

2024 ACR POLICY PRIORITIES

For federal legislative, regulatory,
and state government advocacy

AMERICAN COLLEGE
of RHEUMATOLOGY
Empowering Rheumatology Professionals

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

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.

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.

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.

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.

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.

Visit RheumPAC.org for more ways to support rheumatology advocacy