



June 1, 2017

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

The Honorable Raul Ruiz, M.D.  
United States House of Representatives  
1319 Longworth House Office Building  
Washington, DC 20515

Dear Congressmen Wenstrup and Ruiz:

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. 2077, the Restoring the Patient's Voice Act of 2017 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 for our patients. 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 how slowly or quickly we can move to initiation of a treatment plan. We know our patient’s medical history and 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. 2077 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. 2077 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,



Allen Meadows, MD FACA  
Chair  
Advocacy Council ACAAI



James Sublett, MD, FACA  
Executive Director  
Advocacy Council, ACAAI