

2025 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.

Barriers to Access

- **Streamline prior authorization requests and establish mandatory exceptions** to avoid patient harm and minimize prior authorizations for routinely approved medications. Also:
 - Reform the appeals process.
 - Allow electronic submissions.
- **Reform step therapy** through guardrails to protect physician-patient decision-making in federal and state government-regulated health plans.
- **Eliminate copay accumulator policies** in federal and state government-regulated health plans.
- **Prohibit non-medical switching** to ensure patients can be treated with the medications providers determine to be most effective and to protect patients from mid-year formulary changes.
- **Support provider financial solvency** and policies to maintain independent medical practices.

Access to Treatments

- **Modify pharmacy benefit manager (PBM) operations** to implement greater transparency and oversight, ensure rebate savings are passed through to patients, and “delink” PBM income from the drug prices they negotiate.
- **Reduce 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).
 - Adequately reimbursing for biosimilar products.
- **Establish guardrails** around white bagging policies.
- **Oppose any mandatory Part B demonstration projects** that threaten access to in-office treatments.

Telehealth

- **Protect continued access** to telehealth appointments to supplement patient care by:
 - Preserving reimbursement parity for virtual appointments with providers.
 - Resolving inter-state licensing issues arising from cross-border telemedicine use.
 - Appropriately reimbursing audio-only telehealth services to preserve access.

Medicare Reimbursement

- **Secure appropriate reimbursement for services to maintain Medicare patient access to care** through the physician fee schedule (PFS) by:
 - Repealing sequestration cuts, repealing the balanced budget requirement, and updating the PFS annually for inflation per the Medicare Economic Index (MEI).
- **Protect the 2021 evaluation and management (E/M) payment updates** and recognize the value of these services through more frequent valuations.

Workforce

- **Expand the rheumatology workforce** by permanently repealing the cap on Medicare funding training positions and adequately funding **Graduate Medical Education (GME)** positions.
- **Ease the burden of medical education loans** by supporting loan repayment and forgiveness.
- **Reduce barriers** to joining the American medical workforce for *international medical graduates* and foreign nationals appropriately situated to practice in the U.S.

Research Funding

- **Increase** biomedical research funding at the **National Institutes of Health (NIH)** and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and establish a dedicated arthritis study section.
- **Support and promote** the growth of the Arthritis Program in the Division of Population Health of the **Centers for Disease Control and Prevention (CDC)**.
- **Maintain and grow** the dedicated arthritis research funding in the **Congressionally Directed Medical Research Program (CDMRP)** at the Department of Defense (DOD).

Medicare Advantage

- **Increase transparency** requirements and patient education around benefits, cost, coverage, and providers for Medicare Advantage Organizations.

Visit RheumPAC.org for more ways to support rheumatology advocacy