Surgeon General issues action call in new report on smoking cessation

On Jan. 23, the nation's doctor, Jerome Adams MD, released *Smoking Cessation: A Report of the Surgeon General*, to the public. This 700-page report represents a collection of the latest science related to smoking cessation—a new iteration of a similar report issued 30 years ago. Evidence-based recommendations in the report include interventions at three levels: the individual clinician level, the health systems level and the population level. Given the volume of evidence available today, Dr. Adams states there has never been a better time to quit smoking.

However, the report notes that 34 million American continue to smoke, representing the leading cause of preventable death, disease and disability in the United States. Thus, during the release, Dr. Adams called upon stakeholders and invited guests, including the AMA, to use this report as a blueprint for collective, concerted action.

To combat smoking, Dr. Adams enlisted 150 experts to produce this report with a particular focus on the benefits of smoking cessation. For example, smoking cessation benefits people at any age and may add up to 10 years to their life expectancy. More resources and interventions than ever are available online, such as the Center for Disease Control and Prevention's (CDC) *Tips from Former Smokers* campaign, of which AMA is an official partner organization. The action steps advocated for are routinely counseling patients to quit smoking, eliminating insurer-imposed prior authorization requirements for smoking cessation treatment, and tobacco taxes—all of which are consistent with AMA policy. Unfortunately, disparities remain in the efficacy of smoking reduction efforts to-date in different communities; addressing these gaps will require dedicated efforts moving forward.

Of note, Dr. Adams indicated that the body of research on e-cigarettes does not support their general efficacy as a tool for smoking cessation, especially as compared to, for instance, the therapeutic use of any of seven Federal Drug Administration (FDA)-approved smoking cessation medications in combination with behavioral counseling. AMA continues to advocate for a complete ban on e-cigarette flavors, including mint and menthol, due to their appeal to youth and unclear benefits to patients. The AMA remains committed to improving health outcomes and supporting physicians' work to promote smoking cessation in the United States.

Additional information and the full report are available here.
AMA calls for regulatory changes to facilitate value-based care

The AMA recently responded to federal proposals to modify the physician self-referral and anti-kickback regulations to facilitate the transition to value-based care. The AMA commended the Department of Health and Human Services (HHS) for working to break down barriers to better care coordination and reduce administrative burdens. Traditionally, understanding how to structure practice financial arrangements to comply with self-referral and anti-kickback rules has been extremely burdensome and expensive, often requiring practices to seek help from consultants and attorneys. AMA comments highlight the need to keep the new rules straightforward and avoid unnecessary documentation and other administrative requirements so that physicians in small and rural practices can focus on patient care and avoid extra-legal and consulting costs. The AMA suggests that HHS provide a checklist and model terms for the proposed governing document for value-based enterprises, along with an online portal to provide any information needed to register the arrangement, to make it easier for small and independent practices to participate. Additional information is available in the AMA comment letters on the self-referral proposed rule and the anti-kickback proposed rule.

Physician help needed to improve HPV vaccination rates

In a letter to AMA CEO Jim Madara, MD, Assistant Secretary for Health Brett Giroir, MD, outlines an urgent need to improve human papillomavirus (HPV) vaccination rates. One in four Americans has HPV and it remains the most common sexually transmitted infection in the U.S. The HPV vaccine can prevent many of the cancers linked to HPV, including almost all cases of cervical cancer. Although the vaccine is recommended at age 11 or 12, only 51% of adolescents are fully vaccinated against HPV, leaving many young adults vulnerable to HPV infection and at risk for an HPV-associated cancer. To help improve HPV vaccination rates, ADM Giroir refers physicians to the HPV toolkit.

AMA submits comments on administration's price transparency proposal

On Jan. 29, the AMA submitted detailed comments in response to the administration’s Transparency in Coverage proposed rule, aimed at increasing transparency around health care pricing information. The proposed rule includes two key components. The first calls for private health plans to make available to patients certain price and benefit information specific to that individual, available through
internet-based self-service tools that enable patients to estimate their anticipated out-of-pocket health care costs. The second proposal seeks to require private health plans to publicly disclose privately-negotiated payment rates for in-network providers, as well as allowable amounts for out-of-network providers.

AMA comments expressed support for the first proposal, urging the administration to finalize requirements that plans provide patients with information about expected out-of-pocket costs and other benefit information. However, AMA expressed serious concerns regarding the proposal to require disclosure of negotiated rate information, citing concerns about potential for serious adverse impacts on competition and patient access to care. A similar rule was recently finalized for hospitals, which was strongly opposed by hospital groups and health plans. Those groups have filed suit to block implementation of that rule. The AMA will be closely monitoring further administration actions and the outcome of any judicial action on this issue.

Health subcommittee holds hearing on pressing need for cannabis research

The House Energy and Commerce Health Subcommittee held its first-ever medical marijuana hearing on Jan. 15. During the hearing, lawmakers from both parties pressed officials from the FDA, Drug Enforcement Administration (DEA) and National Institute on Drug Abuse to explain why the federal government continues to block research on medical marijuana, given the widespread availability of cannabis products at the state level. Cannabis is currently listed as a Schedule I substance with no medical value and high potential for abuse, severely restricting legitimate research into the safety and efficacy of cannabis products. The committee discussed six bills that propose various policy changes such as rescheduling or de-scheduling marijuana, providing a safe harbor for patients and veterans who use medical marijuana and streamlining cannabis research processes. The AMA strongly support S. 2032, the "Cannabidiol and Marihuana Research Expansion Act," sponsored by Senators Feinstein, Grassley and Schatz. This legislation would improve the process for conducting scientific and clinical research on cannabidiol (CBD) and marijuana and streamline the development of safe and effective cannabinoid-based drugs approved by the FDA.

Energy and Commerce Committee examines state efforts to curb opioid crisis

On Jan. 14, the House Energy and Commerce Subcommittee on Oversight and Investigations held a hearing to examine state efforts to curb the opioid crisis. The hearing was a continuation of the committee's ongoing, bipartisan efforts to address the opioid epidemic, and is expected to be the first
in a series of hearings to identify additional opportunities for federal legislation to support state efforts. The AMA shared the AMA Opioid Taskforce's 2019 report, "National Roadmap on State-Level Efforts to End the Opioid Epidemic: Leading-edge Practices and Next Steps," for committee consideration. Among other recommendations, the AMA believes policymakers should focus on removing barriers to treatment for opioid use disorder (OUD)/substance use disorder (SUD) and pain, along with other policies that limit patients' ability to receive care. These include prior authorization, step therapy and other administrative burdens, as well as inadequate enforcement of state and federal laws that require insurance parity for mental health and substance use disorders.

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