A new report from the Centers for Disease Control and Prevention shows that the number of Americans living with arthritis is at an all-time high. According to the report, 1 in 4 Americans now live with arthritis, and approximately 79 million will have arthritis by the year 2040.

The CDC data is alarming because while the demand for arthritis care is growing, the pool of U.S. rheumatologists providing specialized arthritis care is shrinking. The American College of Rheumatology’s most recent workforce study shows the demand for rheumatology care exceeded the supply by 36 percent for adult rheumatologists and 33 percent for pediatric rheumatologists in 2015 and predicts that these gaps will widen to 138 percent and 61 percent respectively by 2030.

Arthritis — an umbrella term used to describe more than 100 rheumatologic diseases, including rheumatoid arthritis and juvenile idiopathic arthritis — is the nation’s leading cause of disability and generates at least $81 billion in direct medical costs each year. If left untreated, arthritic diseases can cause debilitating pain, joint damage and disability. Unfortunately, the CDC report shows that 24 million Americans are already limited in their daily activities because of having arthritis. They find it difficult to stoop, bend, kneel, lift a cup to their mouths, or walk without help or support. The inflammatory rheumatologic diseases tend to be systemic and, at times, can be life-threatening; in addition to joints, they can affect the brain, nerves, eyes, heart, lungs, liver, kidneys and other vital organs. Lack of adequate treatment of these conditions can shorten life span and lead to early death. With early intervention and ongoing care by a rheumatologist, the symptoms of arthritis can be controlled and disability prevented; in fact, many rheumatologic diseases can go into remission with appropriate treatment.

Now more than ever, it is imperative that congressional leaders and the Trump administration support policies that will ensure these patients can access the specialized care they need while stabilizing and growing the rheumatology workforce they depend on.

Access to vital rheumatology care begins with insurance coverage. If health reform legislation is taken up by congressional leaders again this year, it should
prioritize affordable coverage for chronically ill patients, including coverage of essential health benefits and limits on out-of-pocket expenses.

Access to rheumatology care must also include affordable treatments. Drug costs remain a formidable barrier for many of our patients who rely on biologic therapies to manage their rheumatologic diseases. While rheumatologists and patients are hopeful that biosimilars will lower the prices of specialty drugs by creating more competition in the marketplace, we also want to ensure these highly complex therapies are safe for our patients. Additional FDA funding for the review of new biosimilars would help speed the introduction of safe and affordable therapies to the marketplace and improve patient access to life-changing medications.

Ensuring continued access to care also requires proactive measures to help grow the rheumatology workforce. We need to make it easier, not harder, for rheumatologists to practice medicine. This starts with repealing 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.

The Medicare Access and CHIP Reauthorization Act must also be implemented in a way that does not put smaller providers out of business. Allowing rheumatologists to use Qualified Clinical Data Registries to report on quality measures and creating Alternative Payment Models that recognize the value of care provided by rheumatologists and rheumatology health professionals will be critical to ensure a smooth transition to the new Medicare payment system for rheumatology providers.

Alongside more immediate solutions, meeting the growing demand for arthritis care will require planning for the future. The government should look to augment our human capital and caretaking capacity by providing Medicare funding for graduate medical education, funding more rheumatology fellowship positions, and supporting the Subspecialty Loan Repayment Program to ensure there are enough rheumatologists to care for people living with arthritis.

In the end, effective policymaking is about doing what is best for the most people. At a time when the prevalence and impact of arthritis is reaching epidemic levels in the U.S., we cannot afford to turn back the clock on rheumatologic disease care. With sound policy and support from government leaders, we can stem rising healthcare costs and better meet the care needs of the millions of Americans living with arthritis.

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