



RAM

RICHMOND ACADEMY OF MEDICINE

Patient's Advocate • Physician's Ally • Community's Partner

The Leg.Up

Local, state and national news of interest to the physician community

January 23, 2019

[Email the Editor](#)

Call to Action!



We need you! Several bills currently being debated in the General Assembly WILL affect your practice of medicine. **Legislators need to hear your voice.**

House Bill 1714, introduced by Del. Lee Ware (R-Chesterfield/Goochland/Fluvanna/Powhatan) currently is before the House Committee of Commerce and Labor. This legislation will prohibit balance billing in emergency care, while requiring health plans to pay physicians directly the regional commercial average payment. This bill will hold patients harmless, while making sure physicians are compensated fairly for their work. [Learn more.](#)

Please call, e-mail, and even visit your legislator to ask for their support of HB 1714. **Other bills not supported by the physician community also are being considered!**

It's quick and easy: Go to [VoterVoice](#) to reach out to your legislator with a message of support.

[Click Here to Contact Legislators](#)

Legislative Update: Other Hot Topics at the GA

Our colleagues at the Medical Society of Virginia want to be sure RAM members stay abreast of current issues:

IMPORTANT: Medicaid Reimbursement Rates: Del. Scott Garrett, MD and Sen. Emmett Hanger submitted budget amendments (303 #23h and 303 #4s) to increase Medicaid reimbursement rates for physicians currently reimbursed below 75 percent of Medicare. The budget amendments will first be considered by the Senate Finance and House Appropriations Committees. At this critical point, these committee members, as well as all members of the General Assembly, **must** hear from you to include the amendments in the final budget proposal. **This is a critical and urgent opportunity. Call and send a message now.** [Get more information on MSV's website.](#)

Physician Assistants: HB 1952 passed in the House Health, Welfare and Institutions committee, and **SB 1209** unanimously passed the Senate. Both bills would make administrative updates to Physician Assistant practice, bringing Virginia's code in line with current Board of Medicine regulations. MSV worked Physician Assistant members as well as the Virginia Association of Physician Assistants to support this effort.

Prior Authorization and Step Therapy: MSV supports **SB 1607** (introduced by RAM member **Siobhan Dunnivant, MD**), a bill that would reform and streamline prior authorization for medications. The bill would also ensure payment for pre-approved surgeries and invasive procedures; during an approved procedure, if a physician provided appropriate additional medical care they would be reimbursed without requiring an additional authorization. The bill has been sent to the Senate Commerce and Labor Committee

Certificate of Public Need: Bills have been filed for COPN ranging from complete repeal to individual exemptions to minor amendments to existing laws. **SB 1526** would expedite the COPN process to permit additional psychiatric beds and facilities in the case of an emergency or crisis situation. **SB 1614** would create a permitting process for endoscopic, urologic, and ophthalmic outpatient/ambulatory surgery centers. Both have been referred to the committee on Education and Health. MSV maintains its position of modernizing the COPN process to support comprehensive reform that increases access to needed services, while still ensuring safety, quality, and the provision of charitable care.

White Coat Days Begin Next Week

If you're fired up to protect your patients and the practice of medicine in Virginia, here's your chance.

Join your colleagues and make your voice heard at one of **RAM's White Coat Days:**

- **Wednesday, Jan. 30**
- **Wednesday, Feb. 6**



RAM helps you prepare: We'll meet at **8 a.m.**, have breakfast and receive a quick briefing before meeting with lawmakers to share our input and perspective with them. It'll wrap up by 11:30 a.m.

[CLICK HERE](#) to sign up or call Lara at **804-622-8137** or email her at lknowles@ramdocs.org

How to Watch the General Assembly

If you can't make it to White Coat days, you can still be a part of the legislative process. [Find contact info for your representatives here.](#) Tell them what you think.

You can check progress on various bills at [Richmond Sunlight](#) or watch the live action or archived video:

- [House floor sessions](#)
- [House committee meetings](#)
- [Senate committee meetings and floor sessions](#)
- [Subcommittee meetings](#)

Anti-Vax Movement Seen As a Top Threat in 2019



The World Health Organization has listed **vaccine hesitancy**—the delay in acceptance or refusal of vaccines despite their availability—as **one of its top 10 health threats** facing the world in 2019, [reports Newsweek](#).

The phenomenon has taken hold in a number of countries around the world in recent times, and notably in the U.S. as well. CDC data shows that while coverage of most recommended vaccines remained relatively stable and

high in 2017 for American children aged 19 to 35 months, the percentage who have received no vaccinations has quadrupled since 2001.

According to a recent study, **increasing numbers of people in many U.S. states now hold anti-vaccination views**.

Other countries with notable anti-vax movements include Australia, where around 40,000 children are unvaccinated because of the objections of their parents, and Italy, which introduced new rules in 2018 suspending the mandatory vaccinations that were required for children to be admitted to school.

Stuck and Stressed: The Health Costs of Traffic



Sometimes the seemingly small things in life can be major stressors, [observes The New York Times](#). Nobody likes sitting in traffic, for example. According to one study, **commuting is one of the least pleasant things we do**. But it's not just an annoying time waster — there's a case that it's a **public health issue**.

According to [analysis by the Texas A&M Transportation Institute](#), **the average American commuter spends 42 hours per year stuck in rush-hour traffic**. In the Los

Angeles area, the figure is nearly twice that, equivalent to more than three days. We're lucky in the Richmond area.

The total cost of traffic associated with lost time and wasted fuel exceeds \$100 billion per year. As time slips away, idling vehicles add pollution, which has environmental and health consequences, including contributions to climate change. Long-term exposure to vehicle exhaust is associated with respiratory problems, especially in children.

Another toll is to psychological well-being, stemming from the sense of helplessness we experience in traffic, and its unpredictability. This, too, can be quantified. [One study](#) found that to save a minute of time spent in traffic, people would trade away five minutes of any other leisure activity. [Another study](#) found that we deal better with the commuting delays that we can anticipate.

RAM Meeting Fires Up Physicians



Speaker **Madelaine Feldman, MD**, talks with fellow rheumatologist **Harry Gewanter, MD**, after last week's General Membership Meeting.

Many RAM members got fired up about Feldman's presentation concerning Pharmacy Benefits Managers and accumulator adjustment programs, which she says destroys the doctor-patient relationship. The three largest PBMs (covering 80 percent of insured Americans), she notes, are Nos. 5, 7 and 25 on the

Fortune 500 List, while patients struggle to afford their medicine.

If you missed it, you can view the [slides](#) and [handout](#).

Kaiser Health News reports that in a practice that policy experts say smothers competition and keeps prices high, **drug companies routinely make hidden pacts with middlemen that effectively block patients from getting cheaper generic medicines.**

Pharma Shatters Lobbying Records

Axios reports that the pharmaceutical industry's two leading trade groups both **set records for lobbying spending in 2018 — a sign of just how much the industry believes is on the line in the political battle over drug prices.**



- PhRMA, the industry's largest trade organization, spent \$27.5 million on lobbying last year, the most it has ever spent in 1 year.
- A full \$10 million of that came in the first quarter — the most PhRMA has ever spent in a single quarter.
- The Biotechnology Innovation Organization, meanwhile, spent just shy of \$10 million, also a record.
- Those totals don't include the millions individual drug companies spent on their own lobbyists. They also don't include the industry's campaign contributions, which topped \$17 million in the 2018 cycle, according to the Center for Responsive Politics.

PhRMA set its previous lobbying record during the debate over the Affordable Care Act, trying to stop a fully Democratic government from taking a bite out of its bottom line.

It's remarkable that PhRMA would break that record in a year where Republicans — the industry's allies — controlled the House, Senate and White House, Axios notes.

[STAT](#) has more on this.

Governor Supports Raising Age to Vape, Smoke

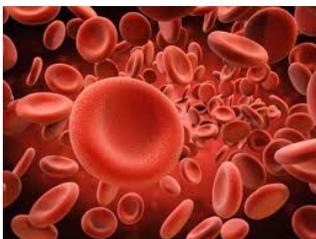
[The Richmond Times-Dispatch](#) reports that Gov. Ralph Northam **supports legislation to raise Virginia's minimum age for tobacco purchases** from 18 to 21, locking in bipartisan backing for the bill among top political leaders.



"The less minors that put that first cigarette in their mouth, the better," Northam said.

Speaking of vaping, the FDA says that **e-cigarettes face an uncertain future** in U.S. markets unless youth smoking rates drop over the next year, [reports The Hill](#). Speaking at a public hearing last week, FDA Commissioner Scott Gottlieb said he could see the entire category of e-cigarette and vaping products removed from store shelves if companies don't stop marketing such products to youth.

Injecting Young Blood into Old People ... Because Why?



Ambrosia, a company that **injects young people's blood into older people**, is now up and running in five American cities, the company [tells Business Insider](#).

Filling your aged veins with a liter of a younger person's blood costs \$8,000 (making two liters is a steal at only \$12,000).

This whole blood-replacement thing is marketed as an **anti-aging treatment**. But, as Business Insider notes, there's essentially no evidence it has any medical benefit, and it has raised plenty of red flags along the way.

Ambrosia recently [completed a clinical trial](#) of its procedure, but hasn't published the results yet.

Hospitals Stopped Readmitting So Many Medicare Patients. Did

That Cost Lives?

A decade ago, when Medicare beneficiaries were discharged from hospitals, one in five returned within a month. Older people faced the risks of hospitalization all over again: infections, deconditioning, delirium, subsequent nursing home stays. And preventable readmissions were costing Medicare a bundle, [says The New York Times](#).

So the Affordable Care Act incorporated something called the **Hospital Readmissions Reduction Program**, which focused on three serious ailments with high readmission rates: heart failure, heart attacks and pneumonia. The ACA penalized hospitals — withholding up to 3 percent of Medicare payments — when readmissions within 30 days exceeded national averages.

The program, which took effect in 2012, seemed to work as intended. Within a few years, studies appeared in prestigious medical journals showing **dramatic drops in readmissions**.

"They declined the most in the hospitals doing the worst — just what you'd hope for," said Dr. Robert Yeh, who studies cardiology outcomes at Beth Israel Deaconess Medical Center in Boston. "We thought, 'Oh, looks like it's been successful.'"

Are Medicare patients getting better care, or are they being kept out of hospitals to avoid readmission penalties? Are people getting hurt in the process?

Research has produced conflicting results about whether Medicare patients are really getting better care or if they're being kept out of hospitals to avoid readmission penalties. The questions intensified recently as two new studies helped stoke skepticism.

Gaps in Health System Show Up in Crowdfunding

[Kaiser Health News notes](#) that a lot of patients are turning to nontraditional channels to pay for health care. Scrolling through the **GoFundMe** website reveals seemingly an endless number of people who need help or community support. **A common theme: the cost of health care.** It didn't start out this way. Back in 2010, when the crowdfunding website began, it suggested fundraisers for "ideas and dreams," "wedding donations and honeymoon registry" or "special occasions."



Americans' confidence that they can afford health care is slipping, said an economist who studies American health care concerns. Even for conventional treatments covered under most health plans, the copays and high deductibles have left many people with health insurance they can't afford to use.

Propose ACA Rule Could Raise Costs for Patients

The Trump administration proposed changes that **could raise health insurance costs** for millions of Americans who get coverage on the job or receive subsidies under the Affordable Care Act, [reports The Wall Street Journal](#).

Republicans said the move is necessary to cut inflated subsidies but Democrats viewed as another GOP effort to sabotage the health law.

The proposal, released by the Centers for Medicare and Medicaid Services, would **raise the out-of-pocket maximum** that people with employer-sponsored coverage pay in 2020. The individual maximum would increase by \$200 to \$8,200 annually, and the maximum for family coverage would increase by \$400, analysts said.

The plan would also change a calculation that determines how much people pay if they buy insurance from the ACA exchange and get credits to reduce their monthly premiums. The change could raise premiums next year for many of the roughly 9 million people who get the credit.

About 100,000 fewer people are expected to have coverage on the exchanges as a

result, according to the proposed rule. Overall, the increase would lead to net premium increases totaling about \$181 million for the 2020 benefit year.

Can a 'Nice' Doctor Improve Health Outcomes?



In the age of the internet, it's easier than ever for patients to pull together lots of information to find the **best doctor**.

And for most patients, the metric they probably rely on most is the doctor's credentials. Where did she go to school? How many patients has he treated with this condition? They might also read some Yelp reviews about how nice this doctor is; how friendly and how caring. But all that probably seems secondary to the doctor's skills; sure, it would be

great to have a doctor whom you actually like, but that's not going to influence your health the way the doctor's competence will.

But new research suggests that this view is mistaken, says The New York Times. Turns out that **having a doctor who is warm and reassuring can actually improve health**. Read why.

Scientists Plan First Human Study of Nobel-winning Technique

Stat reports that National Eye Institute scientists are planning to soon launch the **first human study using induced pluripotent stem cells**, which were discovered more than a decade ago and won a Nobel Prize in 2012.

To make iPSCs, scientists take adult cells, send them back in time until they're like embryonic stem cells, and then turn them into other cell types, like those in the eye. The NEI researchers just reported that they saw promising results using retinal cells made from iPSCs to treat a type of age-related macular degeneration — a major cause of blindness — in rats and pigs.

Meanwhile, University of Southern California scientists are expected to launch a Phase 2 trial this year of another therapy for AMD, this one created with stem cells derived from human embryos.

'Planetary Health Diet' Could Save Lives and the Earth

Humanity's dominant diets are not good for us, and they are not good for the planet.

That's the message of a new study released last week in The Lancet.

To enable a healthy global population, an international team of scientists created a global reference diet, that they call the planetary health diet. They say it's an ideal daily meal plan for people over the age of 2 and they believe will help reduce chronic diseases such as coronary heart disease, stroke and diabetes, as well as environmental degradation. The diet breaks down the optimal daily intake of whole grains, starchy vegetables, fruit, dairy, protein, fats and sugars, representing a daily total calorie intake of 2,500.



Not surprisingly, the planetary health diet is based on cutting red meat and sugar consumption in half and upping intake of fruits, vegetables and nuts.

The authors warn that a **global change in diet and food production is needed** as 3 billion people across the world are malnourished -- which includes those who are under and overnourished — and food production is overstepping environmental targets, driving climate change, biodiversity loss and pollution. CNN has more on this.

No Joe? World's Favorite Coffee Species May Go Extinct



Better savor every sip. Scientists say the **world's most popular coffee species are going extinct** — and it's all our fault.

New research shows 60 percent of coffee species found in the wild could soon go extinct.

Researchers at Kew Royal Botanic Gardens in the UK warn that climate change, deforestation, droughts and plant diseases are putting the future of coffee at risk,

[reports CNN.](#)

"The important thing to remember is that coffee requires a forest habitat for its survival," senior researcher Aaron P. Davis said. "With so much deforestation going on around the world, wild coffee species are being impacted at an alarming rate."

Davis added that coffee plants grow in very specific natural habitats, so rising temperatures and increased rainfall brought by climate change can make coffee impossible to grow in places the plants once thrived.

Get Involved With RAM

It's time for physicians to rally to improve your practices and your profession. I hope to see many of you at our White Coat days; if you're too busy to attend, please take a minute to email legislators and explain our side of the issues.



Thanks for reading The Leg.Up (and I'm sorry that I'm personally very responsible for the extinction of coffee). Please feel free to contact me with your ideas, suggestions and concerns (or complaints). You can reach me by [email](#) or at (804) 622-8136.

We appreciate that you're a part of the Academy and its continuing conversation about the best practice of medicine.

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