

AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION

RAISING THE DERMATOLOGY VOICE

2019 Progress Report





A TRUSTED VOICE IN WASHINGTON

Dear Colleagues:

Advocacy is an exciting, challenging and often rewarding process through which the AADA tackles policy issues affecting our specialty. By working with policymakers at the federal and state levels, private insurers and government health agencies, the AADA provides the dermatology voice where it counts.



Sabra Sullivan, MD, PhD, FAAD

These efforts ensure that public policies address the ever-changing needs of our practices, so our patients receive the highest quality of care we can provide. Thanks to the great strides of the AADA's members and staff, dermatology has an active role in the development of coding, coverage, and payment policies impacting practice management.

In 2019, we achieved record-breaking attendance at the AADA's Legislative Conference, promoted skin cancer prevention, reduced administrative burden, added our voice in the drug pricing and transparency debate, and so much more than we can describe in the following pages.

I'm thrilled to share some of our major successes from 2019 and hope you're inspired to be a part of the AADA's progress in 2020.

Sincerely,

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

For More Information

American Academy of Dermatology Association 1445 New York Avenue NW Suite 800 Washington, DC 20005 Email: AdvocacyPolicy@aad.org Phone: 202-842-3555 www.aad.org

ELEVATING THE SPECIALTY WITH POLICYMAKERS

The AADA provides a voice to dermatologists by ensuring public policies address the ever-changing needs of practices and patient care. Below are a few ways we raised the dermatology voice among policymakers and showed the value of the specialty.

2019 Legislative Conference, #AADAOnTheHill

The conference is the specialty's foremost meeting focused on legislative, regulatory, and political issues that affect dermatology. This year, we had record-breaking attendance, with **more than 200 participants from 36 states** advocating on issues important to their practices and patients.





Impact of Dermatology on Minority Communities

The AADA and four Academy members hosted a briefing on Capitol Hill, where **over 50 Congressional staff members** gathered to learn more about the impact of dermatology in minority communities. Rep. John Joyce, MD, FAAD, provided opening remarks before each member delivered a presentation highlighting access barriers along with policy needs to better serve their patient populations.

National Conference of State Legislatures Legislative Summit

The summit is an annual gathering of state legislators, legislative staffers, and trade and professional associations for the purpose of sharing ideas, best practices and strategies addressing the challenges facing states. The AADA exhibited at the conference, where Nashville-area dermatologists **screened over 100** state legislators, their staff, and other meeting attendees.



The SkinSerious campaign uses real stories of dermatologists and their patients to help policymakers understand that dermatologists treat serious disease, work in collaboration with colleagues throughout healthcare, and provide care that transforms patients' lives. In 2019 the campaign generated **103 million media impressions** through local and national coverage, and **10 million ad impressions** for digital ads hyper-targeted to policymakers on the Hill and in health agencies. Nearly **40,000 visitors** went to **www.skinserious.org** to read firsthand stories from patients impact by a dermatologist's care.

SkinPAC, one of the largest physician PACs in the country, surpassed its fundraising goal with a record-breaking high of **\$903,855** raised and **1,742** donors, ensuring support for AADA advocacy priorities.



PROMOTING SKIN CANCER PREVENTION

The AADA advocates at the federal and state levels to educate policymakers about skin cancer prevention and detection, improve access to sunscreen, and to promote increased regulation of indoor tanning. We partner with the National Council for Skin Cancer Prevention, National Institutes of Health, and Centers for Disease Control and Prevention to educate the public about sun safe behaviors.



In 2019, the AADA:

- Secured \$4 million for the Skin Cancer Prevention Fund within the CDC, which is a \$1 million increase from the last fiscal year.
- Hosted over 250 attendees during our annual Capitol Hill Skin Cancer Health Fair and Screening, which included participants from Congressional offices and the general public. At the event, we had 17 volunteer, board-certified dermatologists who provided over 100 skin cancer screenings and consultations for patients.
- Brought the overall number of states with under-18 indoor tanning prohibitions to 22.

Sunscreen

Access to sunscreen products has been an advocacy priority of the AADA for many years. We supported the passage of the 2015 Sunscreen Innovation Act, which sought to bring currently unavailable sunscreen products to the market faster. In 2019, there were conversations on the state, federal, and regulatory fronts around sunscreen safety and the AADA shared the dermatology perspective by:

- Meeting with FDA to discuss its proposed rule, Sunscreen Drug Products for Over-the-Counter Human Use, where the AADA emphasized sunscreen as a key preventative tool, ingredient safety, and the overall importance of clear public communication.
- Hosting a webinar with an FDA clinical pharmacologist to learn what safety testing is being required for sunscreen ingredients.
- Securing state laws that allow students to use sunscreen and sun protective clothing during the school day and at summer camps without physician authorization.

SECURING RELIEF FROM UNREASONABLE DRUG APPROVAL PROTOCOLS

By meeting with policymakers and grassroots campaigns, the AADA drives home the message that treatment decisions are best made by physicians in consultation with their patients. Policies such as prior authorization and step therapy place a third party with no knowledge of the complexity or full history of a patient's condition in a decision-making position and impede patient access to the most effective treatment.

Prior authorization

On September 11, 2019, Howard Rogers, MD, FAAD, testified at a Capitol Hill hearing on prior authorization, step therapy and other burdens facing patients and small medical practices.

Additionally, the AADA successfully advocated for improvements in the prior authorization rule under CMS, which would allow physicians to determine in real time whether prior authorization is needed for medication, including at the point of prescribing.



At the state level, the AADA assisted in passing prior authorization reform that would help streamline the administrative process for physicians and their staff in **Colorado**, **Kentucky**, and **Missouri**.

Step therapy

Step therapy impedes treatment and has been shown to have a negative impact on patients, blocking access to medications and limiting decision-making by both physicians and patients. Legislation that is a critical step to ensuring patients have access to their prescription medicines passed in: **Delaware**, **Washington**, **Wisconsin**, **Maine**, **Virginia**, and **Georgia**. To date, 26 states have enacted step therapy reform laws.

The AADA empowers its members to take action and make their voice heard on Capitol Hill. In 2019, **over 700 AADA members** used the grassroots action center to contact their members of Congress, **sending over 2,000 letters** at the federal and state levels.



IMPROVING PHARMACEUTICAL ACCESS AND AFFORDABILITY

A comprehensive solution across the drug supply chain is needed to preserve access and address rising drug costs. A variety of factors have affected patients' access to treatment, including market forces that have led to consolidation of drug manufacturers; the actual exit of drugs from the marketplace; slow approval processes for new generic and specialty drugs; skyrocketing pricing of medications; tiering practices that place higher cost medications out-of-reach for many patients; and policies that force drug switching or cessation of effective therapies.

Drug pricing & transparency

The AADA supports legislation that would promote price transparency for pharmaceuticals, provide public notification of significant price increases, and limit cost-sharing requirements for patients.

In 2019, the AADA submitted comments to HHS, CMS, and other government health agencies as they released several proposed rules related to drug manufacturer rebates to pharmacy benefit managers, real-time information on coverage and cost of drugs, and utilization management requirements for drugs.

Additionally, drug shortages can have an adverse impact on patients. That's why the AADA continues to engage with patient advocate groups, manufacturers, the FDA Drug Shortages Task Force, and Congress to raise awareness of the issue, search for supply options, and ultimately resolve drug shortages.

Compounding

Individually and through coalitions, the AADA advocates against restrictions on dermatologists' ability to prepare, administer, and prescribe compounded medications. There are several compounding issues threatening the specialty and patient care. In 2019, the AADA:

- Continued to work with sister societies to advocate for an exception from U.S. Pharmacopeia (USP) Chapter 797, which would safeguard the ability to buffer lidocaine in the office.
- Secured a voting position on the USP Convention to ensure dermatology's voice is heard.
- Succeeded when the AMA House of Delegates adopted AADA-led policy concerning compounding.
- Advocated for continued access to medications prepared in the clinical setting (including buffered lidocaine); funding laboratory testing with sister societies to show sterility and stability.



The AADA joined several health organizations to develop biosimilar principles in support of increasing appropriate access to biosimilar biological products. We shared these principles with CMS and reinforced that the appropriate course of treatment should always be decided by the physician and patient.

CHAMPIONING REGULATORY RELIEF

The AADA works tirelessly with officials in Congress, government health agencies, and private payers to ensure that our specialty and patients are a priority when shaping policy and regulations.

Strengthening Medicare

The AADA recognizes that more needs to be done to ease regulatory burdens on physicians, which costs money and time away from patients. To strengthen Medicare and improve patient care, the AADA in 2019:

- Secured additional MACRA reforms to ease burdens for small practices and maintain low-volume threshold for MIPS participation.
- Successfully advocated for the elimination of a proposal to reduce the payment for E/M visits.
- Supported changes to medical record documentation.
- Authored a Letter to the Editor in the Annals of Surgery Journal raising concerns about the recent RAND reports questioning the 10- and 90-day global periods.
- Obtained 11 appointments of dermatologists to CMS' MACRA Clinical Committee, who successfully guided CMS to develop a melanoma cost measure for future inclusion in the Merit-Based Incentive Payment System Program.

Reducing physician burden

To relieve the administrative burdens on dermatologists and protect their patients from treatment disruption, the Academy responded to a wide range of regulatory comment opportunities on how federal agencies can help improve the physicianpatient relationship and avoid physician burnout. The AADA offered ways to simplify HIPAA and advance physician friendly EHR interoperability without driving up cost and adding new inefficiencies.

Early in 2019, the AADA worked with several insurers to correct improper reimbursement for biopsy codes. Because of the relationship the AADA has with the private payers, we were able to initiate a full update in reimbursement patterns related to the biopsy codes.

Additionally, the AADA successfully launched a new Employer Engagement Initiative, aimed at developing relationships between employer health plans and the AADA. These relationships will help the AADA and our members keep the line of communication open, fostering good relationships among private payers in providing patient care.



Over 300 AADA members, provided content expertise in 2019 that led to the submission of more than 24 comment letters from the AADA to regulatory agencies and private payers. "Even in a challenging political landscape, we saw success from every angle and brought the dermatology voice front and center. It wouldn't be possible without the knowledge and dedication by our members and staff to improve the specialty and provide the best care for patients. In 2019, the AADA was resilient in moving the needle forward, working collaboratively with stakeholders in coalitions and partnerships. I'm proud of what we accomplished and ready to build on that momentum in 2020."

- Barbara Greenan, Chief Advocacy & Policy Officer

STAFF CONTACT INFORMATION

- Barbara Greenan, Chief Advocacy & Policy Officer, Advocacy and Policy (202) 712-2602, bgreenan@aad.org
- Beth Laws, MBA, Director, Policy and Advocacy Operations (202) 712-2600, blaws@aad.org
- Ashley John, MS, Manager, Advocacy and Policy (202) 609-6332, ajohn@aad.org
- □ Cierra Martin, MPH, Project Coordinator, Advocacy and Policy 202-609-6336, cmartin@aad.org

Federal Legislative, Political & Grassroots Advocacy Staff:

- Shawn Friesen, Director, Legislative, Political and Grassroots Advocacy (202) 712-2601, sfriesen@aad.org
- Christine O'Connor, Associate Director, Congressional Policy (202) 609-6330, coconnor@aad.org
- Blake McDonald, Assistant Director, Congressional Policy (202) 712-2608, bmcdonald@aad.org
- Michael Giblin, MA, Senior Specialist, Political Affairs (202) 712-2604, mgiblin@aad.org
- Susie Dumond, MA, Specialist, Grassroots Advocacy and Congressional Affairs (202) 712-2611, sdumond@aad.org

Regulatory and Payment Policy Staff:

- Leslie Stein Lloyd, JD, CAE, IOM, Director, Regulatory and Payment Policy (202) 712-2614, IsteinIloyd@aad.org
- William Brady, Associate Director, Health Care Policy (847) 240-1824, WBrady@aad.org
- James Scroggs, MHA, Associate Director, Health Economics (202) 712-2617, jscroggs@aad.org
- David Brewster, MBA, Associate Director, Practice Advocacy (202) 712-6334, dbrewster@aad.org
- Helen Olkaba, MS, Assistant Director, Healthcare Economics (202) 609-2612, holkaba@aad.org
- Natasha Pattanshetti, MPH, JD, Manager, Regulatory Policy (202) 712-2618, npattanshetti@aad.org

State Policy Staff:

- Lisa Albany, JD, Director, State Policy (202) 712-2615, lalbany@aad.org
- Victoria Pasko, Assistant Director, State Policy (202) 609-6331, vpasko@aad.org