



July 17, 2020

The Honorable Jared Polis, Governor
State Capitol Building
200 E. Colfax Avenue, Room 136
Denver, CO 80203

RE: Looking Forward After House Bill 20-1085

Dear Governor Polis:

On behalf of the Colorado Medical Society (CMS) and the Colorado House of Medicine (CHM), I am writing to express our disappointment that HB20-1085 was vetoed and to reinforce our commitment to continue working with you, the legislature, the Division of Insurance, the Colorado Consortium for Prescription Drug Abuse Prevention, and other stakeholders to find a way to increase patients' access to non-opioid pain care. Since 2013, physicians have been at the forefront of this fight against the opioid epidemic and we are committed to continuing that critical work on behalf of our patients and communities.

We know that Colorado is facing unprecedented challenges due to the COVID-19 pandemic and that the lasting economic consequences make the affordability of health care more important than ever. In addition, 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.

Especially during these uncertain times, Colorado patients deserve affordable access to alternatives to opioids as well as to multidisciplinary, multimodal pain care. When it is cheaper and easier to have a health plan that can get you a \$4 prescription for Norco than it is to use other non-addictive medicines or treatments, then it is clear that the current status of this opioid epidemic that has ravaged far too many Colorado lives is going in the wrong direction. In addition, while initial costs may be less for Norco, as an example, we then perpetuate the epidemic and increase overall health care costs. Thus, compelling physicians and patients to use these cheaper medications is not improving the value of health care dollars and is in fact increasing overall health care costs. Changing course to fight the opioid epidemic, reduce overall health care costs, and improve value takes concerted, systemic action, and that was a focus of HB20-1085.

Physicians are doing their part—between 2014 and 2019, opioid prescriptions dropped in Colorado by nearly 40% and the total volume of morphine milligram equivalents (MME) decreased by more than 46%.¹ Patients still have pain, though. For years, many health care and patient organizations have 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.

As opioid prescriptions have been reduced, health insurance companies have saved money on drug costs. However, these health plan savings have not been put toward substituting non-opioid pain care for opioids, so patients have not received the benefit of increased access to alternatives to opioids. Health insurance companies need to step up and do their part. As is clearly the case, refusing easy access to alternatives to opioids may save health care dollars in the short-term, but it has been shown to lead to injury to patients and overall increases in health care costs. A [survey](#) from the American Board of Pain Medicine last year found:

- 72% of pain medicine specialists said that they—or their patients—have been required to reduce the quantity or dose of medication they have prescribed;
- 92% of pain medicine specialists said that they have been required to submit a prior authorization for non-opioid pain care—with the physicians and their staff spending hours per day on such requests;
- 66% of pain medicine specialists said that they have had to hire additional staff to handle the prior authorization requirements; and
- Policies limiting opioid medications and requiring hours of prior authorization for non-opioid care have significant negative health consequences for pain patients—patients are going into withdrawal, experiencing anxiety and depression, and suffering with increased pain as a result of these restrictions.

Colorado must take steps to continue its positive momentum and maintain its place as a forward-thinking leader in the fight against the opioid epidemic by removing long-standing health insurance company barriers to multidisciplinary, multimodal pain care. We are disappointed in your decision to veto this bill that aimed to improve the care of Coloradans, combat the opioid epidemic, and reduce health care costs over the long-term, but we thank you for your overall commitment to these goals.

CMS and CHM look forward to continued collaboration to ensure lawmakers and the state's administration have adequate data on which to base these kinds of policy decisions. We wholeheartedly support, and welcome the opportunity to participate in, the state's efforts to develop a process for analyzing potential new insurance coverage mandates that weighs the up-front cost against the potential long-term cost-savings, along with a critically important analysis of the potential health benefits that would result. We also look forward to using this proposed approach you have put forth for health care system changes your administration and others may propose. Thank you for continuing to work with physicians as we all tackle the challenges of health care costs, quality, and access.

Sincerely,



David Markenson, MD, MBA

President, Colorado Medical Society

American College of Obstetricians and Gynecologists, Colorado Chapter

American College of Physicians, Colorado Chapter

Arapahoe-Douglas-Elbert Medical Society

Aurora Adams Medical Society

Colorado Academy of Family Physicians

Colorado Chapter, American College of Emergency Physicians

Colorado Child and Adolescent Psychiatric Society

Colorado Dermatologic Society

Colorado Ear, Nose, and Throat Society
Colorado Orthopedic Society
Colorado Pain Society
Colorado Psychiatric Society
Denver Medical Society
Foothills Medical Society
Pueblo Medical Society

¹ Official publication of this data is forthcoming.