



AMERICAN ACADEMY of
DERMATOLOGY | ASSOCIATION

ADVOCACY ISSUES GUIDE

2019





**AMERICAN ACADEMY of
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A TRUSTED VOICE IN WASHINGTON

Dear Colleagues:

Policymakers on Capitol Hill and in state capitals, in the offices of private insurers, and at agencies like the FDA, NIH, and CMS make decisions every day that impact how we care for our patients and run our offices. The American Academy of Dermatology Association assures that our voices are heard by the people making decisions on issues like what research to fund or what therapies should be covered.

Advocacy is critical to helping the AADA achieve its vision — Recognized as the leading authority for the highest quality and compassionate dermatologic care — and a core service the organization provides its members.

Ultimately these efforts are about serving our patients who need and deserve the best quality care we can provide.

Thanks to the efforts of the AADA's staff and members, 2018 saw success in our work to ensure access to our services, support skin cancer prevention initiatives, reduce administrative burdens impeding quality care, and much more.

I'm proud to share some of our highlights from a successful year in the pages that follow.

Sincerely,

Sabra Sullivan, MD, PhD, FAAD
Chair, Council on Government Affairs and Health Policy

FOR MORE INFORMATION

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AADA 2018 ADVOCACY ACCOMPLISHMENTS

SKIN CANCER PREVENTION AND PATIENT HEALTH

Tightened restrictions for indoor tanning

- 20 states, including the District of Columbia now prohibit minors under the age of 18 from using indoor tanning beds.
- 12 additional states have passed legislation banning minors under the age of 17, 16, or 14 from using tanning devices.
- Successfully fought back against efforts to repeal the federal tax on indoor tanning services.

Secured federal funding supporting skin health

- Funding for Skin Cancer Prevention within the Centers for Disease Control & Prevention (CDC) will be increased to \$3 million in 2019.
- \$10 million was approved for melanoma-dedicated research as part of the Defense Department's Peer Reviewed Cancer Research Program.

Educating policymakers about skin cancer prevention and detection

- Hosted Skin Cancer Screening & Prevention Health Fair on Capitol Hill with over 120 attendees, including 8 members of Congress, dozens of congressional staff, and representatives from physician and patient advocacy organizations, as well as from the general public. Steve Garvey former Major League Baseball All-Star for the Los Angeles Dodgers and San Diego Padres, spoke about the importance of skin cancer prevention, including always wearing broadband sunscreen, and dermatologists offered screenings to lawmakers and other attendees.



VISIBILITY OF DERMATOLOGY

Strengthened SkinPAC

- Through the support of AADA members, SkinPAC continues to raise the visibility of the specialty as a leader among physician specialties and within the health policy community in Washington and beyond.
- Raised \$1,524,167 for the 2017-2018 election cycle. Over the course of the past two years, 2,126 individuals contributed to SkinPAC, a new SkinPAC record for an election cycle.
- During the 2018 elections, 86% of candidates supported by SkinPAC were victorious, including three new members to the U.S. House of Representatives, among them the first dermatologist elected to a full term in Congress, as well as two new Senators, 122 reelected members of the U.S. House Representatives, and 16 re-elected Senators.

Dermatologists were active on the Hill:

- 183 dermatologists from 38 states attended 2018 Legislative Conference in Washington, D.C. Dermatologists and patient advocates participated in advocacy training sessions taught by health policy experts, discussed dermatology issues with colleagues, and spent a day meeting with U.S. Senators, Representatives, and their staff.

PATIENT ACCESS TO DERMATOLOGIC CARE

Protected core dermatologic services

- Secured delay in a CMS proposal to collapse payment for E/M services. CMS agreed to abandon its proposal to reduce payment when E/M services are billed with a procedure for 2019, and take physician input into account when establishing E/M payment for 2020.
- Won agreement from insurers Anthem, Blue Cross Blue Shield of Michigan, and UnitedHealthcare to rescind proposals to reduce payment when E/M services are billed with a procedure.
- Independence Blue Cross agreed to retain access to dermatopathology labs, and Blue Cross Blue Shield of Minnesota will expand its coverage of benign skin lesions after implementing a restrictive policy.

Eased prior authorization burdens

- Supported language that creates a standardized electronic form for prior authorization for drugs under Medicare within legislation aimed at addressing the opioid crisis. The AADA provided input on language that was included in bipartisan legislation signed by President Trump on October 24.



PATIENT ACCESS TO DERMATOLOGIC CARE

Fought impact of rising drug prices

- Helped launch of TruthinRX.org, a website designed to educate patients on rising drug prices and empower physicians and the public to advocate against increases in prices. The launch was a project of the American Medical Association (AMA) Task Force on Pharmaceutical Costs, of which the AADA is a member.
- Advocated successfully for two bills prohibiting pharmacy benefit managers and payers from including clauses in contracts with pharmacists forbidding them from telling patients a drug may be cheaper if they pay out-of-pocket than by going through their insurance. The Know the Lowest Price Act, prohibits these “gag clauses” within Medicare plans, and the Patient Right to Know Drug Prices Act, prohibits such clauses in group plans under ERISA and for plans offered through the federal health insurance exchange. The President signed these bills, which passed Congress with bipartisan support, into law on October 10.

PRACTICE AND SPECIALTY ISSUES

Protected dermatology practice and patient services

- Improved understanding within the Food and Drug Administration (FDA), the United States Pharmacopeia (USP), the Centers for Disease Control (CDC) and the Federation of State Medical Boards (FSMB) on low-risk compounding in dermatology, including office-use compounding. This resulted in the FDA proposing that it will not enforce regulations against physicians compounding in the clinical setting for their own patients.
- Secured the addition of quinacrine, glycolic acid, trichloroacetic acid, and kojic acid to FDA’s Section 503A bulk drug substances list by the FDA’s Pharmacy Compounding Advisory Committee.
- As a leader in the State Access to Innovative Medicines (SAIM) Coalition, helped enact laws in 19 states restricting the use of step therapy, many based on model legislation drafted by AADA and other SAIM members. The laws ensure that a transparent process is in place for patients and physicians to seek a medical exemption from step therapy protocols. Debate on step therapy was initiated in 9 additional states.
- Working jointly with the Idaho Dermatologic Society, AADA supported the advocacy efforts of the Idaho Medical Association to stave off regulations would have authorized Idaho pharmacists to prescribe any drug approved by the FDA for mild acne. The rule was amended and limited to “topical drugs only.”
- Successfully opposed legislation in Mississippi, Oklahoma, and Missouri that would have authorized nurse practitioners to practice independently. Bills were withdrawn in all three states following AADA grassroots action.



PRACTICE AND SPECIALTY ISSUES

- Successfully opposed a Virginia state bill that would have authorized optometrists to perform a wide variety of procedures, including diagnoses and treatment of abnormal or diseased conditions of the eye. The bill was ultimately amended to clarify that it dealt with “evaluation, examination, diagnosis and treatment” of certain eye conditions – but not surgery.
- The Washington State Board of Naturopathy voted to let proposed rules expire that would have allowed naturopaths to perform nonsurgical cosmetic medical procedures, including the use of Botox, following testimony by AADA, the Washington State Dermatology Association, and other members of the state medical community.

Responded to the changing policy landscape

- In early 2018, secured repeal of the Independent Payment Advisory Board (IPAB) and multiple years of regulatory relief under MACRA. The AADA had strongly advocated for IPAB repeal for several years, in 2017 and 2018 AADA members sent 2,374 emails to Congress urging repeal of IPAB.
- Successfully opposed proposal to extend a misvalued codes policy that could have resulted in Medicare payment cuts to dermatology in 2019. AADA members advocated strongly against extending the policy, sending 2,120 emails to legislators, including 1,200 sent in February just as Congress was considering these provisions.

Eased adoption of technological advancements

- Led an effort among physician specialties to build congressional support for addressing barriers to data sharing between qualified clinical data registries and EHRs.
- In September, Representatives Mike Kelly (R-PA) and Mike Thompson (D-CA) circulated a congressional sign-on letter asking HHS to address barriers to data sharing between qualified clinical data registries and EHRs. The letter to HHS Secretary Alex Azar raised concerns about EHR vendor practices that are blocking the transfer of data between EHRs and qualified clinical data registries. The letter also notes that QCDRs can facilitate reporting under the Merit-Based Incentive Payment System (MIPS), by saving time and reducing the paperwork burden on physicians.
- Collaborated with the larger house of medicine to secure relief from penalties for non-compliance with the EHR “meaningful use” requirements and successfully advocated CMS to shorten the reporting period for demonstrating meaningful use from one year to 90 days.



2019 ADVOCACY AGENDA



Access to Compounded Medications

Guarding against restrictions on board-certified dermatologists' ability to prepare, administer, and prescribe compounded medications, which is integral to their provision of value-based patient care. Advocating with the Food and Drug Administration (FDA) and the United States Pharmacopoeia (USP) Convention to ensure any guidance or standards, respectively, do not place unreasonable and burdensome restrictions on the practice of medicine and physician-patient relationship. Also includes fighting, as needed, state pharmacy board regulation of physicians preparing compounded medications in the clinical setting.



Access to Specialty Care through Private and Public Payers

Ensuring adequate and accurate information is available about provider directories for both private and public payers; advocating for appropriate reimbursement for services provided; ensuring that policies within the Medicare program and resulting from implementation of the VA Mission Act, which gives veterans more options to seek care among community providers, facilitate beneficiary access to the full range of specialists including Mohs surgeons, as needed.



Healthcare Market Consolidation/Preserving Private Practice

With the current trend toward mergers among health plans, pharmacy benefit managers, etc., and the purchase of practices by private equity firms, health systems and other corporate entities, working to preserve the ability of physicians to own/operate their own practices and maintain competitiveness.



Medicare Physician Payment Policy

Advocating for fair reimbursement under the current fee-for-service program; working across dermatology and within the House of Medicine to preserve the 10- and 90-day global period payments for medical procedures, and in recognition of the challenges implicit with that effort, also working on alternative strategies. Remaining vigilant as the Administration has started taking up some of the limiting strategies of private payers such as prior authorization and reducing payments when E/M services are reported with procedures.



2019 ADVOCACY AGENDA



Pharmaceutical Access and Affordability

Working in collaboration with all stakeholders to minimizing and/or eliminate barriers that patients face in accessing needed medications, including modifications to step therapy and prior authorization policies as well as efforts to address rising drug prices and drug shortages. Also includes supporting efforts to improve price transparency and to advocate for policies that will encourage competition to lower the cost of medications and improve access to treatment for patients.



Scope-of-Practice

Working with all stakeholders to appropriately define the practice of medicine, to ensure a physician-led, team-based approach to care through the adoption or modification of regulations to ensure that, as the workforce expands to include greater use of non-physician clinicians, structures are in place to ensure a focus on the highest level, appropriate care and to ensure patient safety.



Skin Cancer Prevention, Access to Sunscreen and Indoor Tanning

Advocating at the federal and state levels to educate policymakers about skin cancer prevention and detection, and to promote increased regulation of indoor tanning. Working to bridge the interests of sunscreen manufacturers and federal regulators to ensure fair consideration of new sunscreen ingredients based on scientific evidence and demonstration of patient/consumer safety.



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ACTIVE MEMBERSHIPS AND COALITIONS

The AADA carries out its work in partnership with like-minded organizations such as our dermatology sister societies, the American Medical Association, other medical and specialty societies, patient advocacy organizations, and other health care stakeholders and partners in industry. The AADA's active memberships and coalitions include:



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