

**AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION (J-21)**

Report of the Organized Medical Staff Section Reference Committee

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1 Your Reference Committee recommends the following consent calendar for acceptance:

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3 **RECOMMENDED FOR ADOPTION AS AMENDED**

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5 1. Resolution 1 – Prior Authorization Reform for Specialty Medications

**RECOMMENDED FOR ADOPTION AS AMENDED**

- (1) RESOLUTION 1 – PRIOR AUTHORIZATION REFORM FOR SPECIALTY MEDICATIONS

**RECOMMENDATION A:**

The first Resolve in Resolution 1 be deleted:

~~RESOLVED, That our AMA issue an executive and legislative directive to allow all medications to be dispensed for one year before the prior authorization process begins (New HOD Policy); and be it further~~

**RECOMMENDATION B:**

The second Resolve of Resolution 1 be amended by addition and deletion:

~~RESOLVED, That our AMA petition work with other stakeholders to encourage pharmaceutical companies and other entities that offer financial assistance programs to expand increase eligibility for their assistance programs to include people in the \$50,000 to \$150,000 income bracket (Directive to Take Action).~~

**RECOMMENDATION C:**

Resolution 1 be adopted as amended with change in title:

**Increasing eligibility for pharmaceutical financial assistance programs**

RESOLVED, That our AMA work with other stakeholders to encourage pharmaceutical companies and other entities that offer assistance programs to increase eligibility for their assistance programs (Directive to Take Action).

Your Reference Committee heard testimony supporting Resolution 1 in concept, though expressing concern about the language in both Resolve clauses. The Committee appreciated and were in support of the primary goal of Resolution 1, that being to clear the path for easier access to medications, specifically specialty medications which can remain out of reach for many patients, through reducing the barriers put in place to access by prior authorization. The Committee nonetheless struggled with the resolution's ask that the AMA issue a directive creating a one-year pause on all medications. The Committee does not believe the AMA is empowered to issue such a directive, nor would a directive be binding given state and federal laws and regulations. Additionally, the Committee was unclear about the rationale for a one-year pause in prior authorizations relative to another period of time and whether or not such a pause could sensibly be applied to all medications, even given the frustrations many

1 physicians feel when confronted with prior authorization procedures. The Committee was also  
2 made aware of the range of existing AMA policy on prior authorization and believed the goals  
3 of the first Resolve clause could be met through reaffirmation of these policies in lieu of  
4 adopting new language. Given the House of Delegates prioritization restrictions for the June  
5 meeting and its perceived reluctance to take up reaffirmations, the Committee believed after  
6 some debate the resolution would be improved with the removal of the first Resolve clause  
7 altogether.

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9 In examining the second Resolve clause, your Reference Committee agreed that minor  
10 changes to the language could be made to keep the clause grounded in advocacy activities  
11 that the AMA is empowered to take. While the AMA lacks the authority to direct  
12 pharmaceutical manufacturers, it can actively advocate with like-minded stakeholders to  
13 pressure manufacturers to re-evaluate eligibility criteria for patient assistance programs. The  
14 Committee was unclear, however, why the specific dollar amounts referenced in the second  
15 Resolve were included and would have liked to have seen evidence supporting those  
16 thresholds in the resolution's Whereas clauses. The Committee was concerned that without  
17 evidence, the thresholds could be perceived as arbitrary which would limit the success of  
18 future advocacy efforts.

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20 Your Reference Committee recommends Resolution 1 be adopted by the Section though it is  
21 eager to see more evidence to support specific thresholds for eligibility in patient assistance  
22 programs. The Committee believes the addition of such evidence would significantly  
23 strengthen the resolution going forward.