

SB323

Favorable

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
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Johns Hopkins **supports Senate Bill 323 Maryland Medical Assistance Program – Prior Authorization** for Drug Products to Treat an Opioid Use Disorder – Prohibition. This bill prohibits Maryland Medicaid from requiring a prior authorization for drugs that contain methadone, buprenorphine, or naltrexone when prescribed to treat an opioid use disorder.

Johns Hopkins has significant expertise in research and treatment of behavioral health disorders, offering a broad range of intensities of services and modalities of care. Our Department of Psychiatry is consistently ranked among the very top programs in the United States for clinical care according to U.S. News and World Report. Other providers at Johns Hopkins deliver primary care integrated with buprenorphine treatment to persons with opioid use disorder. Across The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, we provide care through more than 275,000 inpatient and outpatient visits annually. As one of the largest behavioral health providers in the state, we witness firsthand the devastating impact these disorders have on individuals, families and communities. We also have first-hand knowledge of how administrative burdens, like prior authorizations, can be a significant barrier to optimizing care and pull clinical staff away from providing direct services to those who are so desperately in need. For example, prior authorizations for these medications can create delays in hospital and emergency department discharges.

As this Committee is aware, Maryland, like the rest of the country, is in an opioid overdose epidemic. Latest reports from Maryland's Opioid Overdose Command Center show that there were 1,358 overdose deaths through June of 2021, and 1,217 of these were opioid-related. Some of these deaths could have been prevented with effective treatment for opioid use disorder; and effective treatment may include the prescription of medications to prevent withdrawal symptoms and therefore help people stop from using harmful drugs.

Requiring prior authorization for these vital treatment tools creates an unnecessary administrative barrier to patients accessing care. Health care providers are unable to begin treatment until the prior authorization is approved, and delays in treatment translates to deaths. Delays also occur at the pharmacy when preauthorization is not clearly indicated in the system, resulting in further delay in treatment initiation. This bill eliminates these barriers, streamlining the ability for patients to access vital behavioral health treatment.

Johns Hopkins urges a favorable report on SB323.