

ARTHRITIS  
FOUNDATION  
AMBASSADOR  
PROGRAM



DISTRICT MEETING  
TOOLKIT

AUGUST RECESS 2014



# Instructions

The key to scheduling a district visit with your legislator or their staff is to follow up! Do not anticipate that a single email or phone call will result in a meeting. August Recess runs from August 1 – September 5, 2014. During this time, your Representative will be in your District meeting with constituents. To increase the likelihood that your meeting takes place with the Representative schedule early and be flexible. Call your District office NOW and begin the steps (on the right) to visiting with your legislator.

Included in this packet you will find:

- A sample email meeting request. Once you have the email address for your district scheduler, be sure to reach out via email using this template as a guide.
- Materials for your meeting.

In order to prepare for your meeting, be sure you:

- Share your meeting date with Arthritis Foundation staff. We may link in other Ambassadors or staff to accompany you on your visit!
- Print out the issue brief for your meeting. Note the reasons that “specialty tiers” make medications unaffordable and what that means for your ability to afford and obtain your needed medications. Email Mark Guimond at [mguimond@arthritis.org](mailto:mguimond@arthritis.org) should you have any questions about this legislation.
- Practice sharing your story. In five minutes or less, you should be able to share how arthritis has impacted your life and why this legislation is important to you.

## STEPS TO A DISTRICT VISIT

1. **Call:** your local office and politely request contact information for the district scheduler.
2. **Email:** Using the draft letter, email your district scheduler.
3. **Follow Up:** If you haven't heard from the scheduler in a week, given them a phone call. Continue to reach out each week until you hear back from staff.
4. **Schedule:** The hard work is done! Save the date.
5. **Prepare:** Print off included issue briefs, practice your story, & notify AF staff of the visit.
6. **Follow Up:** Your meeting with a thank you note to the legislator and/or their staff.



# SAMPLE EMAIL TO DISTRICT SCHEDULER

**TO:** District Director or Scheduler

**FROM:** Your name

**SUBJECT: Request for Meeting**

I would like to request a meeting with [Representative Last Name] during the August district work period in his/her [name of city/town] office.

I would like to share with the Representative information on H.R. 460, The Patients' Access to Treatments Act.

I would be available [list several dates and times you are available].

Please contact me at [phone] and [email] to schedule an appointment. Thank you.

[Your Name]  
[Arthritis Foundation Arthritis Ambassador]  
[Home Address]  
[City, State, Zip]

## Issue Brief: H.R. 460: The Patients' Access to Treatments Act

### Drugs Are Being Placed Out of Patient Reach

Commercial 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.

Drug Type	Example Patient Expense
Tier 1: Generic	\$10 copay
Tier 2: Preferred Brand Name	\$30 copay
Tier 3: Nonpreferred Brand Name	\$50 copay
Tier 4: Specialty Tier Drug	20-50% of drug cost

Some commercial health insurance policies are now moving vital medications (mostly biologics) into a fourth *specialty tier*.

Specialty Tiers require patients to pay a percentage of their drug cost— from 25% to 50%— rather than a fixed co-payment. These practices are placing medically necessary treatments out of reach of average Americans.

- Biologics are FDA approved and have no inexpensive, generic equivalents.
- Biologics can prevent patients with rheumatoid arthritis, MS, lupus, hemophilia, and some forms of cancer, from becoming disabled, seriously ill, or even dying.
- Monthly co-insurance amounts often range from \$500-\$5,000. Cost-sharing for prescription medications restricts access to medically necessary drugs.
- Individuals unable to afford specialty tier pricing are likely to go without crucial medications, resulting in disability and other expensive health complications.

**Support The Patient's Access to Treatment Act H.R. 460** The bipartisan Patients' Access to Treatments Act (H.R. 460), introduced by Rep. David McKinley (R-WV) and Rep. Lois Capps (D-CA), limits cost-sharing requirements in the specialty drug tier (typically Tier IV or higher) to a similar dollar amount applicable to drugs in a non-preferred brand drug tier (typically Tier III).

**Ask your Representative to co-sponsor H.R. 460 by contacting Rep. David McKinley's office at [devon.seibert@mail.house.gov](mailto:devon.seibert@mail.house.gov) or x54172 and contact House Energy and Commerce Committee Chairman Upton and Ranking Member Waxman to request action on this important bill for people with arthritis**

This legislation is also supported by the Coalition for Accessible Treatments: American Academy of Dermatology Association, American Academy of Neurology, American Academy of Pediatrics, American Autoimmune Related Diseases Association, American College of Rheumatology, American Plasma Users Coalition, Arthritis Foundation, Crohn's and Colitis Foundation of America, Colon Cancer Alliance, GBS/CIDP Foundation International, Hemophilia Federation of America, Immune Deficiency Foundation, Leukemia & Lymphoma Society, Lupus Foundation of America, National Hemophilia Foundation, National Organization for Rare Disorders, National Psoriasis Foundation, Patient Services Incorporated, Pulmonary Hypertension Association, Sjögren's Syndrome Foundation, Spondylitis Association of America, The Alliance for Patient Advocacy, US Hereditary Angioedema Association



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