

## **June 27, 2019: Advocacy spotlight on Funding boost needed to close treatment gap for patients with opioid use disorder**

---

### **Funding boost needed to close treatment gap for patients with opioid use disorder**

The nation's opioid epidemic is worsening as policy, regulatory and especially insurance barriers continue to block access to treatment, AMA President-elect Susan R. Bailey, MD, told Congress.

"The good news is that we know that there are policy and clinical interventions that work and have a direct impact on saving lives and improving care," Dr. Bailey testified (PDF) last week at a House Oversight and Reform Committee hearing. "The bad news is there is a huge gap in access to treatment. It is estimated that less than 35% of adults with opioid-use disorder had received treatment for it in 2018."

Progress continues on multiple fronts. As shown in the AMA Opioid Task Force's 2019 progress report (PDF), physicians have significantly lowered the number of opioid prescriptions they write and there are rising numbers of doctors registering with and using their state prescription drug monitoring program, getting certified to provide in-office buprenorphine and prescribing naloxone for at-risk patients.

Medical societies in several states have used the AMA's model legislation to remove commercial and Medicaid prior authorization barriers to medication-assisted treatment (MAT).

"This progress, however, has not led to an overall reduction in mortality or a measurable increase in positive patient outcomes," Dr. Bailey said. Progress has also been stalled by barriers to evidence-based treatment. These include payer practices that delay or deny care, reluctance to use MAT, stigma and lack of sufficient treatment facilities, and addiction medicine specialists.

But, most of all, there is a lack of financial support.

"Even if all the barriers discussed above were eliminated, there still would not be enough treatment due to lack of funding," Dr. Bailey said. While the AMA was pleased with the more than \$10 billion appropriated in the 2018 and 2019 federal budgets, it falls short given the enormity of the task. "Given

the unprecedented nature of the current epidemic, much more funding will be needed to reverse and end this epidemic," she told the committee.

What's next? The Comprehensive Addiction Resources Emergency (CARE) Act, introduced in both the House and the Senate, would authorize \$100 billion over 10 years.

"We believe the CARE Act, through policy and funding, is a major step forward in addressing the opioid epidemic," Dr. Bailey said. "The CARE Act is intended to fill the current funding gap and sets up a framework to do so."

Dr. Bailey said she was pleased to see AMA-suggested language in the CARE Act giving grant-funding preference to states that have prohibited prior authorization or step therapy for MAT.

"The AMA believes this language will help to incentivize those states that have not yet removed prior authorization to do so," Dr. Bailey said.

In addition, she said the other side of the crisis needs to be addressed: Improving access to evidence-based, multimodal pain care and increasing access and the affordability of nonopioid pain-care alternatives.

Learn more at the AMA's End the Epidemic website.

## More articles in this issue

- June 27, 2019: National Advocacy Update
- June 27, 2019: State Advocacy Update
- June 27, 2019: Judicial Advocacy Update