

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 212
(A-08)

Introduced by: Georgia Delegation

Subject: Elimination of Physician's "Appointment for Representative" Requirement in Medicare Prescription Drug Program Appeals

Referred to: Reference Committee B
(Craig W. Anderson, MD, Chair)

1 Whereas, In order for a physician to have an appeal processed under Part D of the Medicare
2 Prescription Drug Program, a physician is required to complete a Centers for Medicare and
3 Medicaid Services (CMS) "Appointment of Representative" form; and
4

5 Whereas, The "Appointment of Representative" form requires that a physician complete one of
6 the following documents:
7

- 8 • A statement signed by the physician and the patient member clearly stating that the
9 physician has been appointed to act as a representative on their behalf; or
- 10 • Documentation of the physician's legal right to represent the deceased member estate;
11 or
- 12 • Power of Attorney or other written documentation of a physician's legal right to represent
13 the patient member, noting that an acceptable Power of Attorney must contain language
14 that allows the physician to make health care decisions for the member; and
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16 Whereas, The process is not uniformly applied across the country, making it easier in some
17 areas to obtain beneficiary approval; and
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19 Whereas, The process is particularly cumbersome, not only impeding the physician's appeal for
20 the use of a particular drug, but it also appears to overreach CMS's regulatory authority; and
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22 Whereas, The US Government Accountability Office released a comprehensive report in
23 January forcefully recommending that CMS speed up the Part D appeals process by allowing
24 plan sponsors to call beneficiaries to start the process rather than waiting for written
25 confirmation of beneficiary approval; and
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27 Whereas, Beneficiary advocates have long complained about the time it takes beneficiaries to
28 navigate the Part D appeals process; therefore be it
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30 RESOLVED, That our American Medical Association urge the Centers for Medicare and
31 Medicaid Services to immediately simplify the current Part D Prescription Drug Program Appeal
32 Process by allowing physicians to submit an appeal without beneficiary approval. (Directive to
33 Take Action)

Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.

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