Whereas, It has been our AMA policy to support the doctor-patient relationship; and

Whereas, The goal of prescription benefit managers is to reduce the use of costly medications without respect to the patient’s condition or the judgment of the patient’s doctor; and

Whereas, The doctor who has evaluated the patient and relies on years of experience and ongoing education is the best one to judge the optimum, most cost effective approach for the patient; and

Whereas, Many of the most useful medications for the treatment of some grave diseases such as ulcerative colitis and Crohn’s disease require the use of advanced technology for their development and result in costly medications; and

Whereas, It is best to use the most effective medications in the care of seriously ill patients at an early stage of their treatment before there is irreparable harm; and

Whereas, Such considerations have led the Crohn’s & Colitis Foundation, the Digestive Disease National Coalition, American Academy of Dermatology, the Arthritis Foundation, Epilepsy Foundation, Lupus and Allied Diseases Association, US Pain Foundation, American Gastroenterological Association, and Digestive Disease National Coalition to advocate for this bill on Capitol Hill this year; therefore be it

RESOLVED, That our American Medical Association support HR 2077, a bill to amend the Employee Retirement Income Security Act of 1974 to require a group health plan (or health insurance coverage offered in connection with such a plan) to provide an exceptions process for any medication step therapy protocol, and for other purposes (New HOD Policy); and be it further

RESOLVED, That our AMA further support, as part of this legislation, that such a request shall be granted as quickly as the disease or condition of the participant or beneficiary requires, but no later than 3 days after the day of receipt of the request. For circumstances in which the applicable medication step therapy protocol may seriously jeopardize the life, health, or ability to regain maximum function of the participant or beneficiary, such a request shall be granted on an expedited basis; and no later than 24 hours after receipt of such request. (New HOD Policy)

Fiscal Note: Not yet determined
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