

June 19, 2019

The Honorable David Bentz
Delaware General Assembly
411 Legislative Avenue
Dover, DE 19901

Re: American Medical Association support for Delaware House Bill 220, an Act to increase access to medication assisted treatment for drug and alcohol dependencies

Dear Representative Bentz:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Delaware House Bill 220 (H.B. 220) 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 Delaware.

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. Delaware, 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. But Delaware, like most states, continues to see increases in opioid-related mortality, particularly from illicitly manufactured fentanyl and fentanyl analogues. H.B. 220 is an essential missing piece to these policies, and it is the only one specifically designed to increase access to MAT.

The AMA is very pleased that a growing number of states have recognized the importance of removing barriers to MAT, a trend that we hope will become the norm in all 50 states.¹ The AMA further supports H.B. 220 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 H.B. 220 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. H.B. 220 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. Whether methadone maintenance treatment, buprenorphine, naltrexone or other MAT therapies, the evidence is unequivocal that treatment works.²

¹ States with similar types of policies include Maryland (2017); Arizona, Illinois and Pennsylvania (2018); Arkansas, District of Columbia, New Jersey, New York, North Carolina, Virginia (2019); other states with legislation pending this year include Maine and Missouri.

² 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/>)

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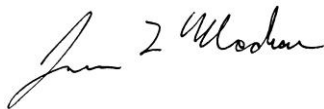
MAT helps keep people out of jail, in jobs and with their families, but most importantly—it saves lives. That is why national health insurers such as Anthem, Cigna and Aetna³ recently announced they will end these policies for MAT, why Pennsylvania’s seven largest commercial insurers agreed to end prior authorization for MAT,⁴ why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT⁵ 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.⁶

The bottom line is that 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 are removing prior authorization for MAT. H.B. 220 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. While there is much more work to do to fully reverse the nation’s—and Delaware’s—opioid epidemic, H.B. 220 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. We strongly urge the Delaware General Assembly to enact H.B. 220, and we commend your leadership and support on this critical public health issue. 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,



James L. Madara, MD

cc: Medical Society of Delaware

³ AMA commends Aetna commitment on opioids treatment. See <https://www.ama-assn.org/press-center/press-releases/ama-commends-aetna-commitment-opioids-treatment>

⁴ **Wolf Administration Announces Agreement with Insurers to Eliminate Barriers to Medication-Assisted Treatment.** See <https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>

⁵ The Opioid Epidemic: Access Expands For Medication-Assisted Treatment. See <https://blog.bcbsnc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/>

⁶ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Spotlight on Opioids. Washington, DC: HHS, September 2018. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Spotlight on Opioids. Washington, DC: HHS, September 2018. Available at https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf