

January 25, 2023

The Honorable Chiquita Brooks LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Sent electronically via regulations.gov

RE: [CMS-9899-P] Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024

Dear Administrator Brooks LaSure,

The American College of Rheumatology (ACR), representing over 7,700 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to respond to the Health and Human Services Notice of Benefit and Payment Parameters for 2024 as published in the *Federal Register* on December 21, 2022. However, we remain disappointed that the proposed rule does not revise policies related to copay assistance and a patient's deductible. We urge the Centers for Medicare and Medicaid Services (CMS) to allow copay assistance to be counted toward a patient's deductible to enable patients access to needed treatments.

Rheumatologists provide ongoing care for patients with complex chronic and acute conditions that require specialized expertise. Rheumatologists, rheumatology physician assistants, and nurse practitioners provide face-to-face, primarily non-procedure-based care and serve patients with severe conditions that can be difficult to diagnose and treat, including rheumatoid arthritis and other forms of inflammatory arthritis, vasculitis, systemic lupus erythematosus, and multiple other debilitating diseases. Rheumatologists and rheumatology professionals also work closely with physical therapists to maximize the ability of patients to achieve and maintain independence outside of healthcare settings. Compared to treatment and therapies provided solely by primary care, early and appropriate treatment by rheumatologists and rheumatology professionals can control disease activity, prevent or slow disease progression, improve patient outcomes, and reduce the need for costly downstream surgical or interventional procedures.

Policies should promote and protect access to high-quality, affordable health care and health insurance in today's value-based care environment. Therefore, the ACR strongly advocates for health insurance policies that cover necessary treatments for arthritis and rheumatic diseases and include access to a rheumatologist and rheumatology interprofessional team members for consultative and maintenance care.

Recognizing the continued struggle for patients to afford their medications, we had hoped that CMS would revise the current policies that allow insurers to exclude copay assistance from counting toward a patient's deductible regardless of generic availability.

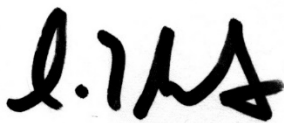
Patients suffering from rheumatic diseases often rely on drugs with higher costs, such as biologics and biosimilar products, to manage their disease and improve their quality of life. To allow our patients to access these treatments, many rely on manufacturer copay assistance to help defray the high costs associated with their medically necessary treatments. According to a 2016 study by the USC Schaeffer Center for Health Policy and Economics, 20 percent of brand-name prescriptions use copay coupons to help defray the cost of the treatment.¹

Treatments for patients suffering from rheumatic diseases include biologics that offer our patients the ability to live a better quality of life. Unfortunately, these treatments have high out-of-pocket costs and no generic alternatives. Without assistance from manufacturers in the form of copay coupons, many patients are forced to delay treatment, ration their medication, forfeit treatment entirely, or suffer incredible financial hardships to pay for their treatment.

The health care industry has seen health plan deductibles and out-of-pocket limits continue to rise. By excluding the copay assistance, insurers delay and/or prevent patients from meeting their deductible and achieving partial relief from their financial burden. This increases the financial strain on patients and families and delays or prevents medically necessary care. The ACR has long supported policies to increase access to care.² Current CMS policy counters efforts to provide greater access for patients to receive quality care and to receive the right treatment for the right patient at the right time.

In conclusion, the ACR is deeply concerned that the proposed policies to increase the maximum out-of-pocket limitations, coupled with allowing insurers to exclude copay assistance from a patient's out-of-pocket limit, debilitates our patient's ability to access the treatments needed to help manage their painful chronic conditions. While we understand the need to find solutions to help curb the increasing cost of healthcare, we cannot support policies that sacrifice our patients' health in the name of cost savings. Please contact Amanda Grimm Wiegrefe, MScHSRA, Director of Regulatory Affairs, at awiegrefe@rheumatology.org or (202) 991-1127 should you have any questions or require any additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. White'.

Douglas White, MD, PhD
President, American College of Rheumatology

¹ Van Nuys, Karen, et al. "A PERSPECTIVE ON PRESCRIPTION DRUG COPAYMENT COUPONS." *USC Schaeffer Center for Health Policy and Economics*, 2018, healthpolicy.usc.edu/wp-content/uploads/2018/02/2018.02_Prescription20Copay20Coupons20White20Paper_Final-1.pdf.

² *ACR Principles on Prescription Drug Prices and Access to Treatment*. American College of Rheumatology, 2020, www.rheumatology.org/Portals/0/Files/ACR-Principles-Prescription-Drug-Prices-and-Access-to-Treatment.pdf.