



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

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February 25, 2019

The Honorable David Howard
Chair
Committee on Public Health, Welfare and Safety
Montana State Senate
PO Box 10
Park City, MT 59063-0010

Re: American Medical Association support for Montana Senate Bill 280, the Ensuring Access to High-Quality Care for The Treatment of Substance Use Disorders Act

Dear Chairman Howard:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Montana Senate Bill (S.B.) 280 that would help put an end to health insurer policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder, and also ensure patients have affordable access to MAT. Without question, this bill will save lives in Montana. We urge your support to continue this bill's progress.

The nation's opioid epidemic continues to claim more lives each year—particularly from illicit fentanyl, according to the U.S. Centers for Disease Control and Prevention. Montana, as in every other state in the nation, has seen a sizeable decrease in opioid prescribing—22.8 percent decrease from 2013-2017—but opioid-related overdose and death continues to increase. S.B. 280 is essential policy to help treat those with an opioid use disorder and save lives.

The AMA joins the Montana Medical Association (MMA) in supporting S.B. 280 because prohibiting prior authorization policies for methadone, buprenorphine or naltrexone will help more patients obtain life-saving treatment. The very manual, time-consuming processes required in these prior authorization policies interrupt care for patients and cause providers (physician practices, pharmacies and hospitals) to divert valuable resources away from direct patient care. It is notable that S.B. 280 also requires placing at least one MAT medication in each drug class on the lowest cost-sharing tier. Just as all cancer medication may not work for all types of cancer, not all MAT medications work exactly the same. S.B. 280 wisely ensures that physicians and patients can work together to ensure that they use the right medication to help treat a patient's opioid use disorder.

Physicians in the state of Maryland, which enacted legislation to prohibit prior authorization of MAT, report that removing prior authorization for MAT has been essential to help increase access to care. For example:

“Removing prior authorization for medication-assisted treatment for opioid use disorder has unquestionably saved lives and restored hope to many of my patients,” said Yngvild Olsen, MD, an addiction medicine physician in Baltimore, Maryland. “Instead of spending senseless hours each day 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.”

At least a dozen other states are considering this type of legislation in 2019—a clear sign that the nation’s policymakers are focused on treatment. Whether methadone maintenance treatment, buprenorphine, naltrexone or other MAT therapies, the evidence is unequivocal that treatment works.¹ It helps keep people out of jail, in jobs and with their families, but most importantly—it saves lives. That is why national health insurers such as Anthem, Cigna and Aetna recently announced they will end these policies for MAT,² why Pennsylvania’s seven largest commercial insurers agreed to end prior authorization for MAT,³ why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT,⁴ and 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.⁵

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.

There is no reason, either medical or policy, for payers to use prior authorization for MAT, and we urge the Montana Legislature to enact this important bill. While there is much more work to do to fully reverse the nation’s—and Montana’s—opioid epidemic, this is an important step in that direction. Physicians accept that we have a responsibility to prescribe appropriately, use prescription drug monitoring programs, continue to enhance our education, co-prescribe

¹ 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/>)

² AMA Commends Aetna Commitment on Opioids Treatment, Feb. 16, 2017. Available at <https://www.ama-assn.org/ama-commends-aetna-commitment-opioids-treatment>

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

⁴ See <https://blog.bcbsnc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/>

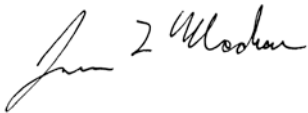
⁵ See https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf

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naloxone to our patients at risk of overdose, help reduce stigma and become trained to provide MAT. Through our advocacy efforts, partnership with the MMA and the work of the AMA Opioid Task Force, we are committed to doing all that we can to reverse the nation's opioid epidemic.

Thank you for your consideration, and we strongly urge your support. If the AMA can be of assistance, please do not hesitate to contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,

A handwritten signature in blue ink that reads "Jim L Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

cc: The Honorable Albert Olszewski
Montana Medical Association