

June 29, 2017: State Advocacy Update

Nevada governor vetoes harmful balance-billing legislation

Nevada Gov. Brian Sandoval recently vetoed Assembly Bill 382, harmful balance-billing legislation that would have exacerbated access to care issues in Nevada and further imbalanced contract negotiations between physicians and insurance companies. The legislation was strongly opposed by the Nevada State Medical Association, the AMA, the American College of Emergency Physicians and many other medical societies.

In letters to Nevada lawmakers, physicians expressed interest in working with the legislature and the governor to craft a solution to out-of-network billing that will protect patients from unanticipated and financially impactful medical costs, without undercutting incentives for insurers to contract with physicians.

For more information, contact the AMA's Emily Carroll.

AMA opioid microsite updated with new education and treatment resources

The new AMA opioid microsite was updated this week with new education and treatment resources from the American Society of Addiction Medicine (ASAM), Providers' Clinical Support System for Opioid Therapies (PCSS-O) and the Providers' Clinical Support System for Medication Assisted Treatment. The resources include the ASAM "Fundamentals of Addiction Medicine," PCSS-O's "Core Curriculum: Treating Chronic Pain" and more.

The microsite also was updated with a new course from the Medical Society of the State of New York that meets a pending continuing medical educational mandate requirement. The course, "Pain Management, Palliative Care and Addiction Courses," is a series of three modules that meet a New York state requirement for all prescribers of pain-management medication who hold a Drug Enforcement Administration license to take a three-hour, CME-credited course by July 1, 2017.

Nearly all states and 20 national medical and specialty society organizations now have resources on the microsite. If your medical society has education, training or other resources that you would like to see added to the microsite, contact the AMA's Daniel Blaney-Koen.

California considers "partial fill" legislation

The AMA and California Medical Association are supporting Assembly Bill 1048, which will be an important part of the state's efforts to reverse opioid-related harms. If enacted, California will be one of the first states in the nation to enact partial fill legislation as part of efforts to reduce unused or unwanted opioid analgesics and other Schedule II controlled substances from the supply chain.

In a letter (PDF) to the bill author, Assemblymember Joaquin Arambula, MD, AMA Executive Vice President and CEO James L. Madara, MD, highlighted that partial fill legislation "empowers health care professionals—including pharmacists—to have meaningful discussions with patients about the expected duration of pain, and the risks and benefits of prescription opioids. Partial fill also empowers patients to be able to request a lesser amount of a Schedule II controlled substance, which can help ensure that unwanted medications are not able to be diverted. As such, partial fill legislation can be an important component of a state's strategy to end the opioid epidemic."

Dr. Madara also pointed out that California physicians already have made significant strides in making more judicious prescribing decisions. Data from Quintiles/IMS show that from 2013 to 2015, retail-filled opioid prescriptions in California decreased more than 17 percent, and California has the lowest per-capita prescribing rate in the nation. AB 1048 can further complement this important trend.

New Jersey considering drug-price transparency and PBM oversight legislation

The AMA last week provided its support (PDF) for two bills in the New Jersey General Assembly to help bring increased transparency to drug costs and additional oversight of pharmacy benefit management companies (PBMs). Assembly Bill 762 (PDF) would, among other things, help provide patients with and the legislature with relevant information about the manufacturing, production, research and development, advertising and other associated costs for prescription medications. It would apply to both brand and generic medications.

The AMA also supported (PDF) Assembly Bill 4676, which would provide important groundwork to regulate PBMs. In a letter to the bill sponsor, Dr. Madara highlighted that "PBMs, which make important decisions about whether a medication will be covered by an employer or health

insurer—and at what price—have largely escaped legislative or regulatory scrutiny."

For more information about the New Jersey legislation, please contact the Medical Society of New Jersey's Mishael Azam.

Report shows inconsistent coverage in substance-use disorder treatment

A new report from the Addiction Solutions Campaign revealed the significant challenges that patients face when seeking insurance coverage for treatment for a substance use disorder.

Researchers from the Legal Action Center, National Center on Addiction and Substance Abuse, Treatment Research Institute and the Partnership For Drug-Free Kids reviewed documents from seven small-group, large-group and employer-sponsored health care plans in New York and Maryland to help determine whether plans were meeting the requirements of the Mental Health Parity and Addiction Equity Act of 2008, called the Parity Act for short. The researchers found that:

- Regulators cannot conduct a complete assessment of parity compliance through form review with even a comprehensive data-gathering template, because required information is not available in these documents.
- Consumers cannot ascertain all standards that will determine access to substance use treatment, and are not informed of their rights under the Parity Act.
- Neither consumers nor regulators can identify Parity Act violations from plan documents routinely reviewed for plan approval.
- Prescription drug formularies include wide discrepancies in the coverage of, and restrictions on, medications for the treatment of addiction.

"This report makes it clear that health insurers and regulators need to take a hard look at their legal obligations to ensure that patients receive the full benefits of existing parity laws covering mental health and substance use disorders," said Patrice A. Harris, MD, MA, chair of the AMA Opioid Task Force. "While we recognize that some insurers have made steps to remove prior authorization for medication assisted treatment, for example, this report should be a wake-up call that too many patients face significant hurdles in accessing care."

Read the full AMA statement [here](#).

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