

May 8, 2019

The Honorable Phil Scott
Governor
State of Vermont
109 State Street, Pavilion
Montpelier, VT 05609

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

Dear Governor Scott:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Vermont Statue 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 when they “are ready to take that critical, first step to recovery.”¹ The AMA also applauds the leadership of the Vermont Legislature to move this important bill to your desk, and we urge you to sign S. 43 into law.

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. 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 states².

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 care for patients and cause providers (physician practices, pharmacies and hospitals) to divert valuable resources away from direct patient care.

¹ 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>

² 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 Louisiana, Maine and Missouri.

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. Whether methadone maintenance treatment, buprenorphine, naltrexone or other MAT therapies, the evidence is unequivocal that treatment works.³ 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,⁴ why Pennsylvania's seven largest commercial insurers agreed to end prior authorization for MAT,⁵ why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT⁶ 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.⁷

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.

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. 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. While there is much more work to do to fully reverse the nation's—and Vermont's—opioid epidemic, S. 43 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.

³ 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/>)

⁴ AMA Commends Aetna Commitment on Opioids Treatment, Feb. 16, 2017. Available at <https://www.ama-assn.org/ama-commends-aetna-commitment-opioids-treatment>

⁵ See <https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>

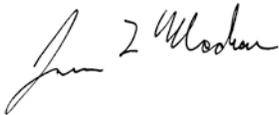
⁶ See <https://blog.bcbssc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/>

⁷ See https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf

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Thank you for your consideration. We strongly urge you to sign S. 43 into law. 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,

A handwritten signature in cursive script, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Vermont Medical Society