-party vendors as middlemen into an untested distribution model while placing more financial and administrative burdens on physicians. As a result, it is likely that practices will no longer be able to offer a cost effective infusion option. This means that patients will be forced to go to hospital infusion centers, which are inherently more costly and less convenient.

OAR opposes any large scale, mandatory demonstration project that has not been adequately tested. Additionally, any such project should be voluntary and on a much smaller scale in order to avoid unforeseen consequences. OAR realizes practices are already experiencing significantly decreased reimbursements even though overhead continues to rise and will continue to monitor the Rule and provide membership with additional updates.

The OAR also signed onto a coalition letter with CSRO to submit comments to HHS. You can [read the full letter here](#).

NEW LEGISLATION ADDRESSING ACCUMULATOR ADJUSTMENT PROGRAMS ON THE RISE

Accumulator Adjustment Programs, also known as "out-of-pocket protection" or "coupon adjustment" programs, are a new utilization management tool being used by insurers and pharmacy benefit managers. These alternative cost-sharing structures prevent the value of co-pay assistance from being applied towards a patient's deductible as an out-of-pocket expense. In the past, once the value of a patient's co-pay assistance was depleted, a patients' deductible had been met, ensuring they could afford otherwise financially inaccessible drugs.

Several bills have been introduced in states across the country that address the unfair practices of PBMs. In just the first weeks of 2019 sessions, nine states have filed legislation seeking to regulate accumulator programs: Arizona, Connecticut, Indiana, Kentucky, Massachusetts, Oregon, Rhode Island, Virginia, and West Virginia. Others states expected to file legislation this year are Illinois and Ohio.

The OAR will continue to monitor the progress of the accumulator adjustment program bills and update membership.

ADVOCACY DAY AT THE CAPITOL ON APRIL 4TH

Because the OAR is focused on creating strong relationships with legislators, members are highly encouraged to attend the OAR Joint Advocacy Day with the Arthritis Foundation at the Ohio Statehouse on Thursday, April 4, 2019. Attendees will have the opportunity to speak in person with legislators and educate lawmakers on OAR priority issues. Attending Advocacy Day is a crucial step towards building relationships with legislators and increasing awareness of OAR and needed reforms.

Creating and maintaining professional relationships with Ohio legislators has been proven to be beneficial when we have pursued legislative reforms such as prior authorization and step therapy. Legislators often remember meeting with OAR members and the conversations that took place. Without a doubt, membership participation in Advocacy Day impacts policy reforms both now and in the future.

You can find out more information and register here for April 4.

[**REGISTER**](#)