

April 4, 2019

The Honorable Jonathan Singer
Chair
Public Health Care & Human Services Committee
Colorado House of Representatives
200 E Colfax
RM 307
Denver, CO 80203

Re: American Medical Association support for Colorado House Bill 19-1269, the “Behavioral Health Care Coverage Modernization Act”

Dear Chairman Singer:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of Colorado House Bill (H.B.) 19-1269 that would help put an end to health insurer policies of prior authorization for medication-assisted treatment (MAT) for opioid use disorder, help ensure patients have affordable access to MAT and put in place much-needed mental health and substance use disorder parity protections for patients. Colorado already has shown much progress in working to stem the opioid epidemic,¹ and without question, this bill will save lives in Colorado. We urge your support to continue this bill’s progress.

The nation’s opioid epidemic continues to claim more lives each year—particularly from illicit fentanyl, according to the United States Centers for Disease Control and Prevention. Colorado, as in every other state in the nation, has seen a sizeable decrease in opioid prescribing—21.1 percent decrease from 2013-2017—but opioid-related overdose and death continues to increase. H.B. 19-1269 is essential policy to help treat those with an opioid use disorder and save lives.

Prohibiting prior authorization policies for methadone, buprenorphine and 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. It is notable that H.B. 19-1269 also requires placing MAT medications 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. H.B. 19-1269 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.

¹ The AMA, Colorado Medical Society and Manatt Health earlier this year released a report, Spotlight on Colorado: Best Practices and Next Steps in the Opioid Epidemic. January 2019. Available at https://www.end-opioid-epidemic.org/wp-content/uploads/2019/01/AMA-Paper-Spotlight-on-Colorado-January-2019_FOR-WEB.pdf

To provide a sense of how removing barriers to MAT helps, physicians in the state of Maryland, which enacted legislation to prohibit prior authorization of MAT in 2017, report that removing prior authorization for MAT has been essential to help increase access to care. For example:

Removing prior authorization for medication-assisted treatment for opioid use disorder has unquestionably saved lives and restored hope to many of my patients,” said Yngvild Olsen, MD, an addiction medicine physician in Baltimore, Maryland. “Instead of spending senseless hours each day filling out forms or waiting on the phone to speak with a health insurance company administrator, I can treat more patients and have a greater impact on ending our state’s opioid epidemic.

At least a dozen other states are considering this type of legislation in 2019—a clear sign that the nation’s policymakers are focused on treatment. Whether methadone maintenance treatment, buprenorphine, naltrexone or other MAT therapies, the evidence is unequivocal that treatment works.² 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,³ why Pennsylvania’s seven largest commercial insurers agreed to end prior authorization for MAT,⁴ why North Carolina Blue Cross Blue Shield is ending prior authorization for MAT⁵ 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.⁶

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.

The second key area the AMA supports in H.B. 19-1269 concerns the comprehensive, thoughtful provisions to increase health insurer policies with respect to mental health and substance use disorder parity. The provisions in this bill reflect the reality that health plans have a responsibility to be much more transparent about the processes and evidence they use when demonstrating compliance with state and federal parity requirements. The AMA also supports the requirement that health insurers will be required to provide patients with accurate information about how to file a complaint if a claim for mental health or substance use disorder treatment is denied.

In addition, the AMA fully supports the recognition that network adequacy is a critical component of parity and the use of quantitative, measurable standards will help ensure that patients have appropriate and timely access to treatment.

² 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/>)

³ AMA Commends Aetna Commitment on Opioids Treatment, Feb. 16, 2017. Available at <https://www.ama-assn.org/ama-commends-aetna-commitment-opioids-treatment>

⁴ See <https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>

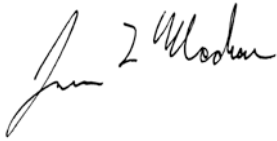
⁵ See <https://blog.bcbsnc.com/2018/11/opioid-epidemic-access-expands-medication-assisted-treatment/>

⁶ See https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf

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For all of the above stated reasons, we strongly urge your support of H.B. 19-1269. 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 black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with the first name "James" written in a large, stylized script, followed by "L. Madara".

James L. Madara, MD

cc: Colorado Medical Society
The Honorable Lisa Cutter
The Honorable Tom Sullivan
The Honorable Joann Ginal