Virtual Advocacy Day Webinar

National Organization of Rheumatology Management

> Virtual Advocacy Day June 13, 2024



Logistics & Meeting Tips

National Organization of Rheumatology Management

Virtual Advocacy Day

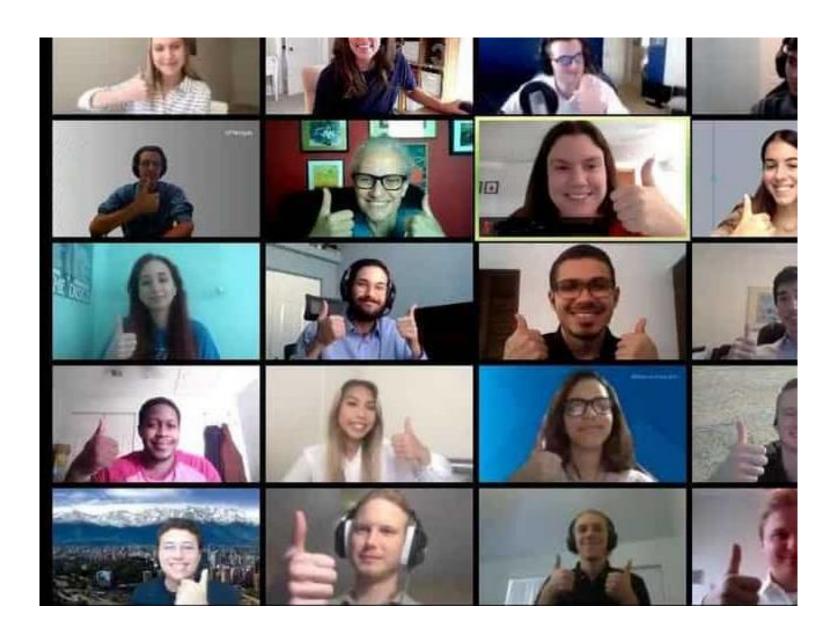
June 13, 2024

Presented by Matt Duckworth Hart Health Strategies Inc.



Format





Run of Show

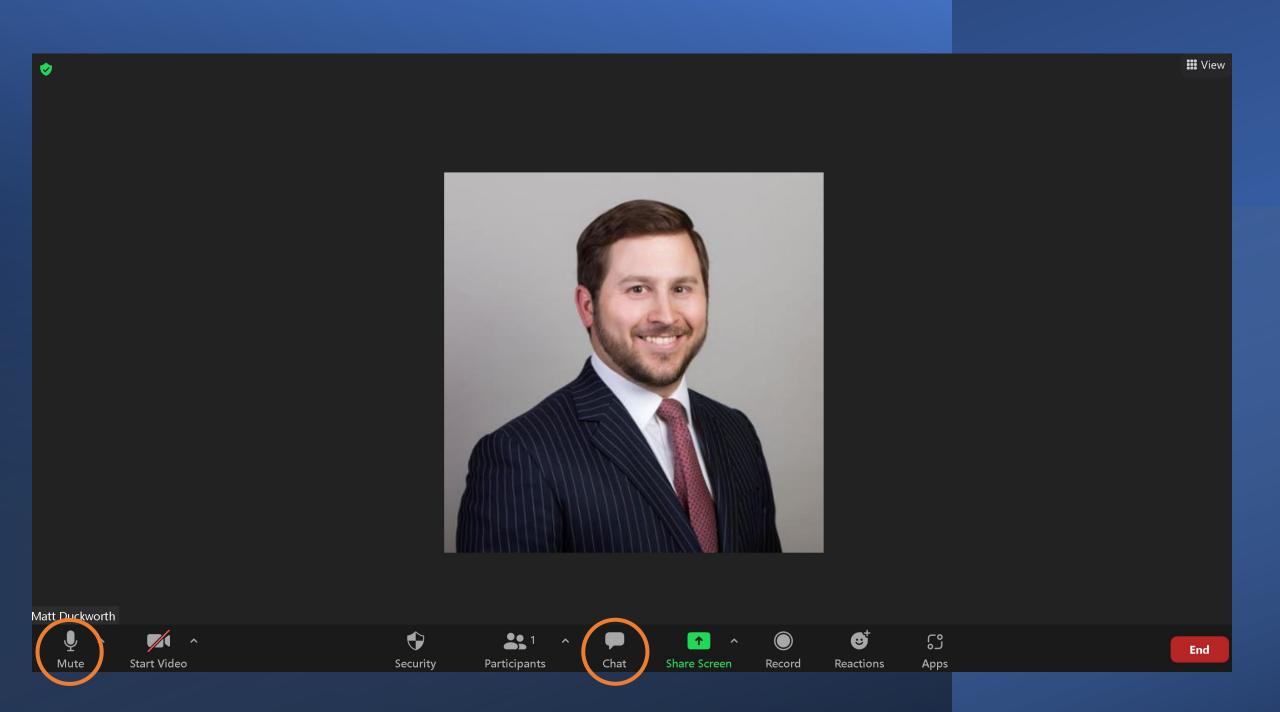
Matt introduces Member of Congress

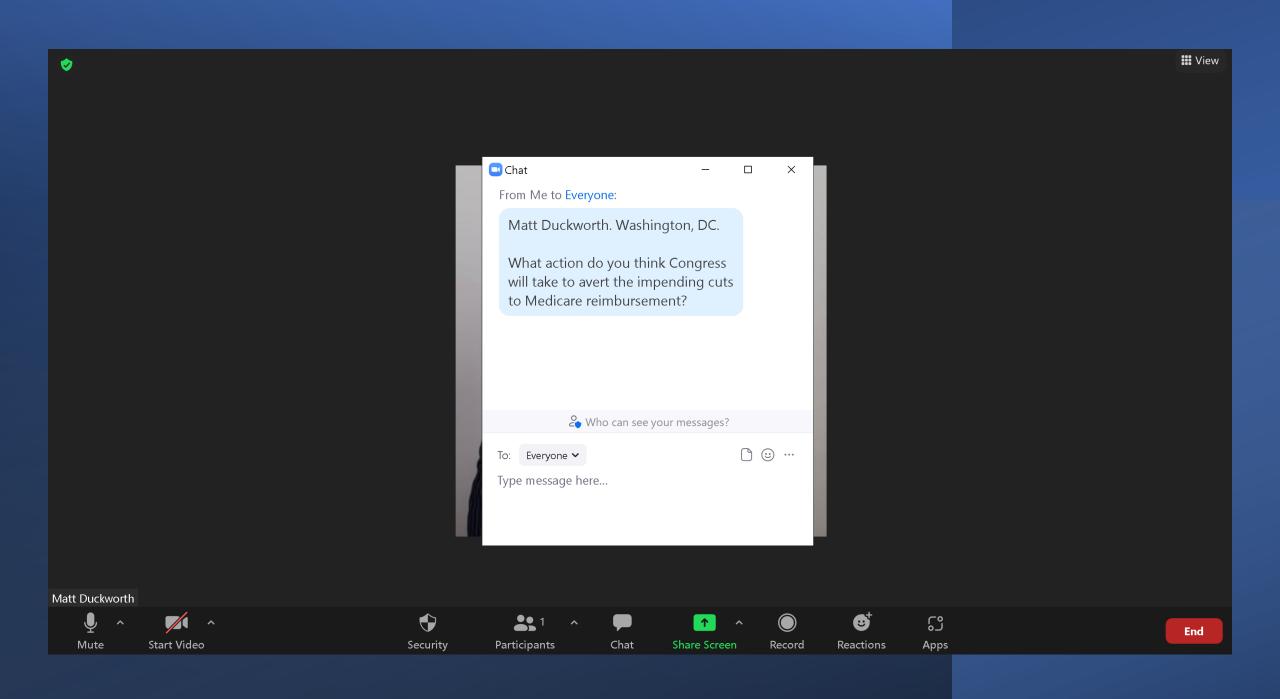
Member of Congress provides remarks

Matt opens moderated Q&A

Session concludes







Schedule

- 9:00 AM Rep. Michael Burgess, MD (R-TX-26)
- 9:45 AM Rep. Mariannette Miller-Meeks, MD (R-IA-01)
- 10:15 AM Rep. Andy Harris, MD (R-MD-01)
- 11:00 AM <u>Rep. Larry Bucshon, MD (R-IN-08)</u>
- 11:45 AM Rep. Kim Schrier, MD (D-WA-08)
- 12:15 PM BREAK FOR LUNCH
- 1:35 PM Rep. Buddy Carter, BSPharm (R-GA-01)
- 2:30 PM Rep. Morgan Griffith (R-VA-09)
- 3:30 PM <u>Rep. Neal Dunn, MD (R-FL-02)</u>



Constituent

Your Value to Congress

Education

Front-line Experience

Meeting Goals

Be informed

Educate

Build relationships

Offer NORM as a resource

Tips for Success



Be on time



Mute your audio



Be Prepared



Conclude meetings on time

Overview of Issue Briefs





Drug Affordability

Copay Accumulators: An accumulator is a program used by an insurance company or its pharmacy benefit manager (PBM) that excludes the value of copay assistance from counting towards out-of-pocket costs.

Existing policy by the Centers for Medicare and Medicaid Services (CMS) allows the use of accumulators in Affordable Care Act exchange markets.

HELP Copays Act (H.R.830/S.1375)

- Bipartisan, bicameral legislation
- Would prohibit the use of copay accumulator programs in ACA exchange plans and require insurers to honor the full value of copay assistance.

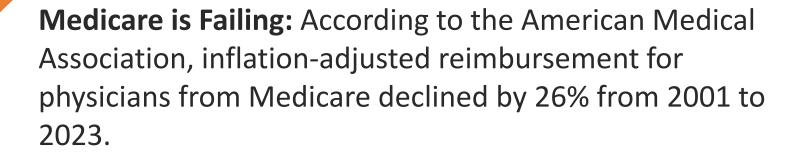
Utilization Management

Some plans are federally regulated, which means states have limited (or no) power to regulate them.

Two federal utilization management reform bills each target different insurance markets:

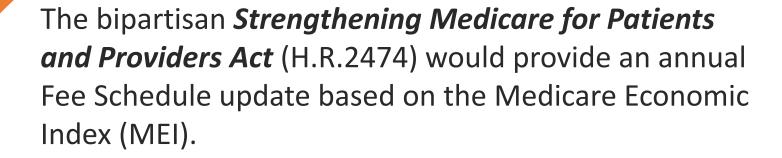
- Step therapy in ERISA plans: Safe Step Act (H.R.2630/S. 652) codifies five step therapy exceptions in ERISA plans
 - Advanced in Senate committee
- Prior authorization in Medicare Advantage plans: Improving Seniors' Timely Access to Care Act streamlines prior authorization processes
 - Positive CMS activity since first introduction has affected this legislation
 - Reintroduced version should come with a \$0 CBO 'score'

Reimbursement Stability



Death by 1,000 Cuts: A poll by the Medical Group Management Association (MGMA) found that 60% of responding practices were being charged fees to receive electronic payment by insurers. Approximately a third of respondents (32%) carried fees as high as 3% on every electronic reimbursement.

Reimbursement Stability



The bipartisan *No Fees for EFTs Act* (H.R.6487/S.3805) would prohibit health plans and entities acting on their behalf from imposing fees on healthcare providers for electronic funds transfers and healthcare payment and remittance advice.

Questions?

