



Ohio Association of Rheumatology Legislative Newsletter May 2019

OAR ADVOCACY DAY HIGHLIGHTS

The OAR Joint Advocacy Day with the Arthritis Foundation was a huge success with record physician participation. There were 20 rheumatology professionals representing OAR in 22 of the 37 legislator and staff meetings scheduled for the day. OAR met with the Chairs of the Senate Insurance and House Health and Human Services Committees and numerous other rank and file members to discuss PBM Transparency, Non-medical Switching, and Accumulator Adjustment Program legislative priorities.

Advocates had meetings with some of the bill sponsors of the Step Therapy reform legislation that was signed into law on January 4, 2019 by former Governor John Kasich. The new law will apply to health plans issued or renewed on or after January 1, 2020; and applied to the Medicaid program beginning April 5, 2019, with some adjustments. The law requires an insurer to establish a transparent process for requesting a step therapy override. Exemptions and appeals are to be granted if the patient has tried the required prescription drug and the treatment was discontinued due to lack of efficacy or effectiveness, diminished effect, or adverse event. OAR is pleased that step therapy override determinations in Ohio will now be based on clinical practice guidelines, however more utilization management reforms are needed.

Below are some photo highlights from the day.



OAR rheumatology advocates at the Advocacy Day on April 4, 2019.



OAR Vice-President Dr. Elisabeth Rotor (center) pictured with Arthritis Foundation Advocate Mary Riedel (left) and Senator David Burke (right).



OAR Treasurer Dr. Ed Goldberger (left) pictured with State Rep. Beth Liston, MD.

STRIDES MADE TOWARD INCREASING PBM TRANSPARENCY IN OHIO

There are two PBM transparency bills in the legislature this year. One bill that has gained traction in the House is HB 63, The Prescription Drug Co-pay Integrity Act, sponsored by Rep. Scott Lipps (R) and Rep. Thomas West (D), which provides clawback protections for patients. "Clawbacks" are tools used by PBMs to over-inflate the cost of prescriptions for patients at point-of-sale transactions.

House Bill 63 mandates that insurers cannot prevent pharmacy employees from discussing all prescription cost options with their customer, even when that discussion involves informing a patient that they can purchase the prescription at a lower cost without their insurance. The Prescription Drug Co-pay Act also prohibits a health plan or PBM from directing a pharmacy to charge a patient an amount greater than the pharmacy's cash price for the prescription, or an amount greater than the net reimbursement.

Several hearings were held in the spring on HB 63. OAR wrote letters of support to all committee members and filed official, written testimony into committee record. Ultimately, the bill's language ended up being inserted in the budget package which was passed by the House the second week of May. The Senate is expected to vote on the package in the coming weeks.

OAR will be carefully monitoring the progression of the legislation.

NON-MEDICAL SWITCHING REFORM BILL NEARS INTRODUCTION

Legislation to reform non-medical switching practices is expected to be filed by Representative Scott Lipps (R) in the coming weeks. The legislation seeks to prohibit switches for those covered by a health benefit plan and in the Medicaid Program. OAR holds that patients who are stable on their course of treatment should remain on those therapies unless there is a compelling medical reason to change their treatment.

OAR will continue to be a lead on this effort and plans to keep membership apprised of how the legislation progresses.

LEGISLATION TO REFORM ACCUMULATOR ADJUSTMENT PROGRAMS IN SIGHT

OAR is opposed to copay accumulator programs currently being used as a new utilization management tool by health insurers. Under accumulator adjustment programs, patients must pay off the full value of their deductible after the value of their copay assistance runs out for the year. These costs prove unmanageable for many patients on expensive specialty medications. Legislation that seeks to ban accumulator adjustment programs in Ohio is currently in the drafting process. Representative Scott Lipps (R) plans to introduce the legislation during this year's session.

OAR will continue to monitor the legislation and update members on developments after the bill's introduction.

CARESOURCE FORMULARY CHANGE UPDATE

OAR received notice in March that changes would be made to the CareSource Formulary effective April 1, 2019 concerning the removal of Humira for RA indications from the CareSource formulary for OH Medicaid beneficiaries. OAR requested that CareSource maintain continuity of care for patients who are currently stable and grandfather coverage for Humira at the previous benefit level. OAR expressed concerns about the change in a letter to the OH Medicaid Director and members of the JMOG. A copy of the letter was also distributed on advocacy day at the various meetings the OAR advocates attended.

OAR later learned that CareSource was telling some legislators that patients who were stable on Humira prior to April 1, 2019 would be "grandfathered in" and would thereby be able to remain on their treatment if an exemption was requested by the provider; suggesting the restriction for coverage would only apply to those not on Humira prior to April 1.

However, OAR government affairs have been made aware that some exemptions and appeals for patients to remain on Humira have been denied. Given these occurrences, OAR is skeptical as to whether CareSource is acting in good faith and in congruence with what they have been telling lawmakers.

No official notice to providers or patients has been sent out regarding the purported grandfathering protection for stable patients. Therefore, in order to keep the CareSource formulary issue at the forefront of legislators' and bureaucrats' minds, OAR is requesting that you report any exemption and appeal denials for Humira to Heather Kazmark, OAR Government Affairs Specialist, by email at hkazmark@wjweiser.com or by calling (847) 264-5930.

OAR is hopeful that continued conversations and negotiations will be had regarding the removal of Humira from the formulary for RA indications.

ODI AND PRIOR AUTHORIZATION

OAR has been working on third party prior authorization compliance issues for the past several months. In April, OAR President Dr. Stephanie Ott met with policy staff from the Ohio Department of Insurance (ODI) to discuss the prior authorization problems providers and patients have been experiencing. The ODI suggested that both patients and providers use the ODI Hotline Number which is designated for reporting consumer complaints. Recently, a follow-up email blast was sent to OAR membership with the Hotline Number as well as directions on how to fill out a complaint through the ODI's website. Please take time to review the following directions on the OAR website to aid you in submitting a prior authorization complaint.

PRIOR AUTHORIZATION

In late May, OAR will be sending providers a package containing information for patients on how to submit their own prior authorization complaints. OAR urges rheumatology providers to make these handouts available to patients experiencing prior authorization issues at their office location.

It is important to note that all ODI complaint numbers should be submitted to Heather Kazmark, OAR Government Affairs Specialist, by email at hkazmark@wjweiser.com or by calling (847) 264-5930.

OAR SUBMITS LETTER TO CMS

In April, OAR submitted a letter to several Ohio Congressmen asking them to urge the Centers for Medicare and Medicaid (CMS) to abandon the International Pricing Index Model (IPI) for Part B Drugs. OAR holds that the proposal would have negative impacts on both rheumatology patients' access to life changing treatments and providers' practices. Creating a mandatory, untested, large-scale model is unlikely to decrease the cost of drugs for patients or improve patient care.

VIEW THE LETTER