A TRUSTED VOICE IN WASHINGTON

With a membership of more than 18,000 physicians worldwide, the American Academy of Dermatology is the largest, most influential, and most representative of all dermatologic associations.

The advocacy arm of the Academy, the American Academy of Dermatology Association (AADA) provides a voice to dermatologists and enables them to affect public policy to address the ever-changing needs of dermatology practices and their patients. In addition to supporting efforts to protect and promote access to quality dermatologic care, the AADA also provides members with valuable resources and tools to adapt to the shifting health care landscape.

At the cornerstone of the AADA’s advocacy are the following strategic priorities, which guide the Academy’s pursuit of excellence in dermatologic care:

- The Academy is viewed by all critical stakeholders as a credible, effective resource, and a thoughtful partner in the policymaking process, effectively representing the interests of dermatologists and their patients within the legislative, regulatory, and private payer arenas.

- Policymakers in all arenas appreciate and understand the essential role and importance of the dermatologist in providing quality patient care.

- Dermatology has an active role in the development of coding, coverage and payment policies/regulations impacting practice.

- The Academy serves as a trusted resource to credentialing bodies to ensure reasonable and demonstrably effective mandates, minimizing duplicative requirements for certification and licensure.

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Securing congressional action for skin health

- The AADA worked with Rep. Charlie Dent (R-PA), co-chair of the Congressional Skin Cancer Caucus, to introduce H.Res.282, encouraging states to open access to sunscreen in schools and promote sun safe behaviors. The AADA also worked to secure the addition of three new members to the Congressional Skin Cancer Caucus.

- The AADA worked with Sen. Jack Reed (D-RI) to secure the introduction and passage of S.Res.182, which recognized May as Melanoma Awareness Month.

Tightening restrictions for indoor tanning

- The AADA advocated through multiple channels in support of retaining the federal indoor tanning tax, including through statements in support of the tax by key members of the U.S. House Ways and Means Committee.

- The AADA assisted state dermatology societies in Oklahoma and West Virginia with enacting legislation prohibiting minors under the age of 18 from using indoor tanning beds.

Educating policymakers about skin cancer prevention and detection

- The AADA hosted a successful Skin Cancer Screening & Prevention Health Fair on Capitol Hill. The Congressional Skin Cancer Caucus partnered with the AADA on the event, during which Olympic gold medalist swimmer Summer Sanders made a special appearance to speak about her experience as a survivor of melanoma.

- At the National Conference of State Legislatures’ Legislative Summit, the AADA held a successful Skin Cancer Screening for state legislators from throughout the country as well as members of the public. Skin cancer screenings were provided to attendees by 10 AADA member volunteers, who also promoted the value of care provided by board-certified dermatologists. Additionally, the AADA collaborated with the Personal Care Products Council and the American Society for Dermatologic Surgery Association (ASDSA) to promote a sunscreen access bill to state legislators attending the summit.

- The AADA collaborated on efforts to successfully enact sunscreen access legislation in Arizona, Alabama, Florida, Louisiana, Ohio, Washington and Utah. A total of 11 states have now passed sunscreen access legislation.
**INCREASED VISIBILITY OF DERMATOLOGY**

**Rallying for dermatology at Legislative Conference**

- At its 2017 Legislative Conference in Washington, D.C., the AADA drew more than 160 attendees from 33 states. 31 dermatology residents attended – the highest number ever.
- The Legislative Conference offers attendees the unique opportunity to participate in advocacy training sessions taught by health policy experts, discuss dermatology issues with colleagues, and spend a day meeting with U.S. Senators, U.S. Representatives, and congressional staff.
- The educational program included Rep. Linda Sanchez (D-CA), Vice Chair of the House Democratic Caucus and a member of the House Ways and Means Committee. She delivered the legislative address on Monday.

**Strengthening the “Pro-Dermatology” caucus**

- In 2016, SkinPAC set a new fundraising record for an election cycle, raising $1,592,239 for the 2015-2016 cycle and surpassing the previous record of $1.48 million. SkinPAC has a goal of raising $1.8 million for the 2017-2018 election cycle. In 2017, SkinPAC raised more than $740,000 towards that goal.
- 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.

**PATIENT ACCESS TO DERMATOLOGIC CARE**

**Ensuring patient safety and quality care**

- Along with fellow physician groups, the AADA supported and worked with Reps. Larry Bucshon, MD (R-IN) and David Scott (D-GA) on the crafting and introduction of H.R. 3928, the Truth in Healthcare Marketing Act of 2017. This legislation would help ensure patients have reliable information regarding the delivery of their medical care, empowering them to make medical decisions that are best for themselves and their families.
- The AADA continued its leadership role in the Scope of Practice Partnership, and worked with state dermatology societies to defeat nurse practitioner independent practice legislation in Indiana and optometry legislation in Maryland and North Carolina.

**Protecting patient access to treatments**

- The AADA and other medical organizations met with Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma as well as staff with the Department of Health and Human Services (HHS) to discuss ways to alleviate the regulatory burdens physicians face. At the meeting, the Academy shared the results of a 2016 Drug Prior Authorization Survey demonstrating the enormous burden prior authorizations have on practices.
PATIENT ACCESS TO DERMATOLOGIC CARE

- The AADA continued to play a leading role in the effort to preserve and promote access to compounded medications. In addition to holding an informative compounding briefing with high-level Food and Drug Administration (FDA) officials, Bruce Brod, MD, FAAD, Chair of the AADA's Congressional Policy Committee, participated in a Capitol Hill briefing on the importance of patients’ access to compounded medications. Additionally, through its leadership role within the Drug Quality and Security Act Coalition, the AADA provided important contributions to the drafting of legislation that would preserve access to compounded drugs in a physicians’ office and worked closely with Rep. Morgan Griffith (R-VA), who introduced H.R. 2871, the Preserving Access to Compounded Medications Act in June 2017.

- The AADA participated in the United States Pharmacopeia (USP) webinar forum to discuss an urgent use exemption to the USP’s requirements for sterile compounding. Following nomination by the AADA and ASDSA, a dermatologist was accepted to participate in the FDA Pharmacy Compounding Advisory Committee (PCAC).

- To help improve access to generic medications, the AADA successfully advocated for provisions to improve the FDA’s ability to approve production of generic drugs when there is a shortage. Provisions based on the AADA-supported Lower Drug Costs through Competition Act (H.R. 749) and Increasing Competition in Pharmaceuticals Act (S. 297) were included in the FDA Reauthorization Act (P.L. 115-52), which was signed into law in August 2017.

- The AADA continued to play a leading role within other physician and patient groups in the Coalition for Accessible Treatments. Together, Coalition partners worked to secure reintroduction of H.R. 2999, the Patients Access to Treatments Act, by Reps. David McKinley (R-WV) and G. K. Butterfield (D-NC), which would help improve patient access to specialty medications.

- The AADA has continued serving as a leader in the State Access to Innovative Medicines (SAIM) Coalition, and assisted with efforts to minimize the negative impact of pharmaceutical step therapy. These efforts have led to the enactment of laws based on model legislation drafted by AADA and other SAIM members in West Virginia, Iowa, and Texas to ensure a transparent process is in place for patients and physicians to seek a medical exemption from step therapy protocols. The AADA chaired a 61-member step therapy coalition in Ohio, and advocated for legislation in Ohio, New Mexico, Kansas, Oregon, Rhode Island, Maine, Massachusetts, and Utah.

PRACTICE AND SPECIALTY ISSUES

Responding to the changing policy landscape

- The AADA successfully convinced CMS to provide regulatory relief to physicians in the Quality Payment Program (QPP) under the Medicare Access and CHIP Reauthorization Act of 2015 through: an increased threshold for individual MIPS-eligible clinicians or groups to be considered exempt, a new hardship exemption for clinicians in small practices under the Advancing Care Information performance category, and relief for physicians who faced natural disasters.

- In response to a request for input, the AADA submitted comments regarding regulatory relief priorities to the U.S. House Ways & Means Committee.
PRACTICE AND SPECIALTY ISSUES

- Working in a coalition, the AADA successfully persuaded CMS to provide regulatory relief to physicians through its Medicare Physician Fee Schedule final rule by reducing in the maximum penalty for the Value Modifier from 4% to 2% in 2018, and by reducing the number of measures that must have been reported for PQRS in 2016 from 9 to 6, and reducing the reporting requirements to demonstrate meaningful use of electronic health records. The AADA also convinced CMS to restore some of the practice expense value for photodynamic therapy, which it had proposed to remove.

- The AADA effectively led the physician community and partnered with the American Medical Association (AMA) to convince Anthem, Inc. to delay and alter its proposed policy to cut reimbursement for procedures billed with an evaluation and management code using modifier 25. Anthem, Inc. instead announced that, while it will still be reducing reimbursement for E&M services billed with a modifier 25, reimbursement will be reduced by 25 percent rather than by 50 percent, as was originally announced. Anthem announced that the policy will go into effect March 1, 2018, a delay in some states. While this is a step in the right direction, the AADA will continue working in collaboration with the AMA and other medical specialties to challenge the revised policy. The AADA also coordinated advocacy efforts with the Pennsylvania Academy of Dermatology and Dermatologic Surgery and the Dermatological Society of New Jersey in opposition to the Independence Blue Cross modifier 25 policy.

- The AADA supported state dermatology association meetings with the Rhode Island and Pennsylvania insurance commissioners to raise concerns about modifier 25 policies.

- The AADA provided support to physician leaders that received high utilization notices from UnitedHealthcare. As a result of these efforts, UnitedHealthcare discovered multiple flaws with their data analysis for dermatology.

- The AADA issued a Request for Proposals for consultants to propose developing dermatology-specific Alternative Payment Models. Two consulting groups submitted proposals, which are now under consideration.

- The AADA obtained new CPT codes to describe skin biopsies, which will go into effect in 2019.

Adapting to technological advancements

- The AAD facilitated members participating in the field testing of the beta version of ICD-11.

- The AADA obtained new category II CPT codes for fractional ablative laser fenestration of burn and traumatic scars for functional improvement, and for optical coherence tomography for microstructural and morphological imaging of skin.
2018 ADVOCACY AGENDA

Provide relief from regulations impacting the practice of medicine

• Advocate for the repeal and/or easing of the level of regulation and over-regulation on physicians, which has led to the redirection of valuable patient time to intensive documentation, record keeping and compliance activity that does little to improve healthcare.

• Advocate for reforms that preserve fee-for-service as a viable option for those specialties and practices that do not necessarily fit into alternative payment models being considered.

• Support efforts to ensure that policies seeking to improve the quality and value of care are physician-led, clinically-based quality improvement efforts.

• Advocate for the repeal of the Independent Payment Advisory Board (IPAB), which could impose indiscriminant new payment cuts on physicians.

Protect patient access to treatments

• Advocate against barriers that would restrict patients’ access to compounded treatments, such as restrictions on office use of compounded pharmaceutical products and on in-office preparations.

• Work in collaboration with all stakeholders to minimize and/or eliminate barriers that patients face in accessing needed medications, such as step therapy, non-medical switching and formulary restrictions.

• Support efforts to improve price transparency, and advocate for policies that will encourage competition and lower the cost of medications and treatment for patients.

Preserve physician-led dermatologic care

• Work 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.

• As the workforce expands to include greater use of non-physician clinicians, support appropriate safeguards to ensure patient safety and a focus on the highest level, appropriate care.

• Advocate for policies helping to ensure that patients have accurate and truthful information regarding the health care services they receive from various health care practitioners.
2018 ADVOCACY AGENDA

Promote access to appropriate use of teledermatology

• Support policy changes that protect patient safety while enabling dermatologists to appropriately use telehealth services to meet the needs of underserved communities and populations across the country. This may include the implementation of pilot projects, modifications to state licensure restrictions, liability concerns, and reimbursement for store-and-forward technology and remote patient monitoring.

Make health plan networks transparent

• Work with policymakers and payers to ensure that health plans’ provider directories are accurate and transparent so that patients understand the true availability and accessibility of individual physicians.

• Educate health plans about the unique sub-specialization within dermatology, and assist with appropriate risk adjustment to prevent inappropriate narrowing of provider networks.

Prioritize skin cancer prevention

• Raise awareness among policymakers of the increased incidence of skin cancer.

• Pursue greater oversight of the indoor tanning industry with federal and state legislative and regulatory bodies.

• Encourage measures and efforts to promote behaviors and activities that decrease the risk of skin cancer, and to increase access to technologies and products that help protect against the dangers of ultraviolet exposure.
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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:

Follow the Academy on social media:

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