

June 2, 2020

The Honorable Chris Kennedy  
Colorado General Assembly  
200 E. Colfax  
Room 307  
Denver, CO 80203

Dear Representative Kennedy:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to provide comments on Colorado House Bill 1085 (H.B. 1085), which—as originally introduced—provided a powerful set of policy proposals to help patients with pain obtain comprehensive, multidisciplinary, multi-modal pain care. As introduced, H.B. 1085 would have removed multiple longstanding health insurance company barriers to such care that have perversely prevented patients from obtaining affordable non-opioid pain care options.

We understand that Colorado—like all states—is facing unprecedented challenges due to the COVID-19 pandemic. We appreciate the positive steps that Colorado has taken to support physicians and patients, including supporting efforts to increase the ability of patients with pain and substance use disorders to receive care via telemedicine. As the Colorado Legislature considers amendments to H.B. 1085, we urge the Colorado Legislature to remain steadfast in its support for patients with pain.

The AMA and many other health care and patient organizations have for years urged health insurance companies to increase access to non-opioid pain care options without imposing barriers such as excessive cost sharing, prior authorization or step therapy protocols. Health plans, however, have fought bitterly to maintain the status quo, including keeping co-pays and deductibles for non-opioid pain care at unaffordable levels or on the highest cost-sharing tiers of a formulary. By retaining provisions to eliminate these barriers, Colorado would be one of the first states in the nation willing to stand up so strongly for patients who need access to non-opioid pain care options.

We remain concerned, moreover, that amendments being considered would remove these provisions while retaining those that focus on opioid prescribing restrictions and further mandate the use of the state prescription drug monitoring program (PDMP). Data are increasingly clear on three points regarding these mandates. First, they reduce opioid prescribing and unintentionally adversely affect patients with pain, including those in hospice or with cancer, but do not reduce opioid-related overdose. Second, they do not increase access to the types of non-opioid options H.B. 1085—as originally introduced—would cover. And third, they do not increase access to treatment for patients with a suspected opioid use disorder.

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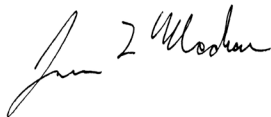
The AMA opposes the imposition of these mandates because they have not demonstrated improved patient outcomes. On the other hand, the data are clear that patients with pain benefit from access to non-opioid pain care options as well as access to opioid therapy when the benefits outweigh the risks. Physicians in Colorado need all the tools at their disposal to help patients with pain and those with substance use disorders.

The Colorado Legislature has demonstrated its commitment to help patients with pain and those with a substance use disorder. We urge it to continue to do so and commend your leadership in that regard.

In addition to addressing the issues above, the AMA urges—if the legislature is to move forward with keeping the seven-day restriction—that you include provisions prohibiting health insurance companies, PBMs and pharmacy chains from instituting their own opioid prescribing restriction policy. While the AMA does not support the seven-day restriction, we also do not support payers, PBMs or corporate pharmacy chains implementing their own one-size-fits-all policies that operate outside any legislative or regulatory oversight.

In sum, the AMA commends you for this draft bill. We hope our comments provide the Colorado Legislature support to continue moving H.B. 1085 forward and make improvements as described above. If you would like to discuss the specific provisions or AMA efforts nationally, please 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).

Sincerely,

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

James L. Madara, MD

cc: Colorado Medical Society