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ACR outlines health policy priorities to improve access to arthritis care and treatments

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The American College of Rheumatology today announced its 2017 health policy priorities, providing detailed policy recommendations to improve access to care and treatments for the 54 million Americans living with arthritis and other rheumatologic diseases.

The policy prescriptions come in the wake of a new Centers for Disease Control and Prevention report showing arthritis prevalence is at an all-time high. According to the report, 54 million Americans - one in four people - now live with arthritis, and approximately 79 million will have arthritis by the year 2040.

"As the alarming CDC data indicates, now more than ever we need policies that ensure the one-quarter of Americans living with arthritis can access and afford specialized care," said Sharad Lakhanpal, MD, MBBS, President of the American College of Rheumatology.

While the demand for arthritis care is growing, the pool of U.S. rheumatologists - doctors who provide specialized care to Americans living with arthritis and other rheumatologic diseases - is shrinking as more rheumatologists retire from the profession and fewer new doctors enter the rheumatology subspecialty. According to the ACR's 2015 workforce study, the demand for rheumatology care exceeded the supply by 36 percent for adult rheumatologists and 33 percent for pediatric rheumatologists in 2015 - a gap that is projected to widen to 138 percent and 61 percent respectively by 2030.

The ACR's policy priorities for 2017 include actions that Congressional and Administration leaders can take to ensure a thriving rheumatology workforce, as well as to address current healthcare access and affordability issues.

The ACR's policy priorities for 2017 include:

•**Healthcare reform legislation that prioritizes affordable coverage for**

chronically ill patients, including coverage for Americans with pre-existing conditions, limits on out-of-pocket costs, and tax credits based on income.
•**Repeal of the Independent Payment Advisory Board**, an ACA-created agency that has the power to impose arbitrary and draconian payment cuts on rheumatology providers. These cuts would disproportionately impact small and rural rheumatology practices already struggling to stay financially viable.
•**Appropriate MACRA implementation**, including optimizing the Merit-Based Incentive Payment System for rheumatology care and supporting a rheumatology-inclusive Alternative Payment Model.
•**Proper valuing of cognitive specialty care**, including new ICD-10 service codes that more adequately reflect rheumatology care in reimbursement.
•**Adequate funding for FDA biosimilars review**, to ensure the introduction of additional safe and effective therapies and lower biologic drug costs.
•**Limits on overly restrictive insurance practices**, including step therapy, prior authorization and specialty drug tiers.
•**Adequate insurance coverage for biologic therapies**, including coverage of administration for complex drugs, and Medicare coverage of reimbursement at true ASP+6%.
•**Increased medical research funding for rheumatic diseases**, including arthritis medical research funded by the National Institutes of Health, Centers for Disease Control and Prevention, and Department of Defense.
•**Interventions to address the rheumatology workforce shortage**, including Medicare funding for general Medical Education, funding for additional rheumatology fellowship positions, and support for the Pediatric Subspecialty Loan Repayment Program.

"We look forward to working with Congressional leaders and the Administration to advance policies that ensure access to high-quality, specialized care for the 54 million Americans living with chronic and debilitating rheumatologic diseases," concluded Lakhanpal.

Source:

American College of Rheumatology (ACR)