2014 AADA Advocacy Agenda

The following is a compilation of health policy issues (listed in alphabetical order within each tier) identified as most relevant to dermatology for 2014 and beyond. These issues were identified through an informal environmental scanning process and then prioritized by the AADA’s policy committees to form the AADA Advocacy Agenda. While we recognize that priorities can change, and that the organization must remain flexible as appropriate and necessary, this agenda is designed to provide needed direction and focus to the Academy and its staff for the coming year. With competing demands on our resources, it is helpful to have some guidance against which to thoughtfully and strategically consider the issues before us.

First Tier: Top Priority:

General Guidelines

- Assume a lead role in advocating for this issue
- Establish and/or actively participate in coalition activities, working to secure additional participation and support from other organizations
- Pursue and participate in meetings with legislative and administrative offices and/or other outside organizations as appropriate (i.e., private payers if relevant)
- Dedicate significant resources, relative to other issues, into achieving success (e.g., public relations, lobbying assistance, consultant work as necessary)
- Actively utilize key contact system and all-member grassroots
- Develop Advocacy Campaign, including the development and promotion of “tools” for encouraging, facilitating member involvement (i.e., Web site, other electronic means)
- Seek opportunities to testify, provide written statements for the record

ISSUES

Access to Pharmaceuticals
Working with policymakers to minimize and/or eliminate barriers that patients face in accessing needed medications; includes supporting efforts to address and prevent drug shortages through collaboration with manufacturers, the health care community, the Food & Drug Administration (FDA), White House and other policymakers.
Health Care Truth in Advertising
Working through the state legislative and regulatory processes to ensure that patients have accurate and truthful information regarding the health care services they receive from various health care practitioners; includes transparency in advertised credentials and board-certification.

Indoor Tanning Regulation
Working with federal and state legislative and regulatory bodies to pursue greater regulation and oversight of the indoor tanning industry, e.g., reclassification of the devices, stronger age restrictions, licensure and facility inspection requirements, penalties for noncompliance and other innovative policies.

Medical Research Funding
Supporting efforts to maintain and/or increase federal funding through the National Institutes of Health, the Centers for Disease Control and Prevention, Food and Drug Administration, and other agencies for medical research. In an increasingly difficult fiscal environment, cuts in potentially life-saving medical research funding continue to loom as a real possibility.

Medicare Physician Payment Reform
Fighting for the preservation of patient access to high quality care, which starts with reforming Medicare’s payment system and full repeal of Medicare’s flawed sustainable growth rate (SGR) payment formula. Advocating for reforms that preserve fee-for-service as a viable option for those specialties and practices that do not necessarily fit into the more popular payment models being considered. Ensuring that reforms that seek to improve the quality and value of care are physician-led, clinically-based quality improvement efforts. Includes efforts to remove the current sequester of Medicare dollars to ensure adequate financial resources are available to preserve the viability of the Medicare system. Also includes averting efforts to impose additional regulatory burdens—essentially codifying efforts already underway to more heavily scrutinize perceived “over utilized” or “misvalued” codes.

Network Adequacy and Transparency
Working to assure that health plans’ published and publicly available provider directories are accurate and transparent so that patients understand the true accessibility of individual physicians to patients. In addition, working with health plans to educate about the unique subspecialization within dermatology, and to assist with appropriate risk adjustment to prevent inappropriate narrowing of provider networks.
Office-Based Surgery
Efforts to influence the rulemaking process in states where office-based surgery is discussed with the goal of ensuring rules 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.

Patient Access to Anatomic Pathology Services
Fighting for the preservation of the in-office ancillary exception to the federal Stark law governing physician ownership and referral to ensure physicians’ ability to perform pathology and other necessary patient services safely and appropriately in the office. Also, addressing issues of quality that make it impossible for good labs to compete with mills/need for clinical-pathologist correlation motivates the preservation of our exemptions.

Quality Measurement and Reporting
Minimizing the impact of new regulations; advocating for consistent and uniform reporting requirements and formats; advocating for acknowledgement of and flexibility in specialty society-led measures development processes and streamlining approval of evidence-based, clinical outcomes measurements.

Scope-of-Practice/Supervision of Non-Physician Clinicians
Working with all stakeholders to help appropriately define the practice of medicine, to ensure a physician-led, team-based approach to care through the adoption and/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.

Teledermatology/Telehealth (note: the CPC and SPC ranked these differently)
Promoting 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.
**Second Tier Priority:**

**General Guidelines**
- Actively participate in coalition activities
- Pursue and participate in meetings with legislative and administrative offices and/or other outside organizations as appropriate (i.e., private payers if relevant) as time permits
- Dedicate moderate resources, relative to other issues, into achieving success
- Sign on to coalition letters, and possibly generate AADA-only letters

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**ISSUES**

**Anatomic Pathology Billing**
State-level efforts to prevent legislation/ regulation that would limit a dermatologists’ ability to appropriately bill for the technical component of dermatopathology services performed in the office, and force dermatologists to have the pathology done by an outside pathology group.

**Cosmetic Procedures Taxes and Medical Provider Taxes**
Working to vigorously oppose 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 discriminate against patients, physicians, and compromises patient safety and access to health care services.

**Medical Spa Standards of Practice**
Working to ensure patients receive optimal--high quality and safe--medical aesthetic care by ensuring appropriate regulation of medical spas. The Academy believes that 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.

**Pharmaceutical Access and Safety: Biosimilars**
Advocating at the federal and state levels to ensure that biosimilar substitution is carefully evaluated by a patient’s physician and health care team to determine the benefits and risks. Ensuring that data regarding efficacy and safety is collected, and that these products have different names so that medical records can fully reflect the exact medication prescribed and taken.

**Pharmaceutical Access and Safety: Compounding**
AAD is concerned that states will place restrictions on office use. 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.

**Physician Workforce**

Working with the AAMC and others in coalition to support measures that would reform the current system of funding US medical education; increase and/or prevent the decrease of federal graduate medical education funding; eliminate the cap on residency slots, etc., to ensure there are enough physicians and physician specialties, including dermatologists, to meet the growing needs that will arise as our population ages and as more Americans receive coverage under the ACA.
Third Tier

General Guidelines
- Nominal participation in coalition activities
- Monitor activity around issue, and report to membership as appropriate
- Dedicate small financial contributions as requested to possible coalition activity
- Sign on to coalition letters as requested and appropriate

ISSUES

Body Art and Piercing
Working to protect the public health through 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. Includes ensuring that minors have written consent and the presence of a parent or guardian; that tattoo artists, both traditional and cosmetic, and body piercing personnel 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.

Health System Reform Implementation (State)
Influencing state-level efforts to comply with the myriad provisions of the 2010 Patient Protection and Affordable Care Act (ACA) to ensure the development of new policies take into account the true impact on physician practice and patient access to quality healthcare--includes state expansion of Medicaid programs, development of state exchanges (related to narrow networks) and associated basic benefits packages.

ICD-10 Implementation
Working toward the indefinite delay of the transition from ICD-9 diagnosis codes to the ICD-10 system. In the meantime, doing everything possible to ensure adequate testing and a delay in the imposition of any penalties, while educating members and providing them with the necessary analyses, crosswalks and other tools necessary to ease the transition as it moves forward.

Medical Liability Reform
Promotion of medical liability reform to help 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.

REMS and Drug Approvals
Working with the FDA, 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.