



Advocacy in ACTION

Fighting for People with Arthritis



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Today is Election Day: Please Vote (and Why We Vote When We Vote)

Of course every day is a good day to exercise our political freedom, but today, Election Day, is especially important. In 1845, Congress decided that November was the most convenient time for farmers and citizens living in rural areas to get to the polls. Preparing the fields and planting crops consumed much of their time, but by early November, the harvest was over in most parts of the country and the weather was still mild enough to allow travel. Congress wanted to make sure that Election Day never fell on November 1 because it is a Holy Day of Obligation in the Catholic Church. Therefore, Election Day is always the first Tuesday after the first Monday in November. In addition, businesses tallied their sales and expenses on the first, and Congress wanted to eliminate any impediments to voting.

Today, according to Pew Research, less than 37 percent of the voting population turns out for midterm elections. Races are often decided by a small majority of voters in the primary or general election. Citizen participation in the form of voting is critical to a functioning democracy. And every vote counts. Please take some time today to exercise one of your most important constitutional rights and vote!

Arthritis Foundation Ambassador Testifies at Congressional Hearing on Patient Barriers to Drug Discovery

Arthritis Foundation Ambassador Julie Cerrone testified on critical access to care issues at a field

hearing held by Rep. Tim Murphy (R-PA) on October 23 in Mt. Lebanon, PA. The congressman is participating in a major congressional research project called 21st Century Cures, aimed at breaking down barriers to research and accelerating the pathways to get medical treatments to the market. The patient perspective is crucial, and the Arthritis Foundation was pleased to be invited to testify at Rep. Murphy's hearing on patient barriers in the drug discovery process.

Julie told her story about living with psoriatic arthritis and highlighted three major barriers: high out-of-pocket costs, limits to covered services like physical therapy, and a lack of transparency and coordination in the health care system.

Rep. Murphy has considerable stature in Congress over health policy – in his position on the Energy and Commerce Committee with jurisdiction over health care, and as a member of the GOP Doctors Caucus. The Arthritis Foundation will continue to stress the importance of the patient perspective as Congress moves forward with this project, and we encourage you to send your stories to cures@mail.house.gov.

Arthritis Foundation Working to Ensure Access to Rheumatologists

There is a shortage of both adult and pediatric rheumatologists in the United States, and those shortages are expected to worsen over the next decade. Eleven states don't have a pediatric rheumatologist, which translates to only a quarter of juvenile arthritis patients getting to see a doctor best trained to manage their disease. For adults, the average wait time to get into a rheumatologist's office is over a month. Here's what the Arthritis Foundation is doing about it:

- We have joined a coalition run by the Association of American Medical Colleges, focused on strengthening the physician workforce in the coming years. Through this coalition, we will explore ways to fund more physician residency positions, and increase the number of physicians in rural and underserved areas.
 - We are also part of a coalition that is looking for innovative ways to fund loan repayment programs for pediatric subspecialists. The group is encouraging the Health Resources and Services Administration (HRSA) to consider including pediatric subspecialists in its National Health Service Corps scholarship and loan repayment program. This program places providers in rural and underserved areas in exchange for scholarship or loan repayment money.
 - We are also supporting policy changes to make more telemedicine available to patients. This would allow physicians to get reimbursed for providing telemedicine services; provide telemedicine services in multiple states without having to have a license in each state; and expand programs that use telemedicine in chronic disease management.
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Idaho Board of Pharmacy Fails to Protect Patient Safety

In spite of the Arthritis Foundation's opposition and advocacy efforts, the Idaho Board of Pharmacy has approved a new regulation that will allow for the substitution of biologic medications with biosimilar drugs. Arthritis Foundation Ambassador Dr. Yolonda Barnes published an op-ed in the Idaho Press Tribune urging the Idaho Board of Pharmacy to refrain from approving this policy. [Click here to read the story.](#)

Going against the advice of the Arthritis Foundation and our many patient organization partners, the regulation does not require a pharmacist to notify the doctor when a substitution has occurred. The failure to alert doctors that a change in medication has been made disrupts the relationship between patients and prescribers, and could undermine the prescriber's judgment and experience managing chronic diseases. Led by the Arthritis Foundation, a work group has been established to oppose this policy with the Idaho legislature and governor's office.

This is a publication from the Arthritis Foundation Advocacy and Access Department

For questions, please contact us at advocacy@arthritis.org

