

October 27, 2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
200 Independence Avenue, SW
Room 415F
Washington, DC 20201

RE: Department of Health and Human Services (HHS) Strategic Plan FY 2018-2022

Dear Acting Assistant Secretary and Principal Deputy Assistant Secretary:

On behalf of the 54 million adults and nearly 300,000 children in the United States with doctor-diagnosed arthritis, the Arthritis Foundation appreciates the opportunity to offer comments on the Department of Health and Human Services Strategic Plan for Fiscal Years 2018-2022. Arthritis is a complex, chronic condition. For many in the arthritis community, access to health care can mean the difference between a life of chronic pain and disability and a life of wellness and full mobility.

The Arthritis Foundation is pleased that the next iteration of the HHS strategic plan proposes to keep the focus on modernizing the nation's health care system and protecting the health of Americans no matter where they may live across the country. We are also encouraged by the inclusion of objectives intended to promote a robust healthcare workforce. Below please find our comments on the strategic plan.

Strategic Goal 1, Objective 1.1

Promote affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket costs

The Arthritis Foundation is pleased that HHS continues to focus on incentivizing quality, value-based care and supporting the adoption of people-centered care and evidence-based practices. People with arthritis face unique access to care challenges due to the nuanced, specialized treatments needed to manage their disease, and we strongly encourage HHS to pursue policies that promote adequate, affordable health care while preserving important patient protections.

Individuals with arthritis have complex care needs, and must weigh multiple factors prior to selecting a health plan such as provider network adequacy, projected out-of-pocket costs, and formulary coverage. Today, the onus is on the patient to ensure they receive the benefits and coverage they need, regardless of how sick they are or how much time it takes. The key to

ensuring patients choose plans that are best suited for their health needs is to create a more seamless and transparent health care system that is attentive to rising out-of-pocket costs.

Therefore, we recommend HHS focus on the proliferation of specialty tiers and the increasing co-insurance requirements for medications. High cost sharing is a barrier to medication access for people with chronic, disabling, and life-threatening conditions. Such a practice should not be so burdensome that it restricts or interferes with access to necessary medications, which can lead to negative health outcomes and additional costs to the health care system. Patients with rheumatoid arthritis (RA), for example, are increasingly facing higher co-insurance rates for their biologic or biosimilar medications in both the commercial and individual markets. For instance, Avalere data shows the number of bronze and silver Exchange plans requiring over 30% cost-sharing increased 14% from 2014 to 2015, including 5 percentage points for RA drugs.

Similarly, co-insurance should be presented to patients as a dollar amount and should reflect the negotiated price of a drug, rather than the list price, to ensure that some of the rebates negotiated between manufacturers and pharmacy benefit managers are passed on to patients. Costs for high-deductibles or co-insurance should also be spread over the course of a year, rather than immediately at the beginning of the year, to reduce the financial burdens on patients.

Strategic Goal 1, Objective 1.4

Strengthen and expand the health care workforce to meet America's diverse patient needs

Rheumatology continues to see significant workforce shortages that negatively affect patient access to care, especially in rural and underserved areas of the country. A 2015 workforce study conducted by the American College of Rheumatology, for instance, found that the baseline retirement for adult rheumatologists would be about 50 percent. A severe shortage of pediatric rheumatologists in the United States is also concerning, with fewer than 350 board-certified, practicing pediatric rheumatologists to serve the nearly 300,000 children with the disease. That translates to one doctor for nearly nine hundred children, but the shortage doesn't stop there. There are eight states without any practicing pediatric rheumatologists at all and in most states these doctors primarily cluster in and around large cities, severely limiting access. Some patients must travel hundreds of miles, and even to other states, to receive care from a pediatric rheumatologist.

The Arthritis Foundation urges HHS to take steps aligned with the strategic plan to alleviate these types of workforce shortages. One highlight is the National Health Service Corps, which falls under the jurisdiction of the Health Resources and Services Administration (HRSA). The program is intended to reduce provider shortages in underserved areas. At present, pediatric subspecialists such as pediatric rheumatologists are not eligible for this program, and we encourage HHS to take administrative steps to address this issue.

Strategic Goal 2, Objective 2.1

Empower people to make informed choices for healthier living

The Arthritis Foundation could not agree more that it is critical to ensure people have the information they need to make healthier living choices. At present, HHS supports numerous programs through its various agencies that expand access to healthier living supports. For the arthritis community, many of these types of programs receive funding from the Arthritis Program at the Centers for Disease Control and Prevention (CDC). Demand is high for programs that increase access to physical activity and foster self-management techniques that are proven to enhance the quality of life for people with arthritis. Examples of these programs are *Walk with Ease* and *EnhanceFitness*, which strive to teach participants how to safely make physical activity part of their everyday life and are designed to help people with arthritis better manage pain. Such programs are critical to supporting healthy living, especially for the tens of millions of Americans with RA and other forms of rheumatic disease. We strongly encourage HHS to focus on elevating these types of evidence-based programs, as they provide a successful roadmap for reducing rates of chronic disease and negative health outcomes.

Thank you for the opportunity to comment on the draft HHS Strategic Plan for Fiscal Years 2018-2022. We look forward to working with HHS to ensure patients with arthritis have access to the innovative treatments they need, supported by a robust workforce and evidence-based programs. Please contact Vincent Pacileo, Director of Federal Affairs, at 202-843-0114 or vpacileo@arthritis.org, with questions or for more information.

Sincerely,



Anna Hyde
Vice President, Advocacy and Access
Arthritis Foundation