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February 26, 2020

The Honorable Sharon Cooper  
Chairman  
Health and Human Services Committee  
Georgia House of Representatives  
436 State Capitol  
Atlanta, GA 30334

Re: AMA Support for Georgia House Bill 952

Dear Chairman Cooper:

On behalf of the American Medical Association (AMA) and our physician and medical student members, the AMA writes in strong support of House Bill 952 (H.B. 952), an act that would prohibit corporations that own and operate multiple pharmacies from implementing policies and procedures that interfere in the patient-physician relationship. We commend you for your sponsorship of this important bill.

The AMA supports this bill because in Georgia—and in states throughout the nation—corporate interference in the practice of medicine has harmed patients with acute and chronic pain, those with cancer or palliative care needs as well as patients needing treatment for a substance use disorder. In addition, the AMA supports H.B. 952 because it helps restore the patient-physician-pharmacist therapeutic triad whereby pharmacists can feel free to confer with their physician colleagues rather than follow a corporate policy that strips the pharmacist's authority under state and federal law.

Physicians in Georgia and across the nation have taken significant, positive steps to reduce opioid prescribing as part of an effort to support comprehensive pain care, including non-opioid alternatives when appropriate and available to a patient. Georgia physicians and other health care professionals have reduced opioid prescriptions by more than 22 percent between 2013-2018. We note that this decrease has occurred without legislation restricting physicians from prescribing the appropriate amount of opioid analgesics to their patients. As the AMA and the Medical Association of Georgia have stressed, physicians should only prescribe opioid analgesics when the benefits outweigh the risks, and if so, prescribe the appropriate dose and quantity to effectuate proper pain care.

This was one of the messages in the 2016 opioid prescribing Guidelines (2016 Guidelines) issued by the U.S. Centers for Disease Control and Prevention (CDC). The CDC however, also suggested in its 2016 Guidelines that increased care be taken when prescribing opioids of higher doses or for extended periods of time. The AMA strongly urged the CDC to not include specific numbers in its 2016 Guidelines because we were concerned that state legislatures and corporate entities would use those numbers as indiscriminate hard thresholds—causing harm to patients who were stable on high dose opioid therapy, suffered major trauma, or who had cancer or were in hospice or received palliative care.

Unfortunately, we were correct in our prediction that corporate pharmacy chains and others would adopt a version of the 2016 Guidelines. These versions of CDC Guidelines have been widely misapplied. In many cases, pharmacists have refused to fill a legitimate opioid prescription for a patient in chronic pain, or for patients with cancer or in need of palliative care. These actions have resulted in patients being told that they were not really in pain and sometimes patients have been subject to humiliating accusations that they were drug seekers. While this has not necessarily been the norm, it has occurred in Georgia and across the United States because of corporate pharmacy policies that inappropriately interfere in the patient-physician relationship. Examples of inappropriate policies with specific limits or policies that misapply the 2016 Guidelines and have resulted in specific harm to patients:

- Walmart’s policy includes a 50MME or 7-day hard threshold for opioid prescribing;<sup>1</sup>
- CVS Caremark’s policy has multiple restrictions, including a 7-day hard threshold for opioid prescribing;<sup>2</sup>
- OptumRx’s policy is aligned with 2016 Guidelines;<sup>3</sup> and
- Walgreen’s Good Faith Dispensing Policy<sup>4</sup> does not list specific thresholds, but the AMA has received numerous complaints about pharmacists refusing to fill a prescription because of “corporate policy.”

With each of the above corporate entities, the AMA has asked for the algorithms and/or evidence justifying the policy, including protocols to ensure patients are not inappropriately harmed. This is even more important given that the CDC issued a clarification to its 2016 Guidelines, stating that “some policies and practices that cite the Guideline are inconsistent with, and go beyond, its recommendations.” Specifically, the CDC urged against policies with hard limits because the CDC realized that patients with acute and chronic pain, including cancer and palliative care patients, were being denied care at the pharmacy counter—with the pharmacist sometimes subjecting the patient to humiliating interrogation about whether he or she really was in pain.

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<sup>1</sup> <https://corporate.walmart.com/newsroom/2018/05/07/walmart-introduces-additional-measures-to-help-curb-opioid-abuse-and-misuse>

<sup>2</sup> [https://www.caremark.com/portal/asset/Opioid\\_Reference\\_Guide.pdf](https://www.caremark.com/portal/asset/Opioid_Reference_Guide.pdf)

<sup>3</sup> <https://professionals.optumrx.com/resources/notice-resources/opioid-safety.html>

<sup>4</sup> <https://www.nhms.org/sites/default/files/Pdfs/proofed%20walgreens%20policy%206-5-2013.pdf>

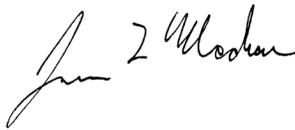
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Georgia's highly professional physicians and pharmacists are well-equipped to work together to ensure patients receive the medications they need. A corporate pharmacy chain policy has no place interfering in that relationship. We believe the medical and pharmacy boards in Georgia are the appropriate regulatory bodies to support physicians and pharmacists in their efforts to care for patients—not an out-of-state corporation that has no specific regulatory or statutory authority within the state of Georgia.

The AMA urges passage of H.B. 952 out of committee and reported to the full House to protect patients and restore the proper role of physicians, pharmacists and the respective licensing boards. Simply put, corporate pharmacy chains should not interfere in the practice of medicine or pharmacy.

If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at [daniel.blaney.koen@ama-assn.org](mailto:daniel.blaney.koen@ama-assn.org) or (312) 464-4954.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with the first name being the most prominent.

James L. Madara, MD

cc: Medical Association of Georgia  
Patrice A. Harris, MD, MA  
Sandra A. Fryhofer, MD