March 26, 2018

Members, Senate Health & Human Services
State of Rhode Island General Assembly
82 Smith Street
Providence, Rhode Island 02903

Re: Against Senate Bill 2532

Dear Chairperson Miller, Vice Chairperson Goldin, and Members of the Senate Committee on
Health and Human Services,

The American College of Rheumatology (ACR) is a professional organization that represents the
interests of rheumatologists and rheumatology health professionals across the country who
treat people with musculoskeletal and autoimmune diseases like rheumatoid arthritis, lupus,
psoriatic arthritis and others. As you deliberate the merits of S2532, we would like to voice our
strong opposition to this legislation.

Ensuring that patients have access to the medicines they need is critical for our member
providers to be able to treat rheumatic disease. Every year we continue to see new and
creative ways that barriers are erected between patients and the care that they need to live a
fully functional and healthier life. This bill, S2532, appears to be another such barrier.

If S2532 is passed, it would place a significant financial burden on the rheumatology patients in
Rhode Island. By not applying co-pay assistance to plan deductibles, rheumatology patients will
be forced to pay more out of pocket for the prescriptions they need. Under high deductible
plans, this could amount to thousands of dollars for rheumatology patients who are on higher
cost drugs, particularly biologics. This increased financial burden will lead many patients to be
noncompliant with their treatment plan, which will lead to worsening disease symptoms that
will cost more to treat over time. The social burden of arthritis already exceeds the combined
societal costs of heart disease and cancer combined.

The ACR understands the desire of this body to rein in the cost drivers in the healthcare market.
The ACR also acknowledges concerns about patient assistance programs in general, which could
insulate patients from high medication costs, and thus distort demand for lower cost therapies
and lead to increases in drug list prices. In the example of people with autoimmune and
rheumatologic disease who take biologics and other very high-cost drugs, however, equally
effective therapies are not available at significantly lower cost. There are many areas where we
can work together to reduce costs. The one thing we should not do is punish those who are simply doing the best they can with what they can. In everything we do, we must always have what is best for the patient at the core of our motivation.

“Patient” is a term used frequently when these sorts of policy issues arise, but now it is particularly important to take note of exactly who a “patient” is. They are our family members, our friends, and our neighbors. They are our coworkers, our veterans, our first responders, and the people you see when you go home to your districts. Their struggles are unknown, or unseen, because of the therapies and medications that they have access to today that enable them to continue to be a productive part of the workforce and communities where they live. Saddling these individuals with even more of a burden than they already carry is not the answer to the problems we face in our health care market. When you are considering this bill, we urge you to consider the impact on those people and vote no on S2532.

The negative workforce and economic impacts of diseases like rheumatoid arthritis have been significantly reduced with modern medications. Access to these medications is key to continued progress in preventing disability for affected patients. We strongly encourage you to vote no on S2532 and protect patient access to these crucial medications. The ACR stands ready to work with this body to develop meaningful policy reforms that will protect patients and preserve their access to treatment, while reducing the overall costs of health care. If we can be of any further assistance please contact Joseph Cantrell, Senior Manager of State Affairs, at jcantrell@rheumatology.org or by phone at 404-679-5322.

Respectfully,

Dr. Colin Edgerton, MD
Chair, Committee on Rheumatologic Care