



SR0792

LRB096 22084 RPM 40578 r

1 SENATE RESOLUTION

2 WHEREAS, Psoriasis is the most prevalent autoimmune
3 disease in the country; and

4 WHEREAS, Psoriasis is a noncontagious, chronic,
5 inflammatory, painful, and often disfiguring and disabling
6 autoimmune disease for which there is no cure; and

7 WHEREAS, Up to 30% of people with psoriasis also develop
8 psoriatic arthritis, which causes pain, swelling, and
9 stiffness around the joints; and

10 WHEREAS, Of serious concern is the mounting evidence that
11 psoriasis is not just a disease of the skin and joints, but is
12 a systemic disease that is connected with an elevated risk for
13 a range of other serious, chronic, and life-threatening
14 conditions, including cardiovascular disease, diabetes,
15 hypertension, and stroke; and

16 WHEREAS, Psoriasis affects approximately 325,000 people in
17 Illinois; and

18 WHEREAS, Phototherapy is treatment exposing the skin to an
19 artificial ultraviolet light source for a set length of time on
20 a regular schedule; and

1 WHEREAS, Phototherapy is a safe, effective, and commonly
2 prescribed first-line treatment for psoriasis; and

3 WHEREAS, Phototherapy is also a critical treatment option
4 for psoriasis patients who are prevented from taking other
5 medications because of conditions such as pregnancy,
6 infection, or malignancy; and

7 WHEREAS, Surveys of psoriasis patients indicate that
8 approximately 18% use phototherapy to treat their psoriasis, or
9 about 58,500 people in Illinois; and

10 WHEREAS, An inefficient insurance payment structure
11 relying upon excessively high copayments interferes with the
12 use of this relatively inexpensive treatment and creates a
13 barrier to accessing care for patients who need this safe,
14 effective, and economical option to treat their disease and
15 live a normal life; and

16 WHEREAS, The burden of health care costs continues to shift
17 to the consumer, and many patients now face copayments as high
18 as \$50 for a single phototherapy visit; and

19 WHEREAS, A typical start-up regimen for the most common
20 type of phototherapy is 3 visits per week for 8 to 12 weeks;

1 long-term maintenance regimens are usually required; and

2 WHEREAS, Out-of-pocket costs quickly soar and can be as
3 much as \$600 for one month of treatment; and

4 WHEREAS, The overall cost to the health system of
5 phototherapy treatment is relatively economical; and

6 WHEREAS, Other treatments for psoriasis, while important
7 options for some patients, can have serious side effects and
8 pose substantially overall higher costs to the health care
9 system; and

10 WHEREAS, High copayments are keeping patients from using
11 phototherapy and, as a result, they either opt out of treatment
12 entirely or prematurely move to more expensive and sometimes
13 riskier therapies; and

14 WHEREAS, Systemic treatments may have a much lower monthly
15 copayment under certain prescription plans than phototherapy,
16 discouraging patients from trying phototherapy first; and

17 WHEREAS, This unwise and inefficient cost-shifting policy
18 can deter patients from pursuing any treatment at all,
19 resulting in long-term costs as these patients worsen without
20 treatment; this may also result in patients moving on to

1 treatments with lower copays to the patient but higher overall
2 costs to the health care system; and

3 WHEREAS, Organizations, including the National Psoriasis
4 Foundation, the Dermatology Nurses' Association, the
5 Photomedicine Society, and the American Academy of Dermatology
6 Association call for a fair solution in order to ensure access
7 to safe, less expensive treatments; and

8 WHEREAS, Ninety percent of health care providers in a
9 national survey agreed that the substantial copay associated
10 with phototherapy limits a patient's ability to undergo this
11 form of treatment; and

12 WHEREAS, Health care providers continue to express serious
13 concern about the number of patients who discontinue
14 phototherapy due to the cost, estimating that cost is the most
15 common reason for stopping this treatment; and

16 WHEREAS, Data is not available to establish the number of
17 patients who definitively move prematurely or unnecessarily to
18 more expensive systemic medications due to high phototherapy
19 copays or do not receive treatment at all for their disease;
20 and

21 WHEREAS, Uniform information on the costs associated with

1 treatment of psoriasis in the State of Illinois and potential
2 cost savings to both insurance carriers and patients that may
3 be realized from the elimination or reduction of phototherapy
4 copays is needed to determine a fair and cost-effective
5 solution for patients, providers, and insurers; therefore, be
6 it

7 RESOLVED, BY THE SENATE OF THE NINETY-SIXTH GENERAL
8 ASSEMBLY OF THE STATE OF ILLINOIS, that we urge the Department
9 of Insurance, in consultation with insurance companies,
10 support groups and medical practitioners for persons with
11 psoriasis, the Department of Central Management Services, and
12 the Department of Healthcare and Family Services to undertake a
13 study on the costs and systemic inefficiencies associated with
14 phototherapy treatment and the impact of out-of-pocket costs on
15 the ability of psoriasis patients to access treatment; and be
16 it further

17 RESOLVED, That the study may include analyses of costs and
18 the impact to patients who access phototherapy treatments for
19 other diseases in addition to psoriasis; and be it further

20 RESOLVED, That the Department of Insurance shall examine to
21 the extent possible (i) the number of psoriasis patients in
22 Illinois receiving phototherapy; (ii) the costs associated
23 with phototherapy, including cost to the patient, cost to the

1 health care provider, and rates of reimbursement by insurance
2 carriers; (iii) the number of psoriasis patients who terminate
3 phototherapy treatment; (iv) the reasons for termination of
4 phototherapy treatment; (v) the treatment options used by
5 patients after termination of phototherapy treatment; and (vi)
6 the costs associated with treatments used after termination of
7 phototherapy treatment; and be it further

8 RESOLVED, That suitable copies of this be delivered to the
9 Governor, the Director of Insurance, the Director of Central
10 Management Services, the Director of Healthcare and Family
11 Services, and the Attorney General.