

Patients' Access to Treatments Act (PATA) Ask: Co-sponsor PATA

What is PATA?

- Bi-partisan legislation, sponsored by Representatives David McKinley (R-WV) and Lois Capps (D-CA).
- Limits cost-sharing for drugs in specialty tiers (typically Tier IV or higher) to the dollar amount applicable to drugs in a non-preferred brand drug tier (typically Tier III).

Why specialty medications are important to people with arthritis:

- Biologics are a true innovation for people with autoimmune forms of arthritis like rheumatoid arthritis (RA); these complex medications made from living organisms actually use the body's immune system to fight disease.
- Biologics can actually halt the progression of disease, which has a huge impact on long-term health outcomes and quality of life. If left untreated, RA can cause severe disability and chronic pain.
- Before the advent of biologics, many people with arthritis faced life in a wheelchair or major surgery to treat their disease.

Why insurance designs like specialty tiers are making it harder for patients to access medications:

- Specialty tiers commonly require patients to pay a percentage of the cost of the drug (co-insurance) that can range from 25% to 50% or higher, costing a patient hundreds, even thousands, of dollars per month out-of-pocket for a single medication.
- For some arthritis patients, their cost-sharing responsibility for prescription drugs can total more than \$1,500 a month.
- High costs put patient access to drugs at risk. Studies show that the higher the out-of-pocket costs, the less likely patients are to take their medications on time, if at all.
- Failure to adhere to a treatment plan because of lack of access to medications can lead to worsening disease, increased rates of disability, loss of function, productivity and independence, and rising health care costs as more patients forego treatment.

Why this leads to higher health costs over time:

- Non-adherence to medication regimens not only has a direct impact on health and disease progression; it also contributes to direct annual costs of \$100 billion to the U.S. health care system. Indirect costs exceed \$1.5 billion annually in lost patient earnings and \$50 billion in lost productivity.
- Osteoarthritis and rheumatoid arthritis alone cost more than \$156 billion a year in direct and indirect expenses.

- When patients are on the right treatment, they're able to participate in the workforce, thereby contributing to the economy. Arthritis causes work limitations for 40 percent of people with the disease and limits the daily activities of 23 million Americans.

Why the Time to Act is Now:

- The number of employer plans using specialty tiers has jumped from 3% to 23% in less than a decade; this is an 800% increase.
- The number of ACA Exchange plans that are charging over 30% cost-sharing in specialty tiers jumped from 27% in 2014 to 41% in 2015.
- The government is monitoring discriminatory practices like putting all drugs for a disease in specialty tiers, but there is no enforcement mechanism yet. The Arthritis Foundation is continuing to bring these issues to the attention of government agencies and asking them to take action to stop these discriminatory practices.

Why is This Important to You?

- If you are on a specialty drug, like a biologic, your insurance company may now, or may soon, be using specialty tiers to charge you higher prices for your drugs.
- More medical innovations for a variety of diseases are finding their way onto specialty tiers, which affects tens of millions of Americans and counting, not just those with arthritis.

What You are Asking your Member of Congress to Do:

- In the House, co-sponsor PATA. It is being re-introduced on March 25th.
- In the Senate, support PATA. It is soon to be introduced.