



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

February 6, 2019

[Email the Editor](#)

White Coats Call on Lawmakers

Thanks to all the **RAM members** who turned out this morning (and last week) to advocate for our patients and our practices.

We heard many positive responses from lawmakers. Thanks to your efforts, we're effecting change in the General Assembly.

Many thanks to **SunTrust Wealth Management** for sponsoring today's White Coats on Call day. They provided great meeting space, a wonderful breakfast and free parking literally across the street from the General Assembly meeting. The Academy appreciates its partnership with SunTrust Wealth Management!



[Click here to see more photos from White Coats on Call on RAM's Facebook page!](#)

Legislators Need to Hear From You

Bills have crossed over between the House and the Senate, and now's the time to help legislators understand what these bills will mean to patients in Virginia. Reach out now with an email or call to your elected officials.

Issues to discuss with SENATORS:

Co-pay Accumulators

• **Key Message: Please support HB2515 (Hugo), making sure that all payments received on payments received on behalf of a patient count toward patient's deductible and out-of-pocket maximum and copay.**

Step Therapy Reform

• **Key Message: Please support HB 2126 (Davis) to reform step therapy.**

- Step therapy is an insurance process that requires patients to try older, less expensive medications and prove they are ineffective before insurance will cover the medication recommended by the patient's physician.
- HB 2126 reforms step therapy by creating a faster, more efficient exemptions process when medically necessary and an expedited process for patients who are already on an effective treatment.

Issues to discuss with DELEGATES:

Co-pay Accumulators

• **Key Message: Please support SB1596 (Dunnavant), to ensure that all payments received on behalf of a patient count toward patient's deductible and out-of-pocket maximum and copay.**

Medicaid Reimbursement Increase

• **Key Message: Please support the 303 #1s in the Senate Budget to increase Medicaid Reimbursement**

- Medicaid reimburses many physician practices well-below Medicare or market rates.
- These cuts make it unsustainable for practices to employ and retain the team needed to care for these patients.
- This amendment would invest in critical specialties that are currently reimbursed under 70 percent of Medicare rates. This would include primary and preventive care, emergency medicine, and anesthesia

Prior Authorization

• **Key Message: Please support SB 1607 (Dunnavant) to reform prior authorization**

- Prior authorization delays patient care, limits physician time available for patients, and results in poor health outcomes and high cost
- SB 1607 reforms the prior authorization process by adding protections for patients transitioning to new insurance, guaranteeing faster turnaround and reducing repetitive prior authorizations.
- SB 1607 improves access to addiction treatment by requiring insurance to offer at least one addiction medication without a prior authorization.

Emergency Balance Billing

• **Key Message: Please support SB 1763 (Sturtevant) which prohibits balance billing for emergency medical care and removes patients from the billing process.**

- SB 1763 ensures providers are paid directly a reasonable, regional average of commercial payments for the care they provide.
- Health plans should not be allowed to refuse to cover the care if it turns out that the patient wasn't having an emergency. This bill will require insurance companies covers the care provided, regardless of the final diagnosis.

Certificate of Public Need Reform

• **Key Message: RAM and MSV support modernizing Virginia's COPN program in a meaningful way.**

- While COPN reform may not move forward this session, we continue to support meaningful, comprehensive change that expands patient access to safe, high quality care, while ensuring the continued provision of charity care.

Tobacco Products

• **Key Message: Please support SB1727 (Dunnavant, Norment) regarding the purchase and sale of tobacco products, nicotine vapor products, etc.**

Advocating for Medicine

RAM members **Jonathan Schaaf, MD, John Butterworth, MD, Bruce Silverman, MD, Craig Pinsker, MD** and **Quinn Lippmann, MD**, meet with **Del. Debra Rodman** this morning at White Coats on Call.



President Talks Drug Pricing, HIV in SOTU Speech

President Trump used his State of the Union speech last night to tout his administration's work on drug pricing, criticize a New York law legalizing abortions after 24 weeks for medical reasons, and call for progress on curbing HIV transmission. Here's the rundown, courtesy of Stat:

- **Drug prices:** Trump claimed that "drug prices experienced their single largest decline in 46 years" in 2018, thanks to the administration's efforts. But he wasn't referring to list prices. He was citing a little-known measure called the consumer price index for drugs, which researchers have found diverges from other ways of estimating drug spending. He also called for drug makers, insurers and hospitals to "disclose real prices to foster competition and bring costs down."
- **HIV:** Trump also confirmed his administration will try to end the HIV epidemic in the U.S. within the next decade — but experts have warned that's a harder task than his pledge suggests. More on that [here](#).
- **Abortion:** The president criticized a Virginia bill that would loosen some restrictions on abortions in the third trimester and a recently passed New York law that legalizes abortion after 24 weeks for medical reasons.
- **Childhood cancer:** Trump said he'll ask Congress for \$500 million over the next 10 years to fund "critical, lifesaving research" on pediatric cancers.

House of Medicine Marks Some Wins

Your advocacy efforts in Virginia's General Assembly have paid off with some wins for patients and physicians:

- **Health Insurance** HB 2515 (Hugo) and SB 1596 (Dunnavant) Co-pay Accumulator bills, both passed out of their respective committees. These bills would require any insurance carrier in the Commonwealth to count any payments made by another person on the enrollee's behalf, including prescription drug coupons, toward a patient's out-of-pocket maximum or cost-sharing requirement.
- **Balance Billing** HB 2544 (Byron) Emergency balance billing bill, which would have given insurance companies unilateral authority to establish rates with no transparency, ultimately limiting patient access to emergency care, died in House Commerce and Labor Committee. Also, HB 2543 (Byron) ancillary services balance billing bill was struck by the patron last week. This bill would have applied onerous requirements on the referring and treating physicians before the patient could receive treatment or services.
- **Physician Assistants** HB 1952 (Campbell) passed the House and moved to the Senate. SB 1209 (Peake) has passed the Senate and has moved to the House. Both bills would make administrative updates to Physician Assistant practice, bringing Virginia's code in line with current Board of Medicine regulations. MSV has been working closely with our Physician Assistant members as well as the Virginia Academy of Physician Assistants to support this effort.



Unfortunately, the House Appropriations Committee did not include any increase in Medicaid reimbursements for physicians. The Senate Finance Committee did include an increase for any physicians who are currently reimbursed at a lower rate than 70 percent of Medicare. Their budget allocates \$4,185,199 in General Funds and \$11,060,494 in Non-General Funds in FY2020 to physicians who practice emergency medicine, adult primary and preventive care, and anesthesia. This would bring them up to a reimbursement equal to 70 percent of Medicare. Because this was included in the House budget, it will be an issue that has to be addressed during the budget conference process.

Physician: Access to Liver Transplantation Just Got Harder

RAM member **Marlon Levy, MD**, professor and chair of VCU's Division of Transplant Surgery and director of the Hume-Lee Transplant Center, says that **Virginians stand to lose big** under a new policy adopted by Richmond-based United Network for Organ Sharing (UNOS).

He [writes in the Richmond Times-Dispatch](#), "Patients on the Commonwealth of Virginia's waiting lists for liver transplantation now face additional obstacles to receiving a lifesaving transplant. This news is not good: The patients who are transplant candidates in Virginia will endure longer waiting times, will need to be sicker before a liver is offered to them, and more of them are likely to die while waiting. Projections are that deaths on the wait-list will exceed 25 percent, or 1 in 4, within Virginia."

In a complex new system, more donor organs will be allotted to larger markets such as New York and Philadelphia. [Read why](#) that could be bad news for Virginians.

Drug Prices, PBMs Continue to Dominate the News

So few PBMs, but so much news.

Axios notes that starting this spring, **five corporate giants** — Anthem, Cigna, CVS Health, Humana and UnitedHealth Group — **will control both health insurance and pharmacy benefits for more than 125 million Americans**. Most of this happened through rapid consolidation. Now the pressure is on these companies to prove that putting everything under the same roof will help them better control both drug and medical spending.



An **unlikely bipartisan consensus** has formed to blame pharmaceutical companies for high prescription-drug prices, [says The Wall Street Journal](#). As odd a duo as President Trump and Bernie Sanders already have called for drug price controls, and more voices will join the chorus as the public grilling of pharmaceutical executives continues. Voters should be wary, says the Journal. What Americans pay at the pharmacy counter is determined by a complex, opaque third-party payment system for prescriptions. And drug companies are flipping the script and starting to blame PBMs and middlemen for the prices, [says the Journal](#).

Wall Street panicked a little after the Trump administration rolled out its **drug rebate proposal**, but the stock prices of companies most at risk recovered because there's still so much uncertainty about how [the policy](#) would change their businesses, Axios reports.

The [proposal](#) would bar pharmacy benefit managers and insurers from accepting rebates from drug companies in Medicare and Medicaid under anti-kickback law. Instead, the two sides could work out fixed-fee arrangements, with rebates flowing directly from manufacturers to patients at the pharmacy counter.

Yes, but: The rule...

- Would not immediately affect the commercial market, although HHS Secretary Alex Azar [wants Congress](#) to pass the proposal into law so it would apply everywhere.
- Would not touch the other profitable tactics that PBMs have mastered, like [spread pricing](#) and [generic drug algorithms](#).
- Would take a swipe at a flawed rebate system, but push middlemen to raise premiums — which federal actuaries said could raise Medicare spending as much as \$196 billion over the next decade.
- Would almost certainly initiate a lawsuit on [antitrust grounds](#).
- Would "not have a meaningful impact on our growth or earnings trajectory," David Cordani, CEO of Cigna and its newly acquired Express Scripts, said on an earnings call Friday.

One thing that is pretty certain: Pharma wins. There's no mandate to lower list prices, and drug companies would get to see competitors' rebates.

E-cigarettes Are Effective at Helping Smokers Quit

A yearlong, randomized trial in England showed that **e-cigarettes were almost twice as successful as products like patches or gum for**

smoking cessation, reports The New York Times.

It has been one of the most pressing unanswered questions in public health: Do e-cigarettes actually help smokers quit? Now, the first, large rigorous assessment offers an unequivocal answer: yes.



The study, published last week in the New England Journal of Medicine, found that e-cigarettes were nearly twice as effective as conventional nicotine replacement products, like patches and gum, for quitting smoking.

The success rate was still low — 18 percent among the e-cigarette group, compared to 9.9 percent among those using traditional nicotine replacement therapy — but many researchers who study tobacco and nicotine said it gave them the clear evidence they had been looking for.

By the way, the Washington Post reports that the legal age to smoke in Hawaii may rise to 100 if new legislation passes.

Lung Association: FDA Gets a Failing Grade on Prevention

Axios reports that the **American Lung Association** is out with its annual [report card](#) on tobacco control efforts in the federal and state governments. Here's a quick look at the findings:

- An F for the FDA: Despite rolling out proposed plans in 2018 to curb the use of e-cigs among young people, the federal agency earned a failing grade. Among other criticisms, the report says that not including mint and menthol e-cigs — which are popular among young people — in planned bans on sales of flavored e-cigs "severely undercuts any potential impact."
- Good grades for smoke-free workplaces: The ALA gave 29 states and D.C. a B or better for the strength of their workplace smoking restrictions.
- Virginia, unfortunately, did not fare well, with Fs across the board.

Lewd and Tawdry: New Tools in the Pharma Toolkit

One physician is suspected of taking more than \$70,000 in bribes from a drug company to churn out prescriptions for its highly addictive fentanyl spray, reports The Washington Post.

But prosecutors wanted jurors to focus more on what, exactly, the pain management specialist was doing at "Chicago's sexiest nightclub" with an exotic dancer turned pharmaceutical executive named Sunrise wriggling on his lap.

Prosecutors highlighted the boozy outing during the ongoing trial of Insys Pharmaceutical executives, who are accused of using kickbacks and dodgy tactics to get doctors to increase prescriptions of Subsys, their fentanyl spray, which had been approved by the FDA for treating the worst pain of terminal cancer patients with few other options.

Insys, prosecutors say, hired attractive sales reps in their 20s and 30s and encouraged them to stroke doctors' hands while "begging" them to write prescriptions. And the company offered doctors hefty speaking fees, often for events attended only by buddies and people who worked in their practices.

The New York Times has more on this shoddy business practice.

Many Doctors Uncertain About FDA Approvals



In the wake of **debate over regulatory approval standards for medicines**, a new survey finds that most physicians favorably view the approaches taken by the Food and Drug Administration, but a key disconnect also exists between their perceptions and the reality of the approval

process.

Stat reports that of nearly 700 respondents, 80 percent agreed that the FDA process

helps “protect the public from ineffective or dangerous drugs.” And 65 percent reported they were satisfied with the standards used by the FDA to approve medicines, while only 24 percent indicated approval standards are too high, according to a research letter in JAMA Internal Medicine.

This Year, the Early Bird Doesn't Get the Worm

If you filed your taxes early, don't think you're done, [says the Richmond Times-Dispatch](#).

Emergency legislation to conform Virginia's tax code with new federal tax law failed in the House of Delegates on Monday, leaving the state unable to process hundreds of thousands of tax returns (including refunds) it already has received for the 2018 tax year. They're piling up.



“It looks to me like we're headed for a pretty disrupted tax season,” said Secretary of Finance Aubrey Layne, who said that Virginia had received 344,000 tax returns by Monday morning.

Nearly Half of Americans Have Heart or Vascular Disease

A new report estimates that **nearly half of all U.S. adults have some form of heart or blood vessel disease**, a medical milestone that's mostly due to recent guidelines that expanded how many people have high blood pressure, [says The New York Times](#).

The American Heart Association says that more than 121 million adults had cardiovascular disease in 2016. Taking out those with only high blood pressure leaves 24 million, or 9 percent of adults, who have other forms of disease such as heart failure or clogged arteries.

Calling Out a Patient's Unacceptable Behavior

Most physicians will encounter patient comments that are rude—or worse, [says this article from the AMA](#). Physicians should be prepared with a ready reply and an understanding of the ethics involved.

Amy Nicole Cowan, MD, explored the tricky situation in a *JAMA Internal Medicine* essay, [“Inappropriate Behavior by Patients and Their Families—Call It Out.”](#)



She has since developed effective ways of dealing with those incidents. Here are the three key takeaways from her commentary.

- **Have a reply ready.** ‘We don't tolerate that kind of speech here,’ or ‘Let's keep it professional,’ or ‘I'm leaving because I don't feel comfortable’ are her standard lines. It allows physicians to call out the objectionable behavior, set a clear limit, and seamlessly move to the task at hand.
- **Be firm in the face of unacceptable behavior.** Use plain language—no arguments, no apologizing or negotiating — when the situation later deserves to be explored. Then circle back to the bedside later.
- **Trainees and medical students need to have this taught to them.** Typically, they are at a loss on how to handle such situations. Role-playing about how to address unacceptable comments and boundary issues should be part of the hospital hallway learning alongside more traditional clinical topics.

Also, while clinicians are often on the receiving end of inappropriate language, some patients also report disrespectful treatment from doctors. Guidance from the *AMA Code of Medical Ethics addresses the question of unacceptable from either side in Opinion 1.2.2, “Disruptive Behavior by Patients.”*

FDA Warns of Faulty Warfarin Test Strips

The FDA is [warning](#) patients and doctors that **test strips used to monitor levels of a common blood thinner might give inaccurate results**. Roche has already recalled more than 1.1 million packages of the test strips, which are used in medical devices to measure levels of warfarin. Now, the medical product distributor Terrific Care/Medex

Supply is recalling more of those test strips.

The FDA says the latest recalled products weren't included in the initial warnings because they weren't authorized to be sold in the U.S. Terrific Care/Medex Supply company purchased the test strips from an unknown supplier and imported them. The FDA says the faulty test strips "can lead to errors medication dosage that could cause serious harm or death in some patients."

Study: Millennials Face Greater Cancer Risk Due to Obesity



Millennials are facing a much higher risk of obesity-related cancers than baby boomers did at their age, according to a study published in *The Lancet Public Health*, [Axios reports](#).

The steepest increases for obesity-related cancers were in the youngest age group (aged 25–34 years) and are a warning that steps need to be taken by this generation to get rid of excess body weight.

"[The] **food environment** we are living in promotes over-consumption of energy-dense, high sugar/nutrient-poor foods that are pervasive and much more affordable and available to all," study author Hyuna Sung said.

"Furthermore, physical activity has been 'engineered' out of [our] lifestyle due to energy saving technologies, such as via the use of cars instead of bicycles."

Health Information Sold, Turned Into 'Risk Scores'

Companies are starting to sell "risk scores" to doctors, insurers and hospitals to identify patients at risk of opioid addiction or overdose, **without patient consent** and with little regulation of the kinds of personal information used to create the scores [reports Politico](#).

While the data collection is aimed at helping doctors make more informed decisions on prescribing opioids, it could also lead to blacklisting of some patients and keep them from getting the drugs they need, according to patient advocates.

Voucher Program Provides Respite Care in Virginia



Here's something your patients may need to know: The Virginia Department for Aging and Rehabilitative Services is offering up to \$400 in reimbursement per family for respite services to assist Virginians with disabilities or chronic conditions and the family members who provide their care.

Priority will be given to assisting caregivers for loved ones with dementia, as well as helping grandparents or relative caregivers providing care to a child under age 18 or an individual between the ages of 19 to 59 who has a severe disability.

[This flier](#) explains more about the program.

When Is a Surgeon Too Old to Operate?

The physician work force, like the rest of the population, has grown substantially grayer in recent years, [says The New York Times](#). Almost a quarter of practicing physicians were 65 or older in 2015, according to the American Medical Association. In 2017, more than 122,000 physicians in that age group were engaged in patient care.



Health care researchers and analysts are debating what, if anything, to do about this tide of aging practitioners. "We know that human faculties decrease with age," said Dr. Mark Katlic, the thoracic surgeon who founded Sinai Hospital's program of mandatory screening procedures for professionals over age 70.

Declining vision, hearing and cognition can affect any health professional (or any human). But Dr. Katlic has expressed particular concern about surgeons, who need to retain exceptional vision, manual dexterity, reaction speed and stamina.

Past age 70, “can you grab a tiny little blood vessel with a forceps and not grab something else?” he asked. “Or use very small instruments for sutures?” Some operations, he pointed out, go on for six or seven hours, even longer.

Studies haven’t produced clear-cut answers to such questions. Cognition and other abilities decrease with age — but the variability between individuals increases.

At 75, “there are sharp, wonderful doctors, and those who need to stop,” said Dr. E. Patchen Dellinger, lead author of a review on aging physicians published in JAMA Surgery.

We know some practices in central Virginia have policies about when to stop. What do you think?

Alexa, Help Me Get Well



A growing number of hospitals are exploring how to harness voice assistants like Amazon’s Alexa to improve patient care, reports Stat. At Boston Children’s Hospital, voice programs have been built in to improve the efficiency of ICU care and help doctors prepare for transplant surgeries.

New York’s Northwell Health is preparing to put Alexa in private rooms to give patients a new way to access information in their medical records. And Mayo Clinic is using voice technology to deliver wound care instructions to some patients.

Behind all those efforts: **a fierce fight for health care dollars among tech giants and startups** that are investing in voice-enabled technology.

Thank You

RAM extends our thanks to everyone who came to the General Assembly for White Coat days and/or took the time to make calls and send emails to lawmakers; I know our legislators appreciate your input.

And thank you for reading The Leg.Up. 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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