

AMA Delegates Vote to Support Drug Importation

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ATLANTA — Delegates to the American Medical Association's 2004 interim meeting made a bold move to support prescription drug importation by wholesalers and pharmacies, provided that certain conditions were met to ensure patient safety.

"Prescription drugs should be available at the lowest price possible, and we must ensure quality and safety," AMA Trustee Edward Langston, M.D., said at a press briefing following the vote.

The policy approved by the House of Delegates states that the drugs must be approved by the Food and Drug Administration and must be subject to reliable "track and trace" technology and a closed distribution chain. The policy was swiftly approved by the house after much discussion in committee.

The AMA also reaffirmed that it does not support personal importation of prescription drugs via the Internet until patient safety can be assured.

The policy urges the AMA to educate members regarding the risks and benefits associated with reimportation efforts.

"We're certainly gratified the AMA emphasized the need for safety" in its new policy, Jeff Trewitt, spokesman for the Pharmaceutical Research and Manufacturers Association, told this newspaper.

PhRMA, however, "remains convinced that importation is too riddled with problems to pursue."

The AMA's position on patient safety and reimportation could change once it reviews a forthcoming report from a task force of the Department of Health and Human Services, the policy stated.

The issue is certain to come up in the House of Delegates again. In committee debate, Erich Garland, M.D., AMA delegate from the American Academy of Neurology, asked that the AMA look further into the cost discrepancy between Canada and other countries. Recently, "I was surprised to find that large insurance companies were reimbursing patients for medicines they got in other countries," Dr. Garland said. "We shouldn't need to reimport medicine."

Delegates approved several measures designed to address the influenza vaccine shortage, asking that physicians be allowed to form purchasing alliances for competitive purchasing of the vaccine comparable with large purchasers supplying pharmacy and grocery chain stores.

Language to study mechanisms to help the uninsured was also approved. Dele-

gates in one instance broadened the scope of a board report, stipulating that federal legislation to authorize and fund state-based demonstration projects should include—but not be limited to—implementing income-related, refundable, and affordable tax credits.

The AMA says imported drugs must be approved by the FDA and subject to a closed distribution chain and reliable 'track and trace' technology.

In other actions, delegates voted to:

- ▶ Seek the replacement of the Medicare payment formula's sustainable growth rate with payment updates that reflect increases in the cost of medical practice.

- ▶ Pursue caps on noneconomic damages as a top priority in medical liability reform, with a request to the board of trustees to report efforts to reform the civil justice system, as part of its coalition-building activities.

- ▶ Create model state legislation for physicians who testify in medical liability cases, emphasizing that they must meet statutory expert witness requirements, such as comparable education, training, and occupational experience in the same field as the defendant. "Junk science has no place in the courtroom," said Donald Palmisano, M.D., AMA's immediate past president.

The stance on prescription drug impor-

tation provided the House of Delegates the opportunity to flex its political muscle at a time when the AMA is struggling with its identity and appeal to younger physicians.

Delegates heard the evidence for themselves in video clips of young participants in focus groups, and in new survey data, where only 11% of 800 physicians identified the AMA as a leadership body to which they could relate.

"Physicians simply aren't clear about who we are and what we do," Michael Maves, M.D., the AMA's executive vice president, said during the meeting's opening session.

The survey reaffirmed a longtime trend that physicians prefer their specialty or state society to a broader umbrella organization. Only 19% of the survey participants thought the AMA increased opportunities for their voices to be heard on important issues, as opposed to specialty groups (49%) and state groups (30%), said Ajay Gupta, a principal at McKinsey & Co., a management consulting firm that conducted the survey and the focus groups.

Lack of confidence in the AMA has manifested in declining membership rolls. The percentage of nonrenewals in AMA membership has doubled from 10% to 20% over the past decade, with young, active physicians accounting for most of the decline, Mr. Gupta said. ■

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