



State Policy Advocacy Priorities



American
Academy of
Dermatology
Association



Access to Pharmaceuticals/Cost Transparency

The AADA collaborates with manufacturers, the health care community, policymakers, private payers, pharmacists, pharmacy benefit managers and patients to minimize and/or eliminate barriers that patients face in accessing needed medications. Specifically, the AADA advocates for legislation that limits obstacles associated with health insurance step therapy requirements, streamlines prior authorization, and prohibits mid-year formulary changes. Step therapy is a process used by insurers that requires patients to try one or more medications specified by the insurance company. Patients must then fail on the medication(s) before being placed on the medication originally prescribed by the provider.

The AADA also advocates for legislation to streamline the prior authorization process, ensure determinations are standardized, require the speed of determinations to be quantified and minimized, and ensure that prior authorization and appeals policies do not unduly burden physicians or patients in accessing optimal drug therapy.

The AADA advocates for legislation that prohibits insurers from forcing a patient in the middle of the policy year to switch from a covered prescription drug to another medication as a result of an insurer's decision to remove a covered prescription drug from its list of covered drugs or reclassify such drug to a more restrictive drug tier. To avoid these adverse effects of switching therapies and to ensure adherence to a prescribed treatment plan, health plans should honor the formularies for the full plan year. The AADA also tracks legislation that limits prescription drug out-of-pocket costs.



Health Care Truth in Advertising

The AADA continues to work through the state legislative and regulatory processes to ensure that patients have accurate and truthful information regarding the provider's advertised credentials and board certification. The AADA has taken a leading role in this area by supporting legislation that aligns with the American Medical Association model legislation. The AADA also developed model legislation that would prohibit a physician from holding oneself out as a board-certified specialist in dermatology or as a board-certified dermatologist unless criteria are satisfied.



Indoor Tanning Regulation

The AADA works with state legislative and regulatory bodies to pursue greater oversight of the indoor tanning industry and to increase public awareness of the dangers of indoor tanning. The AADA has worked across the country to secure stronger age restrictions, licensure and facility inspection requirements, and penalties for noncompliance and other innovative policies. The AADA opposes indoor tanning and supports a ban on the production and sale of indoor tanning equipment.



Scope-of-Practice/Supervision of Non-Physician Clinicians

States across the country are expanding the scope of practice of allied health professionals in order to address issues associated with cost and access. The impact on dermatology patients also includes scope of practice expansion of non-health care practitioners, such as estheticians and electrologists. The AADA works to ensure patient safety by appropriately defining the practice of medicine and supporting a physician-led, team-based approach to health care through legislation and regulations. The AADA also developed model legislation to ensure that physician assistants are supervised by physicians who have the education, training, and experience in the delegated medical acts.



Network Adequacy and Transparency

The increase of physician terminations by insurance companies has created health plan networks that do not meet patient needs and limit patient access to care. The AADA works with state lawmakers and regulators to ensure network adequacy by eliminating mid-year provider terminations and requiring insurers to publish provider directories that are accurate and transparent.



Medical Spa Standards of Practice

Most existing state laws do not explicitly recognize medical aesthetic services as the practice of medicine and surgery. In these settings, medical aesthetic services are provided by physicians, as well as non-physicians. Non-physician providers often have limited or no formal training or education in aesthetic medicine and may be operating without supervision by a licensed and qualified physician. The AADA works to ensure patients receive high quality and safe medical aesthetic care through appropriate regulation of medical spas. This occurs only when that care is delivered by a qualified and licensed physician or when that physician provides direct, on-site supervision to all qualified and licensed non-physician personnel. The AADA developed a model bill establishing standards of practice for the performance, delegation, assignment, and supervision of medical and surgical procedures performed by a physician or non-physician under a physician's direction at a medical spa facility.



Telemedicine

Telemedicine has emerged as an alternative to traditional face-to-face medical care at a time of physician shortages and declining patient access. The AADA supports state legislation that appropriately expands the use of telehealth services to meet the needs of underserved communities and populations across the country through the implementation of pilot projects, modifications to state licensure restrictions, liability concerns, and reimbursement for store-and-forward technology. The AADA monitors state legislation for provisions that require reimbursement and establish telehealth definitions, standards of care, prescription policies and scope of practice parameters.



Access to Compounded Treatments

The use of compounded products is integral to most dermatology practices. In order to provide the best patient care, access to commonly used products prepared and compounded in the office or by a traditional compounding pharmacy for in-office use should not be unduly restricted, nor should there be any unnecessary requirements beyond applicable state statutes or rules that require dermatologists to provide patient-specific prescriptions prior to in-office use as doing so would impede access to care and interfere with the patient-physician relationship.



Biosimilar Substitution

The AADA works at the state level to ensure that biosimilar substitution is carefully evaluated by a patient's physician and health care team to determine the benefits and risk. Physicians should be notified by the pharmacist of the exact product dispensed to their patient by the time of dispensing and this information should be included in a patient's record.



Cosmetic Procedures Taxes and Medical Provider Taxes

State policymakers are looking at physician practices as one source of revenue to remedy their budget shortfalls. Legislators have targeted cosmetic medical procedures tax as a solution, although the tax invades patient privacy and is difficult to administer. The AADA opposes any tax or assessment on cosmetic medical and surgical procedures, physician services or revenues, physician-owned facilities, and "pass-through" or direct taxes on medical services. The AADA strongly believes the imposition of these taxes discriminate against patients, physicians, and compromises patient safety and access to health care services.



Patient Access to Anatomic Pathology Services

The AADA advocates for preserving access to quality pathology services by protecting the in-office ancillary services exception to the federal Stark law, which governs physician ownership and physician self-referral to pathology and other patient services that physicians are trained and qualified to provide.



Office-Based Surgery

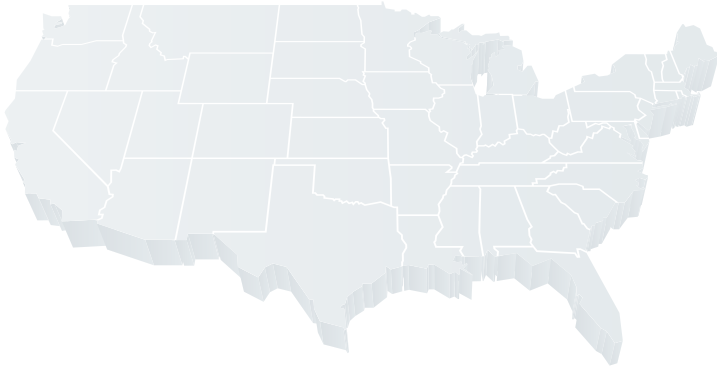
The AADA advocates to ensure that state office-based surgery regulations are fair, reasonable, and appropriate, and that the criteria defined are based on existing research and evidence related to patient safety and the level of the procedure performed. The AADA opposes mandatory accreditation for procedures performed solely under local anesthesia, including procedures using dilute local (tumescant) anesthesia.



Skin Cancer Prevention

The AADA works with state and local policymakers to raise awareness of the rising national burden of skin cancer. The AADA encourages increased attention to skin cancer prevention by encouraging behaviors that decrease the risk of skin cancer, such as the use of products to help protect against the dangers of UV exposure. As dermatologists on the front lines fighting skin cancer, we advocate for our patients and the public to have access to safe and effective sunscreen products, which have been proven to protect against skin cancer, skin aging, and sunburn. The AADA supports evidence-based laws and regulations at the federal and state levels that ensure access to safe and effective sunscreens as part of a comprehensive sun protection plan.

The AADA supports state-wide and school district-wide policies that allow students to use sunscreen and articles of sun protective clothing during the school day or at summer camps without physician authorization. The AADA is also closely tracking and monitoring legislation and regulation concerning potential environmental impact of sunscreen ingredients.



For questions regarding state policy, please contact:

Lisa Albany, Director, State Policy, lalbany@aad.org, 202-712-2615

Victoria Pasko, Assistant Director, State Policy, vpasko@aad.org, 202-609-6331

