AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

March 13, 2019

Stephanie Stumbo
Executive Director
Kentucky Association of Health Plans
2365 Harrodsburg Road, Suite B-325
Lexington, KY 40504

Dear Ms. Stumbo:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to encourage the Kentucky Association of Health Plans (KAHP) and its member organizations to engage in a more constructive dialogue to help protect Kentucky's patients as debate continues on House Bill (HB) 121, that would prohibit prior authorization for the provision of certain medications proven safe and effective to treat opioid use disorder. Specifically, the AMA is very concerned by KAHP's efforts in opposition to increasing access to high-quality, evidence-based care for patients with an opioid use disorder because it is not supported in fact or clinical practice, and it will have the effect of prolonging Kentucky's opioid epidemic. We urge KAHP to put patients first, end its opposition and offer constructive solutions to continue moving HB 121 through the Senate.

If KAHP needs additional information about how prior authorization of medication-assisted treatment (MAT) for opioid use disorder can have fatal consequences, I call your attention to the information provided to the Kentucky Legislature by Mike Kalfas, MD, a family medicine practitioner with deep Kentucky roots. Dr. Kalfas recalled seeing a patient on a Friday afternoon and writing a prescription for buprenorphine to help block the opioid cravings of his patient. After his office closed, according to Dr. Kalfas, the insurance company denied the medication because of prior authorization. By 9:30 a.m. Monday, his patient had died of an overdose. "That happens more often than I like to admit," said Dr. Kalfas.[1] Dr. Kalfas' story had a tragic end that was avoidable, and HB 121 is a critical step in the right direction to preventing similar tragedies in the future.

We also think it important to point out that KAHP's views are contrary to many of its peers. For example, the prevailing trend in states is for Medicaid agencies (e.g., Pennsylvania, Virginia, North Carolina, Indiana to name a few), including Medicaid Managed Care Organizations, to remove barriers to care, such as prior authorization, for patients with an opioid use disorder. This action was taken because medical evidence shows:

- **Treatment Reduces Illicit Drug Use, Disease Rates, Overdoses and Crime**. "Patients who use medications to treat their opioid use disorder remain in therapy longer than people who do not; they are also less likely to use illicit opioids. MAT helps to decrease overdose deaths and reduce the

[1] "Kentucky Bill To Remove Prior Authorization Aims To Help Opioid Users Get Treatment," Lisa Gillespie, February 20, 2019. Available at http://www.wkms.org/post/kentucky-bill-remove-prior-authorization-aims-help-opioid-users-get-treatment#stream/0.

transmission of infectious diseases, including HIV and hepatitis C."[2] FDA-approved MAT for Opioid Use Disorder includes buprenorphine, naltrexone and methadone.

- **MAT Saves Money**. "Results suggest that medication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits, for Medicaid beneficiaries with opioid addiction."[3]
- **MAT is safe.** According to The National Institutes of Health, "[T]he safety and efficacy of medically assisted treatment has been unequivocally established." Medications, including buprenorphine (Suboxone®, Subutex®, Probuphine®), methadone and extended release naltrexone (Vivtrol®), are effective for the treatment of opioid use disorders.[4]
- **MAT is essential to a comprehensive treatment plan.** MAT is an essential component of long-term treatment. According to Nora Volkow, MD, Director of the National Institute on Drug Abuse, "[M]edications have also become an essential component of an ongoing treatment plan, enabling opioid-addicted persons to regain control of their health and their lives."[5]
- **MAT reduces illicit drug use and death.** According to the U.S. Surgeon General, Jerome Adams, MD, MPH, "[S]tudies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission…. Prisoners who receive MAT and counseling in prison, and have treatment continued upon release, have lower rates of relapse and are less likely to use opioids."[6]

There is no evidence that suggests, let alone proves, that preventing patients from obtaining evidence-based care is an appropriate deterrent, as KAHP recently claimed.[7] If a patient is lucky enough to have an addiction medicine physician in one of KAHP's member organization's networks (89 percent of Kentucky patients needing addiction-related treatment do not receive it),[8] then his or her opioid use disorder would be managed properly rather than having to potentially look for diverted medication, for

---

[2] Substance Use Prevention and Treatment Initiative. The Case for Medication-Assisted Treatment. February 1, 2017, www.pewtrusts.org/en/research-and-analysis/fact-sheets/2017/02/the-case-for-medication-assisted-treatment. Accessed February 1, 2018.

[3] Mohlman, Mary Kate, et al. "Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont." Journal of Substance Abuse Treatment, vol. 67, 2016, pp. 9–14, https://www.sciencedirect.com/science/article/pii/S0740547215300659. Accessed February 21, 2018.

[4] National Institute on Drug Abuse. "Effective Treatments for Opioid Addiction," November 2016, www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction. Accessed February 21, 2018.

[5] U.S. Senate. "Senate Caucasus on International Narcotics Control hearing America's Addition to Opioids: Heroin and Prescription Drug Abuse," May 14, 2014. Accessed on February 21, 2018.

[6] U.S. Department of Health and Human Services, Office of the Surgeon General. "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health," November 2016. https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf. Accessed on February 21, 2018.

[7] "Kentucky Bill To Remove Prior Authorization Aims To Help Opioid Users Get Treatment," Lisa Gillespie, February 20, 2019. Available at http://www.wkms.org/post/kentucky-bill-remove-prior-authorization-aims-help-opioid-users-get-treatment#stream/0. Per the article, "the main critic of the measure is the Kentucky Association of Health Plans, a trade association that represents the five companies that Kentucky pays to run Medicaid.
Executive Director Stephanie Stumbo said the group is against the bill because prior authorization can deter Medicaid enrollees from abusing the drug and doctors from overprescribing it.
"These are serious medications, some that are themselves prone to abuse," Stumbo wrote in an email.
She also said prior authorization can be used to deter doctor shopping, where a patient goes to multiple doctors for prescriptions and then might sell medication illegally, called diversion."

[8] https://opioid.amfar.org/indicator/pctunmetneed

example. Diversion is a symptom of a lack of access to care—something we hope KAHP and its member organizations will join us to alleviate.

We are particularly concerned that as the leader of Kentucky's health insurance companies, KAHP's efforts contradict actions taken by a select group of other insurance companies, including Blue Cross Blue Shield plans, Anthem, United HealthCare, Cigna and others. For example:

- **In Vermont**—Sara Teachout, a spokeswoman for **Blue Cross/Blue Shield** of Vermont, said the insurer did not oppose MAT bill (similar to Kentucky HB 121). She said Blue Cross/Blue Shield does not require pre-authorization now. "We support these programs and we offer more services than I think some other insurance companies do," she said.

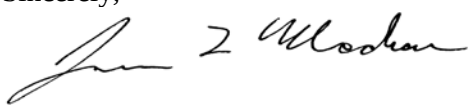
- **In North Carolina**—One way to reduce the impact of the opioid epidemic is to ensure that people have access to safe therapies that treat opioid use disorder. To that end, **Blue Cross North Carolina** is taking steps to help patients get the care they need while ensuring their safety. On November 1, it stopped requiring doctors to get approval before administering some forms of MAT. MAT involves giving patients safe doses of certain drugs to help with their withdrawal symptoms.

- **In New York**—**Anthem**, the second largest health insurer in the country, ended its policy of requiring prior authorization for MAT for opioid use disorder. The agreement included Empire **BlueCross BlueShield**, which insures over 4 million New Yorkers, and resolved Attorney General Schneiderman's investigation of prior authorization practices and network adequacy for MAT treatment.

- **In Pennsylvania**—Earlier this year, the Governor opined that his announcement closely aligns commercial insurance prior-authorization requirements for opioid prescriptions and access to MAT with those now used by both Medicaid fee-for-service and managed care programs, which were implemented earlier this year by the Department of Human Services. Commercial insurers agreeing to these guidelines are **Aetna, Capital BlueCross, Geisinger, Highmark, Independence Blue Cross, UPMC, and United Healthcare**.

In sum, the AMA strongly urges KAHP and its member organizations to put patients first by playing a constructive role in the debate around HB 121. We encourage you to base your arguments on evidence and science—a standard that the AMA and our members believe is essential to high quality medical care as well as informed legislative debate. Finally, we urge you to join other insurance companies, some of which were discussed above, who are leading the way in an effort to save lives and reverse this devastating epidemic.

Sincerely,



James L. Madara, MD

cc: Kentucky Medical Association