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February 27, 2019

The Honorable Ann Pugh,  
Chair  
House Committee on Human Services  
Vermont House of Representatives  
67 Bayberry Lane  
South Burlington, VT 05403

The Honorable Sandy Haas  
Vice Chair  
House Committee on Human Services  
Vermont House of Representatives  
360 S. Main Street  
Rochester, VT 05767

Re: American Medical Association support for Vermont S. 43, An act relating to prohibiting prior authorization requirements for medication-assisted treatment.

Dear Representatives Pugh and Haas:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Vermont Statute 43 (S. 43) 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 Vermont. We strongly agree with the Vermont Medical Society (VMS) that it is essential to support patients with opioid use disorder (OUD) when they “are ready to take that critical, first step to recovery.”<sup>1</sup> The AMA also applauds the leadership of the bill’s primary sponsor, Senator Virginia Lyons, and we urge your support to continue the progress S.43.

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. Vermont, 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. S.43 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 S.43 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

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<sup>1</sup> Testimony of Jill Sudhoff-Guerin, Communications and Policy Manager. Feb. 12, 2019. Available at <https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.43/Written%20Testimony/S.43~Jill%20Sudhoff-Guerin~Testimony~2-12-2019.pdf>

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.43 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.43 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 almost identical to S. 43, 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.<sup>2</sup> 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,<sup>3</sup> why Pennsylvania's seven largest commercial insurers agreed to end prior authorization for MAT,<sup>4</sup> why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT,<sup>5</sup> 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.<sup>6</sup> We commend the Department of Vermont Health Access (DVHA) for significantly reducing the use of prior authorizations for Medicaid coverage of MAT, which has made a critical difference in same-day induction. We also acknowledge Blue Cross Blue Shield of Vermont and MVP Health Care, Inc. for their willingness to constructively engage with the VMS and the medical community in Vermont and for their support of S.43—support that has not been present from most health insurers in other states.

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<sup>2</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>3</sup> AMA Commends Aetna Commitment on Opioids Treatment, Feb. 16, 2017. Available at <https://www.ama-assn.org/ama-commends-aetna-commitment-opioids-treatment>

<sup>4</sup> See <https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>

<sup>5</sup> See <https://blog.bcbsnc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/>

<sup>6</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)

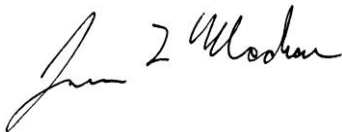
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When a patient seeking care for an opioid use disorder is forced to delay or interrupt ongoing treatment due to a health plan utilization management coverage restriction, such as prior authorization, there often is a negative impact on their care and health. With respect to opioid use disorders, that could mean relapse or death from overdose. It's clear that a growing number of states are removing prior authorization for MAT. Vermont already has one of the most successful hub-and-spoke systems to support recovery for those with an opioid use disorder. S. 43 is another important step to further support patients' long-term recovery.

There is no reason, either medical or policy, for payers to use prior authorization for MAT, and we urge the Vermont Legislature to enact this important bill. While there is much more work to do to fully reverse the nation's—and Vermont'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 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](mailto:daniel.blaney-koen@ama-assn.org) or (312) 464-4954.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: The Honorable Virginia Lyons  
Vermont Medical Society