STATE POLICY
ADVOCACY PRIORITIES
Access to Pharmaceuticals/Cost Transparency
AADA collaborates with manufacturers, the health care community, policymakers, private payers, pharmacists, pharmacy benefit managers and patients to minimize and/or eliminate barriers that patients face in accessing needed medications. Specifically, AADA advocates for legislation that limits obstacles associated with health insurance step therapy requirements. Step therapy is a process used by insurers that requires patients to try one or more medications specified by the insurance company. Patients must then fail on the medication(s) before being placed on the medication originally prescribed by the provider. AADA also tracks legislation that limits prescription drug out-of-pocket costs.

Health Care Truth in Advertising
AADA continues to work through the state legislative and regulatory processes to ensure that patients have accurate and truthful information regarding the provider’s advertised credentials and board-certification. AADA has taken a leading role in this area by supporting legislation that aligns with the American Medical Association model legislation.

Indoor Tanning Regulation
AADA works with state legislative and regulatory bodies to pursue greater oversight of the indoor tanning industry and to increase public awareness of the dangers of indoor tanning. The AADA has worked across the country to secure stronger age restrictions, licensure and facility inspection requirements, and penalties for noncompliance and other innovative policies. The AADA opposes indoor tanning and supports a ban on the production and sale of indoor tanning equipment.

Scope-of-Practice/Supervision of Non-Physician Clinicians
States across the country are expanding the scope of practice of allied health professionals in order to address issues associated with cost and access. The impact on dermatology patients also includes scope of practice expansion of non-health care practitioners, such as estheticians and electrologists. The AADA works to ensure patient safety by appropriately defining the practice of medicine and supporting a physician-led, team-based approach to health care through legislation and regulations.

Network Adequacy and Transparency
The increase of physician terminations by insurance companies has created health plan networks that do not meet patient needs and limits patient access to care. The AADA works with state lawmakers and regulators to ensure network adequacy by eliminating mid-year provider terminations and requiring insurers to publish provider directories that are accurate and transparent.
Medical Spa Standards of Practice

Most existing state laws do not explicitly recognize medical aesthetic services as the practice of medicine and surgery. In these settings, medical aesthetic services are provided by physicians, as well as non-physicians. Non-physician providers often have limited or no formal training or education in aesthetic medicine and may be operating without supervision by a licensed and qualified physician. AADA works to ensure patients receive high quality and safe medical aesthetic care through appropriate regulation of medical spas. 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.

Telemedicine

Telemedicine has emerged as an alternative to traditional face-to-face medical care at a time of physician shortages and declining patient access. The AADA supports state legislation that appropriately expands the use of telehealth services to meet the needs of underserved communities and populations across the country through the implementation of pilot projects, modifications to state licensure restrictions, liability concerns, and reimbursement for store-and-forward technology. AADA monitors state legislation for provisions that require reimbursement and establish telehealth definitions, standards of care, prescription policies and scope of practice parameters.

AADA also supports the Interstate Medical Licensure Compact, which creates an expedited pathway for qualified physicians who meet certain criteria to obtain licensure in multiple states. The Compact affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located.

Access to Compounded Treatments

The use of compounded products is integral to most dermatology practices. In order to provide the best patient care, access to commonly used products prepared and compounded in the office or by a traditional compounding pharmacy for in-office use should not be unduly restricted, nor should there be any unnecessary requirements beyond applicable state statutes or rules that require dermatologists to provide patient-specific prescriptions prior to in-office use as doing so would impede access to care and interfere with the patient-physician relationship.

Biosimilar Substitution

AADA works at the state level to ensure that biosimilar substitution is carefully evaluated by a patient’s physician and healthcare team to determine the benefits and risk. Physicians should be notified by the pharmacist of the exact product dispensed to their patient by the time of dispensing and this information should be included in a patient’s record.
Cosmetic Procedures Taxes and Medical Provider Taxes

State policymakers are looking at physician practices as one source of revenue to remedy their budget shortfalls. Legislators have targeted cosmetic medical procedures tax as a solution, although the tax invades patient privacy and is difficult to administer. AADA works to vigorously oppose any tax or assessment on cosmetic medical and 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.

Patient Access to Anatomic Pathology Services

AADA advocates for preserving access to quality pathology services by protecting the in-office ancillary services exception to the federal Stark law, which governs physician ownership and physician self-referral to pathology and other patient services that physicians are trained and qualified to provide.

Office-Based Surgery

AADA advocates to ensure that state office-based surgery regulations 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. The AADA opposes mandatory accreditation for procedures performed solely under local anesthesia, including procedures using dilute local (tumescent) anesthesia.

Skin Cancer Prevention

AADA works with state and local policymakers to raise awareness of the rising national burden of skin cancer. AADA encourages increased attention to skin cancer prevention by encouraging behaviors that decrease the risk of skin cancer, such as the use of products to help protect against the dangers of UV exposure. The Academy regularly conducts skin cancer screenings at the U.S. Capitol and state capitals to raise awareness among state legislators and the public.

Anatomic Pathology Billing

AADA advocates for policies that protect dermatologists’ ability to appropriately bill for the technical component of dermatopathology services performed in the office. In addition, the AADA opposes policies that force dermatologists to have the pathology done by an outside pathology group. Dermatologists must retain the right to use a dermatopathologist of their choosing. It is necessary for the dermatologist to be able choose the dermatopathologist with whom they work best based upon their confidence in that dermatopathologist’s skill and the ability to communicate with each other.
**Electronic Health Records Implementation**
AADA advocates against burdensome regulatory requirements designed to facilitate effective and “meaningful use” of electronic health records, but which holds onerous and expensive consequences for physician practices. The Academy remains concerned that some provisions of HIT implementation, as well as other Medicare reporting requirements, pose an undue burden on physicians to achieve compliance with the regulations.

**Medical Liability Reform**
Patient access to medical care is threatened when the practice of dermatology is hindered by fear and skyrocketing insurance premiums. AADA works with policymakers at the state level to promote efforts to limit physicians’ exposure to frivolous lawsuits that threaten physicians’ ability to serve their patients and increase health care costs through defensive medicine. The AADA strongly supports reforms that will address the inefficiencies in the medical liability system, reduce the practice of defensive medicine, address rising health care costs and preserve patient access to quality dermatologic care.

**Body Art and Piercing**
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. AADA advocacy efforts aim to ensure that 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.

**State Policy Resources**
- **Legislative and regulatory analysis**
- **Legislative hearing preparation** (talking points, individual leader/member preparation, testimony or letters of support from AADA)
- **Grassroots support** (drafting and/or sending action alerts, identifying legislative targets, key contact network development)
- **Proactive policy planning** (issue identification, model legislation, coalition building)
- **AADA State Advocacy Grant Program** – This grant program provides financial assistance to state dermatology societies that are advancing health policy initiatives, which may include state lobbying expenses. State dermatology societies submit applications that are reviewed by AADA State Policy Committee and approved by the Government Affairs, Health Policy and Practice Council.
For questions regarding state policy, please contact:
Lisa Albany, Associate Director, State Policy, lalbany@aad.org, 202-712-2615
Victoria Pasko, Senior Specialist, State Policy, vpasko@aad.org, 202-609-6331

American Academy of Dermatology Association
1445 New York Avenue, NW, Suite 800
Washington, D.C. 20005-2134
Main: 202.842.3555
Fax: 202.842.4355
Website: www.aad.org/advocacy/state-policy