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EXECUTIVE VICE PRESIDENT, CEO

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February 26, 2019

The Honorable Jared Carpenter
Chair
Committee on Banking & Insurance
Kentucky Senate
702 Capital Ave
Annex Room 209
Frankfort, KY 40601

Re: American Medical Association support for Kentucky House Bill 121, An Act that would prohibit health insurer prior authorization policies for medications to treat opioid use disorders

Dear Senator Carpenter:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Kentucky House Bill (H.B.) 121 that would help put an end to health insurer policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder. Without question, this bill will save lives in Kentucky. We urge your support to schedule H.B. 121 for a hearing and further support for a vote by the full Kentucky Senate as soon as possible.

The nation's opioid epidemic continues to claim more lives each year—including nearly 1,500 in Kentucky in 2017, according to the U.S. Centers for Disease Control and Prevention. Kentucky, as in nearly every state, has adopted a wide array of policies designed to reduce opioid supply, increase the use of prescription drug monitoring programs and increase access to naloxone to save lives from overdose. H.B. 121 is an essential missing piece to these policies, and it is the only one specifically designed to increase access to MAT. More states now are considering this type of legislation, which we hope will become the norm in all 50 states.

The AMA further supports H.B. 121 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.

Physicians in the state of Maryland, which enacted legislation almost identical to H.B. 121, 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.”

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. It is clear that a growing number of states—and payers—are removing prior authorization for MAT. We urge Kentucky to take this important step.

There is no reason, either medical or policy, for payers to use prior authorization for MAT, and we urge Kentucky’s General Assembly to enact this important bill. While there is much more work to do to fully reverse the nation’s—and Kentucky’s—opioid epidemic, this is an important step in that direction. Physicians accept that we have a responsibility to prescribe appropriately,

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/>

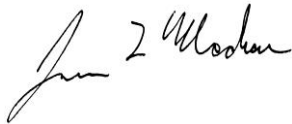
⁵ See https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf

The Honorable Jared Carpenter
February 26, 2019
Page 3

use prescription drug monitoring programs, 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 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 black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

cc: Kentucky Medical Association
Bruce A. Scott, MD