

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 3  
(A-24)

Introduced by: Alex Shteynshlyuger, MD

Subject: Transparency at the Pharmacy Counter—Let Patients Own Their Prescriptions

Referred to: PPPS Reference Committee  
(xxxx, MD, Chair)

---

- 1 Whereas, insurance companies routinely interfere with the patient-doctor relationship by failing  
2 to cover the medication, dose, and duration as prescribed; and  
3  
4 Whereas, pharmacies often fail to inform patients about the actual medication, dose, and  
5 duration prescribed if not covered by the health plan; and  
6  
7 Whereas, pharmacies often fail to inform patients about the option of purchasing the prescribed  
8 medications out-of-pocket and to provide the associated out-of-pocket costs when insurance  
9 does not cover or covers only part of the prescribed regimen; and  
10  
11 Whereas, prescriptions are written for three months, but insurance may only allow dispensing of  
12 one month's supply; a prescription may only be prescribed for two weeks, but insurance  
13 mandates a three-month fill; a prescription may be written for two weeks, but insurance may  
14 only allow five days' worth of medication; therefore be it  
15  
16 Resolved, that our American Medical Association advocate for legislation that mandates that  
17 pharmacies, whether physical or mail-order, must inform patients about the actual dose,  
18 duration, and number of units prescribed (number of pills, days of treatment, grams of cream,  
19 etc.), as well as the option of purchasing the prescribed medications out-of-pocket and to  
20 provide the associated out-of-pocket costs when insurance does not cover or covers only part of  
21 the prescribed regimen as well as provide a reason for dispensing deviation from the prescribed  
22 dose, duration, and number of units including a reference to insurance-imposed limits or  
23 pharmacy-imposed limited whenever relevant (Directive to Take Action).

Fiscal Note: TBD

Received: 4/29/2024

## **RELEVANT AMA POLICY**

### **AMA Response to Pharmacy Intrusion Into Medical Practice H-35.961**

Our AMA deems inappropriate inquiries from pharmacies to verify the medical rationale behind prescriptions, diagnoses, and treatment plans to be an interference with the practice of medicine and unwarranted.

Citation: CSAPH Rep. 8, A-23

### **Price of Medicine H-110.991**

Our AMA: (1) advocates that pharmacies be required to list the full retail price of the prescription on the receipt along with the co-pay that is required in order to better inform our patients of the price of their medications; (2) will pursue legislation requiring pharmacies, pharmacy benefit managers and health plans to inform patients of the actual cash price as well as the formulary price of any medication prior to the purchase of the medication; (3) opposes provisions in pharmacies' contracts with pharmacy benefit managers that prohibit pharmacists from disclosing that a patient's co-pay is higher than the drug's cash price; (4) will disseminate model state legislation to promote drug price and cost transparency and to prohibit "clawbacks"; (5) supports physician education regarding drug price and cost transparency, manufacturers' pricing practices, and challenges patients may encounter at the pharmacy point-of-sale; and (6) work with relevant organizations to advocate for increased transparency through access to meaningful and relevant information about medication price and out-of-pocket costs for prescription medications sold at both retail and mail order/online pharmacies, including but not limited to Medicare's drug-pricing dashboard.

Citation: CMS Rep. 6, A-03; Appended: Res. 107, A-07; Reaffirmed in lieu of: Res. 207, A-17; Appended: Alt. Res. 806, I-17; Reaffirmed: BOT Rep. 14, A-18; Appended: CMS Rep. 07, A-18; Reaffirmed: A-19; Appended: Res. 126, A-19