2023 ACR POLICY PRIORITIES
For federal legislative, regulatory, and state government 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.

Visit rheumatology.org/advocacy for more information and to get involved in rheumatology advocacy.