

Insurance companies could make it much easier to treat opioid addiction

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Years of struggling, lost employment, disconnection from family, a feeling of hopelessness — all common issues faced by those suffering from substance abuse disorder. In many cases, interaction with the criminal justice system can also be added to the list.

But what if someone wants assistance before they hit rock bottom? There is hope.

(Photo: Patrick Sison, AP)

Addiction is a chronic brain disease which can be effectively treated by a physician through a variety of means, ranging from counseling to medication-assisted treatments (MAT). For instance, those receiving MATs are 75 percent less likely to die from addiction than those not receiving medications.

Several different and effective medication options are available, including buprenorphine, which significantly reduces cravings and illicit opioid use, and extended-release injectable naltrexone that, when employed post-detoxification, can essentially eliminate the euphoric effects of self-administered opioids, thereby dramatically reducing opioid use and opioid-related health and social problems.

Unfortunately, the system for dealing with opioid addiction is fragmented and bureaucratically complex. This leads to confusion and too many individuals give up before they even begin treatment. Furthermore, when physicians finally have an opportunity to help a willing patient start treatment, they are routinely stymied by administrative barriers that impede critical access to care.

Prior authorization — an administrative pre-approval required by an insurance carrier prior to patients receiving medicines or other services — is a glaring example of such an obstacle. Prior authorization requirements for opioid addiction treatments are common — particularly

on Kentucky's taxpayer-funded Medicaid program — and often takes days or weeks for approval, while patients remain at-risk for relapse, overdose, or even death.

This is where we need to take a timeout and use some common sense. Given the vast amount of time, energy and resources spent on addressing Kentucky's opioid addiction crisis, treatment to help someone address their addiction should never be delayed or denied. MAT services should not be subject to prior authorization and neither should any behavioral, cognitive, or mental health services prescribed in conjunction with or supplementary to MATs.

Physicians have the desire, knowledge and expertise to address opioid addiction. But they can only be successful if they have access to the necessary tools when their patients need them most. That's why the Kentucky Medical Association is calling for an end to prior authorizations on all approved opioid addiction treatments, including counseling and prescription medications containing methadone, buprenorphine, or naltrexone.

Addiction treatment works and can save lives. However, when someone is ready to begin treatment the entire health care system, including insurers, must be ready to meet them with open arms and proven, patient-centered care options to fit their individual needs.

We encourage all Kentucky insurance plans to do what's right and make sure treatment is available when needed.

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