

Nov. 15, 2018: State Advocacy Update

Medical societies urge New York governor to sign parity legislation

The AMA and American Psychiatric Association joined the Medical Society of the State of New York (MSSNY) and the NYS Psychiatric Association in sending a letter (PDF) urging New York Gov. Andrew Cuomo to sign legislation, Assembly Bill 3694-C that will improve compliance with federal and state mental health and substance-use disorder (SUD) parity laws.

The medical societies emphasized that mental health and SUD parity laws have been the law of New York—and every other state—for at least 10 years, but health insurance company compliance continues to lag. Assembly Bill 3694-C will provide important data to better compare requirements for accessing benefits that are applied to mental health and SUD treatment and coverage as compared with those applied to medical/surgical benefits. The compliance report, particularly if made available to key stakeholders and open for public inspection to patient advocates, will help regulators and others identify where appropriate oversight and enforcement are necessary.

For information, please contact MSSNY's Moe Auster.

Pennsylvania supports 6th edition of the Guides to the Evaluation of Permanent Impairment

The sixth edition of the *AMA Guides to the Evaluation of Permanent Impairment* will now be used in Pennsylvania following enactment of House Bill 1840 (PDF). The bill was made necessary when the Pennsylvania Supreme Court held that the delegation of authority to the AMA on the Guides was unconstitutional. To rectify the confusion, HB 1840 amended current law to specifically include the *AMA Guides to the Evaluation of Permanent Impairment*, sixth edition (second printing April 2009).

Saving time and lives by increased access to MAT in

Pennsylvania

"There was no reason for the delay," said Dr. Gallagher. "She simply wanted to get into a methadone clinic as quickly as possible for herself and her baby."

Once he and his staff finally got through to someone who could approve a prior-authorization request, it took only a few minutes, and Dr. Gallagher could then immediately arrange for the specialized care. "I'm pleased to report that mom did well in treatment, and she delivered a healthy baby," he said.

Dr. Gallagher's situation is all-too familiar for physicians in Pennsylvania and across the nation. They spend countless hours on senseless prior-authorization requests that are almost always approved. Not only do prior-authorization requirements cause unnecessary delays that negatively impact patient care, they also force medical staff and physicians to sink time into making phone calls to insurance companies during business hours, taking time away from patients.

But that is about to change in Pennsylvania, as it did recently in Maryland. Gov. Tom Wolf secured an agreement in October with the seven largest health insurance companies in the Commonwealth that removes prior authorization for methadone, naltrexone and at least one form of buprenorphine. In addition, the agreement requires the medications to be on a health plan's lowest cost-sharing tier.

"As we fight the opioid crisis, our focus should be on removing barriers to treatment wherever they may exist and helping people battling addiction get the treatment they need," said Pennsylvania Human Services Department Secretary Teresa Miller. "When someone decides they are ready for treatment, time is critical. Time spent waiting for a service authorization makes it more difficult for the individual who initiates treatment to remain engaged in treatment."

The agreement, the first in the nation, was helped by sustained advocacy by the AMA and Pennsylvania Medical Society (PAMED). Dr. Gallagher chairs PAMED's opioid task force.

The process to remove prior authorization for medication-assisted treatment (MAT) began over a year ago when Governor Wolf called a meeting in the state capitol that included physicians, health insurance companies and other stakeholders. Dr. Gallagher advocated for the need to streamline the approval process so that patients could begin treatment faster, calling on the insurance company representatives to explain why prior authorization for MAT was necessary. The AMA Opioid Task Force has worked with PAMED and many other medical societies to call for a removal of prior authorization for MAT.

"The insurance companies wouldn't answer my questions, they kept dodging," Dr. Gallagher said. "So, Attorney General (Josh) Shapiro said, 'Let's get back to Dr. Gallagher's question, you're not giving him an answer, why are we doing this?' And we got no good answers, so we kept up the

pressure and discussions with the governor and his administration to follow up and eventually we won."

The AMA and PAMED continue to engage with Pennsylvania policymakers to monitor implementation of the agreement. Contact the AMA Advocacy Resource Center to learn how to take action.

"We have long advocated for the removal of prior authorization and other barriers to increase access to MAT for substance-use disorders," said AMA President-elect Patrice A. Harris, MD, MA. "The leadership shown by the governor and his administration to reach this agreement should act as a call for all states to demonstrate that they support patients' access to care over needless administrative burdens."

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