

CUA REPORT



Spring/Summer 2018

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by Peter Bretan, MD

Action and Advances on the Frontlines



This year has so far proven to be an exciting time in Health-care policy making, not just in California,

also nationwide. The inaugural AUA Urology Advocacy Summit convened in Washington DC from March 12 to 14, with >200 attendees from all parts of the country. Informative topics and updates were presented by national experts coupled with meetings with our legislators one on one. The process of healthcare policy (HCP) making is as much about relationship building as it is about expertise in a related area. Included during the summit was a celebration of the past years gathering of our HCP fellows that help both the AUA and CUA do our work in these regards.

(See also Dr. Robert Lurvey's detailed Summit report on page 4).

During this meeting SCR 110 was thoroughly reviewed by representatives of the Endocrine Society, Pediatrics and Pediatric Urology, CUA and AMA. This California State Senate Resolution from Scott Wiener (D-

AUA Urology Advocacy Summit - March 12-14, 2018



Face to Face on Capitol Hill: CUA Past Presidents Aaron Spitz, MD and Eugene Rhee, MD met with California legislator Scott Peters and staff during the AUA Advocacy Summit.

San Francisco) calls for a moratorium against childhood surgeries till patients reach adulthood, despite countless procedures performed in the past (most often with great success and lifelong satisfaction) after a thorough review of options put forth by a multi-disciplinary team of physicians overseeing the process of helping parents decide for their children the best long-term options. This process has benefited the majority of patients suffering from Congenital Adrenal Hyperplasia caused clitoral hypertrophy, which is the majority of patients making up the group that will be af-

ected by this non-rational California State Senate resolution. This resolution has the unintended consequence of insurers not paying for genitalia surgery in genetic females. Additionally, it takes away the ability of parents to act in a timely manner that would benefit otherwise nl genetic females from psychological issues stemming from having a phallus. It strikes at the heart of the doctor patient relationship and takes away a time tested multidisciplinary approach that have spared ambiguous genitalia patients from a delay in

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CMA Council on Legislation (COL) Summary –March 16, 2018

By **John Lam, MD, MBA**
CUA Delegate to CMA HOD

The California Medical Association (CMA) Council on Legislation was held at the Sacramento Convention Center on March 16, 2018.

Universal Health Care Coverage

An update on Universal Health Care Coverage was presented regarding a new legislative proposal on single payer/universal healthcare introduced by CARE4ALL. CARE4ALL “is coalition of consumer, community, labor, progressive, and health care organizations working to advance the goal of quality, affordable health care for all Californians.” The main proponents are Service Employees International Union (SEIU) California, Health Access, NextGen America among other progressive organizations. The legislative proposal includes: expand Medi-Cal coverage to income-eligible undocumented immigrants; increase subsidies for Covered California; develop a public option for Covered California, address health care cost drivers (cost-containment), expand regulatory oversight and accountability with a focus on health plan mergers (consolidation leads to higher prices), and enact a state individual mandate.



Congressman Paul Ruiz with John Lam, MD (R)

AB 267

April 3 – Sacramento, CA The CUA and other specialties responded to a call for assistance in March from the CMA Center of Economic Services who report a great response to a physician survey that confirmed that health plans regularly engage in unfair payment practices, despite a California law passed in 2000 to address these widespread abuses.

CMA published an article summarizing the results and linking to the full survey summary and responses. Link to article:
<http://www.cmanet.org/news/detail/?article=cma-survey-finds-rampant-health-plan-payment>.

To address these abuses, the CMA is sponsoring AB 2674 (Aguilar-Curry), which would require DMHC to investigate provider complaints that a health care service plan has underpaid or failed to pay the provider in violation of the Knox-Keene Act. If DMHC finds that a health plan has unlawfully underpaid a provider, AB 2674 would require the penalty amount to, at a minimum, equal the amount of the underpayment plus interest. Furthermore, AB 2674 would protect the health care delivery system by ensuring providers are made whole when health care service plans violate the law. The bill would also deter future violations of the law, thereby saving providers and the state vital resources that should be invested in patient care.

The proposal also includes existing legislation:

- AB 315 (Wood) Regulate Pharmacy Benefit Managers
- AB 597 (Chiu)- Pool State Purchasing Power for Prescription Drugs
- AB 595 (Wood)- Regulate Health Plan Mergers
- AB 2275 (Arambula)- New Quality Measures for Medi-Cal Managed Care Plans
- SB 538 (Monning)- Prohibit Anti-Competitive Contract Clauses

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CMA Council on Legislation (COL) Summary (continued)

- SB 1021 (Winer)- Maintain \$250 Cap on Drug Co-Pays
- 790 (McGuire)- Pharma Gifts to Doctors

New Advocacy Tools

A discussion of CMA's "Phone to Action" campaign was provided, which will be a feature on the website that will allow the ability to easily contact your legislator on any topic. In addition to the website, it also allows you to reach out via text, Twitter, Facebook messenger, or email. Staff are also able to track which legislators have been reached.

Key Legislation of importance to Urology

Senate Concurrent Resolution (SCR) 110 (Scott Wiener, San Francisco)

Sex characteristics, Introduced: 2/27/2018
Bill Status: 3/13/2018-Hearing held April 4.

SCR 110 calls upon the medical community to discontinue the use of sex assignment and normalization procedures on intersex infants, and instead let intersex individuals decide for themselves at an appropriate age whether to pursue surgery. The resolution also recognizes that intersexuality is not an aberration to be corrected but an important part of California's diversity worthy of celebration.

Background

This is a resolution that calls for legislation and has been introduced by intersex activists to prevent pediatric urologists from performing genital altering surgery on children until they are old enough to consent. The activists are comprised of patients that are unhappy and they are a very vocal minority. SCR 110 invokes the declarations of Human Rights Watch and other national and international political organizations related to human rights in an attempt to characterize appropriately provided care as tantamount to torture. Disorders of sexual differentiation present a level of complexity that must be met with the sophistication and earnestness of a multidisciplinary medical team. The declarations from the political organizations invoked in the bill are not sufficiently informed, for they have been shaped by the forceful yet one-sided bully pulpit of the advocacy groups representing an unfortunate but increasingly vocal minority. The CUA, AUA, AACU, the Society of

Pediatric Urology and a host of other multi-disciplinary national groups have worked together to refute SCR 110 as its claims and call to action (a moratorium on early surgery for Intersex conditions) are based largely on unscientific reports and outdated practices.

CMA Resolution 107-18 Supporting Autonomy for Patients with Differences of Sex Development

The CUA was successful in working with CMA to make its case and to quickly and effectively enact a strategy to counter a CMA resolution introduced by the Medical Students Section which supports the political aims of SCR 110. This resolution would direct CMA to support the deferral of surgical intervention, specifically surgical intervention solely intended to define patient gender, except when medically necessary.

While CMA legal staff was informed of the CUA position, they had planned to remain neutral on this resolution. With a neutral position, intersex activists would not be hindered by CMA's political clout at the state senate when this bill comes to vote on April 4. However, following rarely used protocols, the resolution was challenged (extracted) by CUA's delegate (Dr. John Lam) for debate that CMA change its' position from Watch to Oppose. Following debate and testimony, the Council on Legislation voted in favor of the CUA position change to Oppose.

RESULT: The CMA is now on record to oppose the resolution supporting SCR 110.

This was a huge win for the CUA and AUA and represents a tremendous collaborative effort between state and national organizations. The ramifications of this outcome go well beyond California.

(More information on page 6)

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AUA Advocacy Summit – Special Report

By Robert Lurvey, MD

March, 12-14 2018, Washington DC - Urology practice is impacted by an increasingly complex and dynamic regulatory and legislative environment. Understanding how to deftly navigate and practice in this environment can be exceptionally intimidating for any urologist, but particularly a young urologist such as myself. To help all urologists both understand the role of legislation on clinical practice and maintain a voice in regulation, the AUA held its first AUA Advocacy Summit on Capitol Hill, March 12-14. With the support of the Western Section, I was lucky enough to be one of the young urologists in attendance. The Summit proved rewarding on three fronts. It not only demystified the logistics of the legislative advocacy process, but also provided a comprehensive primer on the collision between our advancing clinical science/practice and health care policy.

First, there was the most obvious opportunity to participate in grassroots. Lobbying is its own profession for a reason, and the AUA and CUA offices maintain full time staff to help bring the interests of all urologists to the agencies that impact our day-to-day. Yet, participating first hand is important both to reinforce the professional staff's message and also to appreciate the challenges organized medicine faces in advocacy. Day one began with a concise briefing on making effective use of in-person meetings with legislators and their staff, "Advocacy 101." It was the introduction that made the novice to a lobbying day feel comfortable. During the second day of the conference we had the opportunity to participate in the grass roots door-to-door lobbying. Our entire California contingent was able to meet with the staff of both Senators Harris and Feinstein. We were also able to meet with the offices of our regional representatives, including my own Congresswoman, Doris Matsui. The meetings were helpful to establish a presence. What was most striking during our time on Capitol Hill, was the volume of other groups engaged in the same activity, seeking similar attention. If there needed to be one reason to participate

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AUA Advocacy Summit - Representatives of the CUA and Western Section met on Capitol Hill to speak at the AUA Advocacy Summit. Pictured before the general sessions are (L-R) Casey Callahan, outreach specialist for Urology Care Foundation; Tim Brand, MD, speaker; Thomas Lendvay, MD, speaker; Joe Theismann, speaker, former quarterback and TV announcer; Christine Frey, AUA Corporate Communications Manager and Eugene Rhee, MD, speaker. The topic was Professional Athletes and Surgeons: The Quest for Tools for Performance Improvement.

AUA Advocacy Summit (continued)

in the grass roots lobbying process then it is the presence of hundreds of others participating in the same process, advocating for their own, potentially competing, interests.

Second, the Summit provided a high yield approach to understanding the ever evolving regulatory environment and how it collides with the advancing science in urology. For example, a moderated discussion with Dr. David Penson highlighted the role of novel genetic markers and active surveillance algorithms in the context of PSA screening controversy. Perhaps with some bias, I found the Western Section presentations most engaging. Dr. Eugene Rhee moderated a session providing patient perspectives on urologic care. Dr. Rhee, along with Drs. Tim Brand and Thomas Lendvay discussed the role of both crowd sourcing evaluation and personal review on improving surgical quality. An added insight from professional quarterback Joe Theismann likely won over the audience.

Understanding the need for an Office of Men's Health, an increase in GME spots for urology, or relief from EHR regulations that shift burden away from physicians and towards monopolies of software companies was incredibly valuable. But ultimately, the conference provided an exceptional networking opportunity, allowing me to meet and garner insights from urologists at all stages and types of practice. – Rob Lurvey, MD



Eugene Rhee, MD and John Lam, MD were part of the Urology team attending the AUA Summit on Capitol Hill.

Report of the Noridian Medicare Advisory Representative



by Jeffrey E. Kaufman, MD
CUA Past President, Representative
to Medicare Advisory Committee

Noridian's Medicare Part B Provider Outreach and Education Department is providing your Association with our 2018 MEDPARD notification. Noridian and CMS look to Associations to help by forwarding the applicable information within this email to your members. Thank you!

Medicare Participating Physician Directory Information

The Medicare Participating Physician Directory (MEDPARD) is a list of physicians, suppliers and practitioners (Medicare health care providers) who have signed an agreement to accept assignment on all claims. When a Medicare provider accepts assignment, they agree to accept the Medicare approved amount as payment in full for a covered service and can only bill the patient for deductible, coinsurance, and any non-covered services.

CMS has instructed carriers to no longer print paper copies of the MEDPARD. Noridian, however, does have the MEDPARD database available on our website with a search capability that will allow the requestor to search for a participating provider by specialty, state and city. The MEDPARD database is located on the Noridian website at: <http://norweb.noridian.com/medpard/main.asp>.

Participating providers should visit the MEDPARD directory to check their practice information for accuracy. Your participation information should appear on the website defined above. Contact Provider Enrollment directly if specific information appearing is incorrect, has changed or is not present. The information in the database is based upon information Noridian receives when initially enrolling providers in the Medicare program. Online Assistance for Beneficiaries

As part of the ongoing effort to provide Medicare beneficiaries with information to help them make health care choices, CMS has a participating physician directory at <http://www.medicare.gov/>, the CMS beneficiary website. The directory information can be found by

Continued on next page

Noridian Medicare Report (continued)

selecting "Find doctors & other health professionals." The directory contains names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment for all covered services. You may search the directory by specialty, physician or non-physician practitioner, location, gender or last name.

– Jeffrey E. Kaufman, MD

Coalition To Protect Access To Care Summary



By John Lam, MD, MBA
CMA Delegate to CUA

On February 14, as your CUA representative to the California Medical Association, I met with California state legislators as part of the Coalition to Protect Access to Care to oppose SB 562. SB 562, also known as Healthy California, would eliminate Medi-Cal, Medicare, all private insurance and the Covered California exchange in favor of a singular health care insurance product provided by the state. SB 562 was approved in the state Senate last June, but was shelved in the Assembly Rules Committee by Speaker Anthony Rendon because the bill did not include a detailed plan on how to fund the single-payer system.

As health care providers, we see the need and support universal health coverage for all, but SB 562 was developed without the involvement of all stakeholders and with all the complexities of health care, SB 562 in its current form is not the right way to go about this as it may have serious and unintended consequences for our patients and California. The Coalition comprises of more than 100,000 California physicians, dentists, nurse practitioners, community clinics, and pharmacists to protect the gains California has made under the Affordable Care Act (ACA) and improve the health care system in the state by driving down health care costs and expanding access to care. Since implementation of the ACA, California has extended health coverage to nearly five million previously uninsured people, and has experienced the nation's largest drop in the uninsured rate. Nearly 60 percent of Californians view the ACA favorably, according to the Public Policy Institute of California – and only 18 percent want the law repealed.

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SCR 110, Relative to sex characteristics – OPPOSED by CUA

March 26, 2018 – Sacramento - While in the state's capitol the CUA sent a letter to The Honorable Ed Hernandez, O.D., Chair Senate Committee on Health to strongly oppose SCR 110. Written and signed by President Peter Bretan, MD and Immediate Past President Aaron Spitz, MD on behalf of the undersigned organizations, comments were expressed on Senate Concurrent Resolution 110, relative to sex characteristics. In part, the letter stated a strong case against Senate Concurrent Resolution 110:

...“The complex nature of developmental conditions affecting the genitalia warrants adherence to an existing standard of individualized care. Currently, we work closely with families, physicians and patients to manage many variations of sex characteristics. For example, a female with congenital adrenal hyperplasia (CAH), the most common intersex condition, may be born with ovaries and a uterus but typically male external genitalia. Ovotesticular differences of sex development, meanwhile, are very rare congenital anomalies characterized by the simultaneous presence of both testis and ovary in the same individual. Finally, partial androgen insensitivity syndrome is a disease that occurs in children when their body does not suitably respond to the male sex hormones (androgens). This impacts the development of the male sex organs in the womb. At birth, the genetic and chromosomal boy may have ambiguous genitalia...”

“...To be clear, surgery is not necessarily called for in any of these examples. We simply wish to emphasize that in order to provide effective and beneficial treatment to our patients, it is crucial to preserve early surgical intervention as an option to be considered by the multidisciplinary team in consultation with the family on a case-by-case basis.”

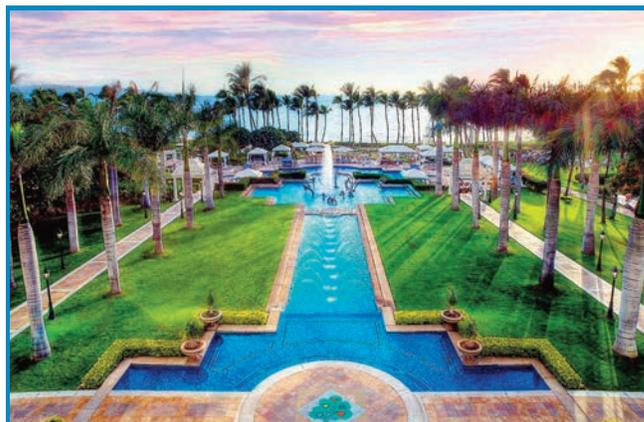
The CUA oppositional letter also represented these organizations: American Urological Association, Societies for Pediatric Urology; American Association for Clinical Urologists.

Coalition To Protect Access To Care Summary (continued)

The Coalition is working to provide a more realistic and responsible solution to SB 562, which is flawed legislation that would dismantle the health care marketplace, destabilize California’s economy, and may lead to millions of Californians losing their access to care as well as cause chaos for Californians who want to keep their doctor and health plan. Health plans play an important role in maintaining health, preventing disease and arranging for and providing high quality health services and coverage. A single payer system would not allow currently existing and effective health care systems to work together the way it does today. Furthermore, this proposal is cost prohibitive and to date has no funding source. SB 562 is estimated to cost the state \$400 billion and would likely require “hundreds of billions” in new tax revenues, which will hurt working families.

I was able to meet with the staffs of Senator Toni Atkins, Assembly Speaker Anthony Rendon, and Assemblymember Brian Maienschein, as well as personally with Assemblymember Tom Lackey who were all extremely receptive to hearing our voice and lobbying efforts against SB 562. For more information about the Coalition to Protect Access to Care, visit <https://www.protectaccessca.org> or follow on Twitter at @ProtectAccessCA.

–John Lam, MD



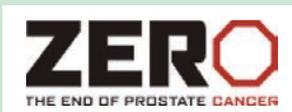
Save the Date for CUA

CUA 2018 Annual Meeting in Maui at the Western Section AUA

Open to all interested urologists.
Hear the issues, get answers!

WHEN: Sunday, October 28
at approx. 11:00 am

WHERE: Grand Wailea Hotel,
Haleakala Ballroom



ZERO Prostate Cancer – California Chapter News by Vanessa Petersen, Chapter Director

CUA SUPPORTS THE ZERO PROSTATE CANCER RUN/WALK Upcoming! Saturday, June 23, 2018 • Long Beach, CA

Join us in the journey to ZERO!

More than 2.9 million men in the United States are currently living with a prostate cancer diagnosis and our mission is clear: zero prostate cancer cases and zero prostate cancer deaths. We want to create the first generation free of the disease and we need support. Together we can change the future of men’s health and keep more families together. Register to run or walk with us and help save lives.

2018 dates for California are as follows:

- Long Beach - June 23, 2018
- Napa Valley - September 15, 2018
- San Diego - September 22, 2018
- Bakersfield- November 10, 2018

www.zeroprostatecancer.org/goto

Each CUA Chapter offers quality education and opportunity to hear excellent speakers on the latest techniques and approaches.

SDUS Chapter Recent Speakers

Stuart Boyd, MD
Jeffrey Yoshida, MD
Jesse Mills, MD
Edward Uchio, MD
Eugene Y. Rhee, MD, MBA
Kelly Parsons, MD
Mitch Humphries, MD
President (pictured):
Carol Kashefi, MD
April, 2018

OCUS Chapter Recent Speakers

Charles Modlin Jr., MD, MBA
William Kim, MD
Edward M. Uchio, MD
Roger Sur, MD
Ralph Clayman, MD
Mohamad E. Allaf, MD
E. David Crawford, MD
Peter R. Carroll, MD
Patrick C. Walsh, MD
President (pictured):
Joel Gelman, MD
February, 2018

LAUS Chapter Recent Speakers

Leonard S. Marks, MD
E. David Crawford, MD
Jay T. Bishoff, MD
Vitaly Margulis, MD
Abraham Morgentaler, MD, FACS
Patrick C. Walsh, MD
Martin Gelbard, MD
Michael J. Kennelly, MD
President (pictured):
John S. Lam, MD.
November, 2017

California Urology Alliance

The CUA Alliance Network supports young urologists and residents on the local chapter level and provides a network resource and current topic presentations from key presenters. Pictured are residents from the Los Angeles Urological Society, Orange County Urological Society and San Diego Urological Society who offer residents a forum to present their research in a friendly competition. The local chapters meet several times a year.



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President's Report (continued from page 1)

treatment. If passed parents could no longer make rational decisions for their children. Bias information was presented to sponsoring legislators, however our CUA will attempt to ameliorate the lack of clinical and scientific data by giving testimony to the state legislature in Sacramento concerning numerous and validated benefits to patients and to support parents' rights to advocate for their children. Members of the CUA will support and help introduce patients and urologists to the State Senate this coming May 1st organized by the CUA in conjunction with urologist providers. A letter signed by me and past president Aaron Spitz was submitted to the Senator Hernandez, Chair of CA Committee on Health, calling to table indefinitely this bill in their committee.



Grass roots lobbying on Capitol Hill. Representing California Urologists are John Lam, MD (second from left), CUA President Peter Bretan, MD (center) and Robert Lurvey, MD (second from right), Ira Sharlip, MD (right).

The CUA attended the CMA legislative Advocacy Day in Sacramento on April 19. The main discussion center around AB 3087 authored by Assemblyman Ash Kalra. This bill will fee set for doctors in a futile attempt to bend the healthcare cost curve. Members of the CMA and I this discussed this in person with the Chair of the Assembly Committee on Health. We pointed out that providers only make up 16 % of the overall cost of healthcare and physician fees have been flat for the past

20 years. Most importantly, this bill would further exacerbate access of care to the indigent as is seen with 1/3 of all insured patients in California are MediCal patients. It may be an uphill battle as the failure of single payor and AB 72 (A Jim Wood Bill) were defeated last year giving fuel to change a broken system, unfortunately this bill would do more harm. This bill must be defeated and be assured that CUA (partnering with CMA) is hard at work to these ends. While these battles must be fought, your valued membership is what help us defeat them.

November is Urological Health Month in California Promote it to your Patients

- **Download and display the urological health month poster**
- **Convey a positive message of appreciation for the care & service you provide during the month of November**
- **Be sure to print it color!**
- **Click the link below to download your office poster!**
<http://cuanet.org/wordpress/wp-content/uploads/2017/11/Nov-Uro-Health-Poster.pdf>

Courtesy of the California Urological Association

Post It All Year!

Your Urologist

BECAUSE NOVEMBER IS

UROLOGICAL HEALTH MONTH

IN CALIFORNIA

- Bladder
- Kidney
- Testes
- Penis
- Prostate
- Urinary Tract

CUA

Not sure...get it checked!

Courtesy of the California Urological Association - preserving and protecting present and future urological care for the people of California

Visit CUA on the
WEB

www.cuanet.org

CUA

The CUA is the largest state urological, non-profit organization that is dedicated to preserve and protect present and future Urological care for the people of California by means of education, representation, advocacy, legislative reform and leadership in various state and national health policy arenas.

2018 Meeting Calendar

CUA Members Meeting
★ Sunday, October 28 ★

**Held in conjunction with
WSAUA Annual Meeting**

Wailea, Maui

Followed by

**CUA and WSAUA
Health Policy Forum**
Sunday, October 28

**Extend your
professional network!**



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Organized Urology

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CUA Partners with



To End Prostate Cancer
Join a race in your area at
zeroprostatecancer.org

CUA Hotline

CUA Hotline offers help on coding issues and reimbursement problems for members. Please let us know your situation. Email us at info@cuanet.org Visit the CUA website at www.cuanet.org

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CARRIER ADVISORY COMMITTEE:

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John Lam, M.D.

Peter Bretan, M.D.

YOUNG UROLOGISTS REP

Robert Lurvey, M.D.

CUA Wants Your Input!

Please contact us if you wish to get involved in leadership

Call Jeannie at 714-550-9155

or email us at

info@cuanet.org

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The CUA Listens: The CUA Report is a publication for California Urologists. Readers are welcome to write, email the CUA Board of Directors and visit the website.