

CSRO

COALITION OF STATE RHEUMATOLOGY ORGANIZATIONS

Advocacy Insider

PRESENTED BY

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Board of Directors

Disclosures

- No relevant disclosures.



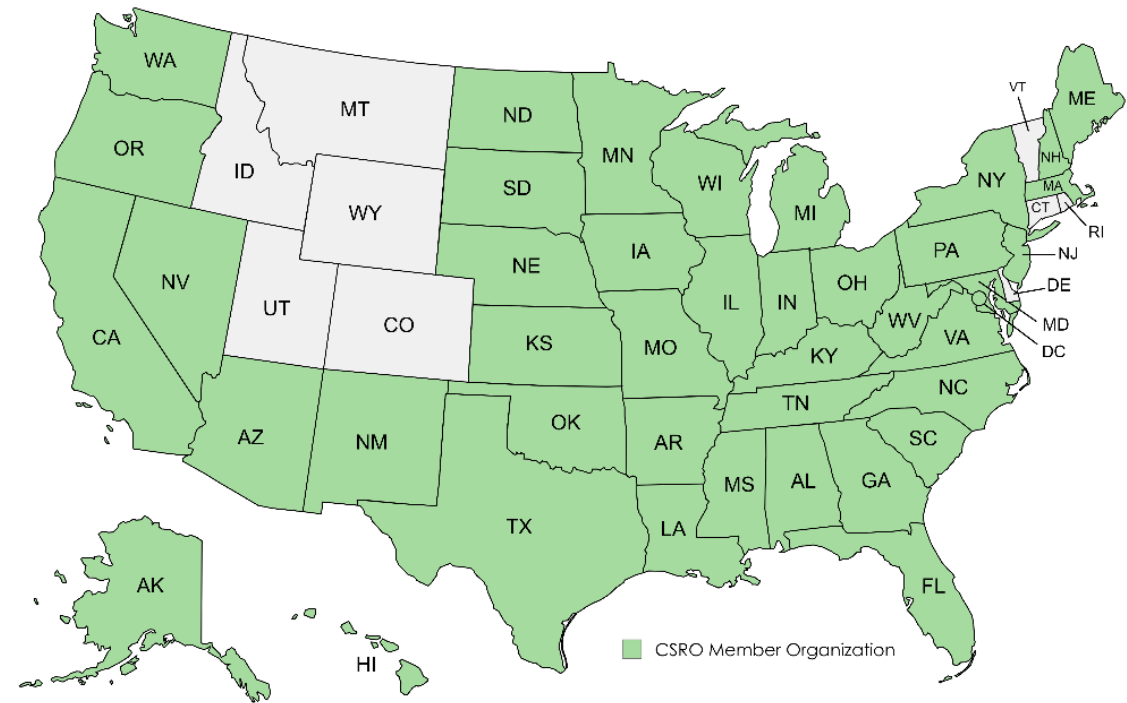
Presentation Overview

- About CSRO
- State Activity
- Federal Activity
- Federal Regulatory Activity
- Supporting Strong Advocates
- Value for Member State Societies
- Questions

About CSRO

Advocating on behalf of the rheumatology community to protect patients' quality of care and disease management options, as well as the livelihood of rheumatologists

- Founded in 2003 by practicing rheumatologists across the country
- Physician-led, national non-profit
- Comprised of 37 state and regional rheumatology societies, representing 41 states
- Engage in state policy for all 50 states, as well as with Congress and federal regulatory departments



State Activity

2025 State Advocacy by the Numbers

382

Bills tracked across all 50
states

152

Letters submitted to
state legislatures and
Governors

32

Grassroots campaigns
across 22 states

2026 State Policy Priorities

Protecting Physician Practices

- Stop contract pharmacy expansion within the **340B Drug Pricing Program**
- Prevent **Prescription Drug Affordability Boards** from implementing Upper Payment Limits
- Ban **White Bagging** mandates by health plans and PBMs

PBM Reform

- Ensure **Rebate Pass Through** to the patient or employer
- **Delink** PBM compensation from the list price of the drug

Ensuring Patient Access

- Ensure **Biomarker Testing Coverage** mandates

Utilization Management Reform

- Ban the use of **Alternative Funding Programs**
- Prohibit health plans and PBMs from using **Maximizer Programs**
- Stop the use of **Copay Accumulator Adjustment Programs**
- Establish **Step Therapy** exception protocols
- Create exceptions to **Prior Authorizations** that reduce administrative burden

Driving Engagement through Coalitions



Virginia: 2026 Legislative Session

State Session: January 14 – March 13, 2026

CSRO Policy Priorities – Legislation Introduced to Date:

Issue	Bill No.	Bill Status
Prescription Drug Affordability Board	SB271 HB483	Sent to Executive Vetoed by Governor
340B Drug Pricing Program	SB278	Effective
PBMs: Rebate Pass Through	SB669	Effective
White Bagging Ban	HB1390	Out of Committee

Legislation that was not enacted into law in 2026 can be carried over into 2027.

PDAB UPL: *Impact on Rheumatologists*

PDAB: Prescription Drug Affordability Board

UPL: Upper Payment Limit set at the Maximum Fair Price

- Drugs administered directly to patients will not be reimbursed above the Board determined UPL
- Unable to mark up above the UPL to account for acquisition costs
- Greater pressure on private practices
- Potential utilization management tool



Virginia's Efforts

- Meetings with Governor Spanberger's team
- CSRO grassroots alert
- VSR Sign On Letter
 - 58 Virginia based physicians from various specialties
 - Anesthesiology
 - Family Medicine
 - Gastroenterology
 - Infectious Disease
 - Internal Medicine
 - Nephrology
 - Obstetrics and Gynecology
 - Oncology
 - Ophthalmology
 - Otolaryngology
 - Pathology
 - Pediatrics
 - Plastic Surgery
 - Preventative Medicine
 - Psychiatry
 - Psychiatry
 - Pulmonology
 - Radiology
 - Rheumatology
 - Urology
 - 5 state and national physician associations

Governor Abigail Spanberger
Third Floor
Patrick Henry Building
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Richmond, VA 23219
Abigail.Spanberger@governor.virginia.gov

April 9, 2026

Dear Governor Spanberger:

As clinicians who have collectively spent decades caring for patients throughout the Commonwealth, we appreciate your commitment and efforts in protecting Virginians' health while making health care more affordable. Unfortunately, the Virginia Prescription Drug Affordability Panel (PDAP), currently ensconced within the recently passed "Affordable Medicine Act (AMA)" (HB483/SB271), will do neither and we ask you to veto this misguided drug price control legislation. While the bill's noble intention was to lower prescription drug costs, we do not believe this legislation will ever achieve its goal. Instead, we have good reasons to believe this bill will have little, if any, impact on drug costs for the majority of Virginians through its use of the federal Maximum Fair Price (MFP) model. Further, the last minute changes have raised the costs for this experiment to make it unaffordable.

Regardless of its new name, we are very pleased to see that this year's version of the PDAB legislation will potentially increase the transparency of the drug pricing and the many and varied price concessions, but knowing is not doing. And neither the "new and improved" PDAB/PDAP or the All-Payers Drug Cost Database to which the "AMA" is attached have any regulatory oversight over insurers or Pharmacy Benefit Managers (PBMs) and therefore little ability to affect what patients actually pay for their medications. By only creating price controls over drugs' list prices and not patient costs, very few, if any, Virginians will notice any monetary savings.

We fully understand the pressure to alleviate the financial burdens of prescription medications and health care overall. However, accuracy and evidence should not be sacrificed in the name of urgency. Despite its optimistic rebranding, there is no real world evidence that the PDAB price control model works. The legislation's proponents claimed that thousands of patients have saved money through the MFP program and the various other state PDABs; the reality is that the MFP model has now been in existence for 100 days and no PDAB has saved any patient - or state - a penny. The existing data is that PDABs cost states on average at least \$1M/year, with the latest cost estimate for Michigan being \$4-5M/year, still without proof of any patient savings. In fact, the most recent comprehensive Fiscal Impact Statement (3.23.26) for HB483/SB271, as passed, indicates that this proposal is estimated to cost the Commonwealth **over \$8M/year for the next five years!**¹

340B Drug Pricing Program:

Impact on Rheumatologists

- Drives healthcare consolidation, threatening viability of private rheumatology practices
- 340B hospitals and their off-campus facilities receive a 20-50% discount on provider administered medications
- 46% of 340B pharmacies supposedly serving poor patients in Virginia are located in affluent neighborhoods of the state
- Large 340B hospitals responsible for approximately 80% of hospital acquisitions (2016-2022)

Price markups at 340B eligible hospitals were over

6x

**HIGHER
than independent
physician practices**

Rebate Pass Through:

Savings for Rheumatology Patients

- In the real world, PBM “savings” do not trickle down to the patient
- List prices are fictional for everyone except the patient, who pays cost-sharing based on the list price of the drug

Rebate Pass Through

Manufacturer rebates bypass the PBM and go *directly* to the patient, allowing the patients to see immediate savings at the point of sale





Session details, including
Start Date, End Date &
Carry Over

Identify your
state legislators

File a complaint
with your state
Insurance
Department

Next Generation Legislative Map Tool

Virginia

Legislative Session
Adjourned Virginia's legislative session starts on January 14, 2026 and runs through March 13, 2026. Legislation carries over from 2026-2027.

Find Your State Legislator
State legislators have influence over significant policy issues that impact your practice. Identify who represents you and your practice within the state legislature.
[Find Your Legislator](#)

Find Your State Society
Connect with rheumatologists in Virginia. State societies bring physicians together to collaborate, share insights, and advance advocacy efforts that protect patient access to care.
[Visit Your Society](#)

File a Complaint
File a complaint with your state's regulatory agency regarding insurance compliance issues or health plan concerns.
[Learn More](#)

Reporting Insurance/Payer Issues
CSRO assists state societies and rheumatologists with payer relations issues impacting patients and physician offices. Request assistance from CSRO on these issues.
[Submit Your Request](#)

Filter Legislation 5 of 5

Search Issues or bill numbers... Bill Status ☒ Active ☒ Enacted All Issues

340B Drug Pricing Program Enacted Legislation S.B. 278 (2026) Enacted Know the Law	Copay Accumulator Adjustment Program Ban Enacted Legislation VA Code § 38.2-3407.20 Enacted Know the Law
PBM Reform: Rebate Pass Through Enacted Legislation S.B. 669 Enacted Bill Information	Prior Authorization Enacted Legislation S 1215 and H 2099 (2025), amend Code of VA § 38.2-3407 Enacted Know the Law

Find your state society



Request assistance with
private payer issues

Enacted laws in
BLUE with resources
for your practice

Virginia: Step Therapy Protocol Exemption Resources



Learn more about how the law impacts your practice

Learn more about how to appeal a denial with the patient's health plan

Supporting Information for Step Therapy Exception Request

Pursuant to [§38.2-3407.9:05](#) Virginia State Code

Determination required within:

- ☐ 24 hours (urgent)
- ☐ 72 hours

Pursuant to [§38.2-3407.9:05](#) Virginia State Code, the patient qualifies for an exception to the step therapy protocol because any **one** of the following conditions has been met:

- ☐ The required prescription drug is contraindicated.
- ☐ The required drug would be ineffective.
- ☐ The patient previously discontinued taking the drug due to ineffectiveness, diminished effect, or an adverse event.
- ☐ The patient is currently receiving a positive therapeutic outcome on a drug other than the required drug while under their current or immediately preceding health plan.

Rationale for Request

Signature:

Date:

Federal Activity

2025 Federal Advocacy by the Numbers

37

Letters to members of
Congress

15

Letters to U.S.
Departments and
Agencies

9

Opinion editorials in
major publications

2026 Federal Policy Wins!

In February 2026, President Trump signed into law the ***Consolidated Appropriations Act, 2026*** (H.R. 7148), which includes landmark reforms to curb the abuses of Pharmacy Benefit Managers (PBMs).

The legislation marks a significant win for the CSRO community, which has long advocated for congressional action that holds PBMs accountable.

Specifically, the *Consolidated Appropriations Act, 2026*, includes:

- Part D delinking of PBM compensation from the list price of the drug
- 100% rebate passthroughs for commercial health plans back to the employer
- Enhanced transparency in PBM reporting for Medicare Part D
- Ban on spread-pricing for Medicaid

119th Congress Policy Priorities

Protecting Physician Practices

- Medicare Physician Fee Schedule Reform
- Stop Diluting Part B Reimbursement
 - Medicare Drug Price Negotiation Program
 - Most Favored Nation
 - Underwater Biosimilars
- Reform the 340B Drug Pricing Program

Utilization Management Reform

- Continue curbing PBM abuses
- Ban Copay Accumulator Adjustment Programs
- Enact Step Therapy Protocol Exemptions
- Establish Prior Authorization Exemptions



Congress: What Can We Expect in 2026?

- Congress passed a continuing resolution funding the government through December 11, past the midterm elections
- Very few “must-pass” bills until the end-of-year appropriations deadline
- Committee hearings focus on health care affordability and oversight



Federal Regulatory Activity

Federal Regulatory Priorities

Medicare Physician Payment and Physician Fee Schedule (PFS)

- Providing feedback to CMS on payment policies, including Part B drug payments, through rulemaking and other opportunities

Underwater Biosimilars

- Calling for federal engagement to address this reimbursement crisis for provider administered biosimilars, including immediate modifications to Medicare Advantage step therapy requirements

Self-Administered Drug (SAD) List Exclusion

- Urging HHS/CMS to establish a “by-pass” mechanism so beneficiaries can access the physician-administered formulations of medications they need while protecting program integrity

2027 Medicare Physician Fee Schedule (PFS) Proposed Rule

- **Conversion Factor Cuts:**
 - 1.19 % **CUT** – For Qualifying APM Participants (QPs)
 - 1.68% **CUT** – For non-QPs (e.g., MIPS participants)
 - Rheumatology's Medicare "pool" drops by 1%
- **Practice Expense:** Eliminates specialty-specific indirect cost index and adopts stabilizer to mitigate swings, which lowers payment for key rheumatology services
- **Modifier -25:** 50% **CUT** when separately identifiable E/M visit furnished on the same day as global procedure, with the higher-valued service paid in full.
- **Complex Care G2211 → MOD1:** Increases payment for the associated office/outpatient E/M visit by 16% instead of paying a flat add-on amount
- **Remote Monitoring (RTM/RPM) Service Changes:** New administrative requirements and revalued codes that lower payment for most services
- **New Telehealth Modifiers:** Establishes modifiers BB and BC for telehealth services via virtual platforms and services furnished incident to a practitioner's care
- **MIPS → MVPs:** Sunsets traditional MIPS in 2029; full transition to MIPS Value Pathways (MVPs)

Underwater Biosimilars Coalition

Ensuring patient access to provider-administered biosimilars through legislative and regulatory reforms

The Problem	CSRO Action	What We're Asking For
Medicare reimbursement for physician-administered biosimilars often falls below providers' acquisition costs, making these therapies financially unsustainable ("underwater") and threatening patient access.	CSRO and ACR co-lead the coalition, supporting ongoing engagement with CMS and Congress through rulemaking comments, coalition letters, witness testimony and legislative advocacy. CSRO met with the White House, urging inclusion of the formulary adequacy standard in CY 2028 MAPD.	Congress: address inadequate reimbursement for provider-administered biosimilars and support regulatory reforms. CMS: establish a Medicare Advantage “formulary adequacy standard” to ensure beneficiary access to physician-administered biosimilars.
WIN! Members of the House Doctors Caucuses sent a letter to CMS urging establishment of a formulary adequacy standard!		

Self Administered Drug (SAD) List Exclusion

Preserve beneficiary access to physician-administered Part B drugs when self-administered alternatives are not appropriate

The Problem	CSRO Action	What We're Asking For
Some beneficiaries cannot safely or effectively self-administer medications, yet inclusion on the SAD List prevents Medicare Part B coverage, leaving beneficiaries with the full cost of their medication.	CSRO, along side coalition partners, has led advocacy with CMS through rulemaking comments and multiple formal letters. CMS has acknowledged concerns and solicited feedback via PFS rulemaking but has not implemented substantive policy changes.	Remove dual-formulation drugs from the SAD List. Delay adding additional dual-formulation drugs. Create a bypass process for beneficiaries with physical or cognitive limitations. Improve transparency and address underlying data issues.

CGS Administrators & IV Orencia

Establishing clear coverage criteria for IV Orencia to ensure continued Medicare coverage

The Problem	CSRO Action
CGS, a Medicare Administrative Contractor, maintained a separate policy from the Medicare SAD List requiring providers to justify continued IV Orencia use over subcutaneous administration, including a three-month "trial" requirement. Because this criterion wasn't clearly communicated, rheumatology practices faced Targeted Probe and Educate (TPE) audits, denials, and treatment disruptions for administration of IV Orencia.	CSRO conducted extensive outreach to CGS Administrators and senior CMS staff through correspondence and meetings to articulate concerns about CGS's SAD List/Orencia policy.
WIN! CSRO's outreach to CMS led CGS to update its J0129 Orencia Fact Sheet, removing the requirement to document why a patient could not receive subcutaneous Orencia and the prior three-month trial; denied and appeals being re-reviewed based on updated fact sheet.	

Supporting Strong Advocates

CSRO Action Center



Welcome to the CSRO Action Center

With so many concerns to track, legislators rely on you to raise the profile of pressing issues. This page houses CSRO's engagement platform, which allows you to communicate directly with your legislators. Advocacy is important, but we are also mindful of your time. Our tool allows you to participate in grassroots advocacy with minimal time expenditure.



Mississippi – Biomarker Testing Coverage

Contact your state legislators and urge them to support HB 565, which would require health plans and Medicaid to cover biomarker testing in Mississippi. **IMPORTANT:** Please consider personalizing the "Message Body" on the right side of your screen before sending...



Federal – Support Protecting Patient Access to Cancer and Complex Therapies Act (H.R.4299)

Contact your members of Congress and urge them to cosponsor the Protecting Patient Access to Cancer and Complex Therapies Act (H.R.4299), which would ensure adequate reimbursement for physician administered drugs selected under the Medicare Drug Price Negotiation Program...

View Your Election Center

Enter your address to view voting resources and your officials & candidates

Sign Up for Alerts

Enter your information below to sign up.

Find Legislation

View and search for legislation.

Payer Issue Reporting Form



Reporting Insurance/Payer Issues

Who is completing this form? (e.g. Physician, Practice Manager, Nurse, etc.)

First name *

Last Name *

Email (A copy of the form submission will be emailed to this address) *

Phone

If different from above:

Physician Name

CSRO assists state societies and rheumatologists with payer relations issues impacting patients and physician offices

The payer issue reporting form allows you to request assistance from CSRO on issues impacting your practice

All individual health and contact information must be redacted before uploading any document

Partnership with Member Societies

Value to Partnering with CSRO

CSRO serves as a resource for all Member Societies and can:

- Assist your society with state-based advocacy opportunities
- Provide insight into congressional and regulatory activities impacting the specialty
- Quick responses to payer issue reports and MAC concerns

**CSRO serves as the voice of rheumatology before state legislatures,
on Capitol Hill and with the federal agencies –
which all make critical decisions that impact
your practice and your patients**



Advocacy Grants

Request up to **\$5,000** to fund your state society's advocacy efforts!



Advocacy Day at the State House



Advocacy training for rheumatologists and practice partners



Webinar on a CSRO state or federal policy priority



North Carolina Rheumatology Association
Advocacy Day



Upcoming CSRO Events

- **Day on the Hill:** October 2, 2026
- **Advocacy Conference:** October 2-3, 2026

For details on all CSRO upcoming events, visit
our website using the QR code or
[www.csro.info/conferences/upcoming-
events](http://www.csro.info/conferences/upcoming-events)



Virginia: Stay in the Know with CSRO

As a free service to the rheumatology community, CSRO sends alerts about policy that is impacting patients and practices in your area and how you can take action to impact change.

**Find out about what's
happening in your state!**

Sign up through the QR code today by adding your state and zip code to your email profile!



CSRO

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