AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

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

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The Honorable Brittany Pettersen
Chair, Opioid and Other Substance Use Disorders Study Committee
200 E Colfax, RM 346
Denver, CO 80203

The Honorable Chris Kennedy
Vice Chair, Opioid and Other Substance Use Disorders Study Committee
200 E Colfax, RM 307
Denver, CO 80203

Dear Senator Pettersen and Representative Kennedy:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to provide the AMA's strong support for the work of the Opioid and Other Substance Use Disorders Study Committee (Interim Study Committee) in drafting a five-bill legislative package that demonstrates the leading edge of policymaking for Colorado's patients. Specifically, there are multiple elements in each proposed Interim Study Committee bill that represent evidence-based approaches to improving patient care for those with a substance use disorder and/or pain. This legislative package, moreover, represents what is perhaps the most comprehensive effort by a state legislature to tangibly improve patient outcomes across the entire continuum of care—from prevention and screening to treatment and long-term recovery and care.

While the AMA would be very pleased to discuss particular elements in the legislative package in greater detail, including suggestions to make the provisions even stronger, we want to highlight a few of the areas that represent some of the most positive policies that the AMA believes will help to tangibly end Colorado's opioid-related overdose and death epidemic. We are particularly supportive of provisions to:

- Remove step therapy and prior authorization barriers for non-opioid pain care;
- Place non-opioid pain care options on the lowest cost-sharing tier of a health insurance company formulary;
- Increase access to naloxone by requiring the carrier to reimburse the hospital if the hospital provides naloxone to a covered person upon discharge;
- Remove certain restrictions on establishing needle and syringe programs;
- Require correctional facilities to provide at least one opioid agonist and one opioid antagonist as well as improved continuity of care provisions upon release;
- Require payers to use American Society of Addiction Medicine criteria for the treatment of opioid use disorder;
- Provide $1 million for loan repayment for service in underserved areas;
- Prohibit treatment facilities contracted with payers from denying access to those receiving medication assisted treatment (MAT) for opioid use disorder;
- Require payers to report to the Colorado Division of Insurance information to better understand and review whether patients have access to addiction medicine physicians and other health care professionals;
- Require payers to provide naloxone without prior authorization, deductibles or other cost-sharing;

- Increase housing assistance programs in recognition that multiple social determinants of health play an important role in ending the epidemic; and
- Expand the office of behavioral health and increase access to other behavioral and mental health care services as part of tangible support for comprehensive treatment of those with an opioid or other substance use disorder.

These are the types of policy provisions that the AMA recommends for all states to pursue. In fact, the AMA along with Manatt Health recently released a "national roadmap" that was created after an in-depth review of the work being done in four states, including Colorado. The goal of the roadmap was to identify and thoroughly analyze the policy and other initiatives currently at work in Colorado, Mississippi, North Carolina and Pennsylvania. After the analysis of the four states, we developed the roadmap based on four main themes:

1. States must be willing to use their oversight and enforcement authority. State regulators have differing degrees of authority to pursue policies and changes that can have a significant impact on reducing barriers and improving patient care, but the extent to which they use these tools to increase access to evidence-based treatment or hold payers and others accountable for impeded access varies considerably.
2. Medicaid is leading the way. Medicaid is on the front lines and often provides more comprehensive care for substance use disorders than the commercial insurance market does; there may be opportunities to extend Medicaid successes to commercial coverage. Expanding Medicaid would help even more patients.
3. Grants are helpful, but long-term implementation needs long-term, sustainable funding. Many best practices that are helping save lives are grant-funded and need long-term, sustainable funding to continue benefiting patients. Without reliable funding streams, programs that help save lives will simply go away.
4. The process of evaluating what works is just starting. Some states have undertaken efforts to evaluate current policies and programs to determine what is actually working; most of these evaluations are just beginning. Comprehensive analysis is essential in order to focus resources on successful interventions—and to revise or rescind policies that are having unintended consequences.

Using these themes, and upon further review of the four states as well as other state and national efforts, the AMA identified six key areas where regulators, policymakers, and other stakeholders can take action based on initiatives that are either demonstrating success already, or they are showing promise. The AMA is very pleased that the Interim Study Committee legislative package addresses each of these areas:

- Improving access to evidence-based treatment for opioid use disorder. Remove prior authorization and other barriers to medication-assisted treatment (MAT) for opioid use disorder—and ensure MAT is affordable.
- Enforcing parity laws. Increase oversight and enforcement of mental health and substance use disorder parity laws.
- Addressing network adequacy and enhancing workforce. Ensure adequate networks that allow for timely access to addiction medicine physicians and other health care professionals; this includes payment reforms, collaborative care models, and other efforts to bolster and support the nation's opioid use disorder treatment workforce.

- Expanding pain management options. Enhance access to comprehensive pain care, including non-opioid and non-pharmacologic options.
- Improving access to naloxone. Reduce harm by expanding access to the overdose-reversing drug and coordinating care for patients in crisis.
- Evaluating policy success and barriers. Evaluate policies and outcomes to identify what is working, building on successful efforts and identifying policies and programs that might need to be revised or rescinded.

At the same time, the AMA does have concerns with some provisions of the legislative package. Specifically, we do not believe that this is the time for new mandates on prescribing, using the state prescription drug monitoring program (PDMP) or continuing medical education. Physicians and other health care professionals in Colorado have amply demonstrated that they have reduced opioid prescribing, increased use of the state PDMP, embraced educational opportunities and taken many other actions to advocate for their patients to receive evidence-based care for opioid use disorder and pain.

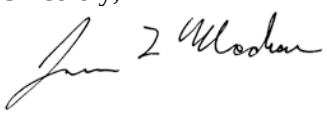
As you know all too well, Colorado's work is far from over, and the five-bill legislative package of the Interim Study Committee is based on proven models recommended by physicians and other health care professionals. We understand the interest in new mandates, but before moving forward, the AMA believes that there needs to be a clear understanding of the effects of the existing mandates—not only in Colorado but nationally.

The AMA remains concerned that prescribing mandates have not only reduced opioid supply, but that there is haphazard and inappropriate restrictions imposed by pharmacy chains against patients with chronic pain, cancer, in hospice and other conditions—often in direct conflict with state law. Moreover, while state PDMP use has increased significantly in every state, we are concerned by reports of increased use of the PDMP by law enforcement and other non-health care professionals to inappropriately target pain medicine and other physicians, who are taking on increasing numbers of complex pain patients. Finally, while the AMA has supported education since its inception more than 150 years ago, we urge the focus be on supporting opportunities that are specific to a physician's specialty and patient population rather than a one-size fits all mandate.

Colorado has been on the leading edge of working with physicians and the health care community to design and implement policies and initiatives to improve patient outcomes and reduce overdose and death. We do not believe that new mandates, or continuing unproven ones, will help in this regard because we have not seen data to support that conclusion.

Thank you again for your leadership. If the AMA can provide any further assistance as the bills move forward, please contact Daniel Blaney-Koen, JD, AMA Senior Legislative Attorney, daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: Colorado Medical Society