

June 14, 2019: State Advocacy Update

Physicians take steps against opioid epidemic, mortality rises

A new AMA report (PDF) on opioids highlights the limited effects of mandates to stem an epidemic that claims about 130 people every day—underscoring the immediate need for policymakers to focus on removing barriers to evidence-based treatment.

The 2019 Opioid Progress Report found that physicians and other health care professionals are taking significant actions in the face of the epidemic, and some reports suggest that prescription opioid-related mortality may be leveling off. Yet, death from heroin and illicitly manufactured fentanyl and fentanyl analogs are at historic levels.

This is the third annual AMA report on actions physicians have taken.

"The opioid epidemic is at a crossroads," said AMA President Patrice A. Harris, MD, MA, who chairs the AMA Opioid Task Force. "While physicians must continue to demonstrate leadership by taking action, it is clear that these significant reductions in opioid prescribing, increases in prescription drug monitoring program (PDMP) use and taking more education—by themselves—will not stop people from dying."

To end the epidemic, the AMA Opioid Task Force is calling on policymakers and other stakeholders to eliminate all barriers to evidence-based treatment and to take specific steps such as removing prior authorization for medication-assisted treatment (MAT) for the treatment of opioid use disorder, enforcing state and federal laws that require insurance parity for mental health and substance use disorders, and ending health insurance company barriers to comprehensive multimodal, multidisciplinary pain care, including non-opioid alternatives.

Key findings from the report include:

- **Opioid prescriptions decrease.** Opioid prescriptions decreased 33 percent between 2013-2018, including a 12.4 percent decrease between 2017-2018 (IQVIA)
- **PDMP use increases.** Physicians and other health care professionals used state prescription drug monitoring programs more than 460 million times in 2018—an increase of 167 million from 2017, and 390 million more queries than in 2014 (AMA survey of the

nation's state PDMP administrators)

Education increases. Physicians and other health care professionals completed continued medical education courses, reviewed education and training resources and accessed other opioid prescribing, pain management, opioid use and substance use disorder treatment and other related areas more than 700,000 times in 2018—an increase of 150,000 from 2017 (AMA survey of the nation's medical societies)

More physicians certified to treat opioid use disorder. More than 66,000 physicians (as well as a growing number of nurse practitioners and physician assistants) now are certified to treat patients in-office with buprenorphine—an increase of more than 28,000 from 2016 (SAMHSA)

Naloxone co-prescribing increases. Nearly 600,000 naloxone prescriptions were dispensed in 2018—almost a threefold increase from the 136,000 dispensed in 2016 (IQVIA)

"Progress has been made, but much more work remains. It is time for states to end prior authorization and other barriers to medication-assisted treatment for opioid use disorder; and time for payers, PBMs and pharmacy chains to re-evaluate all policies restricting access evidence-based care for pain and substance use disorders," Dr. Harris said. "If it weren't for naloxone, it is likely that tens of thousands more Americans would be dead. The report shows that to save many more lives, policymakers, payers, PBMs and pharmacy chains must remove all barriers to evidence-based care."

Additional information on the AMA Opioid Task Force is available [here](#).

Vermont removes prior authorization requirements for MAT

On May 3 the Vermont legislature passed S. 43, which put an end to prior authorization for medication-assisted treatment, by a unanimous vote, and on May 30 the bill was signed by Gov. Phil Scott. The AMA supported efforts (PDF) by the Vermont Medical Society (VMS) to end health insurer policies of prior authorization for MAT. AMA agreed with VMS that this was an essential step in helping patients with opioid use disorder when they are ready to take the first steps towards recovery.

"Removing barriers like time-consuming prior authorizations and unaffordable cost-sharing for medication-assisted-treatment (MAT) prevents costly delays when patients with opioid use disorder (OUD) are ready to take that critical, first step to recovery," said Jill Sudhoff-Guerin, VMS Communications and Policy Manager (PDF).

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