



2026 Federal and State Advocacy Priorities

The Coalition of State Rheumatology Organizations (CSRO) is comprised of over 40 state rheumatology societies across the country, with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

CSRO advocates at the state and federal level, educating legislators, government officials and the business community on the impact of health policy proposals. CSRO and its members regularly offer testimony, submit comments and engage in grassroots advocacy to advance policy priorities. CSRO collaborates with patient organizations and other national societies to elevate awareness and provide a forum for an exchange of ideas, fostering a collaborative environment that advances CSRO's federal and state advocacy priorities.

340B Drug Pricing Program Reform

The 340B Drug Pricing Program began as a noble endeavor, a lifeline designed to help safety-net providers deliver affordable care to America's most vulnerable populations. However, over the years, this well-intentioned program has strayed from its original purpose, becoming a lucrative space where profits often outweigh patients. Unfortunately, the program also plays a strong hand in the healthcare consolidation that continues to threaten private physician practices. These acquisitions threaten the viability of independent practices in a variety of specialties across the United States, including rheumatology. CSRO supports federal and state legislative reforms to the 340B program that do not exacerbate healthcare consolidation, improve transparency and oversight of the program and realign the program's mission to better serve vulnerable patient populations.

Copay Accumulator Adjustment, Alternative Funding & Maximizer Program Bans

Co-pay assistance is the only means many patients have to afford their medications. Policies implemented by PBMs and health plans threaten co-pay assistance programs and patients' ability to afford their medically necessary treatments. CSRO supports legislation that limits the use of these programs, including policies that require insurers to apply the value of cost-sharing assistance toward an enrollee's cost-sharing requirements and close the essential health benefits loophole. CSRO also emphasizes that insurers have a responsibility to clearly notify patients of the existence of these programs in their insurance policy.

Biomarker Testing Coverage Mandate

Finding the right treatment for patients with rheumatologic conditions can often be a lengthy and painful process of trial and error. Precision medicine tools can help rheumatologists and patients find a therapy that successfully manages their condition more quickly, helping to reduce health care expenditures, suffering, and improve overall health. CSRO is working to ensure rheumatology patients can access biomarker testing. CSRO supports legislation that requires health plans to cover biomarker testing if a test has met certain criteria validating its clinical utility. CSRO is a co-signatory of the American Cancer Society Action [Network's state policy principles](#) to support access to biomarker testing.

Pharmacy Benefit Manager (PBM) Reform

Rheumatology patients were among the first to experience the harmful repercussions of PBM business practices because these conditions regularly require expensive specialty medications. These business practices were built on a system of perverse incentives, where the higher a drug's list price, the greater the income potential for the PBM. PBMs have significant control over drug out-of-pocket costs, allowing them to influence drug prices, the amount patients pay for their prescriptions, and which drugs are available and accessible to health plan enrollees. CSRO advocates for PBM reforms at the state and federal level that enforce true transparency, accountability and oversight, including: breaking the connection between PBM compensation and drug prices; and passing manufacturer rebates directly onto patients.

Physician Reimbursement

Unlike other healthcare providers, physicians paid under the Medicare Physician Fee Schedule (MPFS) do not receive annual payment updates based on an inflationary index. CSRO supports long-term, stable payment mechanisms that appropriately pay physicians for the cost to deliver high-quality care that leads to improved health outcomes. CSRO is a vocal advocate for physician payment reform and urges Congress to enact solutions that stabilize Medicare physician payments by: stopping recurring Medicare cuts; providing an annual inflation update equal to the Medicare Economic Index (MEI); and updating the budget neutrality threshold to allow for greater flexibility in determining physician pricing adjustments for services without leading to harmful payment cuts.

CSRO is also very concerned about the diluting of the Average Sales Price (ASP) and the corresponding physician payment rates for physician administered drugs. CSRO has repeatedly raised concerns about the impact of federal policies on the ASP, including the Medicare Drug Price Negotiation Program, Most Favored Nations and underwater biosimilars. CSRO supports policies that work to address these concerns, including the *Protecting Patient Access to Cancer and Complex Therapies Act*.

Prescription Drug Affordability Boards

Prescription Drug Affordability Boards (PDABs) are empowered to review the cost of prescription drugs. In some states, these Boards can also cap physician reimbursement for selected medications. Through this drug pricing cap, called an upper payment limit (UPL), healthcare providers that buy-and-bill are prohibited from collecting add-on payments for provider administered medications, making it untenable for healthcare providers in outpatient settings to administer medications that are subject to the UPL. These policies may actually limit patient access and drive up the cost of physician administered medications instead of making them more affordable for patients, while simultaneously causing significant financial strain on physician practices. CSRO is working to ensure that established PDABs and proposed PDAB legislation do not disrupt rheumatologists' ability to care for their patients and receive adequate reimbursement for their services.

Prior Authorization

Prior authorizations are incredibly burdensome for physician practices, requiring extensive staff time. They can also interrupt or delay essential care, which can be harmful for patients managing chronic rheumatologic conditions. Any disease progression caused by a delay in appropriate treatment can be irreversible, life threatening, and cause the patient's original treatment to lose effectiveness. CSRO supports prior authorization reforms that streamline processes and administrative burden and expedite health plan approvals. CSRO supports the American Medical Association's [21 principles to reform prior-authorization requirements](#), which was established in 2017 by a collective of provider and patient associations, including the CSRO. Across state legislation, CSRO consistently advocates for (1) bans on retroactive denials; (2) same or similar specialty requirements for clinical reviewers; (3) maximum response times for urgent and non-urgent prior authorization requests; (4) civil penalties for violations of consumer protections by utilization review entities; and (5) continuity of care measures, including continued validity of prior authorization approvals in the event of formulary changes.

SAD Exclusion List

Drugs on Medicare's Self-Administered Drug (SAD) Exclusion List are excluded from Part B coverage, leaving beneficiaries who require the physician-administered formulation of a specific drug to pay out-of-pocket for the full cost of their medication. CSRO believes the criteria on which this policy rests hinders access to medically necessary therapy, particularly for beneficiaries with physical or cognitive limitations who cannot self-administer their medicines. CSRO leads efforts to modify the SAD Exclusion List criteria, urging CMS to consider policy options that would ensure beneficiaries can access the medications they need while protecting program integrity.

Specialty Pharmacy Mandates

Many rheumatology practices acquire provider-administered drugs through buy-and-bill. However, health plans and their pharmacy benefit managers (PBMs) are disrupting this process by implementing mandatory “white bagging” policies where the patient is required to use specific specialty pharmacies, typically owned by the PBM, to acquire the provider-administered medication. CSRO understands that white bagging may be appropriate in certain circumstances where practices prefer not to buy-and-bill and opt to utilize specialty pharmacies. However, CSRO is strongly opposed to *mandatory* policies imposed by the health plans and their PBMs, which lead to increased patient cost-sharing, delays and loss of access to treatment, wasted medication, higher costs to employers and liability concerns.

Step Therapy

Step therapy protocols have become far too common and can significantly hinder the patient’s health. These protocols are a one-size fits all approach that hampers treatment decisions arrived at through the course of the doctor-patient relationship. Without commonsense exceptions, patients are whipsawed back and forth between medications at the whim of their health plan and pharmacy benefit manager. Existing appeals pathways have failed to rectify these problems. CSRO supports policies that establish commonsense reforms that prevent insurance companies from abusive step therapy protocols that prevent patients from accessing the medications they need, including policies that require protocols to be based on clinical practice guidelines and establish step therapy exceptions processes.

Underwater Biosimilars

While health insurance companies and pharmacy benefit managers (PBMs) may benefit from sizeable manufacturer rebates for certain biosimilars, physicians who administer these medications are often reimbursed significantly less than the acquisition cost of the drug. As a result, providers incur a financial loss each time they furnish a biosimilar, leaving practices financially “underwater” for each administration. This dynamic is further compounded by perverse market incentives that require patients to “fail first” on these same biosimilars – even when reimbursement does not cover the provider’s cost – creating access challenges and driving higher overall costs for patients and the healthcare system. When physicians cannot afford to stock or administer biosimilars due to underwater reimbursement, practices may reduce biosimilar utilization or refer patients to alternative sites of care, which are frequently more expensive. CSRO is actively working to address both inadequate reimbursement and step therapy barriers by pursuing reforms to better align reimbursement with acquisition costs and a formulary adequacy standard that would hold plans accountable for ensuring beneficiaries have meaningful access to covered drugs. To advance these solutions, CSRO is engaging directly with the Centers for Medicare and Medicaid Services (CMS), the Medicare Payment Advisory Commission (MedPAC), and Members of Congress to support administrative and legislative reforms that protect patient access and ensure sustainable physician participation in the biosimilar market.

Coalition Engagement

CSRO is a proud partner of national and state-based coalitions that work to advance these policy priorities, including:

[Aimed Alliance](#) • [All Copays Count Coalition](#) • [Alliance for Integrity & Reform of 340B](#) • [Alliance for Patient Access](#) • [Alliance for Transparent and Affordable Prescriptions](#) • [Alliance of Specialty Medicine](#) • [Alliance to Save America's 340B Program](#) • Alternative Funding Task Force • [Biologics Prescribers Collaborative](#) • Biomarker Working Group • [Coalition for PBM Reform](#) • [Ensuring Access through Collaborative Health \(EACH\) Coalition](#) • [Let My Doctors Decide](#) • [Part B Access for Seniors and Physicians Coalition](#) • [Partnership to Improve Patient Care](#) • [Patient Pocket Protector Coalition](#) • Patient Access to Community Treatment Coalition • [PBM Accountability Project](#) • Safe Step Act Ad Hoc Coalition • [State Access to Innovative Medicine](#) • Underwater Biosimilars Coalition • [Value of Care Coalition](#) • Voice of Rheumatology

Get Involved!

Visit the CSRO [Legislative Map Tool](#) to learn more about current laws enacted in your state and state legislation proposed this session.

Contact your state and federal elected officials through the CSRO [Action Center](#) and make your voice heard.