American Academy of Dermatology Association
2013 Advocacy Priorities

Top Priority Issues

Physician Payment & Delivery System Reform

Medicare Physician Payment
The American Academy of Dermatology Association (AADA) is committed to preserving patient access to care, which starts with reforming Medicare’s payment system and full repeal of Medicare’s flawed sustainable growth rate (SGR) payment formula. Unless Congress acts, Medicare payments are scheduled to be cut 24.4 percent on Jan. 1, 2014 because of the SGR. The AADA has been actively engaged in the effort to enact Medicare payment reform and has advocated for reform that preserves fee-for-service as a viable option for those specialties and practices that do not necessarily fit into the various payment models being considered. In addition, the AADA has actively advocated that any reforms that seek to improve the quality and value of care must be physician-led, and include clinically based quality improvement efforts.

- Independent Payment Advisory Board
  Complicating the Medicare payment outlook for physicians is the Independent Payment Advisory Board (IPAB), which would set arbitrary limits on Medicare spending and place Medicare payment policy decisions in the hands of an unelected, unaccountable board within the executive branch. While IPAB is not anticipated to be required to act in the near future, the AADA strongly supports the repeal of the IPAB and elimination of another arbitrary Medicare spending target — in addition to the SGR — which would empower an unaccountable board to set Medicare policies that could further threaten patient access to care.

Health System Reform Implementation
With the enactment of the Affordable Care Act (ACA), the AADA will advocate at all levels of government to ensure that the development and implementation of these new policies and reforms take into account the true impact on physician practice and patient access to quality healthcare. These reforms include, but are not limited to, accountable care organizations (ACOs), Medicaid expansion, insurance exchanges, and the development of basic benefits packages.

Cosmetic Procedures Taxes and Medical Provider Taxes
In the context of reform, some policymakers have advocated for the creation of taxes on medical services. The AADA vigorously opposes any tax or assessment on cosmetic medical/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 discriminates against specific patients, physicians, and compromises patient safety and access to health care services.

Contact the AADA Government Affairs Department with any questions or concerns at govtaffairs@aad.org. Visit www.aad.org/advocacy for more information.
Preserving Access to Office-Based Services

Office-Based Dermatopathology Services
The AADA strongly supports the ability of dermatologists to provide pathology services to their patients, and strongly opposes any legislation and/or regulation that would restrict the provision of anatomic pathology services in the physician’s office, further limit billing for the pathology piece of dermatopathology performed in the physician’s office, and force dermatologists to direct the pathology to an outside pathology group.

Office-Based Surgery
The AADA supports efforts to preserve the ability of physicians to provide office-based surgery services to their patients. In this effort, the AADA will work to ensure that any rulemaking impacting office-based surgery is fair, reasonable, and appropriate, and is based on existing research and evidence related to patient safety and the level of the procedure performed.

Protecting Patient Safety

Skin Cancer Prevention and Indoor Tanning
The AADA supports legislative and regulatory efforts at both the federal and state levels to educate the public and policymakers about the dangers of indoor tanning, and to institute greater regulation and oversight of indoor tanning facilities, e.g., stronger age restrictions, licensure and facility inspection requirements, penalties for noncompliance and other innovative policies.

Protecting Dermatologists’ Scope of Practice

Health Care Truth in Advertising
The AADA advocates for policies, through the federal legislative and state processes, to ensure that patients have accurate and truthful information regarding the health care services they receive from various health care practitioners—both physicians and non-physician providers.

Scope-of-Practice/Supervision of Physician Extenders
The AADA is committed to working with appropriate stakeholders to help appropriately define the practice of medicine, and tighten/enforce regulations to ensure that, as the workforce expands to include greater use of physician extenders, structures are in place to ensure patient safety.

Medical Spa Standards of Practice
The optimal quality of medical aesthetic care is delivered when a qualified and licensed physician provides direct, on-site supervision to all qualified and licensed non-physician personnel.

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Priority Issues

**Promoting Medical Research**

**Medical Research Funding**
The AADA advocates for medical research, which supports the patient care and clinical work its members engage in every day. In an increasingly difficult fiscal environment, cuts in potentially life-saving medical research funding are a real possibility.

**Nanotechnology**
The AADA supports efforts to promote collaboration with the nanotechnology community in order to promote a greater understanding of the scientific and medical aspects of nanotechnology in skin health and disease.

**Access to Dermatologic Care & Treatments**

**Physician Workforce**
The AADA supports measures to shore up our physician workforce in order to ensure that there are enough physicians and physician specialties, including dermatology, to meet the growing needs that will arise as our population ages and as more Americans receive coverage under the ACA.

**Teledermatology/Telehealth**
The AADA supports policy changes that will allow dermatologists to expand the use of telehealth services to meet the needs of underserved communities across the country including through the implementation of pilot projects, modifications to state licensure restrictions, liability concerns, and reimbursement for store and forward technology.

**Pharmaceutical Access and Safety:**
Whether through new research, the development of new pathways for consideration and approval of new treatments, or though mechanisms to lower the cost for patients for high-cost specialty medication, the AADA support efforts to not only protect but also improve patient access to pharmaceuticals and other effective medical treatments and products.

- **Biologics & Biosimilars**
The AADA supports the development of a regulatory pathway for approval of biologics and biosimilars to help improve patient access and reduce the cost of biologic therapies while ensuring patient safety and preserving physician-patient privilege. While the AADA supports new pathways for the study and approval of these medications, the AADA also believes that biosimilars must be carefully evaluated by a patient’s physician and health care team to determine the benefits and risks of a biosimilar substitution. It is imperative that data be collected regarding efficacy and safety and that these products have different names so that medical records can fully reflect the exact medication prescribed and taken.

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For this reason, patient substitution decisions for biosimilars should be carefully considered.

- **Compounding**
  The AADA supports efforts to ensure the safety of pharmaceutical compounding practices while preserving physician-patient access to needed medications. While supporting efforts to improve patient safety, the AADA is also concerned that states will place restrictions on the use of compounded drugs in the physician office setting. Elimination of office use of compounded products may have significant consequences for dermatologists and their patients, as certain compounded products may not be available to providers without a patient-specific prescription.

- **Drug Shortages and Access**
  The AADA supports efforts to address and prevent drug shortages through collaboration with manufacturers, the health care community and the Food & Drug Administration (FDA).

- **FDA Approval and REMS Processes**
  The AADA is committed to working with the FDA, the health care community and policymakers to address needed reforms to the current processes for drug and device approvals as well as risk evaluation and mitigation strategies.

**Medical Liability Reform**

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Promotion of medical liability reform helps address the rising challenges of defensive medicine, which puts added burdens on the health care system, including increased costs and straining resources that can impact the access afforded to other patients in the health care system.

**Physician Payment & Delivery System Reform**

**Medicare Physician Payment – Independent Contracting**
The AADA supports independent contracting and balance billing that helps preserve the ability of physicians to serve Medicare patients—even as reimbursements continue to fall to keep up with rising practice costs.

**Protecting Patient Safety**

**Body Art and Piercing**
To protect the public health, the AADA encourages the strict regulation of the practice of tattooing and body piercing, including requirements for those who want to provide these services, and careful screening of those who want to receive these services. No minor should be tattooed or undergo body piercing without the written consent and presence of a parent or guardian. Tattoo artists, both traditional and cosmetic, and body piercing
personnel should receive adequate training to pass written and practical examinations on sanitation, sterilization, cutaneous anatomy, common dermatoses and infections, universal body fluid precautions, sharps and biologic waste disposal, and wound care.