AACU State Advocacy Conference Promises to be Innovative, Informative

The upcoming annual AACU State Society Network Advocacy Conference in October, 2013, promises to be an innovative and informative forum for urologists interested in the socioeconomic, political and technological issues that affect our practices. This year’s meeting will include symposia on political issues at the state and federal levels with an emphasis on extending advocacy activities to state legislatures as well as with our federal legislators in their home districts. To this end, the first full day of the meeting will include a state society presidents’ forum, a urology advocacy roundtable discussion, a federal policy update, a review of USPSTF policy advocacy, a discussion of health insurance exchanges and their potential effect on urology practice, a primer on the evolution and future of health delivery systems, and a segment dedicated to issues surrounding pay for performance and value based medical practice. On Sunday, the meeting transitions from the politics of medicine to the impact of technology on medical practice with cutting edge segments on technological innovation in the private and public sectors, state promotion and regulation of life science inventions and discoveries, and the role of ‘Big Data’ and health IT on private and academic practices. All in all, this year’s SSN meeting will be an exciting and impactful forum covering the full range of socioeconomic and technological issues facing all urologists.

Mark D. Stovsky, MD, MBA, FACS
Chair, AACU State Society
Dear colleagues,

This has been an exceptionally busy and important year so far for the AACU. As you are aware, on May 3, 2013, during the AUA meeting, updated guidelines were released regarding PSA screening for prostate cancer. The AACU responded quickly, issuing the following press release. It has been well received by the AACU membership and other organizations who advocate for continued efforts to detect prostate cancer early. In follow up, the AACU established a media campaign for Men’s Health Month that enables AACU members to write and distribute letters to the editors of their local and regional newspapers reminding the public of the importance of early detection of prostate cancer.

Legislatively, in Connecticut, the AACU joined numerous state and national professional associations, and others, in submitting testimony in opposition to two medical liability bills supported by the state’s plaintiffs’ bar, Senate Bill 1154 and House Bill 6687, which sought to roll back some of the state’s medical liability reform measures that had been in place for a number of years. Ultimately, neither bill became law. In the state of Washington, Senate Bill 5215, sponsored by 2011 AACU Distinguished Leadership Award honoree Senator Randi Becker, became law upon the signature of Governor Jay Inslee (D). Among other things, this new law will prohibit tying physician licensure to participation in Medicaid or any other public or private payor arrangements. Senator Becker was inspired by the AACU’s Medical Practice Freedom campaign that she learned about at a past AACU State Society Network Advocacy Conference. You can read more about this success on page six.

The AACU will continue to stay active at both the federal and state levels, monitoring legislation and advocating on behalf of urologists and their patients, especially as our country prepares for the continued implementation Affordable Care Act.

Thank you again for the privilege of serving as your president. I hope to see many of you soon at the State Society Network Advocacy Conference meeting in October.

Mark S. Austenfeld, MD
President, AACU

Dramatic changes are occurring to our nation’s health care system. Now more than ever, physicians need to be engaged in health care policy and legislation both nationally and at the state level. For over 40 years, the ACCU has been advocating for urologists and their patients, and I thank you for being a member. I also urge you to reach out to any colleagues who may not be members of the AACU and invite them to join. UROPAC, co-sponsored by the AACU and AUA, is another important component to urology advocacy as it is the only political action committee for urologists. UROPAC is doing great work at the federal level, and if you have not already donated to UROPAC this year, I encourage you to do so.

The 6th Annual State Society Network Advocacy Conference will be held on October 5 – 6, 2013, at the InterContinental Chicago-O’Hare in Rosemont, Illinois, just outside Chicago. This year’s conference is shaping up to be one of the best. The conference includes panel discussions by urology society presidents and leaders of other urology organizations on the importance of state societies and urology engagement and advocacy. Attendees will also hear the latest about health insurance exchanges, the evolution of health care delivery, and the role of specialists and professional associations in developing alternate pay models. On Sunday, attendees will hear from leading experts, Chris Coburn, on technological innovations in medicine, and Gary Fingerhut, on Big Data’s influence on medical decision making, among others.

If you would like more information on legislation mentioned in this newsletter, please visit the AACU website at www.aacuweb.org or email info@aacuweb.org.
Carolinas’ Corner

On May 8, 2013, North Carolina Gov. Pat McCrory (R) signed legislation entitled “Freedom to Negotiate Health Care Rates” into law, thereby prohibiting so-called “most favored nation” provisions in contracts between insurers and providers. New and amended contracts after Oct. 1, 2013, may not prohibit a health provider from contracting with another carrier to provide services at a rate that is equal to or lower than the payment specified in the contract.

South Carolina Approves Urologic Disease Awareness Measures
The urologic community in South Carolina received well-deserved attention from elected officials in Columbia in the ongoing legislative session. Prostate cancer survivor Sen. Nikki Setzler (D) led the charge for joint approval of a resolution to express opposition to the US Preventative Services Task Force Recommendation against PSA-based screening. A 2012 video of Sen. Setzler explaining the vital importance of early detection is available online (www.bit.ly/SetzlerPSA). Sen. Sean Bennett (R) similarly shepherded a resolution designating May 2013 as Bladder Cancer Awareness Month through the legislative process. Urologists are encouraged to review these legislators’ records as they consider supporting candidates in future elections. Both of these legislators will next face the voters in Nov. 2016.

Thank You to Our 2013 AACU Corporate Members:
AbbVie
Allergan, Inc.
Amgen, Inc.
Astellas Pharma US, Inc.
Auxilium Pharmaceuticals, Inc.
Bayer HealthCare
Endo
Janssen Biotech

AACU Sponsorship Opportunities
Industry Partnerships are a vital part of the AACU’s success. The AACU seeks Industry Partners who share the organization’s commitment to growth and excellence in the field of urology. Partnership packages include advertising, marketing opportunities and enhanced exposure throughout AACU-hosted meetings. Through this program, we hope to work in tandem with industry colleagues to identify ways to enhance our current member programs and implement new projects that will lead to improved patient care through better physician education and mentoring. Please invite your industry contacts to become AACU Corporate Members. Partnership packages are promotional opportunities and, unlike educational grants, are appropriate to discuss with your sales representatives. Please ask them to contact JP Baunach at JP@wjweiser.com for more information.

If you have vendors you do regular business with, please ask them to become more involved with AACU. Thank you for your help!
The following report is reproduced, in part, from Dr. Jeffrey Kaufman’s July 2013 submission to the AACU Board of Directors. The full version is available at www.aacuweb.org.

Despite concern that the American Medical Association (AMA) represents a minority of American practicing physicians, it remains the most important voice for the interests of medicine in the country today. When politicians in Washington refer to organized medicine, they rarely mean the AACU, AUA, ACS or other specialty groups. They mean the AMA. No matter what disagreements we have with the AMA, it’s important that urology be well represented at the House of Delegates (HOD), the democratic policy-creating arm of the organization.

If organized urology is unable to defend itself because of inadequate representation, we would soon see our interests trampled in the House of Medicine and the Halls of Congress. Representation in the HOD is proportional to the number of AMA members who are also members of their specialty or state society. At present, the urology delegation is made up of one AACU delegate and two AUA delegates (down from three AUA seats held in 2011). Urologists who represent other organizations often join the official delegation to form the Urology Caucus. Likewise, the urology delegation seeks partnerships with larger groups that share concerns consistent with our own. Toward that end, last year, I was elected to the executive committee of the Surgical Caucus and I frequently meet with the Pacific Rim Caucus. If lobbied effectively, these two groups can add to our baseline of 15-18 urology caucus votes on issues important to our specialty. This was the case at the June 2013 Annual Meeting in Chicago, where we once again confirmed – Coalitions are the path to success in the [House of Delegates].”

Quite a few specialties are increasingly concerned about mandates to maintain certification. Several resolutions dealt with ongoing MOC efforts; cost, burden, impact and demonstrating value. Much discussion centered on whether MOC has been demonstrated to contribute to patient care or whether new regulations and requirements are self-serving to the various specialty boards. There was an additional consensus that MOC not be tied to MOL or used to disqualify otherwise qualified practitioners from licensure or hospital staff privileges.

For the third consecutive meeting, the urology delegation introduced and secured AMA HOD approval for a specialty-focused resolution. Resolution 227, addressing urotrauma: “Resolved that our American Medical Association support legislation and/or regulations to ensure both Active Duty members of the Armed Forces and Veterans suffering from genitor-urinary injuries receive the best possible surgical and mental health care (Directive to Take Action).”

The AMA’s support on this issue will be helpful as Congress considers urotrauma task force legislation. The House amended the National Defense Appropriations Act to include our Joint Advocacy Priority. When House and Senate versions of that bill are reconciled, the support of the AMA is likely to keep our urotrauma amendment in the final legislation, which will certainly be signed by President Obama. The passage of this resolution by the AMA and successful vote in Congress represent a very significant success for our legislative efforts.

The resulting votes created AMA policy that will hopefully have impact on how health care delivery systems are developed, will improve various aspects of public health and modify future medical education. PPACA has created a disruptive change in how health care is going to be delivered in this country and mandated new business models. This AMA House of Delegates sought to address many of these changes. It remains to be seen how effective AMA leadership and lobbyists are in impacting legislation and regulation. No matter the outcome, it’s clear that urologists who are concerned about how care is delivered need to join the AMA and seek a greater voice in AMA deliberations. The AMA may not speak for every American physician but they speak loudly and represent our interests better than any other group. It is imperative that organized urology maintain a loud voice within the AMA to insure that our interests are heard and respected. The AACU and the AUA must encourage more members to join the AMA and designate the AACU as their specialty society to increase representation. Every AACU board member should belong to the AMA.

Read Dr. Kaufman’s full report at www.aacuweb.org.
Most of the nation’s legislatures have adjourned for the year, though some will be in session this fall. This report will summarize and highlight some of the events and trends that were witnessed this during the spring legislative session.

**Medical Liability**

While a number of bills addressing medical liability were introduced this session, including those in Missouri which sought to re-establish caps on non-economic damages after the state’s supreme court found them unconstitutional, relatively few became law. Of significance, however, are bills in Georgia and Florida that became law. Georgia HB 499, which had the support of both the state’s medical society and trial bar, prohibits, in the absence of supportive expert testimony, federal payor guidelines, standards and criteria from being used to establish negligence or the standard of care in medical malpractice actions. Florida SB 1792, among other things, tightened up the rules regarding expert testimony, requiring that an expert who testifies against a specialist physician must also be a specialist in the same field. A similar issue was debated in Connecticut where numerous specialty societies offered testimony in opposition to HB 6687 which sought to relax the qualifications of the author a certificate of merit filed in support of medical malpractice claims. That bill, along with SB 1154, another bill being supported by the trial bar, did not leave committee, and fortunately did not become law.

**Stark and Anti-Kickback Laws**

Overall, a small number of bills were introduced this session concerning patient referral and anti-kickback laws. However, the state of Oregon saw a relatively large number of patient referral bills this session, many of which were introduced by Senator Alan Bates, DO, SB 376, for instance, prohibits restrictions on patient referrals except for the requirement that a health care provider disclose any financial interests the provider (or his or her immediate family member) may have in the facility to which the patient is referred. At the other end of the spectrum is HB 2998, seeking to bar health care providers from referring patients to facilities in which he or she (or an immediate family member) may have a financial interest, subject to certain exceptions, and requiring full disclosure of those financial interests in those circumstances where a referral was permitted. Yet, the bill that is on its way to becoming law is SB 683, which requires a health care provider to disclose any financial interests, bars the provider from withdrawing the referral if the patient chooses to go to a different facility, and limits the Oregon Health Authority from imposing any further restrictions on patient referrals. As of June 26, SB 683 was awaiting the Governor’s signature.

Bills seeking to amend patient referral laws stalled in Massachusetts, New York and Pennsylvania. The Governor of Washington recently signed SB 5601 into law, requiring the state’s anti-kickback laws, including those that govern the donation of electronic health records technology, to be interpreted in a manner consistent with federal law.

**Certificate of Need and Facility Regulation**

This session a number of bills seeking to either relax existing certificate of need and licensing laws or impose new ones have been considered. Alabama SB 151, introduced in response to a decision from an Alabama court, was recently signed into law and exempts facilities that have been sold or otherwise transferred from having to obtain a certificate of need. In Arizona, foreign medical corporations are now permitted to obtain certificates of registration in the state following the enactment of SB 53. In Maine, LD 162, which would have eliminated the state’s certificate of need laws, did not make it out of committee. However, Washington SB 5017, which seeks to eliminate the certificate of need process for all entities aside from hospitals, did not make much progress initially, but was reintroduced in May in the state’s first special session.

Meanwhile, in Minnesota, HB 164 was signed into law, limiting the construction of radiation therapy facilities to those owned, operated, or controlled by a licensed hospital, and imposing a moratorium on the construction of such facilities in certain counties. Similarly, Rhode Island enacted SB 538, imposing a moratorium on nursing facilities until 2016, subject to certain exceptions.

**Telemedicine**

Bills were introduced in a large number of states that involve medical services provided telephonically (aka telemedicine). The goal of most of these bills is to require private insurers to reimburse health care providers for telemedicine as if those medical services were provided in person. Such bills were introduced in: Alaska, Arizona, Connecticut, Washington D.C, Florida, Illinois, Massachusetts, Mississippi, Montana, New Mexico, South Carolina, Texas and Washington. These bills became law in Arizona, Mississippi, Montana, and New Mexico.

**Legislative Campaign for Uniform Prior Authorization**

Responding to increasing evidence of the administrative burden associated with countless health insurers’ varying prior authorization forms and procedures, state legislatures across the country this session weighed legislation requiring insurers to use and accept a uniform prior authorization form and or provide for quicker authorization. More thorough measures provide that if a health insurer fails to use or accept said form, or fails to respond promptly, the prior authorization request must be deemed granted.

In the past three months, Arkansas, Colorado, Mississippi, New Mexico and Texas enacted legislation to create a uniform prior authorization form, which insurers must utilize and accept in writing or electronically. Similar legislation recently passed the Oregon Senate on June 19, and now awaits hearing in the House. Washington has taken a more cautious approach, creating a work group charged with making recommendations, which it must submit to the legislature by November 15, 2013.

If you have questions regarding the Government Affairs Report or the Affordable Care Update, please email Dan Shaffer, JD, legislative attorney at WJ Weiser & Associates, Inc., at: dan@wjweiser.com.
Work Force Report
By: Ross Weber, State Affairs Manager

Scope of Practice – Payers Limit Practitioner Integration
The aging US population and impending increased demand for health care services created by the ACA have raised concerns about health care provider shortages and bolstered efforts to allow non-physician providers (NPP) to practice independent of physicians. While 18 states plus the District of Columbia already grant nurse practitioners full autonomy, recent research finds that scope of practice laws, in and of themselves, do not prevent NPPs from practicing to the full extent of their education and training. Rather, public and private payers more often inhibit appropriately-regulated integration via restrictive reimbursement policies.

Only a handful of the 250 bills in 39 states considering scope of practice issues in 2013 have addressed NPP reimbursement. Most notably, Oregon HB 2902 requires insurers to reimburse physician assistants and nurse practitioners in independent practices at same rate as physicians for same services. Curiously, HB 2902 also calls for a study of the issue, but implements the “pay equity” provisions before research is conducted. With backing from the Oregon Medical Association, sources expect this bill to be approved before lawmakers adjourn June 28.

In addition to the many bills to expand nurse practitioner and physician assistant authority by revising geographic proximity supervision requirements and their permission to prescribe medication, physical therapists and chiropractors have made significant gains in 2013. So-called “direct access” bills have already been approved in Indiana (HB 1034), Kansas (HB 2066) and Oregon (HB 2684), granting physical therapists authority to evaluate and treat patients without a physician referral. Similar legislation gained traction during now-adjourned sessions in Oklahoma (HB 1020) and Texas (HB 1039), and is under active consideration in California (AB 1000).

Medical Education and Specialist Loan Repayment Proposals Deserve Wide Attention
Lawmakers in Sacramento continue to deliberate the merits of two measures that may soon find their way across the country. A state Assembly committee approved a plan April 22 to support graduate medical education by generating roughly $100 million a year with a $5-per-covered-life fee to be imposed on health care insurers (AB 1176). Not surprisingly, private payors oppose the bill, pointing to a number of new taxes and fees associated with the ACA that “burden” insurers and whose costs will be passed along to consumers. AB 589 creates a loan assumption program (up to $20,000) for physicians working full time in underrepresented specialties, as annually defined by the Medical Board of California.

AACU and State Society Team Up in Successful Campaign
By: Ross Weber, State Affairs Manager

The AACU achieved a major accomplishment May 20, 2013, when Washington Gov. Jay Inslee (D) signed SB 5215, concerning health care professionals contracting with public and private payors. Among other provisions, the new law prohibits tying physician licensure to participation in Medicaid or any other public or private payor arrangement.

Sponsored by 2011 AACU Distinguished Leadership Award honoree Sen. Randi Becker, SB 5215 was inspired by the AACU’s Medical Practice Freedom campaign. Sen. Becker learned about states’ attempts to require physicians to contract with Medicaid programs at the 2011 AACU state advocacy conference. After a trial run in the 2012 legislative session, she made the issue a top priority in 2013. Sen. Becker, who assumed responsibility for the Health Care Committee this year, successfully shepherded SB 5215 through the legislative process and credits AACU and Washington State Urology Society urologists for overcoming the threat of a partial veto as the bill reached Gov. Inslee’s desk.

This significant achievement demonstrates the effectiveness of the AACU, the value of your continued membership and the ability of urologists to impact public policy.

Photo courtesy: Washington State Urology Society
Affordable Care Act Update
By: Ross Weber, State Affairs Manager

Since becoming the law of the land in March 2010, the Patient Protection and Affordable Care Act (ACA) has altered insurance industry practices, expanded certain Medicare benefits and initiated new payment and service delivery models. Much of the upheaval and organizational transformation over these last three years has been borne by the private sector as governments planned new institutions to handle millions of newly insured citizens.

Health Insurance Exchanges Must Launch Before Oct. 1
Health insurance exchanges are a key cog in this new bureaucracy, since they will be the mechanism through which more than 20 million individuals and employees of small businesses purchase health insurance. While the federal government never expected states to forgo the operation of its own exchange, 26 states rejected the local option, while another seven chose to partner with the US Dept. of Health and Human Services. These 33 jurisdictions represent 64 percent of the population.

Leaders of the federal and state exchanges are frantically seeking to certify qualified health plans, creating and testing the user experience and educating consumers on how to buy coverage through the online marketplace before the start of open enrollment Oct. 1. An ongoing challenge for state and federal regulators, as well as physicians, will be certification of network adequacy. For those states that do not currently maintain such standards for private payors, the requirements for Medicare Advantage plans will be utilized.

Medicaid Expansion Attracts GOP-led States; Private-Public Partnerships
As of May 24, 2013, 26 Governors announced support of Medicaid expansion according to the framework established by the Affordable Care Act, and an additional 4 state executives will seek approval for an alternative model to cover childless adults who earn up to 133 percent of the federal poverty level.

The ACA provides for full federal funding of newly-eligible enrollees for three years, beginning Jan. 1, 2014. While special legislative sessions are being pondered in those states yet to make a decision, even a one-year delay could mean lost federal funds totaling hundreds of millions of dollars to cover low-income residents.

A growing number of governors who rejected health insurance exchanges and initially opposed the ACA’s Medicaid expansion are proposing to use funding allocated to states to cover individuals earning up to 133 percent of the federal poverty level (about $15,000 for an individual) to buy private insurance in the online marketplaces. Since the population earning between 100 percent and 138 percent of federal poverty level are eligible for both Medicaid expansion funds and federal subsidies to purchase insurance, lawmakers hope to direct newly-eligible citizens in that direction, rather than take them on the state’s rolls.

Arkansas Gov. Mike Beebe (D), having received legislative approval for his state’s public/private plan, will soon seek the Feds’ ok. Iowa Gov. Branstad (R) and legislative leaders will soon approve a similar plan that will be subject to authorization by CMS.

While more and more Medicaid patients are enrolled in managed care, whether expansion takes place via public programs or market-based premium support is an important distinction for providers given disparate reimbursement schemes. Federal support for either option becomes available Jan. 1, 2014.

IPAB Power grabs – Repeal Bill Filed; With No Appointees, S e b e lius Assumes Authority
Bipartisan legislation introduced by Reps. David “Phil” Roe, MD (R-Tenn.) and Allyson Schwartz (D-Penn.) aims to repeal the Independent Payment Advisory Board (IPAB), a key provision of the ACA. HR 351, the Protecting Seniors’ Access to Medicare Act, was introduced on Jan. 23, 2013, and has already garnered more than 120 cosponsors. Sens. John Cornyn (R-Texas), and Orin Hatch (R-Utah) introduced the same measure in the upper chamber Feb. 14, 2013 (S. 351).

The IPAB is empowered to reduce Medicare expenditures if federal health care spending growth outpaces unrelated inflation. Its authority over physician and pharmaceutical outlays begins April 2013, while hospitals and nursing homes are exempt until 2020. No appointments have been made to the 15-member panel as of this writing and amendments short of full-scale repeal are under consideration. Until the IPAB is impaneled, the entity’s considerable powers are vested in one person – the Secretary of Health and Human Services.
Advocate Spotlight:
Eugene Y. Rhee, MD, MBA

AACU Board Member Named 2013 – 2014 Gallagher Health Policy Scholar

Eugene Y. Rhee, MD, MBA, who serves on the AACU Board of Directors as the Western Section Representative, has been named the 2013 – 2014 Gallagher Health Policy Scholar, an award given out by the AUA and named in honor of former AUA Executive Director, G. James Gallagher. Gallagher Scholars spend a full year engaged in seminars, conferences and meetings at the national level, receive mentoring from senior AUA physicians and participate in a week-long health policy seminar for surgeons at Brandies University, sponsored by the ACS.

Dr. Rhee received undergraduate degrees in biology and political science from Emory University in Atlanta, GA. He received his medical degree from Emory University School of Medicine and completed his residency at Kaiser Permanente Foundation Hospitals in Los Angeles, CA. He received his MBA from The Anderson School of Management at the University of California, Los Angeles. He is currently the chief of urologic surgery at Kaiser Permanente, San Diego, the largest urology practice of Kaiser Permanente. Also, he is the current president of the California Urological Association, a member of the Board of Directors of the Western Section AUA and immediate past president of the San Diego Urological Society.

Congratulations, Dr. Rhee!

UROPAC Update
By: Gary M. Kirsh, MD, UROPAC Chair

With the dramatic changes occuring to our country’s health care system, changes that impact both urologists and their patients, it is vital that our specialty maintain a presence and a voice on Capitol Hill. This year UROPAC, through its targeted giving, has contributed to members of Congress seated on key committees who are in the best position to address those issues that constitute UROPAC’s legislative priorities:

• Promote Appropriate PSA Screening and reform of US Preventative Services Task Force recommendation processes
• Preserve appropriate use of the In-Office Ancillary Service Exception
• Address Work Force Shortages and increase GME funding for urology residencies
• Study and improve prevention and treatment strategies related to battlefield urotrauma

To help keep UROPAC an influential player in Washington, we need donations from you! UROPAC was a major presence at the JAC in March and the AUA Annual Meeting in May, and fundraising efforts will continue at the AACU’s State Society Network Advocacy Conference this upcoming October. This summer, members of the AACU Board of Directors and AUA Health Policy Council are soliciting past donors for contributions directly. If you have not already made a UROPAC contribution this year, please make your contribution today! Go to www.UROPAC.org to conveniently donate. Finally, we need each of you to speak to your colleagues about the importance of UROPAC. Let’s continue to keep UROPAC a strong and an impactful voice in Washington, DC! We can only do this through your help and donations!

“...To help keep UROPAC an influential player in Washington, we need donations from you!...”

www.uropac.org

The AACU exists to promote the Urologic Community’s interests in any identifiable way. If you are preparing for a meeting with your elected officials, we encourage you to contact us at info@aacuweb.org. AACU staff will provide the latest information on Urology’s priorities and resources to effectively communicate our positions.
AACU State Society Network
Advocacy Conference
October 5 – 6, 2013
InterContinental Chicago O’Hare
Rosemont, Illinois

Physicians, Policy Experts, High-Tech Innovators

Urology-Specific Policy Updates, Presidents’ Council Activities, Distinguished Leadership Award Presentation, AACU Annual Dinner

Register online at: www.aacuweb.org
SEE YOU THERE!

6th Annual AACU State Society Network Advocacy Conference
October 5 – 6, 2013
Metropolitan Chicago, IL

Please visit www.aacuweb.org

If you have an article or item of interest that you would like to be considered for publication in the AACU Sentinel, please submit to:

Lauren Shaffer
Email: lauren@wjweiser.com