



Ohio Association of Rheumatology

Legislative Newsletter

July 2020

RHEUMATOLOGY AND THE PANDEMIC

The public health emergency triggered by the Covid-19 has created unprecedented challenges to our nation's health care system, and rheumatologists have faced rapidly changing guidance and directives from all levels of government. In helping to aid membership, OAR created a Covid-19 resource webpage with information on the public health emergency as it was emerging. Additionally, OAR shared information with membership provided by the Ohio State Medical Association (OSMA) and the American College of Rheumatology (ACR) offering guidance. Our organization is committed to working with health officials, legislators, and coalition partners to achieve the best possible outcomes in patient care throughout the pandemic.

Indeed, the pandemic has pointed to the need to reduce unnecessary barriers to care and revealed the dramatic and negative effect of utilization management on the health of patients. Patients are facing longer waits for their treatments, as healthcare providers who are experiencing dramatic changes in their operations due to Covid-19 are struggling to navigate the hurdles of utilization management practices such as non-medical switching.

While OAR's 2020 non-medical switching reform legislation is progressing through the OH legislature, more work needs to be done to make positive change. Members are urged to partake in our virtual advocacy activities in the coming months. Please contact Kevin.Daley@naylor.com to organize a time to meet virtually with your legislators or for more information.

OAR CONTINUES TO ADVOCATE FOR NON-MEDICAL SWITCHING REFORM

House Bill 418 provides increased patient protections by placing restrictions on insurers and pharmacy benefit managers by prohibiting removal of a drug from a formulary or increasing cost-sharing and tier switches for a drug during a plan year. Prior to the onset of the pandemic, HB418 had three hearings in the House Health Committee. The bill is now awaiting its fourth and final hearing before being sent to the House floor for a full vote. OAR is hopeful that non-medical switching reform will progress further through the legislative process in the fall. To that end, we are looking to hear from providers and patients who have been impacted by non-medical switching practices to share their experiences. Your testimony will bring greater awareness to the negative impact forced medication switches have on patients. **Please contact Kevin.Daley@naylor.com to share your non-medical switching stories and help us in this effort.**

PUTTING AN END TO ACCUMULATOR ADJUSTMENT PROGRAMS

OAR is taking action to ensure that insurers and pharmacy benefit managers are required to count prescription drug copay assistance toward a patient's out-of-pocket, or deductible. Copay accumulator policies are increasingly making it more difficult for our most vulnerable patients to afford prescription medications. House Bill 469 addresses the negative insurer and PBM practice of no longer counting copay assistance toward a patient's cost-sharing obligation. OAR submitted written testimony to the House Health Committee in June in support of this legislation.

OAR'S TESTIMONY

On the federal front, OAR opposes the Health and Human Services (HHS) Rule on the 2021 Notice of Benefit and Payment Parameters (NBPP) which includes a provision that allows for health plans to disregard patients' use of co-pay assistance toward paying down their cost-sharing obligation. OAR signed-on to two letters along with dozens of other organizations expressing disappointment in the recent changes in the NBPP.

READ THE LETTER

OAR remains committed to Ohio efforts to restrict insurers from excluding patient copay assistance and will update membership on new developments.



OAR STATEMENT ON THE USE OF HYDROXYCHLOROQUINE (HCQ) AND CHLOROQUINE (CQ) DURING THE PANDEMIC

In response to the drug shortage which began in March, OAR expressed concern about the availability of treatments for patients currently taking HCQ and CQ and whether access would be restricted as a result of the Federal Food and Drug Administration (FDA) Emergency Use Authorization (EUA). OAR submitted a position statement to several local news sources to share a rheumatology perspective and used social media to share this information.

OAR's STATEMENT ON HCQ & CQ STATEMENT

On June 15, the FDA revoked its EUA of HCQ and CQ for the treatment of Covid-19. The agency determined that HCQ and CQ do not meet the statutory criteria for EUA based upon the most current scientific evidence available on the drugs' potential benefits and risks for treating or preventing infection.

MEDICAID MANAGED CARE PROCUREMENT IN OHIO

In early 2019, Ohio Governor Mike DeWine called on the Ohio Department of Medicaid (ODM) to take steps to ensure Ohioans get the best service in health care. In response, the administration embarked on the "Medicaid Managed Care Procurement" initiative, with a mission to "focus on the individual rather than the business of managed care." The Procurement is expected to result in the issuance of new managed care contracts. OAR has submitted two comment letters during the ODM's request for information process to offer answers to a host of various questions pertaining to how to improve managed care for providers and patients. The ODM has posted the information it has received from providers and posted it on the Procurement webpage.

VIEWER PROVIDER INPUT

UPTICK IN FEDERAL INITIATIVES THAT SEEK TO EXPAND TELEHEALTH

Legislation is being introduced to permanently implement the changes previously authorized by the Congress and agencies to increase access to telehealth services during the pandemic. Several lawmakers are supporting the expansion of telehealth services on a permanent basis. Data has shown that the number of Medicare beneficiaries using telehealth services has increased by 11,718 percent in just a month and a half during the pandemic. Health care providers and patients have benefited from both federal and state policies implemented during the public health emergency and telehealth and telemedicine services are expected to continue to be an effective means of providing health care delivery beyond the Covid-19 public health emergency (PHE).

In response, the American College of Rheumatology (ACR) has issued a Statement targeted to lawmakers and insurers on extending current telehealth coverage and reimbursement policies. The ACR expressed support for continued parity of reimbursement for in-office visits, audio-visual visits and audio-only visits, both by CMS and by commercial payers after the declared PHE has ended. Placing an emphasis on preserving the provider-patient relationship, the ACR explained how patient care should include both in-person and telemedicine services in accordance with the American Medical Association (AMA) Code of Medical Ethics; and that standards and scope of care provided remotely via telemedicine services should be consistent with related in-person services. The ACR also stressed the importance of patients having a choice of providers for telemedicine services.

CSRO 2020 STATE SOCIETY ADVOCACY CONFERENCE (SSAC) GOES VIRTUAL THIS YEAR

The Coalition of State Rheumatology Organizations (CSRO) will host its annual Advocacy Conference via virtual platform this year. The one-day event will take place on Saturday, September 12, from 11:00a.m. to 3:00p.m. (Eastern). Attendees will benefit from the presentations, updates offered, and inspirational speakers from the comfort of their own home during this abbreviated 2020 conference. All are invited to attend, and pre-registration is required. OAR suggests rheumatologists participate in this year's virtual conference to learn more about state advocacy.

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