AMA
AMERICAN MEDICAL ASSOCIATION

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June 24, 2019

The Honorable Gene DiGirolamo
Chair
Human Services Committee
Pennsylvania House of Representatives
East Wing Building, Room 49
Harrisburg, PA 17120

The Honorable Angel Cruz
Democratic Chair
Human Services Committee
Pennsylvania House of Representatives
528E Main Capitol Building
PO Box 202180
Harrisburg, PA 17120-2180

Dear Chairman DiGirolamo and Chairman Cruz:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in opposition to Senate Bill 675 (S.B. 675) because it will hurt the Commonwealth's efforts to end the opioid epidemic. Pennsylvania has been one of the nation's leaders in expanding access to naloxone and removing barriers to evidence-based treatment for opioid use disorder. Governor Wolf's action in October 2018 to reach an agreement with the seven largest commercial payers in the state to remove prior authorization for medication assisted treatment (MAT) has been widely viewed by physicians and health policy experts as a turning point to help more patients access evidence-based care in the Commonwealth.

At a time when Pennsylvania may be seeing decreases in opioid-related mortality,[1] the AMA urges policymakers to continue to *remove* barriers to evidence-based care rather than take a step backward. We agree with Pennsylvania Department of Health Secretary, Rachel Levine, MD, that "[m]edication-assisted treatment is an effective, evidence-based treatment to help those with the disease of addiction to opioids and this step by private insurers allows more people with opioid use disorder to be able to access this form of treatment. Treatment works, and recovery is possible for those who are battling this disease."[2]

[1] According to opendataPA, Estimated Pennsylvania Drug Overdose Deaths, 2017-2018 preliminarily show a decrease in opioid-related mortality. Accessed June 19, 2019, https://data.pa.gov/Opioid-Related/Estimated-PA-Drug-Overdose-Deaths-2017-2018/m3mg-va8e

[2] Wolf Administration Announces Agreement with Insurers to Eliminate Barriers to Medication-Assisted Treatment. October 12, 2018. Available at https://www.media.pa.gov/Pages/DDAP_details.aspx?newsid=100

The AMA is pleased that a growing number of states have followed Pennsylvania's leadership in recognizing the importance of removing barriers to MAT, a trend that we hope will become the norm in all 50 states.[3] States are increasing access to methadone, buprenorphine and naltrexone because the clinical evidence and research shows that MAT saves lives. Pennsylvania now 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. 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.[4] The AMA opposes S.B. 675 because it singles out a proven therapy for additional barriers when there is no clinical evidence to support additional barriers.

The U.S. Surgeon General's "Facing Addiction in America: Spotlight on Opioids" report calls MAT the "gold standard" of treatment for opioid use disorder[5] because 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 Aetna[6] said they will end these policies for MAT, why Pennsylvania's seven largest commercial insurers agreed to end prior authorization for MAT[7] and why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT.[8]

The AMA has heard all the common myths surrounding MAT, most of which are grounded in stigma and the mistaken belief that abstinence-based therapy is best for patients with a chronic medical disease. Making it more difficult for patients with opioid use disorder to access buprenorphine is no different than withholding insulin from patients with diabetes, blood pressure medication from patients with heart disease or anti-inflammatory medications for patients with severe asthma. There is no reason, either medical or policy, to impose additional barriers for patients to access buprenorphine products approved by the U.S. Food and Drug Administration when prescribed by their physician for the treatment of opioid use disorder.

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[3] 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.

[4] 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/)

[5] 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

[6] AMA commends Aetna commitment on opioids treatment. See https://www.ama-assn.org/press-center/press-releases/ama-commends-aetna-commitment-opioids-treatment

[7] Wolf Administration Announces Agreement with Insurers to Eliminate Barriers to Medication-Assisted Treatment. October 12, 2018. Available at https://www.media.pa.gov/Pages/DDAP_details.aspx?newsid=100

[8] The Opioid Epidemic: Access Expands for Medication-Assisted Treatment. See https://blog.bcbsnc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/

We further understand that there may be concern about diversion of buprenorphine products. Two of the main reasons why diversion may occur are a current shortage of treatment providers and use by people attempting to "self-manage withdrawal from opioids or to self-treat their opioid use disorder."[9] Unfortunately, if the goal of S.B. 675 is to reduce diversion, in reality, it would likely have the opposite effect because it would make it more difficult for patients to access MAT services that include buprenorphine.

It is important to highlight that the U.S. Substance Abuse and Mental Health Services Administration says that buprenorphine was

> [a]pproved for clinical use in October 2002 by the Food and Drug Administration (FDA), buprenorphine represents the latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective.[10]

Simply put, if the Pennsylvania Legislature follows the medical evidence, it will oppose S.B. 675 and turn its attention to increasing access to treatment providers.

Furthermore, it follows that the AMA opposes S.B. 675 because it would impose barriers to evidence-based medical care. S.B. 675 would impose unnecessary financial and administrative hassles to undo the positive direction currently underway in Pennsylvania. We agree with the American Society of Addiction Medicine and Pennsylvania Society of Addiction Medicine that "the duplicative certification requirements established by the bill, as well as the proposed licensing fee for Office-Based Opioid Treatment (OBOT) practices as outlined in S.B. 675 will result in decreased access to lifesaving care."

Imposing additional administrative fees is a challenge to any practice. S.B. 675 would allow regulators to increase the proposed yearly fee to any amount "sufficient to reimburse the department for the cost to administer and enforce this act." In other words, not only would this unfunded mandate dissuade providers from starting to treat patients with an opioid use disorder, but the blank check nature of future fees would cause many providers to not expand their practice to treat opioid use disorder at all. Surely this is not the intent of the Pennsylvania House of Representatives.

The AMA also points out that under current federal law, physicians who provide MAT already are subject to significant regulatory oversight to demonstrate that they have the necessary education and training to provide buprenorphine for the treatment of opioid use disorder. Adding another layer of regulatory oversight is duplicative at best and simply unnecessary. Just as the Pennsylvania Legislature would never think of making it more difficult for oncologists to treat patients with cancer, or more difficult for cardiologists to treat patients with heart disease, the AMA strongly urges you to not make it more difficult

[9] "Deregulating buprenorphine prescribing for opioid use disorder will save lives." STAT. By Kevin Fiscella and Sarah E. Wakeman. March 12, 2019. Available at https://www.statnews.com/2019/03/12/deregulate-buprenophine-prescribing/

[10] U.S. Substance Abuse and Mental Health Services Administration. "Buprenorphine." Available at https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine

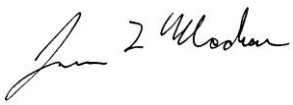
for a physician to treat patients with an opioid use disorder who rely on buprenorphine to maintain their recovery and lead healthy, fulfilling lives.

Finally, it's critical to highlight that in the past two years, Pennsylvania has added more than 1,500 new MAT providers.[11] We strongly urge that the Commonwealth put all efforts toward improving access to these physicians, physician assistants and nurse practitioners. Voting "No" on S.B. 675 would send a message to MAT treatment practitioners and their patients that the Pennsylvania Legislature is doing all it can to *improve* access to care. Voting "Yes" on S.B. 675, on the other hand, would have the opposite effect by increasing health care costs, increasing criminal justice and other costs and increasing opioid-related mortality. We know those are not the intended results of the bill sponsors, but sadly, we fear that those would be the unintended consequences.

Based on the above, the AMA opposes S.B. 675 and urges a "No" vote on S.B. 675.

If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, American Medical Association at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: Pennsylvania Medical Society
American Society of Addiction Medicine

[11] U.S. Substance Abuse and Mental Health Services Administration. Number of DATA-Waived Practitioners Newly Certified Per Year. Available at https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/certified-practitioners?field_bup_us_state_code_value=PA