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March 02, 2021

Rhode Island House Committee on Corporations
82 Smith St
Providence, RI 02903

Re: Support for H 5438

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of over 30 state and regional professional rheumatology societies. CSRO was formed by physicians to ensure excellence and access to the highest quality care for patients with rheumatologic, autoimmune, and musculoskeletal disease. It is with this in mind that we write to you regarding H 5438.

As you consider H 5438, CSRO would like to convey its support for reforming the use of accumulator adjustment programs specifically.

Rheumatologists are entrusted with the safe care of patients with rheumatoid arthritis and other autoimmune diseases that require the careful choice of safe and effective pharmaceutical and biological therapies. In many cases, this entails prescribing life changing, albeit expensive, breakthrough drug therapies. Despite this, rheumatologists are not unconcerned with the financial impact that these therapies have on patients. Indeed, the increasingly untenable financial burden borne by patients with musculoskeletal illnesses has had undeniable consequences for therapy adherence and ultimate patient outcomes.

H5438 prevents double dipping by health insurers and PBMs, and avoids serious health consequences for patients.

Insurers and pharmacy benefit managers are currently implementing alternative cost-sharing structures also known as “accumulator adjustment programs.” These programs prevent the value of co-pay assistance from being applied towards a patient’s deductible as an out-of-pocket expense. In the past, once the value of a patient’s co-pay assistance was depleted, a patients’ deductible had been met, ensuring they could afford otherwise financially inaccessible drugs. Under these programs **insurers will pocket the value of the co-pay card, in addition to extracting the full deductible value from the patient.** Due to the move towards high deductible health plans, and the inherent costliness of the drugs used to treat complex chronic conditions, most patients will not be able to afford their medication once the co-pay card benefit is exhausted, and they are forced to start paying off their deductible. This will result in otherwise stable patients discontinuing their treatments, allowing for irreversible disease progression, flares, loss of effectiveness for their original therapy, and other adverse effects. Managing these results from non-adherence requires the use of substantially more resources than allowing for continuity of care from the beginning.

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It must be noted that physicians treating complex chronic conditions take great care in their treatment recommendations. Stabilizing a patient's musculoskeletal illness is a process that can take months or even years of trial and error. The resulting course of treatment is an evidence-based recommendation arising from the attentive balancing of disease complexity, the patient's unique medical history, and the clinical characteristics of the drugs being used. Rheumatologists do not prescribe expensive medications idly. Expensive medications are prescribed because they are medically necessary.

Although many drugs have less expensive alternatives that are in the same in many cases these alternatives are not suitable due to unique characteristics of each patient's medical history and disease state. Where these alternatives are appropriate, physicians should be trusted to prescribe them. **In some cases, even, patients are prescribed an innovator product that has no competing generic; accumulator adjustment programs leave them without recourse in properly treating their disease.** However, the use of accumulator programs by health plans and PBMs has been indiscriminate and without regard for these nuances.

CSRO recognizes that co-pay assistance programs are not an ideal substitute to care that is affordable in the first place. However, co-pay assistance remains the only option many patients with chronic conditions have to afford their medically necessary treatments.

We urge you to support this legislation, which prevents insurers from discriminatorily punishing patients with complex chronic conditions.

Respectfully,



Madelaine Feldman, MD, FACR
President, CSRO