



Ohio Association of Rheumatology

Legislative Newsletter

March 2020

NON-MEDICAL SWITCHING REFORM LEGISLATION GIVEN HOUSE HEALTH COMMITTEE CONSIDERATION

[Ohio House Bill 418](#) was Introduced in the Ohio Legislature by Joint Sponsors Representatives Carruthers (R-51) and Clites (D-75) in November. The bill protects patients by prohibiting medication switches during a plan year. Further, the bill places restrictions during the duration of a plan year on health plans by prohibiting patients' cost-sharing from being raised or moving drugs to a more restrictive tier.

Three hearings on the bill have taken place since late January. OAR President Dr. Stephanie Ott provided in-person testimony before the House Health Committee on January 28, 2020, explaining the effects and consequences of patients being abruptly forced off of their treatments.

Ohio is joined by thirteen (13) other state legislatures that have pending legislation to address non-medical switching. House Bill 418 would allow Ohioans to have access to the medications that they are currently stable on. View more information and details on the non-medical switching reform legislation below.

[INFO SHEET](#)

HELP PATIENTS IMPACTED BY NON-MEDICAL SWITCHING - SHARE YOUR STORY TODAY!

OAR is 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 switches have on patients.

Please contact Heather.Kazmark@naylor.com or (847) 264-5930 to share your non-medical switching stories.

CALLING ON OHIO PROVIDERS TO PARTICIPATE IN NEXT ADVOCACY DAY ON MAY 21, 2020

OAR is carefully monitoring the COVID-19 pandemic and will update the OAR website registration page to reflect any changes. Please register and save the date on your calendar to attend this scheduled event.

The OAR Joint Advocacy Day with the Arthritis Foundation will be taking place this year on Thursday, May 21, 2020. [Registration is now open.](#)

OAR's priority legislation is progressing through the legislative process, however more work needs to be done! In order to pass these reforms, OAR members are urged to partake in our advocacy activities in the coming months.

Right now, in Ohio, health plans and PBMs are free to increase patient co-pays and out-of-pocket costs and remove medications from formularies – even during the course of a plan year!

Ohioans with chronic and complex diseases require patient-centered, individualized therapy rather than a one-size-fits-all approach for treatment. Please register to join us in advocating for patient access on May 21, 2020 in Columbus!

[REGISTER](#)



NEW LEGISLATION ADDRESSES UNFAIR & DECEPTIVE PHARMACY BENEFIT MANAGER (PBM) & INSURER PRACTICES

In order to reduce drug costs and improve patient access to treatment, OAR believes increased transparency and appropriate oversight of how PBMs operate in Ohio should be of high priority for lawmakers.

[House Bill 396](#) was introduced which sets forth requirements for all PBMs to submit aggregate data on a quarterly basis to the Department of Insurance (DOI). Provisions in the bill require PBMs to report the amount of rebates received by the PBM from the manufacturer, the amount of rebates distributed to health plans, and the amount of rebates passed on to beneficiaries of each health plan that reduced the cost of their prescription drug at the point of sale. The current rebate system allows for pharmacy benefit managers (PBMs) to reap profits on the backs of health plans and patients. OAR applauds the sponsor, Representative Tavia Galonski (D-35), for introducing this legislation.

Currently, HB 396 has had one hearing in the House Health Committee. OAR submitted letters of support and will continue to monitor the bill as it moves through the legislature.

In January, [House Bill 469](#), a bill seeking to ban co-pay accumulator programs was introduced and assigned to the House Health Committee. The legislation addresses the PBM and insurance industry practice of not counting copay assistance toward a patient's deductible or out-of-pocket cost. Under the provisions in the bill, insurers would be required to apply all payments made by the patient or on the patient's behalf through an assistance program, to be applied to their cost-sharing obligation.

In 2019, four states passed accumulator adjustment reform legislation: Arizona, Illinois, Virginia and West Virginia. In addition to Ohio, Florida, Georgia, Kentucky, New York, Pennsylvania, and Oklahoma have introduced legislation in 2020 to combat this discriminatory practice. Representatives Susan Manchester (R-84) and Thomas West (D-49) are the bills' sponsors and OAR looks forward to working with the coalition that has been formed to reform this unfair PBM and insurer practice.

OHIO DEPARTMENT OF MEDICAID (ODM) ROLLS OUT NEW PREFERRED DRUG LIST

The ODM began implementation of their Unified Preferred Drug List (UPDL) on January 1, 2020. According to the ODM, the UPDL was developed to reduce confusion, hassles, and potential delays for members in accessing their medications; and is one of the ODM's goals to improve patient prescription adherence for those with chronic conditions. The ODM is solely responsible for managing the prescription drug benefits using a single PBM for the UPDL. The former way the ODM was handling the drug coverage for the state's Medicaid patients involved allowing the state's managed care organizations (MCOs) to have control over contracts with PBMs to manage their prescription drug benefits.

While OAR applauds the ODM for making strides to rein in PBM abuses, some confusion exists as to how the UPDL will be managed, and drugs will be chosen or removed from the UPDL. OAR's concern stems from our organization's 2020 goal to reform non-medical switching practices in Ohio through our involvement in advancing HB 418. Uncertainties exist as to whether medications will be removed from the UPDL mid-year, or at any point in time once having been selected for coverage.

OAR knows that switching a patient abruptly from their treatments drives increases in health care costs and negatively impacts a patient's wellbeing. We are calling on OAR members to aid us in conveying our concerns to the ODM by offering feedback and sharing any experiences you may have had already with the UPDL. Please contact OAR's Government Affairs Specialist at Heather.Kazmark@naylor.com to aid us in this exploratory effort.

More information on the Unified Preferred Drug List (UPDL) can be found on the [ODM website](#).

THE COALITION OF STATE RHEUMATOLOGY ORGANIZATIONS (CSRO) LAUNCHES NEW LEGISLATIVE MAP TOOL

Providers of rheumatology across the country are now able to access information on enacted laws and pending legislation that affects their practices through CSRO's new map tool. View utilization management reform laws, what their provisions are, and how they apply – all in one place!

Visit the tool on the CSRO website to see how your practice can ensure you are applying Ohio laws correctly and to ensure health plans are following relevant state laws.

View CSRO's Legislative Map:

[VIEW THE MAP](#)

