



American Academy of Dermatology Association

Ronald G. Wheeland, MD
President

1350 I St NW Ste 880
Washington DC 20005-3319

Phone 202/842-3555

Fax 202/842-4355

Web Site www.aad.org

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July 3, 2001

The Honorable John D. Dingell
2328 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Dingell:

On behalf of the 14,000 members of the American Academy of Dermatology Association, it is my pleasure to endorse H.R. 526, the Bipartisan Patient Protection Act of 2001 of which you are a coauthor.

Your legislation is also consistent with the principles of the Patient Access Coalition, of which the Association is a founding member. Attached you will find a copy of the Coalition's nine patient protection principles.

The Association is particularly appreciative of the inclusion of physician pathology services in the bill's point-of-service provision. The language you are adding to the bill represents a compromise developed and wholeheartedly supported by the Association, the College of American Pathologists, and the American Society of Clinical Pathologists. The addition of this language will make it absolutely clear to health plans that patients and their physicians must be able to access the pathology services most appropriate for their needs. This modification to your legislation will lead to the improvement of the quality of diagnostic health care services for millions of Americans.

Working together, it is our hope that genuine managed care reform legislation will at last be signed into public law during the 107th Congress.

Sincerely,

Ronald G. Wheeland, M.D.
President

RGW/lse
Enclosure

Patient Access Coalition principles on managed care legislation

Point of Service

Upon enrollment and at least once a year thereafter, all patients in managed care plans must have the opportunity to choose an out-of-network "point-of-service" option, allowing them to be treated by the provider of their choice if they are willing to assume any added costs associated with this option.

Access to Specialty Care

Patients must have timely access to any qualified participating specialist who is available to accept the patient for care. If appropriate in-network specialists are not available, patients must have timely access to out-of-network specialists at no additional cost to the patients.

External Appeals

Patients must be afforded notice of and have the right to a fair, de novo, independent, and timely external appeal when the plan denies treatment. The external reviewer(s) must have clinical expertise in the area in which the review is being conducted. Considerations of medical necessity must be objectively determined. The finding of the external reviewer(s) must be binding on the plan and enforceable.

Internal Appeals

Patients must be afforded notice of and have the right to a fair and timely internal appeal. The plan must provide, in a manner that is easily understandable, adequate and timely, a notice to the patient why coverage has been denied and what further review or appeal options are available.

Information Disclosure

Patients must have the right to full disclosure of all information relating to a plan's benefits and procedures, including any appeals processes, limitations and exclusions, at the time of enrollment and annually thereafter. In addition, a uniform information checklist must be provided to patients to enable them to measure the performance of their health plan and its ability to provide the full range of care.

Physician Financial Incentives

Financial relationships between a health plan and a provider that could act as an inducement to reduce or limit access to medically necessary services to patients must be prohibited.

Gag Clauses

"Gag clauses," which prohibit a provider from communicating information to patients, including treatment options, must be prohibited.

Scope

Without exception, all patients in managed care plans must be protected by a federal law that embodies the above-referenced principles to the extent that they are not already protected by stronger state laws.