



Advocacy in **ACTION**

Fighting for People with Arthritis



Letter from Ann M. Palmer, President and CEO, Arthritis Foundation



**Arthritis Foundation
President and CEO,
Ann M. Palmer**

Dear Advocates,

Thank you for your dedication and passion advocating on behalf of the more than 50 million Americans living with arthritis. Because of your work we have been a successful voice on issues of importance to our constituents.

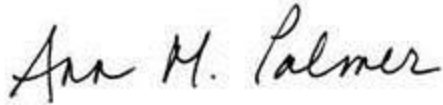
Issues of advocacy and access have long been a priority of the Foundation, but I believe there is a sense of urgency as we shape our expanded vision of what it means to be an effective and powerful patient advocacy organization.

To support this enhanced vision, we have been building our infrastructure, and I am pleased to say that we are almost fully staffed with an energetic and visionary team who will move our agenda forward. Mark Guimond joined the team in April as Director of State Legislative Affairs, and Sandie Preiss came on board in May as the Vice President of Advocacy and Access. They join Laura Keivel, a familiar name to many of you, who will continue in her role as the Coordinator of Advocacy Operations.

Already there have been some impressive state wins. Delaware Governor Jack Markell signed into law a bill supported by the Arthritis Foundation that allows pharmacists to substitute interchangeable biosimilars, which should provide lower-cost alternatives to biologic drugs. In Maryland, Governor Martin O'Malley signed into law a bill capping out-of-pocket drug costs that will apply to all insurance policies, contracts and health benefit plans issued, delivered or renewed on or after January 1, 2016.

This is an important time and we have the opportunity to make a significant difference in the lives of people with arthritis! In the coming months our expanded vision will become more defined. We look forward to working with you as our plan and approach evolve. Each of you and your collective voice is critical! Your willingness to write, call and visit provides the fuel for our efforts.

You have my heartfelt appreciation for your hard work, dedication and support. I hope we can count on you moving forward, because together we can achieve so much.



Ann M. Palmer
Arthritis Foundation President and CEO

Legislation in Connecticut Puts Arthritis Medicine Decisions Back in the Hands of Doctors



Connecticut Governor Dannel Malloy

The Arthritis Foundation has been working to ensure that people with arthritis have access to vital, life-improving treatments. Because of our efforts, Connecticut Governor Dannel Malloy signed [Senate Bill 394](#) into law to bar health insurers that use step therapy protocols from requiring their use for more than 60 days and providing doctors with a method to override the protocol.

The act requires insurers to establish and disclose to their providers a process by which the provider may request, at any time, an override of any step therapy regimen. The override process must be convenient for providers to use.

At the end of the step therapy period, the act allows an insured's treating health care provider to determine that the step therapy regimen is clinically ineffective for the insured. At that point, the insurer must authorize dispensation of and coverage for the drug prescribed by the provider, if it is covered under the insurance policy or contract.

The law also expands the prohibition on insurer requirements to obtain prescription drugs from a mail order pharmacy. The law extends the scope of the law to cover (1) all other types of insurance entities covering prescription drugs; (2) insurance contracts as well as policies; and (3) policies and contracts that are delivered, renewed, amended, or continued.

The law will become effective on January 1, 2015.

New Louisiana Will Cap Monthly Co-Pays at \$150 Maximum Per Medicine as of January 1, 2015 and Provides a Specialty Tier Override



Louisiana Governor Bobby Jindal

Under a [new law](#) advocated by the Arthritis Foundation and signed by Louisiana Governor Bobby Jindal, the maximum co-payment or coinsurance for up to a 30-day supply of any single drug may not exceed \$150 per month beginning January 1, 2015.

The co-pay limit will become effective once any applicable deductible is reached and until the individual's maximum out-of-pocket limit has been reached.

New law also provides a method for physicians, at the request of patients, to have specialty tier medications included the covered formulary. Thanks to all for your support of this bill!

We need your help with updating your contact information!

The ability of the Arthritis Foundation to activate and mobilize our advocates depends on being able to notify you of legislation, legislative hearings and requests for action. Our best advocacy happens when we know your full address along with your email.

Knowing which congressional and state legislative district you live in is important because we can then more meaningfully focus our grassroots advocacy to specific legislators. During the course of a legislative session, it is important to target the most relevant legislators to the specific action that is occurring on a given bill. Sometimes we need to bring on co-sponsors, we may need to work a bill through committee, attain amendments or send our message to secure appropriate votes.

[You may update your advocate information here.](#)

New Report: Many Exchange Plans Burden the Most Vulnerable Patients With High Out-of-Pocket Costs for Vital Medicines; Patients Left with Limited Access

A [new report](#) demonstrates that the majority of plans in the Health Insurance Exchanges are placing a significant out-of-pocket burden on patients with serious illnesses by requiring particularly high cost-sharing for all medicines used to treat certain conditions. This analysis by Avalere Health finds that the vast majority of plans in the Health Insurance Exchanges require relatively high cost-sharing for all medicines in at least one class. This cost burden leaves many patients with nowhere to turn and can negatively affect patients' health, and even their lives, by limiting access to needed care.

The report, commissioned by the Pharmaceutical Research and Manufacturers of America (PhRMA), is based on Avalere's analysis of 123 Exchange plan formularies, including plans in all states. Avalere analyzed cost-sharing and formulary tier placement for all brand and generic drugs within 19 prescription drug classes. Patients' cost-sharing for prescription drugs typically comes in the form of a co-pay, which is a fixed dollar amount, or coinsurance, calculated as a percentage of the total cost of the drug. Health plans also place covered medicines in tiers – typically there are four or five tiers – with the lowest tier requiring a low co-pay (\$15, for example) and the highest tiers often requiring a coinsurance of 40 percent or more.

The Avalere findings reveal that in seven of 19 classes of medicines for serious illnesses, such as cancer, HIV/AIDS, autoimmune diseases such as rheumatoid arthritis and multiple sclerosis, and bipolar disorder, more than 20 percent of Silver plans require coinsurance of 40 percent or more for all drugs in those classes. Similarly, in 10 of the 19 selected classes, at least 20 percent of Silver plans require coinsurance of 30 percent or greater for drugs in the classes.

The study also finds that more than 60 percent of Silver plans place all covered medications for multiple sclerosis, rheumatoid arthritis, Crohn's disease and certain cancers in the plan's highest formulary tier.

