



JAMES L. MADARA, MD  
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org  
t (312) 464-5000

February 3, 2017

Jim McPherson  
Executive Director  
National Association of Attorneys General  
2030 M Street, NW, 8th Floor  
Washington, DC 20036

The Honorable George Jepsen  
Office of the State Attorney  
State of Connecticut  
President  
National Association of Attorneys General  
55 Elm Street  
Hartford, CT 06106

Dear Mr. McPherson and Attorney General Jepsen:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge all attorneys general to carefully review and consider taking similar action to the policies of New York Attorney General Eric Schneiderman that help ensure medical care for those with a substance use disorder. Specifically, his efforts in securing agreements with Cigna and Anthem to end their policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder will save lives in New York and across the nation.

The AMA believes that attorneys general can reach the same agreement with all payers, and we pledge our public support in making that happen. At a time, when more than 33,000 Americans died in 2015 due to an opioid-related overdose, when two million had a substance use disorder involving opioid analgesics, and nearly 600,000 people have a substance use disorder involving heroin, we need to remove any and all barriers to providing care for substance use disorders. That is why we also urge all payers to end policies that require patients to repeat step therapy protocols or retry therapies failed under other benefit plans before qualifying for coverage of a current effective therapy for substance use disorders.

The very manual, time-consuming processes used in these policies interrupts care for patients and causes providers (physician practices, pharmacies and hospitals) to divert valuable resources away from direct patient care. In a recent AMA survey, 90 percent of physicians reported that prior authorization delays access to necessary patient care and nearly 60 percent reported that patient care was delayed by at least a day because of prior authorization.<sup>1</sup> When a patient seeking care for an opioid use disorder is forced to delay or interrupt ongoing treatment due to a health plan utilization management coverage restriction,

---

<sup>1</sup> 2016 AMA Prior Authorization Physician Survey, available at <https://www.ama-assn.org/system/files/media-browser/public/government/advocacy/2016-pa-survey-results.pdf>

Jim McPherson  
The Honorable George Jepsen  
February 3, 2017  
Page 2

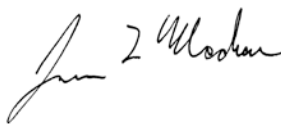
such as prior authorization, there often is a negative impact on their care and health. With respect to opioid use disorders, that could mean relapse or death from overdose.

Whether methadone maintenance treatment, buprenorphine, naltrexone, or other MAT therapies, the evidence is unequivocal that treatment works.<sup>2</sup> It helps keep people out of jail, in jobs, with their families, and most important – saves lives. This is why MAT has been strongly supported as a key policy to end the nation’s opioid epidemic in New York by the Medical Society of the State of New York, Mental Health Association in New York State, Legal Action Center, and nationally by stakeholders ranging from the National Governors Association,<sup>3</sup> American Association of State and Territorial Health Officials,<sup>4</sup> National Association of Counties, National League of Cities,<sup>5</sup> Partnership for Drug Free Kids,<sup>6</sup> and many more.

There is no medical, policy or other reason for payers to use prior authorization for MAT, and we hope that New York’s efforts will be the first of many similar ones across the nation. There is much more work to do to fully reverse the nation’s opioid epidemic. Physicians accept that we have a responsibility to do what we can, including using prescription drug monitoring programs, enhancing our education, co-prescribing naloxone to our patients at risk of overdose, reducing stigma and becoming trained to provide MAT. Through our advocacy efforts and those of the AMA Task Force to Reduce Opioid Abuse, we are committed to doing all that we can to reverse the nation’s opioid epidemic.

Thank you again for your leadership on this issue, and if the AMA can be of assistance, please contact the 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,



James L. Madara, MD

cc: Eric T. Schneiderman

---

<sup>2</sup> See, for example, resources from the American Society of Addiction Medicine (<http://www.asam.org/advocacy/toolkits/opioids>) and Prescribers’ Clinical Support System for Medication Assisted Treatment (<http://pcssmat.org/>)

<sup>3</sup> See <https://www.nga.org/cms/home/news-room/news-releases/2016--news-releases/col2-content/governors-physicians-call-for-en.html>

<sup>4</sup> See <http://www.astho.org/addictions/Secondary-Prevention/>

<sup>5</sup> See <http://opioidaction.org/report/>

<sup>6</sup> See [http://www.searchandrescueusa.org/pdf/Search\\_and\\_Rescue\\_Essentials.pdf](http://www.searchandrescueusa.org/pdf/Search_and_Rescue_Essentials.pdf)