NCADD-MD - SB 323 FAV - OUD PA Prohibition.pdf

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Position: FAV

Senate Finance Committee
February 8, 2022

Senate Bill 323
Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder - Prohibition

Support

NCADD-Maryland strongly supports Senate Bill 323. In the fight against the opioid overdose crisis, this bill will prohibit Maryland Medicaid from imposing a prior authorization requirement on the three medications used in treating opioid use disorders. The intent of the bill is to bring equity to low income Marylanders who are enrolled in Medicaid, as Maryland enacted this policy in the commercial insurance market in 2017.

This bill applies to medication for opioid use dependence. This does not apply to opioids used to treat pain.

Removing prior authorizations will allow people to receive medication deemed to be medically necessary by licensed health care practitioners. Currently, Medicaid has all medications in this class on its formulary, and has open access on its preferred drug list (PDL) for the brand named products. When a medication is on the PDL, there is no prior authorization. Decisions about what medications are on or off the PDL take place annually.

In 2016, Medicaid's Pharmaceuticals and Therapeutics (P&T) Committee took one of the buprenorphine products off the PDL for reasons that were non-clinical. Treatment providers were faced with a decision to switch the medications their patients were taking, or take on the extra steps and time involved with requesting authorization. This caused unnecessary anxiety among patients and there were instances where the change in medication led to relapse for some.

The General Assembly saw fit in 2017 to pass legislation prohibiting prior authorizations for these medications in commercial insurance. This was done with agreement from both the treatment providers and the carriers themselves as they realized the importance of ensuring people have immediate access to these medications. Medicaid's current policy in practice supports this approach and passing this bill will ensure the policy stays in place.

We urge your support of Senate Bill 323.

National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
www.ncaddmaryland.org

SB323 - Hopkins - Support .pdf
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Position: FAV

JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

SB323
Favorable

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 8, 2022

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.

SB 323_Medicaid Prohibition on MOUD Prior Auth - B
Uploaded by: Dan Rabbitt
Position: FAV

February 8, 2022

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 323 – Maryland Medical Assistance Program – Prior Authorization for Drug Products to Treat an Opioid Use Disorder – Prohibition

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

Behavioral Health System Baltimore strongly supports SB 323, Maryland Medical Assistance Program – Prior Authorization for Drug Products to Treat and Opioid Use Disorder – Prohibition. This bill would prohibit Maryland Medicaid from imposing prior authorization requirements on medications for opioid use disorder (MOUD), removing any potential barriers to accessing these lifesaving medications.

Maryland has been one of the states hardest hit by the opioid overdose epidemic. Maryland has consistently been among the top five states in the number of overdose deaths per capita and things have only worsened during the pandemic. **Approximately 2,800 Marylanders lost their lives due to overdose in 2020, a four-fold increase over the last decade.**

As the LBHA for Baltimore City, BHSB has seen the opioid overdose crisis up close. Baltimore has struggled with opioid misuse for many years and much of the increase in overdose death in Maryland has been driven by an increase in Baltimore City. In 2020, almost 1,000 people died of overdose in Baltimore and over 60% of all Maryland overdose deaths occurred in Baltimore City and neighboring Baltimore and Anne Arundel Counties. And in both Baltimore and Maryland, this shocking loss of life has been disproportionately concentrated in our Black communities. **The rate of overdose death among Black Marylanders has increased almost ten-fold over the last decade.**[1]

At BHSB, we know providing effective treatment and helping our neighbors achieve recovery is essential to reducing overdose deaths. Treatment using MOUD has been proven the most effective at reducing illicit opioid use, avoiding relapse, remaining in treatment, preventing overdose, and achieving recovery. Methadone, buprenorphine, and naltrexone, the three FDA approved OUD medications, are critical, life-saving treatments and BHSB has done everything we can to promote their use. BHSB has pursued the Buprenorphine Initiative, the Hub Spoke model, improved discharge planning at hospitals, methadone home delivery and new opioid treatment programs that provide methadone to address our community's need for effective OUD treatment.

BHSB has strived to ensure access to the highest quality treatment for residents struggling with opioid misuse, but arbitrary insurance barriers can obstruct access to these lifesaving medications. Maryland banned the use of prior authorization practices in private insurance five years ago but has allowed Maryland Medicaid to continue to favor some brands of MOUD over others, which create inequities

with access to treatment options. This is not abstract. Maryland Medicaid has taken brands of MOUD off its preferred drug list for non-clinical reasons. When this happened most recently, it caused delays in accessing the MOUD taken by some patients and unnecessarily disrupted their treatment regimen. Some patients had to change their medication to adapt and undoubtedly some may have been lost to care or worse as result of this change.

The most appropriate form and brand of MOUD should be a decision made by a patient, their treatment provider, and their doctor alone. Maryland must prohibit barriers to care for MOUD in its Medicaid program, as it already does for private insurance. **BHSB urges a favorable report on SB 323.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

[1] Maryland Opioid Operational Command Center 2020 Annual Report: https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/04/2020-Annual-Report-Final.pdf

SB0323 Opioid Use Disorder Drug Prior Authorizatio
Uploaded by: Emily Allen
Position: FAV

mhamd
MENTAL HEALTH ASSOCIATION OF MARYLAND

1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

Senate Bill 323 - Maryland Medical Assistance Program – Prior Authorization for Drug Products to Treat Opioid Use Disorder - Prohibition
Finance Committee
February 8, 2022
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 323.

SB 323 prohibits Medicaid from applying a prior authorization requirement for medications used to treat an opioid use disorder. This bill is in line with House Bill 887 passed in 2017, prohibiting prior authorizations for the three FDA-approved opioid use disorder medications in commercial insurance plans.

Maryland has seen a steady increase in opioid-related fatal overdoses throughout the past decade, most recently with 2,518 deaths in 2020 and 1,217 deaths in the first 6 months of 2021, particularly in those over the age of 45.[1] Throughout the United States, the COVID-19 pandemic has worsened the drug overdose epidemic. In June 2020, the American Medical Association penned a letter to the U.S. Centers for Disease Control and Prevention asking for all health insurance programs, both private and public, to remove arbitrary restrictions for patients who would benefit from opioid therapy. Among these was the request to remove prior authorization, step therapy, and additional inappropriate administrative burdens that would delay or deny FDA-approved medications used to treat opioid use disorders.[2]

In the first six months of 2021, the Maryland Department of Health Office of Preparedness and Response reported 5,548 non-fatal, opioid-related visits to emergency departments, a 42.3% increase from the same period in 2020.[1] A study of Medicare Part D beneficiaries showed that removing prior authorizations on buprenorphine-naloxone may be associated with increased use and improved health care outcomes, and with it reduced healthcare utilization and expenditures.[3]

The prohibition of prior authorization for opioid-use disorder medications can save lives throughout Maryland. Consumers and providers should not repeatedly worry about medication and service disruption for a vulnerable population. For these reasons, MHAMD supports SB 323 and urges a favorable report.

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[1]Maryland OOCC 2021 Second Quarter Report, https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/09/OOCC-Q2-2021-Quarterly-Report.pdf
[2]American Medical Association (June 2020), https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf
[3]Mark, T., Parish, W., & Zarkin, G. (April 2020), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764598

For more information, please contact Emily Allen at (443) 901-1588

MCF_Fav_SB 323.pdf
Uploaded by: Haley Rizkallah
Position: FAV

SB 323 – Maryland Medicaid Program – Prior Authorization For Drug Products to Treat and Opioid Use Disorder – Prohibition

Committee: Finance
Date: February 8, 2022
POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a loved one with a mental health, substance use or gambling issue.

MCF strongly supports SB 323.

The bill is simple - it prohibits Medicaid from requiring prior authorization for prescription drugs that are used to treat an opioid use disorder. This prohibition already exists for private insurance carriers. Passage of the SB 323 is one step (of many) that must be taken by the state to address the tragedies of opioid addiction and opioid overdoses.

The COVID-19 Pandemic has severely negatively impacted Maryland's opioid overdose crisis. Data shows that fatal overdoses by opioids increased during the first and second quarters of 2020 by 12% over the same period in 2019, and this increase was sustained in the first two quarters of 2021. People who have a substance use disorder have been especially hard hit by the pandemic – isolation, the disruption of support systems, and the restrictions in access to treatment have all contributed to increases in substance use and relapse. And even before COVID-19, Maryland was in the midst of an opioid epidemic.

While recent increases in opioid overdose deaths is a national problem, Maryland ranked #7 in highest overdose death rates in the country between April 2020 and April 2021, with an estimated 2,876 overdose deaths. Black Marylanders have experienced substantial and disproportionate increases in fatal overdoses.

For this reason Maryland must enact strong measures to promote the treatment of opioid use disorders and reduce the number of opioid overdose deaths. SB 323 is one such measure.

We urge a favorable report on SB 323.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-926-3396
ageddes@mdcoalition.org

MDDCSAM FAV Prior Auth SB 323.pdf

Uploaded by: Joseph Adams, MD
Position: FAV

Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 323. Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder – Prohibition Senate Finance Committee. Feb 8, 2022

SUPPORT

Prior authorization, by design, erects barriers to medication treatment for opioid use disorder (OUD). Because medications are the primary treatment for OUD, this directly hinders our efforts at addressing the opioid overdose crisis. Our principle response should be to facilitate treatment, not to hinder it. The fact that **medications are the principle OUD treatment** is well known among addiction specialists, namely: methadone, buprenorphine (transmucosal or injectable), or injectable naltrexone (Vivitrol). Psychosocial counseling should be a part of treatment. Though medications have some role in other substance use disorders, including alcohol, or tobacco use disorders, the role of medications in OUD is unique, as the essential treatment for the great majority with moderate to severe OUD.

In fact, the term "Medication Assisted Treatment" (MAT) is now out of favor, and is being replaced in the literature by either the term 'Medication Treatment" (MT) or "Medications for OUD" (MOUD). This is because "Medication Assisted Treatment" implies that medication is something other than treatment. But, **in fact, medication is the treatment** (ideally combined with psychosocial treatment).

Medications for OUD are the most mis-understood treatments in the world. Many patients, families, and some policymakers are under the impression that patients should try to avoid using medications, or should come off them as soon as possible, and that these medications are "addicting." The gold standard treatments, methadone and buprenorphine, are opioids and cause 'physical dependence,' which is not at all the same as "addiction."

Because of this "medication stigma," policy makers, including in Maryland, have not understood what's important in reversing the overdose epidemic, which increased 20% since last year. The response seems to be focused on distributing Narcan, which is fine, and important, but **the only way to significantly impact the opioid overdose epidemic is through increased access to treatment**, and that means **medication treatment**.

(Other approaches include increased access to peer and recovery services, syringe service programs, overdose prevention clinics, all of which keep people alive, and healthier, and get more people into treatment over time. And also prevention in terms of reducing opioid prescribing for pain, but these are beyond the scope of this hearing).

The experience in France illustrates the profound importance of medication treatment. In 1995, when France removed essentially all barriers to buprenorphine prescribing, 20% of all French physicians began treating OUD with medication. **The number of people treated with buprenorphine rose ten fold. Overdose deaths declined by 80%.** (Auriacombe et al).

Having a variety of medication options is critical. Patients are often reluctant to start medication treatment, and having a variety of choices and options can do wonders in getting them to start treatment.

(cont'd . . .)

There is a tremendous effort to get more providers to participate in prescribing mediction for OUD; relatively few are willing at this time. And prior auth requirements, by design, just erect an additional barrier. This requires prescribers to suddenly drop what they're doing and start making phone calls so they can prescribe a medicine. **This creates a significant barrier to treatment.**

Scores of studies, published over decades, have confirmed,– ad nauseum –that the great majority of patients with OUD, certainly those with moderate to severe OUD, have a very low chance of recovery without mediations for OUD. **Over 80% will relapse within about a year after gradually tapering off of medications within the first 6 – 12 months.** Psychosocial treatment – by itself – is ineffective for OUD. I've included some of these studies, including one review of the literature entitled "Leaving methadone treatment: **Lessons Learned, Lessons Forgotten, Lessons Ignored**". That was published over 20 years ago. (Margura S. et al).

We urge you to remove the significant and unnecessary barrier to the treatment of opioid use disorder.

Joseph A. Adams, MD, FASAM, Chair, Public Policy Committee

REFERENCES

Auriacombe M et al. French Field Experience with Buprenorphine, The American Journal on Addictions, 13:S17–S28, 2004

Magura S, ET AL. Leaving methadone treatment: lessons learned, lessons forgotten, lessons ignored. Review Mt Sinai J Med. 2001 Jan;68(1):62-74. http://bit.ly/leavingMTHD

OUD agonists lowers risk of OD death by 80% compared to psychosocial treatment.
Krawczyk N et al. Opioid agonist treatment and fatal overdose risk in a state-wide US population receiving opioid use disorder services. Addiction. 2020 Sep; 115(9): 1683–1694.
Free: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7426244/

Among over 40,000 patients with opioid use disorder treated with various modalities, only treatment with buprenorphine or methadone was associated with reduced risk of overdose and serious opioid-related acute care.
Wakeman SE et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020;3(2)
free: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032

"Behavioral interventions alone have extremely poor outcomes, with more than 80% of patients returning to drug use. Similarly poor results are seen with medication assisted tapering . . . "Longer periods of tapering (1–6 months) with methadone or buprenorphine are also ineffective in promoting abstinence beyond the initial stabilization period."
Bart G, Maintenance medication for opioid addiction: the Foundation of Recovery
J Addict Dis. 2012; 31(3):207. Free: www.ncbi.nlm.nih.gov/pmc/articles/PMC3411273/

(cont'd . . .)

“Patients who discontinue OUD medication generally return to illicit opioid use.”. . Arbitrary time limits are inadvisable.”

SAMHSA, Treatment Improvement Protocol 63 Updated 2020
Substance Abuse and Mental Health Services Administration.

Of over 4,000 patients who started a methadone taper, 13% had a “successful taper” defined as remaining alive, reaching a dose ≤5mg per day, not re-entering treatment, and not having an opioid-related hospitalization within 18 months. These poor outcomes are consistent with the findings of prior analyses.” (additional references cited).

Nosyk B, et al. Defining dosing pattern characteristics of successful tapers following methadone maintenance treatment: results from a population-based retrospective cohort study. Addiction. 2012;107(9):1621 free: www.ncbi.nlm.nih.gov/pmc/articles/PMC3376663/

"All studies of tapering and discontinuation demonstrate very high rates of relapse.”

pg. 40, ‘Medications for opioid use disorder save lives.’ National Academies of Sciences, Engineering, and Medicine. 2019. Washington, DC. The National Academies Press
Full document: free: www.nap.edu/download/25310

“There is consensus in the scientific literature that the opioid agonist medications methadone and buprenorphine are the most effective treatments for opioid use disorder. Despite increasing opioid overdose deaths in the United States, these medications remain substantially underutilized. For no other medical conditions for which an effective treatment exists is that treatment used so infrequently.” . . . A key strategy to address the epidemic is to expand access to the opioid agonist medications for addiction treatment (MAT) methadone and buprenorphine

Allen B, et al. Underutilization of medications to treat opioid use disorder: what role does stigma play? Subst Abuse. 2019;40(4):459–65.

When communities expand access to opioid agonist treatment, overdose mortality decreases substantially

Larochelle MR et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality Ann Intern Med, 169 (2018), pp. 137-146
Sordo L et al. G. Barrio, M.J. Bravo, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies BMJ, 357 (2017), p. j1550

Patients treated with methadone or buprenorphine have an 80% lower risk of dying from overdose compared to patients in treatment without medications.

Alcoholism & Drug Abuse Weekly, 28 February 2020
https://onlinelibrary.wiley.com/doi/10.1002/adaw.32642

Winograd RP, et al. The case for a medication first approach to the treatment of opioid use disorder. Am J Drug Alcohol Abuse. 2019;45(4):333-340.

2022-SB323-FAV-OOOMD.pdf
Uploaded by: Michelle Livshin
Position: FAV

On Our Own of Maryland, Inc.
7310 Esquire Court, Mailbox 14
Elkridge, MD 21075

Phone 410.540.9020
Fax 410.540.9024
onourownmd.org

TESTIMONY IN SUPPORT OF

Senate Bill 323 - Maryland Medical Assistance Program -

Prior Authorization for Drug Products to Treat an OUD - Prohibition

Finance Committee - Senate

February 8, 2022

Thank you Senator Kelly, Senator Feldman, and committee members for the time, work, and care that you have put into improving the quality and accessibility of healthcare services for Marylanders of all ages. On Our Own of Maryland is a statewide behavioral health (BH) peer education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers located throughout the state offer comprehensive, voluntary recovery support services, free of charge, to community members with mental health and substance use disorders. **We are writing to share our strong support of SB 323 which would prohibit prior authorizations for medications used to treat opioid use disorders for people enrolled in Maryland's Medicaid program.**

Marylanders are dying from opioid-related deaths at unprecedented rates. Between 2019 and 2020, opioid-related deaths increased by 20% in Maryland, and the latest data from the state show a continued increase in 2021.[1] Medication-Assisted Treatment (MAT) is an evidence-based practice which combines counseling with use of specific medications for opioid use disorders (MOUD). MAT has been shown to be an incredibly effective treatment for those living with opioid use disorder (OUD), as it not only helps prevent and reduce overdoses, but supports individuals in starting and sustaining their recovery journey.[2,3] Across our statewide peer network, we have heard countless stories of how MAT has opened the door to healing and recovery from addiction, obtaining employment, and leading a healthy, fulfilling life.

Despite the proven effectiveness of MOUD, many individuals remain untreated due to significant barriers to accessing care. Waiting for an overloaded administrative system to approve a prescription for MAT - especially if the individual is in crisis or has reached a breakthrough point in their choice to seek treatment - can literally become a matter of life and death. The need for rapid access has already been well-established through legislation approved in 2017, which prohibited prior authorizations for the FDA-approved MOUDs (methadone, buprenorphine, and naltrexone) in commercial insurance plans.

Individuals enrolled in Maryland's Medicaid program, who already experience so many socioeconomic barriers, deserve at least the same access to this life-saving treatment as people with private insurance. Illinois, Kentucky, New York, Texas, and the District of Columbia have already passed similar legislation.

OOOMD strongly urges you to vote in favor of removing this barrier to effective and essential medications for Medicaid enrollees, so individuals living with OUD can start their recovery without unnecessary delays.

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[1] https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/09/OOCC-Q2-2021-Quarterly-Report.pdf
[2] https://www.samhsa.gov/medication-assisted-treatment
[3] Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

MATOD - SB 323 FAV - Opioid Use Disorder Medicatio

Uploaded by: Nancy Turner

Position: FAV

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Josh Grollmes, MS
Serenity Health
JGrollmes@serenityllc.net

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Melissa Vail, LCPC
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MAVail@lifebridgehealth.org

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Northern Parkway Treatment Services, BH Health Services
BabakImanoel@gmail.com

National AATOD Liaison
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KStolle@jhmi.edu

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IBR/REACH Health Services
VWalters@ibrinc.org

c/o IBR/REACH Health Services
2104 Maryland Avenue
Baltimore, MD 21218

(410) 752-6080

www.matod.org

Senate Finance Committee
February 8, 2022
Support of Senate Bill 323

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 323. MATOD represents over 65 healthcare organizations across Maryland that provide and promote high-quality, effective medication assisted treatment for opioid addiction. MATOD programs serve over 35,000 Marylanders enrolled in opioid treatment programs (OTPs) receiving methadone and buprenorphine, in conjunction with counseling and other medical services.

Providers know that the smallest barriers to accessing treatment when someone is ready and willing can be devastating. Prior authorizations can add hours and even days to the amount of time before starting treatment. For people with opioid use disorders, this wait means someone could start experiencing the symptoms of withdrawal, and that can end poorly if the person leaves the waiting room to self-medicate.

One of the ways to ensure timely access to medications for opioid use disorders is the removal of prior authorization requirements. Calls for the removal of prior authorizations have come from the Centers for Medicare and Medicaid Services, the American Medical Association, the National Academy of Medicine, and the Legal Action. As recently as October of 2021, the Milbank Memorial Fund published a set of recommendations urging policymakers move to prohibit prior authorizations in Medicaid for medications for opioid use disorders. In states that had temporarily ended prior authorizations during the COVID-19 pandemic, Milbank recommended making them permanent.

In the midst of this opioid overdose crisis, Medicaid should take every possible measure to ensure people with opioid use disorders have access to treatment that includes unencumbered access to the medication deemed most appropriate by a patient and their health care provider. In 2017, Maryland passed a law to prohibit prior authorizations in the commercial insurance market. The carriers understood the importance of this policy and fully supported it. People enrolled in Medicaid should have the same access.

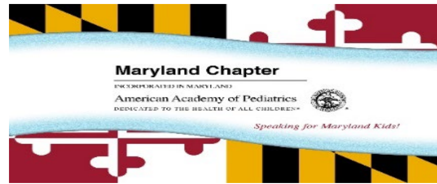
In addition to the need for equity, stability in access is needed. In 2016, a change was made to the opioid treatment medications on Medicaid's preferred drug list for non-clinical reasons. This change caused providers and clients to choose between the time consuming process of acquiring a prior authorization, or changing their medication. Passing this bill will prevent these sometimes politically-driven decisions from negatively impacting this vulnerable population.

We urge a favorable report on SB 323.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

SB0323_FAV_MedChi, MDAAP, MACHC_Prior Auth. Drug P

Uploaded by: Pam Kasemeyer
Position: FAV



MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 323 – *Maryland Medical Assistance Program – Prior Authorization for Drug Products to Treat an Opioid Use Disorder – Prohibition*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 323.

Senate Bill 323 prohibits the Medical Assistance Program from requiring prior authorization for a prescription drug that is used to treat an opioid use disorder that contains methadone, buprenorphine, or naltrexone. The escalating incidence of opioid use disorders and overdoses continues to be the focus of significant policy considerations. Over the last several Sessions, a number of initiatives have been enacted with the objective of lowering incidence, saving lives, and effectively providing access to services.

Effectively providing treatment for opioid disorder often requires immediate provision of services, including essential drug products. Imposing administrative hurdles, such as prior authorization, often delay the provision of required services. Prior authorization for drugs that treat opioid use disorders, not only prevents the timely administration of life-saving medications but could result in a patient overdosing between visits while waiting for approval and/or failing to return to receive the medication once approved, thereby not receiving necessary treatments.

Senate Bill 323 only applies to prescription drugs that are solely used to treat opioid use disorders and therefore there is no basis for requiring prior authorization. A favorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

SB 323 - SWA - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: FWA

Washington
Psychiatric Society

February 3, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 323: Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder - Prohibition

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 323: Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder – Prohibition (SB 323). Opioid overdoses have been a primary driver of the fivefold increase in deaths due to drug overdose in the U.S. between 2000 and 2020. The national opioid epidemic began with an increase in deaths from opioid prescriptions through the early 2000s, followed ten years later by a steep rise in deaths from heroin overdoses, and shortly thereafter, an even sharper increase in deaths from synthetic opioid overdoses. The U.S. saw some improvement in opioid-related death rates from 2017 to 2018 before increases began again and sharply accelerated in light of the pandemic.

In 2020, Maryland tragically saw 2,509 opioid overdose deaths, accounting for 90.9% of all drug overdose deaths in the state. From 2009 to 2019, the age-adjusted death rate due to opioid overdose increased from 9.9 per 100,000 to 34.0 per 100,000 in Maryland. Over the same period, the age-adjusted death rate increased from 6.6 per 100,000 to 15.5 per 100,000 in the U.S.

SB 323 identifies a gap in Maryland's Medicaid coverage as it relates to opioid use disorder (OUD) and prior authorization for the medications that can effectively treat it. Prior authorization is a utilization management tool that requires doctors to obtain approval from an insurance plan, in this case the Maryland Medical Assistance Program, or pharmacy benefit manager (PBM) before it will cover the costs of a specific medicine used to treat OUD.

Washington
Psychiatric Society

Sadly, most insurers use prior authorization as a way to contain health care spending, generally requiring an extensive amount of required paperwork to be submitted, multiple phone calls back-and-forth to insurance companies, and significant wait times for approval. The insurer, who ultimately decides whether a treatment is "medically necessary," is not even required to be a physician. When insurers, like the Maryland Medical Assistance Program, decide that patients should not get the treatment physicians have recommended, this is akin to practicing medicine without a license.

Remarkably, no clear evidence exists that prior authorization either improves the quality of patient care or actually saves money. Instead, prior authorization often results in unnecessary delays in receiving life-sustaining medications and leads to physicians spending more time on paperwork and less time treating their patients. An AMA study found that 90% of physicians report that prior authorization has a significantly negative impact on patient clinical outcomes.

For individuals with psychiatric disorders, including those with serious mental illness or substance use disorders, gaps in treatment due to pre-authorization denials can lead to relapse, with increased health care costs and devastating effects for individuals and their families. SB 323 will help a subset of those with OUD and insured under the Maryland Medical Assistance Program. MPS/WPS believes that the committee should advance this bill and consider the benefit of removing prior authorization restrictions such as this from all other forms of insurance if the State is truly serious in getting OUD patients the efficient care they deserve.

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

MRHA SB323- Maryland Medical Assistance Program-Pr

Uploaded by: Kathleen Hays

Position: INFO

Statement of Maryland Rural Health Association

To the Senate Finance Committee

February 4, 2022

Senate Bill 323- Maryland Medical Assistance Program –Prior Authorization- Prohibition

Letter of Information

Chair Kelly, Vice Chair Feldman and members of the Finance Committee, the Maryland Rural Health Association (MRHA) wishes to provide this letter of information regarding SB323 Maryland Medical Assistance Program – Prior Authorization- Prohibition.

MRHA supports efforts to eliminate barriers to health care and promote health equity, particularly for vulnerable populations. Improving access to timely and effective treatment for substance use disorder is a worthy goal and one that MRHA supports.

However, it is important to note that other covered treatment options exist beyond those identified in the bill. Further, the bill eliminates authorizations which can shield providers and patients from price gouging on these particular medications. MRHA urges careful consideration of the externalities of this proposal, particularly as it relates to access to effective behavioral health treatment in rural communities.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA thanks you for your careful consideration of this issue.

Board President, Jennifer Berkman, 443-783-0480

P.O. Box 475 • Centreville, Maryland 21617

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Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: INFO

DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 8, 2022

The Honorable Dolores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401- 1991

RE: SB 323 – Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder – Prohibition – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 323 – Maryland Medical Assistance Program - Prior Authorization for Drug Products to Treat an Opioid Use Disorder. SB 323 will prohibit MDH from imposing any prior authorization requirements for prescription drugs used to treat an opioid use disorder (OUD) that contain methadone, buprenorphine, or naltrexone.

Currently, MDH covers approximately 280,000 claims annually for brand name Suboxone film (buprenorphine and naloxone). The brand name Suboxone film is considered a preferred drug by MDH, is available without prior authorization, and is eligible for substantially higher rebates than other forms. Other formulations, including generic suboxone film and tablets, are classified as nonpreferred and subject to prior authorization due to costs.

If MDH is prohibited from imposing any prior authorization requirements, utilization may shift from brand name to generic formulations. While federal law prohibits MDH from sharing dollar amounts of rebates collected on specific drugs, implementing SB 323 will put MDH at risk of losing millions of dollars in drug rebates each year.

Additionally, there are clinical concerns regarding the removal of prior authorizations from certain OUD drugs. For instance, if injectable OUD treatments are taken prior to completion of clinical evaluation, the patient can experience a medical crisis due to sudden withdrawal.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at heather.shek@maryland.gov or (443) 695-4218.

Sincerely,

Dennis R. Schrader
Secretary