



American
College
of Allergy, Asthma
& Immunology



**ADVOCACY
COUNCIL**

of the American College of
Allergy, Asthma & Immunology

May 23, 2019

The Honorable Raul Ruiz, M.D.
United States House of Representatives
2342 Rayburn House Office Building
Washington, DC 20515

The Honorable Brad Wenstrup, D.P.M.
United States House of Representatives
2419 Rayburn House Office Building
Washington, DC 20515

Dear Congressmen Ruiz and Wenstrup:

On behalf of the Advocacy Council of the American College of Allergy, Asthma and Immunology (ACAAI), we want to congratulate you on the introduction of H.R. 2279, the Safe Step Act of 2019 and offer our support for this legislation.

As allergy/immunology physicians, we are quite familiar with the step therapy process. Indeed, it is not unusual for physicians in many specialties to use a “step therapy” approach when attempting to both diagnose and develop an appropriate patient-specific treatment plan. But there is a major difference between using a “step therapy” approach in diagnosing and treating patients and the type of “step therapy” approach used by health plans to determine when or if to pay for certain treatments.

It has been our experience that a step-therapy approach to paying for services can be detrimental to patients’ health because it can delay patient access to proper treatment.

As physicians, we are in the best position to know our patient’s medical history. We are best able to assess the individual treatment options and the speed with which a patient needs to initiate a treatment plan. Medicine, as you know, is not just a science, it is an art. Step-therapy payment policies reject the “art” of medicine and seek to treat individual patients via a pre-determined algorithm based upon a supposed “norm”.

It has been our experience that step therapy as a payment policy typically increases the time a patient waits for treatment and undermines the physician-patient relationship.

Restoring the physician-patient relationship when it comes to medical-decision-making is critical to the long-term success of any healthcare reform initiative. Your bill seeks to reset a process that has allowed health plans to interfere with that relationship. H.R. 2279 reaffirms that the physician-patient relationship is more important than the health plan-patient relationship when it comes to determining the best clinical course of action.

H.R. 2279 recognizes that before an ERISA governed health plan can deny or delay a patient’s ability to access a medically-necessary treatment - specifically with prescribed medications - that health plan should consider the patient’s medical history; respect the health care provider’s professional judgment; and, take into account the provider’s expertise in developing the patient - specific treatment plan.



The course of care prescribed by a physician, or other healthcare provider, is at the foundation of patient-centered care, and shared decision-making follows only after the patient and provider establish a relationship founded on trust. When health plans seek to interfere with that decision-making and change the course of treatment, it jeopardizes a patient's well-being, regardless of the disease state or medical problem being treated.

On behalf of Advocacy Council of the ACAAI, we again thank you for taking this important stand and we fully support your efforts to get this legislation enacted.

Sincerely,

Todd A. Mahr, MD
President
American College of Allergy,
Asthma and Immunology

Stephen Imbeau, MD FAAAAI
Chair
Advocacy Council, ACAAI