

ARTHRITIS  
FOUNDATION  
ADVOCACY



GUIDE FOR ACTION  
September 16, 2014  
MEETING WITH CANDIDATES



## PREPARING FOR THE MEETING

Locate the candidates running for **state and federal office**.

You may call or meet with the candidates in person. Please do not meet with local government candidates.

- Identify all candidates in your state and federal districts running for office.
- **Choose two issues to focus on from the below lists. For instance, if you are meeting with state candidates, focus on two issues from the state list. If you are meeting with federal candidates, please choose two issues from the federal list.**
- The goal of the meeting is to share how arthritis effects you and your family and to make the candidates aware and educate them about arthritis
- Below is a list of several issues that may be relevant in your state as well as federal issues to ask Congressional candidates. Please read through the issues and be prepared to discuss them if they ask questions

### DO'S & DON'TS Of interacting with a candidate

#### Do

**Meet with all candidates.** The Arthritis Foundation does not endorse any candidates and meeting with all of them shows we do not endorse any specific candidate.

Share your personal story. The candidates need to know how arthritis affects you, your daily life and your community.

#### Don't

Be overly political. Arthritis knows no political party and we are a nonpartisan organization. Be knowledgeable about the issues and be prepared to ask and answer questions, but sharing your personal story is most important.

Worry! Candidates are generally polite and make a point to be sociable and approachable.

# STATE ISSUE GUIDE

## **THE ISSUE: SPECIALTY TIERS FOR DRUGS - CO PAY CAPS – SEPTEMBER 2014**

Health insurers have traditionally charged fixed co-pays for different tiers of medications. As an example, the co-pays might be set at \$10/\$20/\$50 for the three tiers. Some health insurance policies are now moving vital medications (mostly biologics) into a fourth specialty tier. Specialty tiers require people with arthritis and other conditions to pay a percentage of their drug cost— often 25% to 50%— rather than a fixed co-payment.

High cost sharing, also known as co-insurance, is a barrier to medication access for patients with chronic, disabling, and life threatening conditions and may result in serious harm. Cost-sharing for prescription medications should not be so burdensome that it restricts or interferes with access to necessary medications, which can lead to negative health outcomes and additional costs to the healthcare system. Just recently, legislation was enacted in Maryland and Louisiana to cap the out of pocket costs for specialty tier medications to a maximum of \$150 per month per medication.

Since many people with arthritis also suffer with chronic diseases such as diabetes or heart disease, their monthly medication bill to continue to lead productive lives can include several kinds of medications. Ensuring that people with arthritis have access to affordable quality treatments and medications is a guiding principle of the Arthritis Foundation. It is for this reason that the Arthritis Foundation is actively supporting state legislation that will cap monthly co pays at \$150 per medicine each month.

**WHAT DO WE WANT ELECTED OFFICIALS TO DO?** Support state legislation to cap the out of pocket monthly costs for each medication and limit monthly aggregate maximum out of pocket costs.

## **THE ISSUE: MAKING BIOSIMILARS AVAILABLE TO CONSUMERS – SEPTEMBER 2014**

Biological medications are a complex and expensive class of drugs that can include a wide range of products including vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and proteins. Unlike most traditional, small-molecule prescription drugs that are made through chemical processes, biological products are generally made from human and/or animal materials.

Because they are produced with living cells, rather than from synthetic chemicals in the laboratory, the cost of a biologic is often high. Biologic medications have been extremely successful at helping people with arthritis and other chronic conditions lead full and productive lives.

A new class of medications called “biosimilars” will be entering the marketplace in the near term. When these medications are approved by the FDA they will be therapeutically equivalent or “interchangeable” with an FDA-licensed biological product and are predicted to have a lower cost.

**WHAT DO WE WANT ELECTED OFFICIALS TO DO?** Pass State legislation to allow a pathway for the substitution of biologic medications with biosimilars, when appropriate, and require patient and prescriber notification when a substitution occurs.

**THE ISSUE: STEP THERAPY/FAIL FIRST PROTOCOLS – SEPTEMBER 2014**

An increasing number of insurers are utilizing step therapy or fail first policies requiring patients to try and fail one or more formulary covered medications before providing coverage for the originally prescribed non-formulary or non-preferred medication.

While the Arthritis Foundation understands that step therapy is a widespread practice, we oppose any legislation that interferes with the prescriber's right to choose the appropriate therapy and to be informed if a therapy is changed. We oppose any policy that eliminates the physicians right to appeal a drug substitution or a medical decision making process based solely on the cost of treatment.

**WHAT DO WE WANT ELECTED OFFICIALS TO DO?** Pass legislation like Connecticut Senate Bill 394 that would prohibit insurance plans from interfering with the prescriber's decision to decide which medication to prescribe based on his or her evaluation of the disease and the needs of the patient. In addition, we believe insurers should be required to provide the prescriber a clear and timely process to override any step therapy regimen that has been ineffective in the past for the treatment of the insured's medical condition or is expected to be ineffective based on the prescriber's knowledge of the insured and the known characteristics of the disease.

**THE ISSUE: HEALTH INSURANCE PLAN TRANSPARENCY – SEPTEMBER 2014**

Most health insurance plans have a website which allows consumers to shop for health care coverage and compare health plan costs and benefits. Generally, these websites do not require specific information on cost sharing, prior authorization and step therapy requirements as they relate to specific medications.

Enacting laws such as Illinois House Bill 3628 to create formulary transparency in health insurance plans will make it easier for people with serious and chronic conditions to ensure the health insurance plan they choose covers the prescription medications they need.

**WHAT DO WE WANT ELECTED OFFICIALS TO DO?** Pass legislation to require Insurance plans to provide information about co pays and coverage for prescription medications on their web site so that consumers can make comparisons among plans and choose the most cost effective plan.

**THE ISSUE: REQUIRE UNIFORM PRIOR AUTHORIZATION – SEPTEMBER 2014**

Prior authorization is often utilized by insurance companies as a requirement before expensive drugs are prescribed. This process often delays the dispensing of the medication and the consumers access to affordable quality care. Each insurance plan has their own set of forms and they frequently change. This is a cumbersome process often adding significant costs to the operation of a providers practice.

**WHAT DO WE WANT ELECTED OFFICIALS TO DO?** Pass legislation to require health insurance plans providing pharmaceutical coverage to adopt a standardized prior authorization form for prescribers.

In addition, health insurance plans should be required to respond to a prior authorization request within 48 hours after the receipt of a completed prior authorization or the request should be deemed to be approved by the insurer.

# FEDERAL ISSUE GUIDE

## **THE ISSUE: SPECIALTY TIERS – SEPTEMBER 2014**

Health insurers have traditionally charged fixed co-pays for different tiers of medications. As an example, the co-pays might be set at \$10/\$20/\$50 for the three tiers. Some health insurance policies are now moving vital medications (mostly biologics) into a fourth specialty tier. Specialty tiers require people with arthritis and other conditions to pay a percentage of their drug cost— from 25% to 50%— rather than a fixed co-payment.

High cost sharing such as specialty tiers act as a barrier to medication access for patients with chronic, disabling, and life threatening conditions and may result in serious harm. Cost sharing for prescription medications should not be so large as to inappropriately restrict or interfere with the proper use of medications, which can lead to negative health outcomes and additional costs to the healthcare system. Just recently, legislation was enacted in Maryland and Louisiana to cap the out of pocket costs for specialty tier medications to a maximum of \$150 per month per medication.

For many people facing arthritis, the reality of medications is not just one medicine per month, but many medications each month. The out of pocket cap of \$150 per medicine each month is a great benefit, but can still leave many individuals and families having to pay hundreds – even thousands of dollars out of pocket each and every month.

### **WHAT DO WE WANT ELECTED OFFICIALS TO DO?**

Support H.R. 460, the Patient Access to Treatment Act, introduced by Reps. David McKinley (R-WV) and Lois Capps (D-CA). The bill would limit the cost sharing requirements of specialty tier drugs at the non-preferred brand drug tier (usually tier 3). We need the House of Representatives to pass H.R. 460 and a companion bill to be introduced and passed in the Senate.

## **THE ISSUE: PEDIATRIC AND ADULT RHEUMATOLOGIST SHORTAGES – SEPTEMBER 2014**

There is a severe shortage of pediatric rheumatologists in the United States, with fewer than 300 board-certified, practicing pediatric rheumatologists, primarily clustered in and around large cities. In fact, the following 8 states do not have a single board-certified, practicing pediatric rheumatologist, and 7 states have only one. As a result, the hundreds of thousands of patients with juvenile rheumatic diseases have severely limited access to the care and treatment they need. Further, the workforce is aging, with the average pediatric rheumatologist in his or her low-to-mid 50's.

Due to the scarcity of pediatric rheumatologists, only one-fourth of children with JA are currently able to see a pediatric rheumatologist. Even when a child with JA is able to see a pediatric rheumatologist, often the indirect costs of travel, lost time from work and school are many multiples of the direct health care costs. The other 75 percent of JA patients currently see either pediatricians, who tend not to be adequately trained to care for children with juvenile arthritis, or adult rheumatologists, who are not trained to deal with pediatric issues – whether the stunted bone growth that can result from arthritis and its treatment, or the special requirements of providing treatment to an adolescent.

**WHAT WE ARE ASKING FROM ELECTED OFFICIALS:**

The Affordable Care Act created a program that would fund loan repayment for pediatric subspecialists, including pediatric rheumatologists. The program has not been funded and further, it expires in 2014. H.R. 1827, the Pediatric Subspecialty and Mental Health Workforce Reauthorization Act of 2013, introduced by Rep Joe Courtney (D-CT), would re-authorize the program through FY 2018. We need cosponsors who can help pass H.R. 1827, and we need to get a companion bill introduced and passed in the Senate, so that the program can be funded at a minimum of \$5 million annually.

**THE ISSUE: FEDERAL APPROPRIATIONS – SEPTEMBER 2014**

The National Institute of Arthritis and Musculoskeletal Disorders (NIAMS) at the National Institutes of Health (NIH) is the primary institute responsible for funding research to understand the causes, incidence, treatment and prevention of arthritis. NIH funding has been cut by over \$1 billion since 2010, and adjusted for inflation NIH has lost 25% of its purchasing power over the last decade, threatening forward progress in important disease areas like arthritis.

The Department of Defense (DoD) funds a Peer Reviewed Medical Research Program that includes post-traumatic osteoarthritis and rheumatoid arthritis as topic areas. Osteoarthritis is one of the leading causes of disability among military personnel. The prevalence rate among military personnel over 40 is twice as high as the general population. This DoD program provides great opportunities for advancing arthritis research, particularly as it relates to the military population.

The Centers for Disease Control and Prevention (CDC) Arthritis Program currently funds 12 states to implement public health approaches to address arthritis, such as disseminating evidence-based programs and conducting public health research. The goal of the program is to reach all people affected by arthritis and connect them with evidence-based programs and services. The Arthritis Program has been flat funded at \$13 million for the last 4 years, and there is a proposal in the Senate FY 2015 funding bill to zero out the program.

**WHAT WE ARE ASKING FROM ELECTED OFFICIALS:**

- NIH should be funded at \$32 billion at a minimum to keep pace with the growing number of research needs.
- The CDC Arthritis Program should be at least level funded at \$13 million, and ultimately needs increased funding to reach more states.
- The DoD Peer-Reviewed Medical Research Program requires continued investment to fund more arthritis research grants.

**THE ISSUE: JOIN THE CONGRESSIONAL ARTHRITIS CAUCUS – SEPTEMBER 2014**

The Bicameral Congressional Arthritis Caucus, co-chaired by Representatives McKinley (R-WV) and Eshoo (D-CA), serves as a clearinghouse for information on arthritis and a bipartisan forum to aid Members of Congress in working together to address arthritis. The Caucus strives to raise awareness about arthritis and work toward the goal of educating all Members about how arthritis impacts their communities and how to help support federal and local efforts addressing arthritis in all its forms.

**WHAT ELECTED OFFICIALS CAN DO TO SUPPORT PEOPLE WITH ARTHRITIS:**

Elected officials can show their support for people suffering from arthritis by joining the Bicameral Arthritis Caucus, if they are not already a member. Since nearly 80% of Americans either have arthritis or know someone who does, joining the caucus will help elected officials support the people in their lives who suffer from this disease.



**QUESTIONS?**

**Contact the Arthritis Foundation Department of Advocacy and Access!**

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