

MEDICAL SOCIETY of the STATE OF NEW YORK

Morris Auster, Esq.
Senior Vice President /
Chief Legislative Counsel

Division of Governmental Affairs
MEMORANDUM IN SUPPORT

**On Assembly Insurance Committee
Agenda**

A. 2904 (QUART)

An act to amend the insurance law, in relation to prohibiting certain insurance policies from requiring prior authorization for certain medications used in the treatment of substance use disorders; and to repeal certain provisions of such law relating thereto

This measure would require insurance companies to remove prior authorization for medicated assisted treatment (MAT) for all patients that are insured. The Medical Society of the State of New York strongly supports this measure.

Currently, there are only four states, Arizona, Illinois, Maryland, and Pennsylvania that have enacted policy removing prior authorization for MAT. Medical evidence shows that MAT promotes recovery from opioid use disorders, saves the health care system money, and most importantly, saves lives. Prior authorization requirements for MAT delay access to evidence-based care. Removing these barriers will get more people the treatment that they need.

In 2016, prior authorization requirements were removed for buprenorphine and long-acting injectable naltrexone in the Medicaid program. This measure would establish parity for all consumers by ensuring that addicted persons with commercial insurance coverage can access to MAT as prescribed by their health care providers without unnecessary barriers.

Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. There are three medications commonly used to treat opioid addiction: Methadone, a clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; Naltrexone, an office-based non-addictive opioid antagonist that blocks the effects of other narcotic; and buprenorphine, also an office-based opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. MAT for opioid addiction is subject to federal legislation, regulations, and guidelines, including requiring physicians and other prescribers to obtain additional training in the use and administration of MAT.

The American Medical Association’s (AMA) Task Force on Opioids has called for support of MAT as a proven medical model in the midst of an epidemic and is calling upon on all payers—commercial insurers, self-insured plans, Medicare, Medicaid—as well as PBMs to end prior authorization and other unnecessary utilization management protocols for the treatment of opioid use disorder. MSSNY, as a member of the task force, believes that MAT is beneficial to patients who need it and this legislation would stop health insurance companies from delaying or denying MAT for opioid use disorder.

For all these reasons cited above, the Medical Society of the State of New York recommends that this measure be enacted.

Respectfully submitted,

Division of Governmental Affairs

**Pfc/support
3/11/19**