

May 6, 2020

The Honorable Mitch McConnell
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
U.S. House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Charles Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

On behalf of the more than 54 million Americans with doctor-diagnosed arthritis in the United States, the Arthritis Foundation writes to urge you to address key concerns for people with arthritis in the next COVID-19 legislative package.

Arthritis is the number one cause of disability in the United States with over 23 million adults reporting activity limitations due to their disease. Many people with arthritis are immunosuppressed, and people with arthritis are also more likely to have at least one chronic condition such as heart disease (49 percent), diabetes (47 percent), or obesity (31 percent), firmly placing them at higher risk for infection from the novel coronavirus.

During this public health crisis, the Foundation has made it a priority to listen to patients and understand their health care challenges. We have heard from thousands of patients through our Help Line, survey research, Live Yes! Arthritis Network, and story bank. Altogether, the data collected from our patient community suggests three broad priorities for Congress in the next coronavirus relief package:

- Increased focus on access to care issues, including both administrative and out-of-pocket concerns, regarding medications, treatments, and services;
- Improved solutions for health coverage, including telehealth; and
- Continued concerns about the impact of the pandemic on the health care workforce.

We applaud Congress for acting swiftly on many needed protections for patients and the organizations that serve them, especially around COVID-related testing and treatment, funding for COVID-related research and surveillance, and financial assistance for individuals and small businesses. However, additional protections are critical for ensuring continuity of care and stability for patients during this unprecedented time. Below please find insights from the arthritis patient community.

Access to Care and Administrative Burdens

In the most recent coronavirus-related survey conducted by the Arthritis Foundation, we found that people with arthritis are facing challenges accessing medications and affording needed care:

- 1 in 5 patients reported financial impacts of COVID-19, which has affected their ability to afford necessary health care treatments and services
- 15 percent of respondents indicated they had difficulty accessing a medication because it was in short supply or out of stock at the pharmacy
- About 40 percent of patients reported encountering at least one barrier to care during COVID-19 such as prior authorization, quantity limits, or step therapy

The data indicates that Congress should take action and help people with chronic diseases like arthritis by placing guardrails around insurance protocols like step therapy and prior authorization, and advance a bipartisan solution to surprise medical billing.

Utilization Management Protocols

While the Centers for Medicare and Medicaid Services (CMS) has taken steps to temporarily loosen the application of utilization management protocols across the Medicare program, policymakers should move forward with permanent fixes for these issues through strong, bipartisan legislation. One example is the Safe Step Act (H.R. 2279 / S. 2546), which has the support of more than 150 members of Congress. The bill is focused on instituting commonsense patient protections regarding the use of step therapy within employer-sponsored plans governed by ERISA. We urge Congress to go one step further during this public health emergency by requiring Medicare and Medicaid plans to institute similar guardrails. In addition, Congress can pass the bipartisan Improving Seniors' Timely Access to Care Act (H.R. 3107), which would improve the way Medicare Advantage plans apply prior authorization for treatments and services. The legislation is based on a consensus statement on prior authorization adopted by leading national organizations representing physicians, hospitals, and health plans.

Access to Medications

In addition, the Arthritis Foundation has heard from many patients about difficulty accessing needed medications, which includes drugs indicated for rheumatoid arthritis that are currently under investigation to treat COVID-19, such as hydroxychloroquine. About 20 percent of patients surveyed by the Arthritis Foundation last month reported they were currently taking hydroxychloroquine to help manage their rheumatoid arthritis. Of those patients, 1 in 4 reported that their access to hydroxychloroquine has worsened compared to the same time last year. We continue to work with the Food and Drug Administration on this issue and are hopeful that shortages of medications indicated for the treatment of arthritis, lupus, and other autoimmune conditions are addressed quickly.

Surprise Medical Billing

Patients with serious and chronic conditions who routinely require medical treatment to maintain their health may be required to shift their care to different providers and facilities as a result of the COVID-19

pandemic. These shifts, while necessary to contain the virus, may result in out-of-network care and a surprise medical bill. We recognize there are multiple proposals at various stages of consideration in Congress to tackle this issue and efforts that will meaningfully address surprise billing situations should be included as part of the next phase of COVID-19 legislation. Congress has an opportunity to move a strong bipartisan solution forward this year and build on the provisions in H.R. 6201, which ensured citizens can get testing and treatment for COVID-19 without fear of incurring a surprise medical bill.

Gaps in Health Coverage During COVID-19

The impact of COVID-19 on continuity of care has been severe. Our patient insights tell us that 53 percent of people with arthritis have used telehealth services (audio or video) at least once during the pandemic to see their providers such as a rheumatologist (25 percent), primary care physician (19 percent), or mental health provider (9 percent). We applaud Congress for taking action in prior COVID-19 relief packages to remove barriers to telehealth services, including lifting longstanding restrictions on telehealth in Medicare, providing support for community health centers, and investing in rural health infrastructure and supports.

Permanent Policy Solution to Telemedicine

Thanks to the swift action of Congress, CMS has moved quickly to issue regulations to loosen some restrictions on telemedicine; on March 30, the agency issued an interim final rule to add therapy codes for telehealth services. An additional round of regulatory waivers from CMS on April 30 further expanded telehealth in Medicare to permit other clinical practitioners such as physical therapists (PTs) and occupational therapists (OTs) to furnish services through telemedicine. The Arthritis Foundation was pleased with the latter since people with arthritis depend on access to PTs and OTs to help improve mobility and restore the use of affected joints, increase strength, and preserve the ability to perform activities of daily living. We urge Congress to build on the telehealth waiver authority granted to CMS and implement a long-term policy solution on telehealth such as the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (H.R. 4932 / S. 2741). This bipartisan legislation would increase access to care in areas where there is greatest need during the pandemic as well as into the future. The bill is supported by over 120 patient, provider, and consumer organizations.

Addressing Workers Who Have Lost Employer-Sponsored Insurance

To date, over 30 million workers have lost their jobs due to the severe economic disruption caused by COVID-19. Loss of employment and income means access to health coverage is a significant challenge. We were pleased that the Department of Labor recently announced that insurers can allow individuals who have recently lost a job to sign up for COBRA at any time for up to 60 days after the president lifts the national emergency declaration for COVID-19. Yet this administrative action alone is insufficient to address the unprecedented crisis for Americans who are no longer employed due to coronavirus; we encourage policymakers to go one step further and authorize the administration to allow individuals to extend employer-sponsored coverage as well as provide subsidies to ease financial strain resulting from job losses. This approach was previously employed during the financial crisis over one decade ago and

allowed workers to receive a 65 percent premium subsidy for six months to retain coverage. The Arthritis Foundation supports the Worker Health Coverage Protection Act (H.R. 6514), which would provide subsidies to furloughed or terminated employees for the full cost of premiums for employer sponsored plans.

Workforce Shortages

According to data collected last month from the Arthritis Foundation's Help Line and patient survey, about 50 percent of arthritis patients reported difficulties seeing a health care provider in the midst of this public health crisis. In particular:

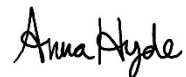
- 1 in 5 patients noted their provider did not have available appointments or had decreased hours
- 1 in 3 indicated they are afraid to go to the doctor for fear of contracting COVID-19

During this unprecedented time, Americans are relying on the health care system more than ever. Congress took initial steps in the CARES Act to assure providers can remain solvent during this crisis, but more tailored funding is necessary. This can be accomplished through either grant or forgivable loan programs to stave off furloughs or salary reductions for both health care workers on the front lines and providers interacting with patients for usual care. Rheumatologists and other medical specialists that operate small and group practices need financial assistance to keep their businesses afloat so patients will not see any further delays in needed care.

Conclusion

As COVID-19 continues to spread in communities across the country, we urge you and your colleagues to take swift action and address outstanding concerns in the patient community in the next phase of legislation. We stand ready to assist Congress and the administration in combating the virus while also meeting our mission to serve people with arthritis. Please contact Vincent Pacileo, Director of Federal Affairs, at vpacileo@arthritis.org, if we can be of any assistance moving forward.

Sincerely,



Anna Hyde
Vice President, Advocacy and Access
Arthritis Foundation