

AMA Adopts Policies on Fair Prescribing, Imaging

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CHICAGO — A pharmacist's philosophy shouldn't get in the way of prescribing needed drugs to patients. That was one of the conclusions that physicians reached while 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 outwardly oppose 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., promised that the AMA would work with the pharmacists' associations and state legislators "so that neither patients' health nor the patient-physician 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 physicians 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 payers' 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, told this newspaper.

"The ob.gyns. are going to want to bill for ultrasound, and the cardiologists want to bill for their interpretation of slides," he said, adding that the bottom line is physicians should 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 physicians to balance bill regardless of the payer. In the wake of pay-

for-performance initiatives, "which are nothing but third party managers taking over," balance billing 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 savings 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 curtail 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 (BMI) and waist circumference as a component measurement in 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.

Responding to the highly publicized alleged link between antidepressant use and suicidal tendencies in children and young adults, delegates adopted language to promote the education of physicians about the appropriate use of such medications in these age groups. In addition, the AMA should endorse efforts to train additional qualified clinical investigators in pediatrics, child psychiatry, and therapeutics to carry out studies related to the effects of psychotropic drugs in children, adolescents, and young adults. ■

POLICY & PRACTICE

Kids Miss Smoking/Addiction Link

Nearly one-third of children aged 10-12 years believe that they can smoke without becoming addicted, according to a survey of 418 families by the Group Health Cooperative's Center for Health Studies, Seattle. Terry Bush, Ph.D., and colleagues surveyed the preteens on their attitudes and beliefs about smoking over a 20-month period and found that the percentage agreeing with the statement "people can smoke a few cigarettes without becoming addicted" rose from 27% at the beginning of the study to 31% at the end. The percentage agreeing that "if you smoked, you could stop anytime you wanted to" dropped from 27% to 20% during that same period. The researchers found that two factors associated with positive attitudes toward smoking were lack of family cohesiveness and having a parent who smoked. The study appeared in the July/August issue of the American Journal of Health Promotion (2005;19:410-7).

Drinking, Drugging, Driving

One in three adult drivers aged 21-25 years has driven while under the influence of alcohol or drugs in the past year, according to a report from the Substance Abuse and Mental Health Services Administration. Using data from the 2002 and 2003 National Surveys on Drug Use and Health, the agency also found that among all adult drivers, 16% drove under the influence of alcohol alone, 4% drove under the influence of drugs alone, and 3% drove under the influence of both. "These new data show just how much work remains to be done to keep impaired drivers off the road," said SAMHSA Administrator Charles Curie. The report also noted a gender difference: 22% of male drivers aged 21 years or older reported driving under the influence of alcohol or drugs in 2002 and 2003, compared with 11% of females.

APA Critical on Guantanamo Bay

The American Psychiatric Association says it is "troubled" by reports of alleged medical ethics violations in the treatment of prisoners at the Guantanamo Bay facility. The APA "clearly recommends that psychiatric physicians practice in accordance with the APA ethics guidelines," the organization said in a statement. For example, the guidelines state that "ethical considerations in medical practice preclude the psychiatric evaluation of any person charged with criminal acts prior to access to, or availability of, legal counsel. The only exception is the rendering of care to the person for the sole purpose of medical treatment." The APA said it expects to come out with more specific policies "in the near future."

Antipsychotics in Nursing Homes

Physicians are prescribing antipsychotic drugs to nursing home patients at an increasingly high rate, according to a study published in the Archives of Internal Medicine. Becky A. Briesacher,

Ph.D., of the University of Massachusetts, Worcester, and her colleagues examined data on more than 1,200 patients from the Medicare Current Beneficiary Survey for 2000 and 2001 and found that nearly 28% had received prescriptions for antipsychotic therapy—the highest rate reported in nearly a decade. Of those prescriptions, about one-third were for inappropriate indications such as impaired memory or depression without psychotic features. (Arch. Intern. Med. 2005;165:1280-5). "This study raises questions about the current uses of antipsychotics in nursing homes and the role of prescribing guidelines," the authors wrote. "Now is an opportune time to evaluate this policy as Medicare readies itself to inherit Medicaid's growing costs and concerns over the widespread prescribing of atypical [antipsychotics] to frail nursing home residents."

NIH Extends Disclosure Deadline

Officials at the Department of Health and Human Services are giving National Institutes of Health employees more time to report prohibited financial interests and to divest stock. In its announcement of the extension, HHS wrote that the department is considering issuing revisions to its current ethics regulations. In February, the agency issued regulations prohibiting NIH employees from engaging in consulting relationships with organizations that are substantially affected by NIH decisions. NIH employees who are required to file financial disclosure statements also are prohibited from acquiring or holding financial interests, such as stocks, in these affected organizations. NIH employees now have until Oct. 3 to file financial disclosure reports and until Jan. 2, 2006, to divest themselves of prohibited financial interests. This is the second extension offered to NIH employees. "There's no doubt in my mind that at the end of the day the advice that NIH gives has to be completely untainted, completely unimpeachable, and completely trusted," Director Elias A. Zerhouni, M.D., said during a teleconference sponsored by the Kaiser Family Foundation.

Health Insurance Statistics

The ranks of the uninsured appear to be leveling off, according to a survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics. In 2004, 42 million Americans of all ages were without health insurance, about the same level as in 1997, the first year this survey began tracking these statistics. In addition, one in five working-age adults (those aged 18-64 years) were without health insurance last year, a number that had been steadily rising in recent years but also leveled off in 2004. The survey showed continued improvements in coverage for children: 7 million children under 18 years of age were without health insurance in 2004, compared with 10 million children in 1997.

—Joyce Frieden with staff reports