



# Ohio Association of Rheumatology

## Legislative Newsletter

### September 2019

#### **OAR PRESIDENT DR. STEPHANIE OTT PRESENTS ADVOCACY UPDATE AT ANNUAL CONFERENCE**

OAR members and attendees at the annual conference on August 24, 2019 who attended Dr. Ott's Advocacy Update session heard a summary of all the activities OAR has conducted over the course of the last year. Dr. Ott emphasized why engaging in advocacy is so important, on both the state and federal levels. In particular, OAR's Action Center was highlighted, and session attendees were urged to send messages to their legislators through the platform on various policy priorities.

[VIEW ACTION CENTER](#)

Successes from this year's Advocacy Day with the Arthritis Foundation (AF) was also noted by Dr. Ott. In 2019, OAR had 20 providers of rheumatology representing the organization, and hopes that the turnout for next year will be even more successful. The 7th Annual OAR Joint Advocacy Day with the Arthritis Foundation (AF) will be held in the spring. OAR encouraged members at this year's annual conference by passing out pledge cards and asking membership to commit to attending in 2020. Please contact Heather Kazmark at [hkazmark@wjweiser.com](mailto:hkazmark@wjweiser.com) to learn more about the plans for next year.

#### **OAR SUBMITS COMMENTS TO THE OHIO DEPARTMENT OF MEDICAID ON IMPROVING MANAGED CARE**

In July, OAR submitted comments to the Ohio Department of Medicaid (ODI) in response to their request for information on how to make improvements to Ohio Managed Care Program (MCP). Comments included explanation of inadequacies in current MCP appeals processes, and suggestions on how appeals data could be used to improve formulary designs. OAR shared providers' experiences with handling appeals and how MCPs could better support providers. Additionally, OAR described the ongoing issue this year with CareSource. OAR explained the difficulties patients and providers have been experiencing because of this non-medical switch, and how it has adverse consequences and can lead to long-term disease progression.

[ODI REQUESTS](#)

#### **PHARMACY BENEFIT MANAGER (PBM) TRANSPARENCY INCREASES IN OHIO**

The practice of "clawbacks" and gag restrictions has been witnessed in every state and has resulted in over a dozen lawsuits across the country despite recent, enacted federal law. PBMs are forcing pharmacies to charge customers more than the pharmacy's cash price for a drug and then "clawback" the money that the patient was overcharged. PBMs have also been forcing pharmacists to remain silent when it comes to the financial details and options for the patient in the course of obtaining their medications from the pharmacy.

A bill to address these unfair PBM practices was introduced early this year, House Bill 63. OAR advocated in April for the passage of the bill during the Advocacy Day and followed up by writing letters to legislators urging its passage. As the legislative session progressed, the language of the bill was added into the budget package which ultimately passed in July. OAR is pleased that patients will be protected from paying over-inflated costs for their prescription medications at pharmacy point-of-sale transactions. The law will take effect in October.

## **INTERNATIONAL PRICING INDEX MODEL (IPI) PROPOSAL FAILS IN OHIO**

In May, a proposal was made to the budget bill under consideration by the legislature which included an amendment to put the International Pricing Index (IPI) model in state law. OAR holds that mandating implementation of price-control concepts like the IPI into Ohio's Medicaid program for Part B drugs will lead to a reduction in access to medications for patients and stifle much-needed prescription drug research and innovation. OAR does not support random adoption of an unproven, foreign-based price control mechanism for Ohio's Medicaid program. OAR took action by sending letters to OH State Senators who were tasked with considering the proposal before a vote. As a result of the opposition expressed for the proposal, the IPI language was removed from the state budget before its final passage.

## **EMPOWERING PATIENTS TO ADVOCATE FOR TIMELY PRIOR AUTHORIZATIONS**

In June, OAR mailed out handouts to provider offices containing information on how to contact the Ohio Department of Insurance (ODI) to file complaints for prior authorization violations. The handouts are intended to be given to patients who have experienced delays in treatment due to third parties not adhering to timeframes for responses provided for in Ohio Code. Because it is difficult for OAR to get their message through without providing documentation of the difficulties providers and patients have been experiencing, it is important to call the ODI provided hotline number at 1-800-686-1526 to file an official complaint. Directions to file a complaint are also available on the website under Advocacy. Please notify OAR Government Affairs of your complaint, including its complaint number by emailing it to Heather Kazmark at [hkazmark@wjweiser.com](mailto:hkazmark@wjweiser.com).

Additionally, if you did not receive the prior authorization handouts and wish to use them at your practice, please email your request.

## **OAR TAKES ACTION TO SUPPORT INCREASING FEDERAL FUNDING FOR BONE DENSITY TESTING**

OAR holds that establishing adequate federal funding for osteoporosis testing is critical in order to prevent patients from being under-diagnosed and under-treated for this debilitating and deadly disease. Providers of rheumatology know that osteoporosis is a silent disease that often does not get detected until a fracture occurs.

A bill introduced in Congress this year, the Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act (H.R. 2693/S. 283) would improve access to bone mass measurement benefits through the Medicare program. The bill would establish a national minimum Medicare payment amount for testing, including dual-energy x-ray absorptiometry (DXA) testing. OAR knows that many of those at risk are not being screened due to financial constraints. Given this, we recently sent out an action alert urging members to send a letter to Congress. As of August the bill has not passed through either chamber. OAR is once again asking membership to Take Action through our websites Action Center.

**TAKE ACTION**

## **UTILIZATION MANAGEMENT PROTOCOL REFORM MEASURES EXPECTED THIS FALL**

Legislation to address non-medical switching practices in the state is expected to be filed this fall. The measure seeks to prohibit switches for those covered by a health benefit plan and in the Medicaid program. Likewise, a bill to reform a new utilization management tool, commonly referred to as "copay accumulator programs" or "accumulator adjustment programs" is also nearing introduction. Under these programs, patients pay off the full value of their deductible after the value of their copay assistance runs out for the year. OAR holds that these costs prove unmanageable for many patients on expensive specialty medications.

OAR is looking for patient and provider stories to support our claims on why reforms are needed. Please contact OAR Government Affairs to share your experiences by emailing [hkazmark@wjweiser.com](mailto:hkazmark@wjweiser.com). OAR looks forward to updating members on these pieces of legislation as they progress through the legislature.