

Coalition of State Rheumatology Organizations 2024 Advocacy Priorities

Federal Priorities

ISSUE	PRIORITY LEGISLATION	COALITIONS
Pharmacy Benefit Manager (PBM) Reform	<ul style="list-style-type: none"> – Pharmacy Benefit Manager Reform Act (S.1339) – Modernizing and Ensuring PBM Accountability Act (S.2973) – Better Mental Health Care, Lower-Cost Drugs, and Extenders Act (S.3430) – Protecting Patients Against PBM Abuses Act (H.R.2880) – DRUG Act (S.1542/H.R.6283) – Share the Savings with Seniors Act (S.2474/H.R.5376) 	<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Transparent and Affordable Prescriptions • Coalition for PBM Reform • Let My Doctor Decide • PBM Accountability Project
Step Therapy	<ul style="list-style-type: none"> – Safe Step Act (S.652/H.R.2630) 	<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Patient Access • Alliance of Specialty Medicine • Let My Doctor Decide • Safe Step Act Ad Hoc Coalition
Prior Authorization	<ul style="list-style-type: none"> – Improving Seniors’ Timely Access to Care Act (S.4532/H.R.8702) 	<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Patient Access • Alliance of Specialty Medicine • Let My Doctor Decide
Copay Assistance	<ul style="list-style-type: none"> – Help Ensure Lower Patient (HELP) Copays Act (S.1375/H.R.830) 	<ul style="list-style-type: none"> • Aimed Alliance • All Copays Count Coalition • Alliance for Patient Access

Medicare Physician Fee Schedule (MPFS)	– Strengthening Medicare for Patients and Providers Act (H.R.2474)	• Alliance of Specialty Medicine
	– Physician Fee Stabilization Act (S.4935)	
	– Provider Reimbursement Stability Act (H.R.6371)	
	– Physician Fee Schedule Update and Improvements Act (H.R.6545)	
	– Protecting Patient Access to Cancer and Complex Therapies Act (S.2764/H.R.5391)	
Graduate Medical Education (GME)	– Resident Physician Shortage Reduction Act (S.1302/H.R.2389)	• GME Coalition • Alliance of Specialty Medicine
340B Drug Program	– 340B Pharmaceutical Access to Invest in Essential, Needed Treatments & Support (PATIENTS) Act (S.5021) – SUSTAIN 340B Act – 340B Affording Care for Communities and Ensuring a Strong Safety-Net Act (340B ACCESS Act) (H.R.8574)	• Alliance for Integrity & Reform of 340B • Alliance to Save America’s 340B Program

Regulatory Priorities

ISSUE	BACKGROUND	COALITIONS
Complex drug administration	Medicare Administrative Contractors (MACs) had issued “Billing and Coding” articles that directed physician practices to use therapeutic drug administration service codes in place of complex drug administration service codes for specific medications included in the articles.	• CSRO-led multi-provider drug administration services working group
Biosimilars Reimbursement	Rheumatology practices are unable to make biosimilars available to their patients when the acquisition cost is lower than payer reimbursements.	• Biosimilars working group (via ACR) • Biologics Prescribers Collaborative (via AfPA)
Self-administered drug (SAD) exclusion list	CMS has interpreted language in statute related to payment for self-administered drugs, specifically “ <i>not usually administered by the patient,</i> ” as meaning a medication shall only be covered under Part D if more than 50% (i.e., “usually”) of beneficiaries self-administer (i.e., “by the patient” the medication. MACs apply this policy at the local level, which has resulted in many medications – namely those used for	• CSRO-led multi-provider and patient working group

ISSUE	BACKGROUND	COALITIONS
	multiple conditions – being placed on what is referred to as the SAD Exclusion List. Beneficiaries that require a provider-administered formulation of a drug on the SAD Exclusion List must pay for the medication out-of-pocket as drugs on the SAD Exclusion List are excluded from coverage under Part B. This can have a detrimental impact on those patients who have disabilities or face other challenges that make a Part D medication impossible to administer or unaffordable.	
Part B Drug Payment	Since withdrawal of the Most Favored Nation (MFN) project, Congress and the Administration have been relatively quiet on large-scale drug payment proposals specific to Part B. However, the new Medicare Drug Price Negotiation Program will become fully applicable to pricing for selected Part B drugs in 2028. Additionally, the Medicare Payment Advisory Commission (MedPAC) made several recommendations in June 2023 that would be detrimental to in-office infusion providers, including the concept of capping the average sales (ASP) price add-on. With 2024 being a presidential election year, it is likely that we will see more proposals targeting Part B drug payment this year.	<ul style="list-style-type: none"> • Part B Access for Seniors and Physicians Coalition • Alliance of Specialty Medicine

State Priorities

ISSUE	BACKGROUND	STATES IN PLAY	COALITIONS												
Alternative Funding Programs	Programs designed by for-profit third-party vendors and marketed to employer-sponsored self-funded health plans. AFP vendors either work with the health plan to exclude specialty drugs from coverage or deny prior authorization for specialty medications. In both instances, vendors then seek to procure the employee’s medication from a manufacturer patient assistance program (PAP).	Louisiana Maryland Tennessee	<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Patient Access • Alternative Funding Task Force 												
Biomarker Testing	This legislation requires coverage of biomarker tests if they have met certain validation criteria. This effort has largely been organized by the American Cancer Society Cancer Action Network.	<table border="0"> <tr> <td>Florida</td> <td>Ohio</td> </tr> <tr> <td>Hawaii</td> <td>Pennsylvania</td> </tr> <tr> <td>Indiana</td> <td>Vermont</td> </tr> <tr> <td>Iowa</td> <td>Washington</td> </tr> <tr> <td>Maine</td> <td>West Virginia</td> </tr> <tr> <td>New York</td> <td></td> </tr> </table>	Florida	Ohio	Hawaii	Pennsylvania	Indiana	Vermont	Iowa	Washington	Maine	West Virginia	New York		<ul style="list-style-type: none"> • Biomarker Working Group (via ACS CAN)
Florida	Ohio														
Hawaii	Pennsylvania														
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New York															

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Copay Accumulators and Maximizers	CSRO works with state coalitions to pass legislation requiring all copay assistance count towards patient deductibles. Legislation has also started to incorporate provisions that would ban the use of maximizer programs.	California Florida Illinois Louisiana Massachusetts Maryland Michigan Missouri	New Jersey New Hampshire Oregon South Carolina Tennessee Utah Wisconsin	<ul style="list-style-type: none"> • All Copays Count Coalition
Prescription Drug Affordability Boards	Drug affordability boards are largely empowered to set upper payment limits. These upper payment limits threaten the viability of the current economic model for provider administered drugs. They could potentially cause access issues due to lack of availability at the price determined by the board.	Arizona Illinois Iowa Kentucky Maryland Michigan New Jersey	Nebraska Rhode Island South Carolina Vermont Virginia West Virginia Wisconsin	<ul style="list-style-type: none"> • Aimed Alliance • Ensuring Access through Collaborative Health Coalition • Let My Doctor Decide • Value of Care Coalition
Gold Carding	CSRO monitors legislation that requires health plans to waive prior authorization (PA) on services and prescription drugs ordered by provider with a track record of PA approvals. Texas passed the first law which allows physicians to be exempt from prior authorization requirements if they have a 90% prior authorization approval rate over a period of six months on those select services.	Alaska Colorado Indiana Iowa Kentucky	Minnesota Missouri Nebraska Wyoming	
Non-Medical Switching	CSRO works to support legislation prohibiting mid-year switches for stable patients. CSRO also supports legislation to “grandfather” patients year-over-year.	Arizona Florida Iowa Mississippi Wisconsin		<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Patient Access
Pharmacy benefit manager (PBM) reform	CSRO supports state policies that work to curb the abusive practices of Pharmacy Benefit Managers, including improve oversight, transparency and enforcement of these middlemen.	California New York Rhode Island Wisconsin		<ul style="list-style-type: none"> • Aimed Alliance • Alliance for Transparent and Affordable Prescriptions • Coalition for PBM Reform • Let My Doctor Decide • PBM Accountability Project

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Prior Authorization	CSRO has weighed in on state requirements regarding prior authorization requirements imposed by insurance companies.	Arizona Indiana Kentucky Rhode Island		<ul style="list-style-type: none"> • Aimed Alliance • State Access to Innovative Medicine
Rebate Pass Through	CSRO supports policies that require pharmaceutical rebates to be passed directly through to the patient, instead of being claimed by PBMs.	Alabama California Kentucky Louisiana Maine Massachusetts Maryland Michigan New York New Hampshire Virginia Washington		<ul style="list-style-type: none"> • Patient Pocket Protector Coalition
Step Therapy	CSRO is a leader in the State Access to Innovation Medicines Coalition (SAIM) and works to advance the coalition’s model bill, which allows prescribers to override a step therapy protocol under certain circumstances. CSRO actively leads the introduction of step therapy legislation in the states and contributes to other state step therapy campaigns.	Michigan New Jersey New Mexico New York Rhode Island Vermont Wyoming		<ul style="list-style-type: none"> • Aimed Alliance • State Access to Innovative Medicines Coalition (SAIM)
White Bagging	CSRO works to support legislation prohibiting mandatory white bagging. There are a variety of approaches, and CSRO most strongly supports legislation that protects physician reimbursement in addition to patient out-of-pocket costs.	Alaska Colorado Georgia Idaho Illinois Kentucky Louisiana Maryland Mississippi Missouri New York Nebraska New Hampshire Oregon Rhode Island West Virginia		