

# ***AASLD PUBLIC AND CLINICAL POLICY COMMITTEE***

## ***AGENDA FOR 2017***

### **INTRODUCTION:**

AASLD is committed to promoting liver health and well-being through the conduct of federally-supported and other research and training, and the provision and expansion of services to patients, both adults and children, regardless of ability to pay, for all liver diseases and disorders whether genetic, environmental or viral.

AASLD remains specifically and strongly opposed to the retention of sequestration, as implemented pursuant to the Budget Control Act of 2011 or in any other form. Such budget caps have eviscerated research and training funding, and severely impaired services to patients. We support a balanced approach to the nation's fiscal issues that shares the burden of deficit reduction in a manner that does the least damage to critical health-related programs, research and services.

### **THE ROLE OF THE MEMBERSHIP AND BEYOND:**

One of the principal goals and responsibilities of the Public and Clinical Policy Committee is to provide educational and other materials to AASLD's membership to enable it to respond to issues brought to its attention by the Committee and the Governing Board. The Committee will continue to work to provide such information in a timely manner through the Association's various communications vehicles and encourages all Association members to play an active role in support of its priorities.

In addition, the Committee will coordinate its activities to the extent practical with patient advocacy groups and other provider organizations to assure that the liver community is speaking with a single united voice on the important issues confronting patients and providers in research, clinical practice, education and training, and the public health system.

### **RESEARCH ISSUES:**

AASLD strongly supports robust and predictable funding for scientific research and training throughout the federal government, as well as from other funding sources outside the government. Specifically:

*National Institutes of Health:*

- AASLD supports the highest attainable funding levels for NIH to advance scientific progress rapidly as envisioned by the Trans-NIH Action Plan for Liver Disease Research (TAPLDR), originally adopted in 2005 and most-recently updated in 2014. (AA, CA)
- AASLD supports a concentrated and meaningful effort to bring additional research attention and resources to the deadliest cancers, including primary liver cancer, at the National Cancer Institute, whether through administrative or legislative action. The continued increase of liver cancer incidence, seen most recently in the report from the American Association for Cancer Research, cannot be tolerated and must be addressed through a thoughtful and well-designed science-based plan. (AA, CA)
- AASLD was instrumental in the preservation of the National Institute of Alcohol Abuse and Alcoholism and believes it merits support from the NIH to enable it to address a critical public health and scientific crisis confronting the American people. (CA)

*Liver Disease Burden:*

- AASLD supports funding through NIH, AHRQ and CDC, as appropriate, to define accurately and completely, the burden of all liver diseases and disorders, including liver cancer, viral hepatitis, the spectrum of fatty liver disease including NASH, environmental damage, genetic conditions, and others. (AA)
- The issue of the burden caused by the spectrum of fatty liver diseases including NASH is particularly problematical. It is among the most serious, yet least talked about, implication of the obesity epidemic in America. It is critical that aggressive action be taken now to prevent fatty liver disease from becoming the next “silent disease” as viral hepatitis has been characterized.

*Patient-Centered Outcomes Research:*

- AASLD supports a robust comparative effectiveness research (CER) program funded by the Patient-Centered Outcomes Research Institute (PCORI) and NIH that will enable hepatologists and their patients to make appropriate evidence-based clinical decisions related to diagnosis and treatment, while assuring effective training for researchers in CER methodologies. (M)

*Other Research Agencies:*

- AASLD supports the highest attainable funding levels for liver-related research through the Department of Veterans Affairs, the Department of Defense and all other government agencies with a liver-related research portfolio. (CA)
- AASLD strongly supports the practice and delivery innovations being sponsored by the Innovation Center at CMS and will actively work to ensure that these demonstrations reflect the needs of liver disease patients and

hepatologists. (CA)

## **PATIENT CARE ISSUES:**

AASLD supports federal policies and programs that will improve liver health, enhance medical treatment for all patients with liver disease, reduce health disparities among liver disease patients, and promote liver wellness and prevention of disease. Specifically:

### *Access to Care:*

- AASLD strongly supports the welfare of patients with liver disease and the clinical needs of those who treat them. We urge payers, pharmaceutical companies, physicians and advocates to take responsibility for ensuring the greatest access to care for patients with HCV by ensuring cost does not limit their access. (AA) (CA)
- AASLD's position is that all patients with hepatitis C should be treated. AASLD recommends treating the sickest first, but recognizes the need to treat all. Treatment plans developed by a physician and patient should never be denied by any payer. The Guidance issued by AASLD and IDSA is not intended to be used by payers to deny access to treatment. It is intended to help guide clinical decision-making. (AA) (CA)
- AASLD believes that new treatments for HCV that are currently available and those we are confident will soon receive FDA approval should be heralded as remarkable advances in curing a disease that was very recently fatal. They are a one-time treatment with minimal side effects and an unprecedented cure rate. This fact must be considered aside from the issue of cost – an issue on which AASLD has no direct control but about which it is deeply concerned. (AA) (CA)
- AASLD supports increasing funding to pursue the goal of maximizing the number and quality of organs available for transplantation. This includes but is not limited to promoting organ donation programs conducted or funded by the Health Resources and Services Administration, as well as through the states, to the highest attainable levels. (CA)
- AASLD supports efforts to further explore geographic disparities in organ distribution with a goal of minimizing both the effect of geography on access to organ transplantation as well as potential adverse effects related to preservation time, cost and decreased organ utilization. (CA)

### *Health and Human Services:*

- AASLD supports the provision of liver health care to all Americans, regardless of ability to pay, through the effective implementation of the Affordable Care Act’s rules and regulations to assure that treatment is provided to both communicable and non-communicable diseases that impact the liver. (AA)
- AASLD supports attacking the “silent epidemic” of viral hepatitis through intervention on and careful monitoring of the implementation of the existing HHS Viral Hepatitis Action Plan, as reissued and updated in 2014. Specific goals and priority areas include:
  - Increasing the proportion of those aware of their HBV infection from 33 percent to 66 percent;
  - Increasing the proportion of those aware of their HCV infection from 45 percent to 66 percent;
  - Reducing the number of new cases of HCV infection by 25 percent;
  - Eliminating mother-to-child transmission of HBV;
  - Continuation of the underlying goals and priorities of the original plan issued in 2005. (AA, CA, M)
- AASLD supports efforts to further explore geographic disparities in organ distribution with a goal of minimizing both the effect of geography on access to organ transplantation as well as potential adverse effects related to preservation time, cost and decreased organ utilization. (CA)
- AASLD strongly supports legislative and administrative measures to improve and enhance vaccination rates for both HAV and HBV. (AA) (CA)

*Centers for Disease Control and Prevention:*

- AASLD supports the highest attainable level of federal funding through CDC’s Division of Viral Hepatitis for states’ efforts to prevent the spread of infectious liver diseases (particularly viral hepatitis), and to screen, diagnose and refer for treatment those who are already infected. Immigrants from countries with high incidence of hepatitis B or C could particularly benefit from this increased initiative. (CA)
- AASLD supports developing a comprehensive plan and stronger role with regard to all chronic liver diseases, such as the spectrum of fatty liver disease including NASH, at the Centers for Disease Control and Prevention’s Center for Chronic Diseases. (AA)

*Centers for Medicare and Medicaid Services:*

- AASLD supports the development and implementation of quality measures that reflect the most current practice standards and that enhance treatment for patients while maximizing the efficiency of providers. AASLD will work to ensure that its members have a variety of quality measures on which to report as reimbursement becomes more dependent upon quality reporting. (AA)
- As CMS implements the Medicare Access and CHIP Reauthorization Act (MACRA), AASLD will ensure that the two tracks, the Merit- Based Incentive Payment System (MIPS) and alternative payment models (APMs), provide options for hepatologists to succeed. (AA, CA)
- AASLD supports efforts to ensure that patients with chronic liver disease have access to appropriate care. AASLD will ensure that any legislative or regulative efforts consider the needs of the liver patients and properly reimburse hepatologists for these services. (AA, CA)
- AASLD supports efforts to have CMS conduct research on the work required to deliver cognitive evaluation and management (E/M) services so this data can be used to develop new E/M codes that more accurately reflect the cognitive work of hepatologists. (CA)
- AASLD continues to support the development of new payment models, like Accountable Care Organizations (ACOs) and Medical Home Neighborhoods, and will work to ensure that these models are beneficial for patients through increased efficiency and better quality of care. (CA, M)
- AASLD remains concerned about the impact of the CMS Open Payments Program on continuing medical education (CME) and will continue to monitor its implementation to ensure that members retain access to these important programs. (CA, M)

*Other Agencies:*

- AASLD continues to strongly encourage the FDA to implement policies recommended by its advisory committees that aggressively address adverse events caused by inadvertent overdoses of acetaminophen, particularly related to compound drugs. (AA)
- AASLD supports an aggressive effort to diagnose and treat liver disease for veterans under the jurisdiction of the Veterans Health Administration and military personnel and their families under the jurisdiction of the Department of Defense. The VA in particular is ideally suited to collaborate with the National Institutes of

Health in the development of algorithms to detect liver cancer at the earliest possible date.(M)

- There remains a particular problem of discrimination against persons with hepatitis B. While the problem has been addressed in medical and dental schools, the issue remains with branches of the military using outdated, discriminatory policies to discharge personnel from active duty due to chronic hepatitis B. AASLD strongly believes that the Department of Defense needs to develop a department-wide, evidenced-based standard for addressing this issue. (CA)
- AASLD supports funding for workforce programs within the Health Resources and Services Administration and the development of new payment delivery models that ensure that patients will have access to a well trained workforce, as well as funding for K awards, T-32 awards, and related programs. (CA, M)
- AASLD supports efforts to further explore geographic disparities in organ distribution with a goal of minimizing both the effect of geography on access to organ transplantation as well as potential adverse effects related to preservation time, cost and decreased organ utilization. (CA)

Key: (AA) = Active Advocacy; (CA) = Coalition Advocacy; (M) = Monitoring