



Ohio Association of Rheumatology

Legislative Newsletter

September 2018

OAR PRESENTS ADVOCACY UPDATE AT ANNUAL MEETING

Rheumatologists from around Ohio gathered in Columbus from August 24 - 25, 2018 to attend the OAR 13th Annual Meeting. During the two day meeting, attendees were treated to a robust agenda filled with sessions focusing on a wide range of both scientific and socioeconomical topics. Included in the agenda was an Advocacy Update presented by OAR President, Dr. Stephanie Ott.

The session began with a rundown of OAR's 2018 Advocacy Day. Advocates from the OAR and Arthritis Foundation (AF) gathered at the State Capitol in Columbus in April to meet with legislators and discuss patient access legislation that was being debated at the Statehouse. Dr. Ott spoke to the audience about the importance of attending Advocacy Day and sharing your personal story with legislators. The group was asked to pledge to attend 2019 Advocacy Day, which will take place sometime in April of 2019.

Dr. Ott continued to discuss state and federal issues of importance to rheumatologists in Ohio. Among the topics were step therapy, prior authorization, accumulator adjustment programs, PBMs, and the proposed changes to the 2019 Physician Fee Schedule. The session closed with Dr. Ott reminding the audience that rheumatologists need to be at the negotiating table in order to protect themselves and their patients from unwanted changes and policies.

If you are interested in attending **2019 Advocacy Day**, please contact Chelsea Jerominski at chelsea@wjweiser.com to stay apprised of updates.

PARAMOUNT REVISES VISCOSUPPLEMENTATION POLICY

Paramount has made changes to their policy regarding viscosupplementation for osteoarthritis of the knee which will impact patients' ability to access appropriate therapeutic options. Paramount recently changed their policy to revise viscosupplementation as "not medically necessary."

The OAR submitted a letter to Paramount expressing concern about this revision and urging that Paramount modify their policy. The letter states that current literature submitted by the American College of Rheumatology (ACR) supports the use of viscosupplementation in certain patients. Treatment of osteoarthritis requires a careful choice of therapies based on the unique clinical considerations of each patient. The decision to revise the use of viscosupplementation significantly hinders rheumatologists' ability to provide necessary individualized care to their patients. The letter continues that hyaluronic acid injections reduce overall healthcare costs by playing an important role in delaying total knee replacements.

The OAR will continue to monitor this issue and provide resources and information to Paramount as needed.

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STEP THERAPY LEGISLATION STRUGGLES TO MOVE FORWARD

Legislation aiming to better protect patients from step therapy has continued to stall in the Ohio legislature. House Bill 72 and Senate Bill 56 were introduced in February but both have yet to be voted on in their respective committees. Over 50 patient and provider associations have expressed support of the bills.

The House Committee Chair has disclosed some concerns about the second fiscal note in House Bill 56, which indicated that the long-term costs are uncertain or negligible. The Chair has reached out to the Medicaid office to receive a cost estimate of the bill. The next hearing of the bill is scheduled for November 13, 2018.

How Can You Help?

The Coalition for Step Therapy Reform is holding a Step Therapy Awareness Day on November 13, 2018, which is the next hearing of House Bill 56. The coalition is reaching out to physicians in its member associations to see if they would be willing to host legislators in their offices. If you are interested in inviting a state legislator to visit your office within the next few months, please contact Chelsea Jerominski at chelsea@wjweiser.com.

PBM BILL CONTINUES TO MAKE PROGRESS IN OHIO LEGISLATURE

A bill seeking to reform PBM practices passed through the Ohio House earlier this summer and has been introduced in the Senate. House Bill 479 would prohibit the practice of PBMs requiring pharmacists to charge patients an amount greater than the pharmacy's cash price for a particular prescription drug. The bill would also prohibit "gag clauses" that some PBMs place in pharmacy contracts that penalize pharmacists for discussing important information about a drug's cost with patients. Earlier this year, the Ohio Department of Insurance (ODI) issued a bulletin which effectively prohibited PBMs or health insurers from:

- Prohibiting any person, directly or indirectly, from informing, by any means, an individual about less expensive ways to purchase prescription drugs that may also be available under any insurance policy or benefit plan.
- Requiring cost-sharing in an amount, or directing a pharmacy to collect cost-sharing in an amount, greater than the amount an individual would pay for the prescription drug if the drug were purchased without coverage under a health benefit plan.

Although the bulletin accomplished much of what House Bill 479 set out to do, passing House Bill 479 remains just as important. House Bill 479 will codify the changes in the bulletin and also addresses a PBM's ability to clawback funds from a pharmacy arbitrarily. The OAR government affairs team will continue to monitor this legislation and will provide updates as needed.

OAR SIGNS ON TO DRUG PRICING COMMENTS

The OAR signed on to the Coalition of State Rheumatology's (CSRO) comments submitted to the Department of Health and Human Services in response to the request for information included in its Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs. The request was made after the President issued his "Blueprint to Lower Drug Prices" in early May.

The comments focused on addressing the proposed changes to Medicare Part B, the impact of manufacturer rebates and pharmacy benefit managers, and the provisions related to biosimilars.

The Department of Health and Human Services (HHS) has been requesting meetings with drug manufacturers and pharmacy benefit managers to discuss changes to the system. It is expected that the Center for Medicare and Medicaid Innovation (CMMI) will release a rule in response to the feedback gathered from the RFI and meetings with stakeholders within the next couple of months.

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