

March 1, 2017

The Honorable Joseline A. Pena-Melnyk  
General Assembly of Maryland  
425 House Office Building  
6 Bladen Street  
Annapolis, MD 21401

Re: American Medical Association **support** for Maryland House Bill 887, An Act that would prohibit health insurer prior authorization policies for medications to treat substance use disorders

Dear Delegate Pena-Melnyk:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in support of Maryland House Bill (HB) 887 that would help ensure medical care for those with a substance use disorder. Specifically, the AMA supports an end to health insurer policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder because this will save lives in Maryland.

At a time when more than 33,000 Americans died in 2015 due to an opioid-related overdose, including more than 1,000 in Maryland; when two million Americans had a substance use disorder involving opioid analgesics; and when nearly 600,000 people in our country have a substance use disorder involving heroin, we need to remove any and all barriers to providing care for substance use disorders. The AMA supports HB 887 because prohibiting prior authorization policies for methadone, buprenorphine or injectable naltrexone will help more patients obtain life-saving treatment.

The very manual, time-consuming processes used in these policies interrupts care for patients and causes providers (physician practices, pharmacies and hospitals) to divert valuable resources away from direct patient care. In a recent AMA survey, 90 percent of physicians reported that prior authorization delays access to necessary patient care and nearly 60 percent reported that patient care was delayed by at least a day because of prior authorization.<sup>1</sup> 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.

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<sup>1</sup> 2016 AMA Prior Authorization Physician Survey, available at <https://www.ama-assn.org/system/files/media-browser/public/government/advocacy/2016-pa-survey-results.pdf>

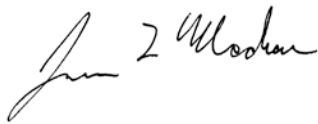
The Honorable Joseline A. Pena-Melnyk  
March 1, 2017  
Page 2

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, with their families, and most important – saves lives. This is why national health insurers such as Anthem, Cigna and Aetna recently have announced they will end these policies for MAT,<sup>3</sup> and why MAT is supported by stakeholders ranging from the National Governors Association,<sup>4</sup> American Association of State and Territorial Health Officials,<sup>5</sup> National Association of Counties, National League of Cities,<sup>6</sup> Partnership for Drug Free Kids,<sup>7</sup> and many more.

There is no medical, policy or other reason for payers to use prior authorization for MAT, and we urge Maryland's General Assembly to enact this important bill. There is much more work to do to fully reverse the nation's – and Maryland's – opioid epidemic. Physicians accept that we have a responsibility to do what we can, including using prescription drug monitoring programs, enhancing our education, co-prescribing naloxone to our patients at risk of overdose, reducing stigma and becoming trained to provide MAT. Through our advocacy efforts and those of the AMA Task Force to Reduce Opioid Abuse, we are committed to doing all that we can to reverse the nation's opioid epidemic.

Thank you again for your leadership on this issue, and if the AMA can be of assistance, 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) or (312) 464-4954.

Sincerely,



James L. Madara, MD

cc: MedChi, the Maryland State Medical Association  
Willarda V. Edwards, MD, MBA

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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.nga.org/cms/home/news-room/news-releases/2016--news-releases/col2-content/governors-physicians-call-for-en.html>

<sup>5</sup> See <http://www.astho.org/addictions/Secondary-Prevention/>

<sup>6</sup> See <http://opioidaction.org/report/>

<sup>7</sup> See [http://www.searchandrescueusa.org/pdf/Search\\_and\\_Rescue\\_Essentials.pdf](http://www.searchandrescueusa.org/pdf/Search_and_Rescue_Essentials.pdf)