



MEDICAL SOCIETY OF THE
DISTRICT OF COLUMBIA

Physician Advocacy 101

June 21, 2022

Outline of Today's Session

Prior Successes

Overview of
the DC Council

Issues for 2022

Let's hear from
you!

MSDC Key Advocacy Priorities

Making the District the best place to practice medicine

Providing Quality Care to All

- Advocating for equitable health facilities and care in *all* Wards
- Promoting safe working conditions in medical facilities
- Speaking out for affordable care and appropriate insurance coverage for patients

Promoting Public Health

- Addressing structural racism in medicine
- Supporting the District's medical schools and training programs
- Protecting women's health and improving maternal outcomes

Protecting All Physician Practices

- Reforming medical liability laws
- Helping physicians with addiction and vicarious trauma and protecting them from retribution
- Ensuring medical roles are staffed by the appropriate professionals

Making Prescriptions Affordable

- Reducing opioid addiction using medically-sound policy
- Promoting affordable medication
- Reducing the cost-sharing burden on our patients, including low copays for prescriptions

Prior Advocacy Wins

Regional Reciprocity

- DC BOM voted that MD and VA physician licensing requirements are “substantially equivalent” to the District’s

Temporary licensure

Flavored tobacco bans

Midwifery regulation

DC budget priorities

- HPLRP funding and postpartum coverage funding

The DC Council

- Responsibilities include approving the government's annual budget and oversight of agencies, commissions, boards, and other instruments of District government
- Work conducted through standing committees that perform legislative research, bill drafting, budget review, program and policy analysis, and constituent services
- 13 Members
 - Representative from each of the 8 wards
 - 5 additional members elected at-large, including the Chairperson

MEET THE MEMBERS OF THE COUNCIL



Phil Mendelson

Represents: At Large
Chair: Committee of the Whole
Committee Member:
All Committees
Suite 504
202.724.8032



Anita D. Bonds

Represents: At Large
Chair: Committee on Housing and
Executive Administration
Committee Member: Judiciary and
Public Safety; Recreation,
Libraries and Youth Affairs;
Redistricting
Suite 404
202.724.8064



Elissa Silverman

Represents: At Large
Chair: Committee on Labor and
Workforce Development;
Redistricting
Committee Member: Housing and
Executive Administration; Human
Services
Suite 402
202.724.7772



Robert C. White, Jr.

Represents: At Large
Chair: Committee on Government
Operations and Facilities
Committee Member: COVID-19
Pandemic Recovery; Housing and
Executive Administration; Human
Services; Labor and Workforce
Development, Suite 107
202.724.8174



Christina Henderson

Represents: At Large
Committee Member: Government
Operations and Facilities; Health;
Labor and Workforce
Development; Redistricting;
Transportation and the Environment
Suite 408
202.724.7772



Brianne K. Nadeau

Represents: Ward 1
Chair: Committee on Human
Services
Committee Member: Government
Operations and Facilities; Health;
Recreation, Libraries and Youth
Affairs
Suite 102
202.724.8181



Brooke Pinto

Represents: Ward 2
Committee Member: Business and
Economic Development; COVID-19
Pandemic Recovery; Government
Operations and Facilities; Housing
and Executive Administration;
Judiciary and Public Safety
Suite 106
202.724.8058



Mary M. Cheh

Represents: Ward 3
Chair: Committee on Transporta-
tion and the Environment
Committee Member: Business
and Economic Development;
Health; Judiciary and Public Safety
Suite 108
202.724.8062



Janeese Lewis George

Represents: Ward 4
Committee Member: COVID-19
Pandemic Recovery; Human
Services; Labor and Workforce
Development; Recreation,
Libraries and Youth Affairs;
Transportation and the Environment
Suite 105
202.724.8052



Kenyan R. McDuffie

Represents: Ward 5
Chair: Committee on Business
and Economic Development
Committee Member: Housing and
Executive Administration;
Recreation, Libraries and Youth
Affairs; Transportation and the
Environment
Suite 506
202.724.8028



Charles Allen

Represents: Ward 6
Chair: Committee on the Judiciary
and Public Safety; COVID-19
Pandemic Recovery
Committee Member: Business
and Economic Development;
Health; Transportation and the
Environment
Suite 110
202.724.8072



Vincent C. Gray

Represents: Ward 7
Chair: Committee on Health;
COVID-19 Pandemic Recovery
Committee Member: Business
and Economic Development;
Judiciary and Public Safety
Suite 406
202.724.8068



Trayon White, Sr.

Represents: Ward 8
Chair: Recreation, Libraries and
Youth Affairs
Committee Member: Government
Operations and Facilities; Human
Services; Labor and Workforce
Development
Suite 400
202.724.8045

Who Is My Council Member?

- See prior slide!
- You can contact your ward-specific member as well as any of the at-large members
- Go to www.dccouncil.us
 - Navigate to the bottom of the page and enter your address
 - Council's general line: (202) 724-8000

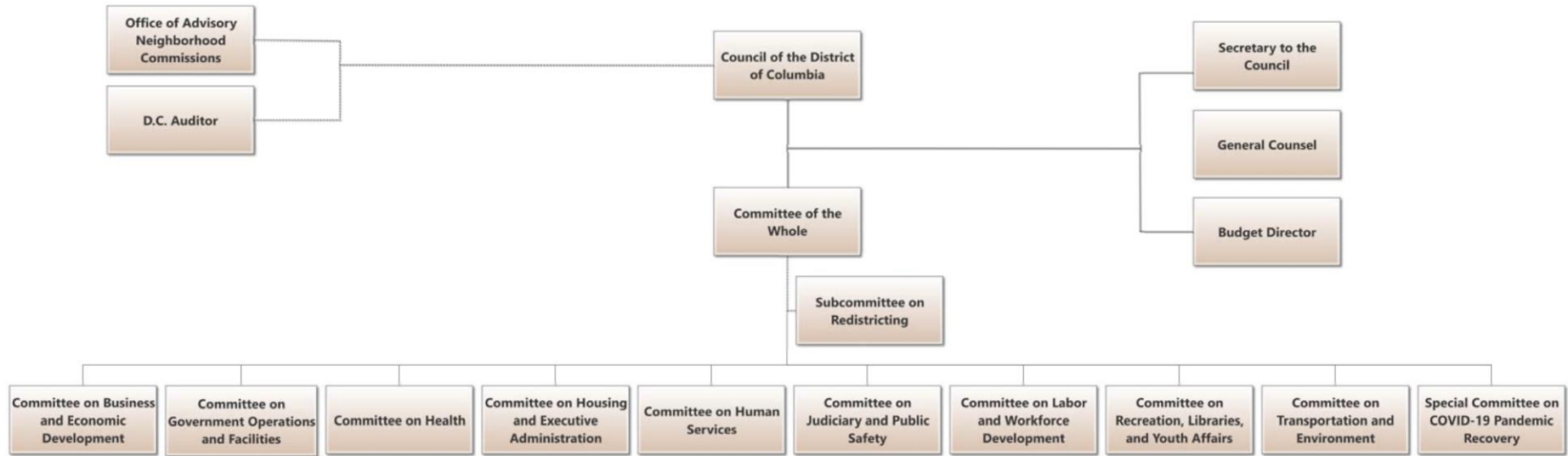
COMMITTEES

- Committee of the Whole
- Committee on Business and Economic Development
- Committee on Government Operations and Facilities
- Committee on Health
- Committee on Housing and Executive Administration
- Committee on Human Services
- Committee on the Judiciary and Public Safety
- Committee on Labor and Workforce Development
- Committee on Recreation, Libraries and Youth Affairs
- Committee on Transportation and the Environment



- **Committee on Health**
 - Vincent C. Gray (Chair; Ward 7)
 - Phil Mendelson (at-large)
 - Brianne K. Nadeau (Ward 1)
 - Charles Allen (Ward 6)
 - Christina Henderson (at-large)
 - Mary M. Cheh (Ward 3)

Council Organization



Advocacy 101

- The Council must hear from physicians and their staff
 - Hint: It's their job to listen!
- Lay politicians may not understand the impact
- The response often needs to be overwhelming to pass bills
- Be personable and honest; respectful and polite
- Brief and concise!
- Emphasize the patient story and the real-world impact this has on your ability to provide the best care you can and to be the best doctor possible

Critical Issues: Highest Priority for MSDC

- **Bill 24-0557: The Copay Accumulator Amendment Act of 2021**
 - On the agenda for public hearing on June 27
 - MSDC testifying
- **Bill 24-0655: Prior Authorization Reform Amendment Act of 2022**
 - Not scheduled for hearing yet
 - Goal is to secure a hearing; MSDC has sent a letter to the Committee on Health, signed by over 120 physicians and healthcare professionals representing 21 different ZIP codes, asking for a hearing

B24-0557: The Copay Accumulator Bill

- Health insurance companies and PBMs have created 'copay accumulator adjustment programs,' which excludes the value of any discount provided by a 3rd party from counting towards the insured's deductible or out-of-pocket maximum
- The insured may exhaust the manufacturer discount and then pay all out-of-pocket costs under the cost-sharing agreement
- Insurance company receives a double benefit: 1) receives the value of the manufacturer's discount; 2) receives the insured's out-of-pocket payment → in other words, they are OVERPAID
- What was designed as a way to cut costs for the insured actually results in higher costs for consumers and lower costs for insurers
- **Bill requires that any discount, coupon, or other 3rd party assistance be applied to the insured's copay, deductible, or out-of-pocket maximum as if the insured had made the payment**

Copay Accumulator Bill

- Bill language: “To amend the Specialty Drug Copayment Limitation Act to require health insurers to apply discounts, financial assistance, payments, product vouchers, or other reductions in out-of-pocket expenses made by or on behalf of a member when calculating the member’s coinsurance, copayment, cost-sharing responsibility, deductible, or out-of-pocket maximum for a covered benefit.”
- <https://lims.dccouncil.us/downloads/LIMS/48419/Introduction/B24-0557-Introduction.pdf>

14 states and Puerto Rico have passed bills to ban copay accumulator programs

UNINTENDED CONSEQUENCES: Patients are being targeted by health plan programs that undermine the benefits of copay assistance for medicines.

Copay accumulator adjustment programs and the essential health benefits loophole unfairly hurt patients who depend on medicines and have no other options by:



Targeting the most vulnerable patients

The largest burden falls on the sickest and most financially vulnerable patients, including those suffering from serious illness, low-income patients and people of color. Those patients rely on copay assistance, but accumulators cut that lifeline and leave patients exposed.



Undermining coverage for pre-existing conditions

By creating a backdoor way to erode coverage for seriously ill patients, big companies avoid paying for critical care for their employees. This undercuts care for those with pre-existing conditions.



Shifting costs to the sickest patients

When more costs are transferred to the sick and vulnerable, those patients lose access to lifesaving medications—driving down drug adherence and resulting in other more costly health issues.

Upcoming Hearing

- Committee on Health: Public Hearing
 - <https://dccouncil.us/event/health-public-hearing-27/>
- This **Monday, June 27, 2022, 10 AM**
- **Remote hearing via Webex**
- Streamed live at www.dccouncil.us
- Oral testimony
 - Contact Malcolm Cameron, Legislative Analyst for the Committee on Health: mcameron@dccouncil.us or (202) 341-4425 before 5:30 PM on June 23
 - Provide your full name, name of organization you are representing, your email address and phone number, and specific bill(s) you will be testifying about
 - Testimony limited to 3 minutes
- Written testimony
 - Email to Malcolm Cameron (see above) before 6:00 PM on Monday, July 11, 2022; please reference this hearing in the subject line

B24-0655: Prior Authorization Reform Amendment Act of 2022

- Commonsense reforms adopted by numerous states regarding prior authorizations
- Would require:
 - Medical reason for the prior auth
 - Appropriate medical professionals perform the utilization reviews
 - Standard time for insurers to honor issued prior auths
- Modeled after AMA language; reviewed by MSDC and other medical associations
- **Would be one of the highest impact bills for medicine in years**

Prior Authorizations

- Legislation:

<https://lims.dccouncil.us/Legislation/B24-0655>

- Prior auths delay treatment
- No transparency on the insurer end
- Decisions made based on numbers and demographic data, not based on the patient who needs critical treatment

Prior Auths: AMA 2021 National Physician Survey

93% of physicians reported care delays because of prior auths

>80% reported prior auths can lead to treatment abandonment

Almost 35% reported that prior auth has led to a serious adverse event

Physicians and their staff spend an average of 13 hours per week on prior auths

Physicians complete an average of 41 prior auths per week

40% of physicians have staff who work exclusively on prior auth

B24-0655: Prior Authorization Reform Amendment Act of 2022

- What will the bill do?
 - Lay out minimum length that a prior auth is considered valid
 - Set qualifications for payer personnel to make prior auth determinations
 - Prohibit utilization review based on cost and only allow it for medical reasons
 - Require utilization review honor a previous prior auth for the first 60 days of coverage
 - Require payers to make prior auth statistics publicly available

Action Items

- Ask your Councilmembers to support the bill once it leaves committee
- **If your Councilmember is on the Committee on Health, ask them to push for a hearing!**
 - Committee on Health
 - Vincent C. Gray (Chair; Ward 7)
 - Phil Mendelson (at-large)
 - Brianne K. Nadeau (Ward 1)
 - Charles Allen (Ward 6)
 - Christina Henderson (at-large)
 - Mary M. Cheh (Ward 3)

Resources

- MSDC's prior auth reform page:
<https://www.msdc.org/advocacy/reform-prior-auth>
- Talking Points:
<https://files.constantcontact.com/03a67e96701/bbd8a35f-3d51-47a0-b09d-e4ef52012859.pdf>
- Includes downloadable draft language that can be sent to Councilmembers
- Downloadable patient brochure for your office

What are DC Physicians Saying?

What DC physicians say about prior auth

My patient was denied access to a particular birth control pill she had been on successfully before, and my office was told she needed to try and fail on 5 different generic pills before she could be approved. - OB/GYN

During every rotation of clinical training, I have spent hours ensuring my patients would have coverage for needed services. These are hours I could have spent studying or providing care while learning, but instead it was mostly wasted on hold with insurance carriers. - Howard medical student

Prior authorizations can be so onerous that they effect how many new patients I am able to take into my practice. Knowing that each time I see a new patient I might need to spend an amount of time equal to the visit itself haggling with an insurance company means that I decrease the number of patients that I can help in order to manage (or avoid) the paperwork. - Psychiatrist

I have had patients require life saving medications, but been unable to use them due to prior authorization delays. For example, I had a patient require a long acting insulin that he wasn't able to obtain due to prior authorization delays, and then had to be admitted to the hospital for a severe complication called Diabetic Ketoacidosis for 4 days - all of which could have been prevented if he could get his insulin. - Internal medicine physician

Draft Email Language

Dear Councilmember –

My name is Dr. <NAME> and I am a physician who practices <location>. <If you are a resident of DC state here in which Ward you live>. I ask you today to support B24-655, the Prior Authorization Reform Act.

Prior authorization is a major burden on my ability to treat my patients. An insurer being able to delay my patients' prescriptions for any reason prevents my patients from receiving timely care. According to the American Medical Association, a survey of physicians shows 93% report prior authorizations have delayed their patients' care and 30% of the time a prior authorization is issued for no clear medical reason.

Prior authorizations hurt patients: in the same survey, physicians reported over 1 in 3 cases where prior authorization was used by insurers led to adverse health outcomes for their patients.

<Insert short personal story or anecdote>

B24-655 is in the Committee on Health waiting for a hearing.

<If you are writing to anyone besides Councilmembers Cheh, Allen, Bonds, Gray, and Lewis George>

Please support this legislation and tell Councilmembers Cheh and Gray you want the Committee on Health to have a hearing and mark-up as soon as possible. If I can be a resource, or provide more information, please contact me at <contact info>.

<If you are writing to Councilmembers Cheh, Allen, Bonds, Gray, or Lewis George> Thank you for supporting this bill. My physician colleagues and I will continue to push for this bill's passage, and I am happy to be a resource to you.

If you have any questions, you can also contact Robert Hay at the Medical Society of DC at 202-355-9401 or hay@msdc.org.

Sincerely,



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What is prior authorization?

Healthcare.gov defines prior authorization (or prior auth) as, "a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary."

Basically, if your doctor or medical provider has prescribed you a treatment to help you, and it has been held up by the insurance company to see if they think it is really necessary, you've been impacted by prior authorization. And you have to wait for your treatment.

Who do you trust to treat you - your physician or an out of state insurance company?



Prior Auth: Facts v. Reality

Prior auths don't save money

Insurers claim prior auths are a way to save patients money by allowing them to receive less expensive drugs. The reality is 93% of doctors say prior auth delayed care, meaning more treatment and medical bills.

Prior auths can be issued for any reason - even non-medical

Insurance companies claim they use medical information when issuing prior auths. But 30% of doctors say that prior auths are rarely or never evidence-based, meaning the decision to delay care isn't for medical reasons.

Prior auths can endanger health

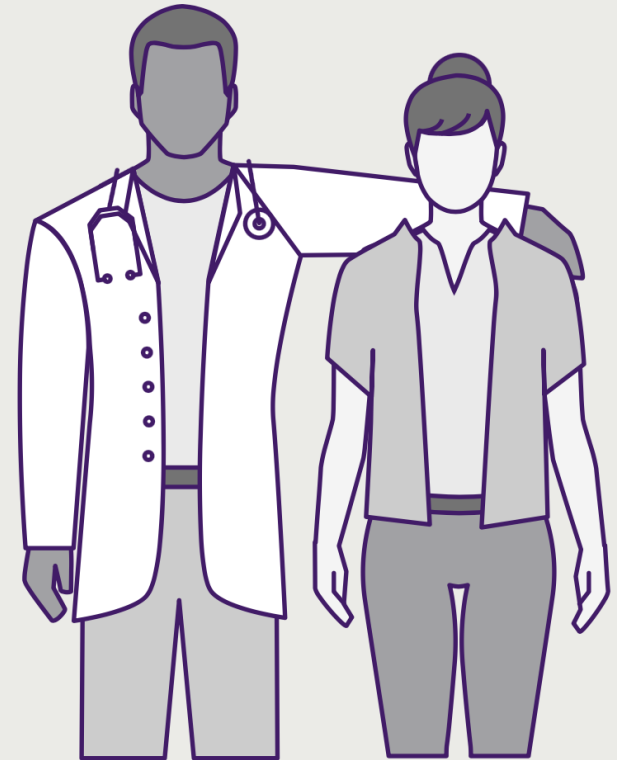
91% of doctors shared that prior auths had somewhat or significant negative impacts on clinical outcomes. The delay your insurance company is adding to your treatment can risk making your conditions or health worse, for no medical reasons.

AMA: fixpriorauth.org

Prior authorization comes between you and your patients' care. The process needs to be fixed.



The AMA promotes the art and science of medicine and the betterment of public health.



Open Forum

Let us hear from you!