



Aaron Broadwell
MD, FACR

President, Board of Directors

The President's Message

It has been an honor to serve as President of the Coalition of State Rheumatology Organizations (CSRO) over the past year, and I am grateful for the trust you have placed in me. Since joining the Board in 2014, I have seen firsthand the strength of our advocacy and our shared commitment to protecting the future of rheumatology care.

Our mission remains clear: to ensure patient access to high-quality care and to support the practices and professionals who provide it. Over the past year, we have continued to address critical challenges, including Medicare payment instability and reimbursement policies that threaten patient access and practice viability. We remain committed to working with Congress and federal agencies to advance meaningful, long-term reform.

We also continue to advocate for fair and sustainable biosimilar reimbursement. When acquisition costs exceed reimbursement, patient access and innovation suffer. This remains a top priority for CSRO.

Our progress is made possible by the dedication of our board members, state partners, advocates, and industry colleagues. I am deeply grateful for your continued support.

While much has been accomplished, important work remains. Together, we will continue advancing policies that protect patients, empower clinicians, and strengthen the future of rheumatology.

Thank you for your partnership.

Sincerely,
Aaron Broadwell, MD, FACR

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Legislative Engagement - Protecting Patients Across the Nation

For more than 20 years, CSRO has remained dedicated to ensuring access to the highest quality care for the management of rheumatologic diseases by actively advocating at both the state and federal level to aid rheumatologists in protecting their patients and their livelihood. During the 2025 legislative session, CSRO advocated in support of several measures that were signed into law and will protect patient access to rheumatologic care.

Allows for unfettered expansion of contract pharmacies under the **340B Drug Pricing Program**, threatening the viability of private practices that buy-and-bill

- CO HI ME ND NE NM OK OR RI SD TN
- UT VT

Bans the use of **alternative funding programs and maximizer programs** to ensure patient access and limit patient out-of-pocket costs

- IN MD

Bans the use of **copay accumulator adjustment programs** to ensure that all forms of copay assistance go towards the patient's deductible and out-of-pocket maximum

- IA IN MD ND NH NJ

Mandates coverage for **biomarker testing** for some state regulated health plans to ensure access to diagnostic testing

- CT NJ NE

Delinks PBM compensation from the list price of the drug to remove perverse incentives that drive formulary decisions by PBMs

- CA CO

Bans select state regulated health plans from mandating **non-medical switching** for prescription drugs to improve patient adherence and outcomes

- AZ

Places some restrictions around health plans' use of **prior authorization**, relieving burden on physician practices and improving protections for patients

- AK AR DE IN MT NE NM OK RI VA

Requires the PBM to **pass through rebates** onto the health plan, sponsor or patient to alleviate the cost of prescription drugs

- CA IA ID IL LA NH

Establishes exemptions to **step therapy** protocols that relieve burden on physician practices and improve patient access to essential medications

- AK NJ NY VT

Want to know about the laws in your state?

Visit CSRO's award-winning interactive map tool — click on your state for practice resources and information about new and existing laws.

map.csro.info

CSRO Drives Broad Advocacy Engagement to Highlight the Consequences of Alternative Funding Programs

In 2025, CSRO was a leading voice at the federal and state levels on proposals to ban Alternative Funding Programs (AFPs). AFPs have become more prevalent as a newer cost-saving measure utilized by employers to counter rising healthcare costs. AFPs involve third-party vendors partnering with self-funded health plans to offer "alternative" coverage for plan participants' specialty drugs.

CSRO opposes AFPs and advocates national and state bans because of their deceptive practices, including false advertising and prior-authorization abuses that limit patients' coverage to increase corporate profits.

CSRO collaborated with a broad coalition — the Alternative Funding Task Force — consisting of more than 20 patient and provider organizations. Through this Coalition, CSRO supported proposals in Indiana and Maryland to ban AFPs, both of which were ultimately signed into law. In Maryland, CSRO's direct advocacy and grassroots efforts resulted in the Governor signing legislation in April that banned AFPs, copay accumulators, and maximizers.

AFP BANS SIGNED INTO LAW



Furthermore, CSRO, through its membership with the Aimed Alliance, has been focused on identifying political allies to drive reforms. In November, the Alliance wrote to Ohio Attorney General Dave Yost, urging him to act against the deceptive practices associated with AFPs.

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ATTORNEYS GENERAL IN AG YOST'S BIPARTISAN PBM REFORM COALITION

National Policy Engagement

CSRO dedicated resources to raising awareness with key stakeholders and the public about AFPs and their unintended consequences for patients. Madelaine Feldman, MD, FACR, Vice President of Advocacy and Government Affairs, was invited to serve as a panelist at two national policy forums.

HEALTHCARE ADVOCATE SUMMIT · LAS VEGAS

Dr. Feldman highlighted the ongoing challenges AFPs pose to patients and rheumatology practices, and shared effective advocacy strategies to address them.

HEALTHCARE ADVOCATE SUMMIT · LAS VEGAS

Dr. Feldman served as a panelist at a briefing on AFPs hosted by U.S. Representatives Rick Allen (R-GA) and Lucy McBath (D-GA). The hearing successfully led to continued congressional oversight and requests for greater action by the Department of Labor.

CSRO IN THE NEWS

J. Eugene Huffstutter, MD: Opinion: Tennessee lawmakers should finish 2021 work to protect patients from middlemen preying on medication assistance

Chattanooga Times Free Press · March 24, 2025

All Copays Count & First Delinking Laws in the Nation

CSRO Continues National Push to Ensure All Copays Count

2025 was a year of significant progress as six state capitals — Iowa, Indiana, Maryland, North Dakota, New Hampshire, and New Jersey — passed legislation banning copay accumulator adjustment programs. As a member of the All Copays Count Coalition, CSRO was deeply engaged in the legislative process in all six states.

Iowa proved to be one of the most challenging advocacy fights, as the copay accumulator provisions were included in a broader PBM reform package (SF 383), delayed by ongoing litigation in the U.S. District Court. Ultimately, the Court upheld the ban. New Jersey A5217 was signed into law by Governor Phil Murphy at the start of 2026.

NEW COPAY ACCUMULATOR BANS - 2025



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STATES + D.C. + PUERTO RICO NOW HAVE LAWS ENSURING COPAYS COUNT TOWARD OUT-OF-POCKET

CSRO IN THE NEWS

Michael Brooks, MD, FACP, FACR: Reform is needed to protect patients
The Gazette · April 12, 2025

CSRO Supports Passage of First Delinking Laws in the Nation

Delinking legislation fundamentally changes how pharmacy benefit managers (PBMs) are compensated — prohibiting compensation tied to drug list prices or rebates and instead requiring flat service fees that align incentives with lower costs.

In 2025, Colorado enacted HB 1094 — the first delinking law in the nation — mandating a flat-fee model in fully insured plans with enhanced audit rights. California also enacted SB 41 which includes PBM delinking compensation reforms among broader transparency and pricing provisions.

FIRST DELINKING LAWS IN THE NATION



In Louisiana, CSRO mobilized leaders Aaron Broadwell, MD and Madelaine Feldman, MD along with the Rheumatology Alliance of Louisiana. After CSRO leadership met with the Governor's staff and urged a special session — an effort that proved successful — Joseph Nesheiwat, MD (past President of RAL) testified before the Governor's PBM Advisory Council on behalf of CSRO.

At the federal level, a recently introduced bipartisan Senate Finance Committee bill, the PBM Price Transparency and Accountability Act (S.3345), includes language to delink PBM compensation from rebates in Part D plans.

CSRO IN THE NEWS

Robert Levin, MD & Madelaine Feldman, MD: FTC report on PBMs uncovers a system 'addicted to higher list prices'

Healio · March 7, 2025

Aaron Broadwell, MD: Louisiana bill would put a stop to secret drug price inflation

Pelican Post · June 5,

CSRO Helps Secure New Biomarker Coverage Mandates in CT, NE and NJ

In 2025, Connecticut (H.B. 6771), Nebraska (L.B. 77), and New Jersey (A. 4163) enacted laws to mandate insurance coverage for biomarker testing. To date, a total of 22 states now have enacted such legislation requiring coverage under state-regulated health plans.

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States have now enacted biomarker coverage laws — CT, NE, and NJ joined in 2025. These laws ensure patients can access advanced tests that analyze biological indicators — such as genetic markers or proteins — which help clinicians understand the underlying mechanisms of a patient's disease.

For rheumatology care, this legislative shift could be transformative. Rheumatic diseases — like Rheumatoid Arthritis and Lupus — are complex and vary widely between patients. Biomarker testing supports earlier and more precise diagnoses, helps physicians choose the most effective therapies sooner, and can improve monitoring of disease activity over time.

EARLIER DIAGNOSIS

Faster, more accurate identification of disease mechanisms reduces time to effective treatment

TARGETED THERAPY

Physicians can select the most effective treatment from the start, rather than trial and error

BETTER OUTCOMES

More personalized plans reduce long-term disability and improve disease monitoring

With improved access and fewer financial barriers, patients may experience better outcomes, more personalized treatment plans, and reduced long-term disability. As these laws expand across the country, rheumatology practice is poised to become more predictive and patient-centered. CSRO will continue to advocate for expanding these policies in 2026 with coalition partners.

CSRO IN THE NEWS

Madeline Feldman, MD, FACR: Insurers' pledge to reduce prior authorization may be 'major shift' or 'dog and pony show'

Healio · July 11, 2025

12 Members of Congress Join CSRO Advocacy Day

75+
PARTICIPANTS

12
MEMBERS OF CONGRESS

2
CHAMBERS

On Wednesday, October 8, CSRO hosted its Virtual Advocacy Day, inviting all state rheumatology organizations to engage in discussions with prominent voices in Congress regarding healthcare issues. Over 75 rheumatologists and practice partners from various state organizations participated in policy-focused conversations with 12 members of Congress from both political parties and chambers.

CSRO members gained valuable insights into the congressional process and the value of advocating on behalf of their practices, colleagues, and patients. Each speaker participated in a live Q&A session, providing a unique opportunity to educate lawmakers on the issues that matter most to the rheumatology community.

Guest Speakers

<p>Sen. Roger Marshall</p> <p>R-KS</p> <p>MD</p>	<p>Rep. Kim Schrier</p> <p>D-WA</p> <p>MD</p>	<p>Rep. Mariannette Miller-Meeks</p> <p>R-IA</p> <p>MD</p>	<p>Rep. Andy Harris</p> <p>R-MD</p> <p>MD</p>
<p>Rep. Buddy Carter</p> <p>R-GA</p>	<p>Rep. Rich McCormick</p> <p>R-GA</p> <p>MD</p>	<p>Rep. Herb Conaway</p> <p>D-NJ</p> <p>MD</p>	<p>Rep. Kat Cammack</p> <p>R-FL</p>
<p>Rep. Judy Chu</p> <p>D-CA</p>	<p>Rep. Jennifer McClellan</p> <p>D-VA</p>	<p>Rep. Michael Rulli</p> <p>R-OH</p>	<p>Rep. Neal Dunn</p> <p>R-FL</p> <p>MD</p>

Key Discussion Topics

- Medicare Physician Reimbursement
- Medicare Part B Drug Protection
- PBM Industry Reform
- Prior Authorization Reform
- Step Therapy Reform

CSRO Fights for Medicare Physician Payment Fix — Fifth Consecutive Year of Cuts

On January 1, 2025, the Medicare Physician Fee Schedule cut of 2.83% went into effect. With CMS' estimated increase in practice expenses of 3.6%, physicians face a total 6.4% cut — the fifth consecutive year of reductions. According to the AMA, Medicare reimbursement for physician services has declined 29% from 2001 to 2024, when adjusted for inflation.

In September 2024, CSRO joined a provider sign-on letter to Congressional Leadership urging annual inflationary updates. CSRO also joined the Alliance of Specialty Medicine in calling on CMS to work with Congress on a permanent solution to the broken physician payment system.

In October 2024, CSRO contacted over 100 Congressional offices encouraging members to join a letter urging Congressional Leadership to advance legislation that provides physicians a permanent annual inflationary update equivalent to the Medicare Economic Index (MEI), and enacts targeted reforms to statutory MPFS budget neutrality requirements.

In November 2024, Representatives Greg Murphy, MD and physician colleagues introduced the bipartisan Medicare Patient Access and Practice Stabilization Act (H.R.10073). CSRO was recognized as a supporting organization. Despite advocacy efforts, Congress failed to address the cut in the December 2024 year-end package.

H.R. 879 — Reintroduced February 2026

Representatives Murphy and Panetta reintroduced the bipartisan Medicare Patient Access and Practice Stabilization Act (H.R. 879). The bill would eliminate the 2.83% cut and provide a 2% payment update effective April 1. Reps. Murphy and Panetta are working to include this measure within the upcoming Continuing Resolution, set to expire on March 14. CSRO will continue to advocate for a legislative solution until physician payments are addressed.

29%

Decline in Medicare physician reimbursement 2001–2024, adjusted for inflation (AMA)

6.4%

Total effective cut facing physicians in 2025

25

House members have already cosponsored H.R. 879, the Medicare Patient Access and Practice Stabilization Act

Take Action Now

Visit CSRO's Action Center and urge your Representative to cosponsor H.R. 879 before the March 14 CR deadline.

CSRO Opposes 340B Contract Pharmacy Expansion Across 20 States

In 2025, CSRO opposed legislation across 20 states that would make private practices that buy-and-bill more susceptible to hospital acquisitions and further limit patient options for their care. Originally designed to support low-income and vulnerable patient populations, the 340B program has evolved into a profit-generating tool for disproportionate share hospitals — often at the expense of patients and independent providers.

These bills would enable greater expansion of contract pharmacies within the 340B program, without oversight to ensure that underserved patients actually receive discounted medications. They would also make rheumatology practices more susceptible to acquisitions by large 340B hospitals, which are responsible for approximately 80% of hospital acquisitions.

States Where CSRO Submitted Opposition Letters



Federal 340B Advocacy

CSRO also submitted letters to members of Congress in support of reforming the 340B Drug Pricing Program at the federal level, including letters supporting the 340B Affording Care for Communities and Ensuring a Strong Safety-Net (ACCESS) Act of 2025 and opposing the 340B PATIENTS Act, which CSRO believes would worsen 340B issues.

CSRO Education & Outreach

In March, CSRO hosted a webinar attended by 80 participants. Moderated by VP Madelaine Feldman, MD, the webinar featured Jenny Goins (National Alliance of Healthcare Purchaser Coalitions), Thomas Johnson (ASAP 340B), and Amanda Krzepicki (Autoimmune Association). In July, Erin Arnold, MD, FACR represented CSRO on an iCAN panel, and in September, Dr. Feldman participated in an AIR340B briefing featuring Rep. Carter's 340B ACCESS Act.

80%

Of hospital acquisitions 2016–2022 driven by large 340B hospitals)

20

States where CSRO opposed 340B contract pharmacy expansion legislation in 2025

ASAP 340B SENATE MEETINGS

In October, Dr. Feldman conducted meetings with the ASAP 340B Coalition and offices of Senators Cassidy, Budd, Hickenlooper, and Paul. Sen. Cassidy later held a hearing: "The 340B Program: Examining Its Growth and Impact on Patients."

CSRO IN THE NEWS

Leyka Barbosa, MD: When a Drug Discount Program Becomes a Hospital Profit Engine, Patients Lose

The Gilmer Mirror · April 3, 2025

Erin Arnold, MD: Abuse of federal drug pricing program hurts those it's designed to help

Chicago Sun Times · May 1, 2025

Kostas Botsoglou, MD: Drug pricing plan being misused, must be fixed

Another Voice – Healthcare, NY · Oct 30, 2025

CSRO Opposes State Prescription Drug Affordability Boards

CSRO's leading role in combating state Prescription Drug Affordability Boards (PDABs) continued throughout 2025, with active engagement across multiple states.

Virginia

In January, Harry Gewanter, MD testified before the Assembly Labor and Commerce Committee opposing the state proposed PDAB. CSRO submitted letters to the House Labor & Commerce Committee and Senate Commerce & Labor Committee warning that the bill may actually limit patient access and drive up costs. CSRO and the Virginia Society of Rheumatology jointly wrote to Governor Youngkin urging a veto. Thankfully, Governor Youngkin vetoed the bill — his second consecutive veto of this policy. Virginia House Democrats tried and failed to override the veto, which would have required a two-thirds vote in both chambers. In December, CSRO joined a group letter to Governor-elect Spanberger urging her to consider alternative options to address patient affordability beyond the PDAB.

Colorado

In June, CSRO hosted a webinar featuring Board members Harry Gewanter, MD and Firas Kassab, MD, bringing together stakeholders on the unintended consequences UPLs can have on patient access. CSRO submitted comments in May and June urging the Colorado PDAB to evaluate this untested policy before proceeding. Dr. Feldman testified before the Colorado Board in opposition to a UPL on Enbrel. Despite strong objections, the PDAB voted in favor — making Colorado the first state in the nation to impose such a price control on a prescription drug. The UPL is scheduled to take effect January 1, 2027.

FIRST-IN-NATION PRICE CONTROL

Colorado has set the price cap for Enbrel at the same level as the Maximum Fair Price (MFP) negotiated under Medicare Part D — one-third of the drug's list price. Effective January 1, 2027.

Washington & Oregon

In June, CSRO hosted a PDAB informational briefing for physicians across Washington and Oregon, joined by local advocacy group Caring Ambassadors. In July, CSRO contacted the Washington Health Care Authority to offer assistance in developing provider surveys on drugs under review for potential UPLs. CSRO also issued an advisory encouraging Washington rheumatologists to apply for the PDAB Advisory Group.

Illinois

In March, CSRO Board member Harry Gewanter, MD participated in a legislative briefing in Springfield organized by the Value of Care Coalition. CSRO also followed up directly with committee chairs expressing concerns. Thankfully, PDAB legislation in Illinois did not advance in 2025.

Maryland

CSRO submitted comments throughout 2025 to the Senate Finance Committee, House Health and Government Operations Committee, and House of Delegates, urging the legislature to reconsider empowering the existing PDAB with authority to implement upper payment limits. While CSRO urged the Governor to veto this bill, it was ultimately signed into law by Governor Moore.

Massachusetts

CSRO submitted comments opposing Amendment 541 of the Senate's FY26 Budget, which would impose a UPL across the entire pharmaceutical supply chain in the state, including reimbursement for physicians who buy-and-bill.

CSRO IN THE NEWS

Harry Gewanter, MD: Governor Youngkin should veto Prescription Drug Affordability Boards, again
Cardinal News · March 11, 2025

Harry Gewanter, MD: Drug Savings Doubted for Colorado as State Nears First Pay Cap
Bloomberg Law · August 12, 2025

Michigan, Nevada, Rhode Island — and CSRO Opposes Federal Price Controls

State PDABs — Continued

Michigan

In April, CSRO and the Michigan Rheumatism Society expressed concerns to the Senate Finance, Insurance and Consumer Protection Committee. Unfortunately, CSRO's concerns were disregarded as the bill package passed the Senate. The bill has been carried over into 2026, during which the House will have the opportunity to advance the bill. CSRO and MRS will continue to educate lawmakers on the harms of these policies.

Nevada

For a second consecutive session, the Nevada legislature advanced legislation applying the federally regulated Medicare Maximum Fair Price to cap physician reimbursement for selected provider-administered medications. In letters to the Assembly Commerce and Labor Committee and later to Governor Lombardo, CSRO outlined how this proposal could cause significant financial strain on physician practices, force patients to more costly sites of care, or lead to complete loss of access to medications. CSRO applauds the Governor's decision to veto this legislation.

Rhode Island

The Senate considered legislation applying the Medicare Maximum Fair Price to prescription drugs. CSRO submitted letters to the Senate Health & Human Services Committee and the full Senate urging them to halt this legislation and instead consider alternative policies that could impact patient affordability without sacrificing access and physician reimbursement.

CSRO Opposes Federal Price Controls

CSRO continued to be a vocal opponent to prescription drug price controls that limit reimbursement for provider-administered medications. While many of these policies aim to control the price of drugs, they frequently fail to consider the direct impact on providers.

MEDICARE

CSRO advised CMS against including the Maximum Fair Price (MFP) within the ASP calculation for Part B medications. Inclusion of MFP will deflate ASP significantly, reducing add-on payment bases and creating reimbursement shortfalls that put practices at risk.

LEGISLATION

CSRO urged eight Senate Democrats — Sens. Kelly (AZ), Duckworth (IL), Klobuchar (MN), Heinrich (NM), Lujan (NM), Booker (NJ), Kim (NJ), and Fetterman (PA) — to co-sponsor legislation maintaining the Part B add-on payment at ASP + 6% rather than MFP + 6%.

COALITION

CSRO coordinated 64 patient and provider organizations urging support for the EPIC Act (S.832/H.R.1492), aligning MDPNP eligibility timelines for small-molecule drugs (7 years) with biologic products (11 years), protecting R&D investment essential for treating rheumatic conditions.

CSRO IN THE NEWS

Erinn Maury, MD: Lawmakers must support doctors, patients

The Daily Record · January 9, 2025

Amar Majjhoo, MD: 'Most Favored Nation' drug pricing will cost patients access

Detroit News · September 2, 2025

Pharmaceutical Tariffs & Most Favored Nation Pricing

TRADE POLICY

In a letter to the Department of Commerce, CSRO formally responded to the Section 232 National Security Investigation of Imports on Pharmaceuticals and Pharmaceutical Ingredients. CSRO is concerned that tariffs would commensurately increase the ASP for medications manufactured abroad. Given the lag between ASP calculation and effective payment limits, provider reimbursement would not be adjusted for six months after price increases caused by tariffs go into effect.

COALITION

CSRO joined 52 provider and patient advocacy groups in a letter to Commerce Secretary Howard Lutnick and USTR Ambassador Jamieson Greer. The groups underscored how more than half of active pharmaceutical ingredients in U.S. prescriptions come from Europe and India and do not pose a security threat. CSRO urged the Administration to exempt Europe and allied nations, such as India, from the proposed 15% tariff to prevent U.S. drug supply chain disruptions.

MEDICAID

In a letter to the House Energy & Commerce Committee, CSRO urged the Committee not to advance a proposal implementing MFN pricing on Medicaid prescription drugs. CSRO believes this will harm access for the most vulnerable patients and curtail access to essential medications.

REIMBURSEMENT TIMING GAP

Approximately 40% of prescription drugs are manufactured outside the United States. Tariff-driven cost increases would not be reflected in provider reimbursement for six months — directly threatening practice viability for rheumatologists administering infused biologics.

40%

of U.S. prescription drugs manufactured outside the United States

15%

Proposed tariff rate on pharmaceutical imports — CSRO urges exemptions for Europe and allied nations

52

Organizations joined CSRO in opposing pharmaceutical tariffs to the Dept. of Commerce

CSRO IN THE NEWS

Amish Dave, MD: Don't let foreign price controls cut off lifesaving treatments for Washington patients

The Spokesman-Review · August 30, 2025

Erin Arnold, MD: Why Most Favored Nation price controls could leave my patients in pain

Journal Courier · October 30, 2025

Underwater Biosimilars: Where Things Stand

Over the past year, the Underwater Biosimilars Coalition has continued to raise concerns about patient access challenges due to inadequate reimbursement for physician-administered biosimilars. Coalition members met with the Centers for Medicare and Medicaid Services (CMS), the Medicare Payment Advisory Commission (MedPAC), and congressional offices, where they highlighted the growing disconnect between biosimilar acquisition costs and reimbursement under the average sales price (ASP) methodology, as well as the compounding effects of step therapy policies.

"CSRO continues to hear from private practice rheumatologists about 'underwater biosimilars' that remain financially infeasible to administer, placing practices in the untenable position of absorbing losses or being unable to furnish plan-mandated therapies."

— CSRO Underwater Biosimilars Update, 2025

The Medicare Advantage Problem

Compounding this problem is CMS' 2018 guidance permitting Medicare Advantage (MA) plans to apply step therapy without accounting for whether that drug can be readily acquired or administered by the enrollee's physician. Unlike Original Medicare — which allows physicians to move to another clinically appropriate therapy when access barriers arise — MA enrollees may be left without a viable treatment pathway when the mandated drug is unavailable or financially infeasible to furnish, delaying care and often pushing treatment into higher-cost settings.

CSRO Policy Proposals

CSRO, working with ACR and coalition partners, has offered policymakers and regulators several options to mitigate reimbursement challenges and immediately improve beneficiary access to care. CSRO called on lawmakers to address reimbursement challenges by revising the ASP methodology to remove manufacturer rebates from the calculation or use an alternative payment mechanism. CSRO has also advanced an immediate, administrative policy approach that would put in place a "formulary adequacy standard" to ensure that when a plan mandates use of a specific drug, beneficiaries have access to a clinically appropriate alternative if the mandated drug cannot be furnished by the

WHAT IS AN "UNDERWATER" BIOSIMILAR?

A biosimilar is "underwater" when the acquisition cost exceeds the reimbursement received from Medicare — meaning the practice loses money on every administration.

ASP

Average Sales Price methodology creates a lag that leaves practices absorbing losses on biosimilar administration

FORMULARY ADEQUACY STANDARD

CSRO's proposed short-term administrative solution ensures beneficiaries have access to a clinically appropriate alternative when a mandated drug cannot be furnished by their treating physician.

CSRO IN THE NEWS

Madeline Feldman, MD: PBM Private Labeling Boosts Biosimilar Adoption, Raises Anticompetitive Concerns

Medscape · April 3, 2025

Madeline Feldman, MD: Biosimilars: A Healo Guide for Clinicians

Healo · June 30, 2025

treating physician. This approach has gained support among coalition partners and has been shared with congressional offices as a short-term option.

CSRO Advocacy Protects Drug Administration Services, Strengthens Office-Based Care in the CY

In the CY 2026 Medicare Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare and Medicaid Services (CMS) finalized several payment policies with important implications for rheumatology. As a result of CSRO advocacy, CMS excluded time-based drug administration codes from the new "efficiency adjustment" and finalized practice expense (PE) changes that strengthen payment for office-based care.

The Efficiency Adjustment — A Critical Win

Under the final rule, CMS applies a 2.5 percent efficiency adjustment to certain non-time-based services based on assumed productivity gains. CSRO strongly opposed applying this policy to rheumatologic medication therapy, emphasizing that drug administration services are time-based and dictated by FDA label instructions that specify infusion rates and monitoring requirements.

"No amount of physician experience or efficiency can shorten the intraservice time or reduce the work intensity without compromising patient safety."

— CSRO Comment to CMS, CY 2026 PFS Rulemaking

In response, CMS excluded time-based drug administration codes from the efficiency adjustment policy — protecting office-based drug administration services from inappropriate payment reductions. This is a direct result of CSRO's sustained advocacy engagement with CMS.

Practice Expense Methodology Changes

CMS finalized changes to the PE methodology that shift Medicare spending toward the office setting by reducing the indirect PE weight tied to work RVUs for facility-based services. While CSRO generally supported CMS' efforts to better align payment with where rheumatologic care is most commonly delivered, it cautioned that the policy could negatively affect access for patients requiring care in higher acuity settings, such as hospital or academic settings. CSRO also urged CMS to establish a more regular process for updating PE inputs to ensure payments reflect current resource use.

+4%

Overall payment increase for rheumatology under CY 2026 PFS

+6%

Increase specifically for office-based rheumatology services

-12%

Decline for facility-based services under the new PE methodology

CSRO'S ONGOING ENGAGEMENT

CSRO will continue engaging with CMS to monitor implementation and advocate for payment approaches that reflect the resource-intensive nature of delivering rheumatologic care and improve beneficiary access.

CSRO Advances Coalition Effort to Reform the Medicare SAD Exclusion List

CSRO continues to press for reforms to the Medicare Self-Administered Drug (SAD) Exclusion List, which excludes Part B coverage for drugs CMS deems "usually self-administered by the patient." In practice, the SAD List has become a significant barrier for Medicare beneficiaries who cannot safely or effectively self-administer medications due to clinical, functional, or other limitations.

CSRO's Dedicated SAD Coalition

To address these challenges, CSRO established a dedicated coalition focused on the SAD List, bringing together physician organizations and patient advocacy groups across multiple specialties. Coalition members have raised concerns that CMS' current interpretation of the statute — particularly the 50-percent threshold and weighted-average approach — fails to reflect the real-world use of biologics with multiple indications and formulations.

As a result, beneficiaries who require physician-administered versions of these drugs may face substantial out-of-pocket costs or lose access to treatment altogether.

OIG Findings Support Reform

Findings from the Office of Inspector General (OIG) further reinforce these concerns. In two separate reports, OIG found that Medicare contractors relied on incomplete and untimely utilization data when making SAD List coverage determinations, and that Medicare and beneficiaries paid significantly more when certain drugs were covered under Part D rather than Part B following placement on the SAD Exclusion List.

CMS previously acknowledged stakeholder concerns through a Request for Information (RFI) on the SAD Exclusion List in the CY 2024 Medicare PFS proposed rule, but policy changes have yet to follow. With the transition to a new Administration, CSRO has engaged leadership at HHS to urge CMS to propose changes through PFS rulemaking, including a targeted bypass mechanism that would allow coverage of physician-administered drugs when self-administration is not clinically appropriate or feasible. CSRO has emphasized that this approach should be accompanied by clear program integrity safeguards, such as physician documentation in the medical record and a claims-based modifier.

WHAT IS THE SAD EXCLUSION LIST?

The Medicare Self-Administered Drug Exclusion List excludes Part B coverage for drugs CMS deems "usually self-administered." Placement can shift a drug from physician-administered Part B coverage to Part D pharmacy coverage only — dramatically increasing patient costs.

2

Separate OIG reports found Medicare contractors used incomplete data for SAD List determinations

CSRO'S RECOMMENDED BY-PASS MECHANISM

A targeted bypass allowing Part B coverage when self-administration is not clinically appropriate, accompanied by physician documentation requirements and a claims-based modifier to indicate medical necessity.

ACTIVE LITIGATION

Beitzel v. HHS — ongoing litigation underscores the real-world consequences for beneficiaries facing dramatic cost increases after losing Part B coverage for physician-administered biologics.

SPECIAL THANKS

DIAMOND CORPORATE MEMBERS:



PLATINUM PLUS CORPORATE MEMBERS:



PLATINUM CORPORATE MEMBERS:



SAPPHIRE CORPORATE MEMBERS:



GOLD CORPORATE MEMBERS:



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EXECUTIVE OFFICE

EXECUTIVE DIRECTOR

Leslie Del Ponte

555 E. Wells Street, Suite 1100

Milwaukee, WI 53202

csro.info · info@csro.info

Upcoming Events

Business of Rheumatology: 2026 Series

Launching Soon

CSRO's virtual seminar series to help support rheumatology practices in building and strengthening their business. Topics for 2026 launching soon — watch for announcements.

Support for this series provided by: Johnson & Johnson

Advocacy Conference 2026

Oct 2-3, 2026

Mark your calendars to join CSRO this fall for our flagship event at a new location in Washington, D.C. Connect with colleagues, hear from lawmakers, and advance the rheumatology advocacy agenda on Capitol Hill.

Fellows Conference 2027

Feb 18-21, 2027

Annual CSRO event curated by rheumatologists for rheumatology fellows — held at a new location in San Antonio, TX. Helping fellows transition into the next phase of their careers.

FREE RESOURCE

Bi-Weekly Policy Update

CSRO sends a bi-weekly email with updates on relevant legislation and advocacy efforts, current events, and news as a free resource to the rheumatology community. Visit csro.info/news/bi-weekly-update to sign up and review past emails.