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February 11, 2019

The Honorable Andrew Cuomo  
Governor of New York  
New York State  
Capitol Building  
Albany, NY 12224

Re: American Medical Association support for policies that remove insurance company barriers to the treatment of opioid use disorder

Dear Governor Cuomo:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in strong support of provisions within your Fiscal Year 2020 New York State Executive Budget that will help put an end to health insurer policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder. If supported by the full New York Legislature, this will save lives in New York and serve as a model for the nation's governors.

As you know, the nation's opioid epidemic continues to claim more lives each year—including more than 4,400 in New York in 2017, according to the U.S. Centers for Disease Control and Prevention. That is nearly triple the number from 2012. The nature of the epidemic, however, has changed from one mainly caused by prescription opioid-related mortality to one driven by illicit fentanyl and heroin. In fact, illicit fentanyl and heroin account for more than 80 percent of opioid-related fatalities. And while prescription opioid-related mortality remains unacceptably high, 2017 represented the first year where mortality decreased—a trend we hope continues.

New York, like nearly every state, has adopted a wide array of policies designed to reduce opioid supply, increase the use of prescription drug monitoring programs (PDMP) and increase access to naloxone to save lives from overdose. New York has one of the lowest per capita opioid prescribing rates in the nation (0.44 in New York; 0.64 nationwide), and has decreased opioid prescribing more than 20 percent between 2013-2017. Physicians and other health care professionals used the state PDMP more than 21 million times in 2017—second highest in the nation. Now it is time to turn more directly to treatment.

Prohibiting prior authorization policies for medications used to treat opioid use disorder is essential for New York to reverse the opioid epidemic. The very manual, time-consuming processes required in these prior authorization policies interrupt care for patients and causes providers (physician practices, pharmacies and hospitals) to divert valuable resources away from direct patient care.

“As an addiction and psychiatric medicine physician, I can tell you firsthand that prior authorization for medication-assisted treatment is harmful to patients because it delays care,” said Frank Dowling, MD, the Medical Society of the State of New York physician representative to the AMA Opioid Task Force. “Immediate availability of medication when a patient is willing to accept treatment is critical to improve chances of success. If a patient with an opioid use disorder is told to wait a few days by the health insurance company, that could be the difference between life and death. It’s got to stop.”

Physicians in the state of Maryland, which enacted legislation almost identical to House Bill 121, report that removing prior authorization for MAT has been essential to help increase access to care.

“Removing prior authorization for medication-assisted treatment for opioid-use disorder has unquestionably saved lives and restored hope to many of my patients in Maryland,” said Dr. Yngvild Olsen, MD, MPH, DFASAM, a physician in Maryland and American Society of Addiction Medicine Secretary. “Instead of spending senseless hours each week filling out forms or waiting on the phone to speak with a health insurance company administrator, I can treat more patients and have a greater impact on ending our state’s opioid epidemic.”

Whether methadone maintenance treatment, buprenorphine, naltrexone or other MAT therapies, the evidence is unequivocal that treatment works.<sup>1</sup> It helps keep people out of jail, in jobs, and with their families, but most importantly—it saves lives. This is why the U.S. Surgeon General’s recent “Facing Addiction in America: The Surgeon General’s Spotlight on Opioids” report calls MAT the “gold standard” of treatment for opioid use disorder;<sup>2</sup> why Pennsylvania’s seven largest commercial insurers agreed to end prior authorization for MAT;<sup>3</sup> and why national health insurers such as Anthem, Cigna, Empire Blue Cross and Aetna agreed in a settlement with the New York Attorney General to end prior authorization policies for MAT.<sup>4</sup> If these insurance companies can agree to end prior authorization for MAT, we believe it should be a straightforward matter for all New York health insurance companies to be formally required to take steps to help end the state’s opioid epidemic.

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, 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.

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<sup>1</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>2</sup> See [https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)

<sup>3</sup> See <https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>

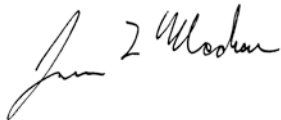
<sup>4</sup> AMA Commends Aetna Commitment on Opioids Treatment, Feb. 16, 2017. Available at <https://www.ama-assn.org/ama-commends-aetna-commitment-opioids-treatment>

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There is no reason, either medical or policy, for payers to use prior authorization for MAT, and we urge the New York legislature to support your proposal. While there is much more work to do to fully reverse the nation's—and New York's—opioid epidemic, this is an important step in that direction. Physicians accept that we have a responsibility to prescribe appropriately, use PDMPs, continue to enhance our education, co-prescribe naloxone to our patients at risk of overdose, help reduce stigma and become trained to provide MAT. Through our advocacy efforts and those of the AMA Task Force to Reduce Opioid Abuse, of which the Medical Society of the State of New York is a proud member, 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. If the AMA can be of further assistance, please contact 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,

A handwritten signature in cursive script, appearing to read "Jim L. Madara".

James L. Madara, MD

cc: Medical Society of the State of New York