Colorado insurance commissioner issues warning to life insurance companies on naloxone

The Colorado Division of Insurance (CDI) recently warned life insurance companies to not discriminate against those who have received a prescription for naloxone. The CDI issued a bulletin emphasizing that someone who receives a prescription for naloxone may not be discriminated against for making a decision that could save someone's life.

"It is inappropriate for any life insurer to use the existence of a naloxone prescription as justification to increase premiums, deny coverage or take other adverse actions" wrote AMA CEO and Executive Vice President James L. Madara, MD, to CDI Commissioner Michael Conway.

The AMA Opioid Task Force strongly supports increased access to naloxone when clinically appropriate.

AMA supports striking down prior authorization requirements for MAT in Maine

The AMA is putting its support behind Maine Medical Association (MMA) efforts to remove prior authorization requirements for medication-assisted treatment (MAT) for patients in MaineCare. If L.D. 1934 passes, Maine will join the more than one dozen states that have stood up to the health insurance lobby to pass similar legislation that increases access to this life-saving treatment for patients.

In his letter to the bill sponsors, AMA Executive Vice President, James L. Madara, MD, said, "All efforts must be made to remove barriers to MAT so that if and when a patient is ready to begin treatment for an opioid use disorder (OUD), there are no barriers for treatment to begin." Removing prior authorization for MAT is one of the best practices cited in the AMA-Manatt Health national opioid policy roadmap.

If your state is working on or considering legislation to remove prior authorization and other barriers to MAT, please send an email to the AMA Advocacy Resource Center with the subject line "Remove
AMA and KMA urge removing prior authorization for MAT

The AMA and Kentucky Medical Association (KMA) called on the Kentucky Legislature to quickly pass legislation that would remove health insurance company barriers to evidence-based MAT for OUD. Kentucky House Bill 389 was introduced by Kentucky Rep. Kimberly Poore Moser, chair of the House Health and Human Services Committee.

"Kentucky has seen too much death and despair from this epidemic," said Rep. Moser. "We have a proven treatment and an opportunity to get help to the people who need it, when they are ready for it. This will turn the tables and support evidence-based care for our loved ones, changing outcomes for families throughout our Commonwealth."

"It's unconscionable that a health insurance company can tell a patient that he or she can't have life-saving medication that has been proven to reduce cravings, sustain recovery and save lives for people with an opioid use disorder," said AMA President Patrice A. Harris, MD, MA. "The epidemic is changing, and Kentucky's patients need easier access to care."

"Kentucky physicians have taken significant actions to reduce opioid prescribing and co-prescribe naloxone to patients at risk of overdose and will continue to advocate for policies that assist patients pursuing recovery from substance use disorder," said KMA President R. Brent Wright, MD. "This legislation will remove a critical barrier to ending Kentucky's ongoing overdose and death epidemic. We support this bill because it will save lives."

A similar measure introduced last year passed the Kentucky House of Representatives unanimously but ultimately was defeated by opposition from health insurance companies. Kentucky already has expanded access to naloxone and reduced the number of opioid prescriptions by more than 30% between 2013-2018.

Georgia legislation would end inappropriate corporate pharmacy policies

The AMA joined the Medical Association of Georgia in support of a bill that would prohibit corporations that own and operate multiple pharmacies from implementing policies and procedures that interfere in the patient-physician relationship. House Bill 952 would specifically prohibit out-of-state corporations that own and operate multiple pharmacies in Georgia from implementing any policy
"that places a restriction on the quantity or dosage of a prescription for a controlled substance or places a restriction on filling a prescription for a controlled substance issued by a specific prescriber." The bill does not affect a pharmacist's independent, professional judgment.

"Georgia's highly professional physicians and pharmacists are well-equipped to work together to ensure patients receive the medications they need," wrote AMA Executive Vice President and CEO James L. Madara, MD. "A corporate pharmacy chain policy has no place interfering in that relationship. We believe the medical and pharmacy boards in Georgia are the appropriate regulatory bodies to support physicians and pharmacists in their efforts to care for patients—not an out-of-state corporation that has no specific regulatory or statutory authority within the state of Georgia."

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