

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 720
(A-22)

Introduced by: Illinois

Subject: Mitigating the Negative Impact of Step Therapy Policies and Nonmedical Switching of Prescription Drugs on Patient Safety

Referred to: Reference Committee G

- 1 Whereas, Insurance companies use pharmaceutical step therapy programs and non-medical
2 drug switching policies as means to control costs; and
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4 Whereas, These policies can serve to try to replace a physician's judgment and interfere with
5 the doctor-patient relationship; and
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7 Whereas, These policies can restrict patient access to effective treatments, putting patient
8 health and safety in jeopardy by subjecting patients to potential adverse effects, and absorbing
9 practice resources with burdensome approvals and documentation requirements; and
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11 Whereas, The process of nonmedical drug switching mandates that a patient go off their current
12 therapies for no other reason than to save money, which can include increasing out-of-pocket
13 costs, moving treatments to higher cost tiers or terminating coverage of a particular drug; and
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15 Whereas, The American College of Physicians (ACP) has recognized the need to balance costs
16 and that any such programs should contain flexibilities so that physicians can, based on their
17 knowledge of a patient's status and co-morbid conditions, be able to easily deviate from the
18 usual approach to optimize patient care and minimize disruptions to effective care; and
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20 Whereas, The American College of Physicians has adopted recommendations to help
21 physicians and patients who are subjected to these types of policies; therefore be it

1 RESOLVED, That our American Medical Association adopt policy supporting the
2 recommendations of the American College of Physicians with respect to insurance step therapy
3 and nonmedical drug switching policies, including:
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- 5 • All step therapy and medication switching policies should aim to minimize care
6 disruption, harm, side effects and risks to the patient.
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- 8 • All step therapy and nonmedical drug switching policies should be designed with
9 patients at the center, while accounting for unique needs and preferences.
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- 11 • All step therapy and nonmedical drug switching protocols should be designed with
12 input from frontline physicians and community pharmacists; feature transparent,
13 minimally burdensome processes that consider the expertise of a patient's
14 physician; and include a timely appeals process.
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- 16 • Data concerning the effectiveness and potential adverse consequences of step
17 therapy and nonmedical drug switching programs should be made transparent to
18 the public and studies by policymakers. Alternative strategies to address the rising
19 cost of prescription drugs that do not inhibit patient access to medications should
20 be explored. (New HOD Policy)

Fiscal Note: Not yet determined

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