



Pennsylvania Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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September 20, 2022

The Honorable Tina Pickett
Chair
House Committee on Insurance
State Capitol
Harrisburg, PA 17120

Re: PSAM's Opposition to Section 2118 of SB 225

Dear Chair Pickett,

On behalf of the Pennsylvania Society of Addiction Medicine (PSAM), the medical specialty society representing physicians and clinicians in Pennsylvania who specialize in the prevention and treatment of addiction, **we write to express our opposition to Section 2118 of SB 225.** This provision would allow insurers to implement prior authorization restrictions on medications for addiction treatment (MAT) beyond the initial prescription. It would also allow insurers to designate preferred medications when multiple medications are available for treatment. As opioid addiction and the overdose epidemic continue to significantly impact our Commonwealth, we cannot afford to enact additional treatment barriers and restrict patient access to lifesaving medications.

PSAM is dedicated to enhancing the availability of evidence-based addiction treatment throughout Pennsylvania. To that end, we are committed to advocating for a state addiction treatment system that provides greater access to all Food and Drug Administration (FDA)-approved medications to treat addiction. As such, we are greatly concerned by Section 2118 of SB 225, which would add significant barriers for practitioners and patients engaging in addiction treatment. When a patient presents themselves for treatment, it is imperative that practitioners are able to act quickly and pursue all treatment options without outside obstruction. Prior authorization and preferred medication policies constrain this ability, cause delays and confusion, and ultimately lead to worse treatment outcomes.ⁱ

The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, and increase patients' ability to gain and maintain employment.ⁱⁱ **However, when burdensome prior authorization requirements delay their prescription, practitioners cannot offer MAT as quickly as necessary to effectively treat their patients.ⁱⁱⁱ In fact, a recent survey of physicians found that 93% of them reported care delays due to prior authorization, with 82% indicating that prior authorization can lead to treatment abandonment.^{iv}** Delays and uncertainty of this nature significantly impact patient outcomes. In addiction treatment, a delay of just one day can be the difference between life and death. One day is enough time for a patient to return to use, overdose, or suffer a myriad of other experiences that can adversely affect their treatment outcome. By allowing insurers to implement prior authorization on MAT beyond the initial coverage, SB 225 disadvantages patients with addiction and takes steps in the wrong direction in the struggle to expand treatment access and retention.

Due to the harmful consequences of non-evidence-based utilization controls and consistent with sound medical care, decisions about the type, modality, and duration of treatment should remain in the purview of certified practitioners and their patients. Additionally, arbitrary limitations on the duration of treatment, medication dosage, type of medication, or on levels of care that are not supported by medical evidence, are not appropriate and can be specifically detrimental to the wellbeing of the patient and their community. Given how detrimental these non-evidence-based limitations are, they should not be enforced by law, regulation, or health insurance practices. Therefore, PSAM opposes this bill's inclusion of harmful prior authorization and preferred medication policies.

We strongly urge that your committee amend Section 2118 to remove all forms of prior authorization placed on lifesaving MAT. Thank you for the opportunity to comment on this important issue, and always feel free to reach out to our personal email addresses or cell phones if we can clarify or help your colleagues understand the negative implications of Section 2118 as written.

Respectfully,



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The Honorable Steven C. Mentzer
The Honorable Aerion Abney
The Honorable Aaron Bernstine
The Honorable Morgan Cephas
The Honorable Austin A. Davis
The Honorable Jason Dawkins
The Honorable Jonathan Fritz
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The Honorable Michael Puskaric
The Honorable Christopher Quinn
The Honorable Greg Rothman
The Honorable Louis C. Schmitt, Jr.
The Honorable James B. Struzzi
The Honorable Wendi Thomas
The Honorable Perry S. Warren

¹ Andis Robeznieks. (2022). Why prior authorization is bad for patients and bad for business. American Medical Association. <https://www.ama-assn.org/practice-management/prior-authorization/why-prior-authorization-bad-patients-and-bad-business>

² Substance Abuse and Mental Health Services Administration. (2022). Medication-Assisted Treatment (MAT). SAMHSA.gov. <https://www.samhsa.gov/medication-assisted-treatment>

³ Legal Action Center. (2015). Confronting an Epidemic: The Case for Eliminating Barriers to Medication Assisted Treatment of Heroin and Opioid Addiction. <https://www.lac.org/resource/confronting-an-epidemic-the-case-for-eliminating-barriers-to-medication-assisted-treatment-of-heroin-and-opioid-addiction>

⁴ American Medical Association. (2022). 2021 AMA prior authorization (PA) physician survey. American Medical Association. Retrieved September 19, 2022, from <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>