AMA
AMERICAN MEDICAL ASSOCIATION

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February 28, 2018

The Honorable Joaquin Arambula, MD
California State Assembly
Capitol Office, Room 5155
P.O. Box 942849
Sacramento, CA 94249-0031

Re: American Medical Association **strong support** for Assembly Bill 2384, an act to increase access to medication-assisted treatment

Dear Assemblyman Arambula:

On behalf of the American Medical Association (AMA), and our physician and medical student members, I am writing in strong support of Assembly Bill 2384 (A.B. 2384). This bill will be an essential part of California's efforts to provide high-quality, evidence-based treatment for substance use disorder. If enacted, California will be one of the first states in the nation to enact such sweeping patient protections to end the nation's—and California's—opioid-related overdose and death epidemic.

One of the key reasons this bill is crucial concerns the changing nature of the epidemic. Specifically, California is one of only five states in the nation where deaths due to prescription opioids *decreased*[1] from 2014-2016. Heroin-related deaths[2] in California decreased slightly from 2015-2016. Deaths due to illicit fentanyl, however, are rapidly increasing in California.[3] While it is not clear as to all the reasons why these trends are occurring, it is clear that there is much work to be done to help continue the positive trends and help patients access treatment for an opioid use disorder.

[1] Using data from the U.S. Centers for Disease Control and Prevention, the Kaiser Family Foundation (KFF) reports that there were 965 prescription opioid-related deaths in California in 2012; 1,039 deaths in 2013; 1,047 in 2014; 1,019 in 2015; and 955 in 2016. Available at https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[2] The KFF reports that there were 587 heroin-related deaths in California in 2016—down from 593 in 2015, but much higher than the 362 deaths in 2012.

[3] The KFF reports that there were 355 illicit fentanyl-related deaths in California in 2016—up from 229 in 2015, and higher than the 146 deaths in 2012.

A.B. 2384 will remove barriers to care for patients with an opioid use disorder. Consider that 90 percent of Californians needing access to treatment for a substance use disorder did not receive it in 2016.[4] While the reasons for this are complex, the AMA strongly believes that the provisions in A.B. 2348 will have a direct effect in removing barriers to accessing high-quality, evidence-based care. This includes removing administrative barriers—such as prior authorization and step therapy—for medication-assisted treatment (MAT) as well as ensuring that formularies used by health insurance companies and public payers include all forms of MAT.

MAT is proven to save lives. The data is clear that treatment reduces illicit drug use, disease rates, overdoses and crime. After reviewing available research, the Pew Charitable Trusts concluded: "Patients who use medications to treat their opioid use disorder remain in therapy longer than people who do not and they are also less likely to use illicit opioids. MAT helps to decrease overdose deaths and reduce the transmission of infectious diseases, including HIV and hepatitis C."[5] The US Food Drug and Administration approved MAT for opioid use disorder includes buprenorphine, naltrexone, and methadone, and the AMA strongly supports the provisions in A.B. 2384 that would require payers to include all forms of MAT in their formularies.

Patients need access to all forms of MAT. There are multiple reasons why a formulary should include all forms of MAT. Perhaps the most important is that the determination on which medication will be most efficacious for a patient is a patient-specific determination. For example, some patients may benefit from a daily dose of oral buprenorphine to help ensure adherence. Others, however, may benefit from an injectable or implantable form of MAT. Unless the physician has all options available, the patient's best interests—and chances for long-term recovery—would not be optimized. The AMA wants patients to have every chance at recovery, and ensuring all forms of MAT in the formulary provides that opportunity.

MAT saves money. We also point out that MAT saves money. Research published in the *Journal of Substance Abuse Treatment* found that "results suggest that medication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits, for Medicaid beneficiaries with opioid addiction."[6] This is perhaps why some payers have removed prior

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[4] amfAR. Percent Needing but Not Receiving Addiction Treatment. Available at http://opioid.amfar.org/indicator/pctunmetneed

[5] Substance Use Prevention and Treatment Initiative. The Case for Medication-Assisted Treatment. February 1 2017, www.pewtrusts.org/en/research-and-analysis/fact-sheets/2017/02/the-case-for-medication-assisted-treatment. Accessed February 1, 2018.

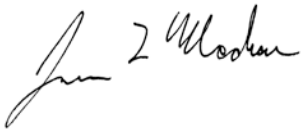
[6] 4. Mohlman, Mary Kate, et al. "Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont." Journal of Substance Abuse Treatment, vol. 67, 2016, pp. 9–14, https://www.sciencedirect.com/science/article/pii/S0740547215300659. Accessed February 21, 2018.

authorization for MAT. Several major national insurers, including Aetna, Anthem and Empire Blue Cross, said they will no longer require prior authorization for MAT for all their plans in the United States.[7] The AMA strongly supports provisions in A.B. 2384 that would not only remove prior authorization for MAT but also remove annual/lifetime dollar limits; limitations to a predesignated facility; step therapy or fail first policies; and ensure that MAT's financial requirements are no different than those for other illnesses covered by the health plan.

Finally, the AMA believes that A.B. 2384 can be a model for the nation. At a time when the nation's opioid overdose and death epidemic continues to claim an increasing number of lives, we must be sure that policies are backed by evidence and clinical data. Support for increased use of MAT has that evidence base, and by removing barriers, A.B. 2384 will unquestionably help save many lives. We commend your support for A.B. 2384 as an essential component of a broad, public health focus to help protect patients and reduce opioid-related harms.

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 or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: California Medical Association
Jack Resneck, Jr., MD
Ryan J. Ribeira, MD, MPH
Karthik V. Sarma, MS

[7] Madara, James L. "Letter to the National Association of Attorneys General." Received by The Honorable George Jepsen; Jim McPherson, Feb. 3 2017. Available at https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2FAMA-Letter-re-AG-SChneiderman-MAT-FINAL.pdf.