

POLICY PRIORITIES FOR THE ASSOCIATION OF WOMEN IN RHEUMATOLOGY (AWIR)

The Association of Women in Rheumatology (AWIR) is committed to promoting equitable healthcare for patients with rheumatologic conditions.

We advocate for policies that address these critical issues to enhance the quality of care and reduce disparities for women in rheumatology. Through education, advocacy, and collaboration with stakeholders, we aim to influence policy changes that benefit patients and healthcare providers alike.

The following policy priorities are identified to address systemic issues that affect patient care and provider equity within the field.

1. Accumulator Adjustment Programs

Accumulator Adjustment Programs (AAPs) are insurance policies that limit the application of copay assistance towards deductibles and out-of-pocket maximums for patients. These programs often hinder patients' ability to afford necessary medications, especially for chronic conditions like rheumatic diseases. AWIR works with the All Copays Count Coalition at both the state and federal level to help support legislative that bans AAPs.



2. Prescription Drug Affordability Boards

Prescription Drug Affordability Boards (PDABs) are state entities established to evaluate and regulate the pricing of prescription drugs. Their primary goal is to ensure that essential medications remain affordable and accessible to patients, particularly those with chronic illnesses. However, these policies have the potential to negatively impact



patients and providers by inadvertently creating access challenges through upper payment limits (UPLs). AWIR opposes these policies.

3. PBM Reform – Rebate Pass Through, Delinking & Transparency

Pharmacy Benefit Manager (PBM) reform aims to increase transparency and fairness in drug pricing and access. This includes the pass-through of rebates directly to patients at the point of sale, delinking pharmacy benefits from design incentives that prioritize formulary management over patient care and ensuring transparency in drug pricing structures. AWIR supports these policies at both the state and federal level. AWIR also is a founding member of the Alliance for Transparent and Affordable Prescriptions (ATAP), which was established to address PBM reform.



4. Health Equity

Health equity focuses on ensuring that every individual has a fair and just opportunity to attain their highest level of health. For rheumatology, it means addressing disparities based on race, gender, socioeconomic status, and other factors to guarantee equal access to treatment and care for all women. AWIR works to support these issues through both state and federal policies.



5. Gender Pay Gap

The gender pay gap refers to the persistent disparity in wages between men and women. In the medical field, this gap adversely affects female healthcare providers, including those in rheumatology, impacting their earnings, career advancement, and financial security. AWIR works to support this issue through both state and federal policies.



6. Workforce Shortage

The workforce shortage in rheumatology is characterized by a lack of sufficient healthcare professionals to meet the growing demand for rheumatology services. This shortage can lead to increased wait times for patients and diminish the quality of care. AWIR supports the American College of Rheumatology (ACR) position in addressing the shortage in rheumatology through a federal solution.



7. Medicare Reimbursement

Medicare reimbursement refers to the payments made to providers for services rendered to Medicare beneficiaries. Ensuring fair and adequate reimbursement rates for rheumatology services is crucial for maintaining provider availability and patient access. Unfortunately, providers face a yearly battle in addressing this issue while other health sectors reimbursement is calculated differently, which is why AWIR is advocating for calculation changes and supporting federal solutions like basing reimbursement on inflation rates.



8. Step Therapy

Step therapy is a cost-control mechanism that requires patients to try less expensive treatments before "stepping up" to more costly medications. This practice delays necessary treatment and exacerbates patient conditions, particularly in chronic diseases. AWIR works to support policies impacting this issue that provide commonsense exceptions criteria to bypass step therapy protocols at both the state and federal level.



9. Non-Medical Switching

Non-medical switching occurs when patients are required to switch prescribed medications for reasons unrelated to their health, often due to insurance policies or cost-saving measures. This practice can destabilize treatment and have negative health consequences. AWIR works to



support legislation to address this issue at both the state and federal level.

10. Prior Authorization

Prior authorization is a requirement that insurers approve specific treatments before they are covered. This process can delay patient care and create additional administrative burdens for both patients and providers, potentially compromising treatment efficacy. AWIR works to support addressing this issue at both the state and federal level.

