

# 2023 ACR POLICY PRIORITIES

For federal legislative, regulatory,  
and state government advocacy

AMERICAN COLLEGE  
of RHEUMATOLOGY  
*Empowering Rheumatology Professionals*

Visit [rheumatology.org/advocacy](https://rheumatology.org/advocacy)  
for more information and to get involved  
in rheumatology advocacy.

## Barriers to Access

### ■ Reform prior authorization by:

- Streamlining and allowing for electronic submissions in the prior authorization documentation process.
- Providing guardrails through mandatory exceptions to minimize prior authorizations for routinely approved medications.
- Reforming the appeals process.

### ■ Reform step therapy through guardrails in federal and state government regulated health plans.

### ■ Eliminate copay accumulator policies in federal and state government regulated health plans.

### ■ Prohibit nonmedical switching to ensure patients can be treated by the medications providers determined to be most effective and to protect patients from mid-year formulary changes.

### ■ Establish guardrails around white bagging policies.

## Workforce

### ■ Support expansion of the rheumatology workforce by:

- Permanently repealing the cap on Medicare funding training positions.
- Adequately funding Graduate Medical Education.

### ■ Secure provider financial solvency and additional support to maintain medical practices.

### ■ Support loan repayment programs to ease the burden of medical education loans.

### ■ Reduce barriers to joining the American medical workforce for international medical graduates and other foreign nationals appropriately situated to treat American patients.

## Medicare Reimbursement

### ■ Secure appropriate reimbursement for services to maintain Medicare patient access by:

- Repealing sequestration cuts, protecting against cuts in the physician fee schedule (PFS), and federal statutes and legislation.
- Enacting long-term systematic changes to stabilize the system for providers.

### ■ Protect the 2021 evaluation and management (E/M) payment updates and continue to promote recognition of the value of these services through more frequent valuations.

## Drug Pricing

### ■ Increase transparency required for pharmacy benefit manager (PBM) operations and drug pricing mechanisms, including reporting requirements for rebates and drug price increases.

### ■ Restrict mandatory Part B demonstration projects, which threaten in-office treatment.

### ■ Expand patient access to treatments by reducing the cost of treating the patient without restricting the ability of rheumatologists and their healthcare team to safely treat patients by:

- Redesigning Medicare Part D [out-of-pocket costs].
- Increasing access to biosimilars.

## Telehealth

### ■ Ensure telehealth appointments continue to supplement patient care by:

- Resolving inter-state licensing issues arising from cross-border telemedicine use.
- Preserving reimbursement parity for virtual appointments with providers.
- Appropriately reimbursing audio-only telehealth services to preserve access.
- Ensuring appropriate use of in-person requirements and telehealth options.

## Research Funding

### ■ Increase impactful NIH biomedical research and NIAMS funding and advocate for a dedicated arthritis study section.

### ■ Support targeted research funding through the Centers for Disease Control and Prevention [CDC].

### ■ Add arthritis to the diseases receiving dedicated funding through the Department of Defense Congressionally Directed Medical Research Program.