Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

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

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