CLINICAL PRACTICE

AMA Delegates Approve Policies on Fair Prescribing

BY JENNIFER SILVERMAN

ChICAGO — A pharmacist’s philosophy shouldn’t get in the way of prescribing needed drugs to patients. That was one of the reasons physicians reached today in addressing controversial topics at the annual meeting of the American Medical Association’s House of Delegates.

American Pharmaceutical Association (APhA) policy recognizes an individual pharmacist’s right to exercise conscientious refusal to fill prescriptions. In committee debate and in full congress, physicians at the House of Delegates meeting expressed concern that pharmacists were exercising this provision to impede access to certain medications, including emergency contraceptives and psychotropic agents.

“What happens between the doctor and the patient is between doctor and patient,” Mary Frank, M.D., president of the American Academy of Family Physicians, told this newspaper. “What they decide has to have priority over the pharmacist’s objections.”

Although the delegates didn’t specify exactly what the use of conscience clauses, they did call for legislation that would require individual pharmacists or pharmacy chains to either fill legally valid prescriptions or refer patients to an alternative dispensing pharmacy.

AMA Trustee Peter W. Carmel, M.D., president of the APhA who would work with the pharmacists’ associations and state legislators “so that neither patients’ health nor the pharmacist-patient relationship is harmed by pharmacists’ refusal to fill prescribed medications.”

The House also agreed that the AMA should lobby for state legislation that would allow pharmacists to dispense medication to their own patients if no pharmacist within a 30-mile radius is able and willing to dispense the medication. The APhA did not respond to requests for comment from this newspaper.

In other business, delegates addressed the challenges physicians face in balancing the increasing value of imaging tests with patient efforts to restrict reimbursement. Several resolutions were approved that directed the AMA to oppose any attempts to restrict such reimbursement based on physician specialty.

Some payers propose to reimburse only radiologists for imaging, a practice that other specialists believe is unfair, Bruce Scott, M.D., an otolaryngologist, said. “The simple fact is that we are going to want to bill for ultrasound, and the cardiologists want to bill for their interpretation ofslides,” he told this newspaper, adding that the bottom line is physicians should be able to have the right to bill for a service they provide and are qualified to perform.

Balance billing was another topic addressed and measures were approved asking that the AMA prepare legislation that would allow pharmacists to balance bill regardless of the payer.

In the wake of pay for performance initiatives, “which are nothing but third party managers,” those rules would place patients back in control, enabling them to negotiate their own bills with their individual physicians, Jay Gregory, M.D., of the Oklahoma delegation, said during committee debate.

To address the Medicare physician fee schedule, delegates recommended that saving under Medicare Part A that could be attributed to better Part B care (for example, fewer inpatient complications, shorter lengths of stay, and fewer hospital readmissions) should be “credited” and flow to the Part B physician payment pool.

On another contentious issue—malpractice—delegates called on the AMA to explore federal legislation that would correct inadequate state medical liability laws while preserving state medical liability reforms that have proven effective.

The House of Delegates also commented on the aftermath of the Terry Schiavo case, voting to oppose legislation that would “presume to prescribe a patient’s preferences for artificial hydration and nutrition in situations where the patient lacks decision-making capacity and an advance directive or living will.”

A number of resolutions called on schools to develop children’s health programs, such as sun-protection policies in elementary schools.

Most delegates were in agreement with this resolution, although some concerns were raised that this might place undue burdens on teachers. Parents should be the adults in charge of applying sunscreen to their children, Peter Lavine, M.D., delegate to the Medical Society of the District of Columbia, said in committee proceedings.

Delegates rejected a provision to impose taxes on sugar-sweetened soft drinks. Instead, they approved policy urging public schools to promote the consumption and availability of nutritious beverages.

Reducing television watching would do more to curb obesity in children than taxing soft drinks, Holly Wyatt, M.D., delegate to the Young Physicians Section for the Endocrine Society, said during committee debate.

Addressing general policies on obesity, the AMA urged physicians to incorporate body mass index screening as a component of routine adult examinations and BMI percentiles in children.

In addition, the resolution called on the AMA to develop a school health advocacy agenda that includes funding for physical activity programs.