AMA supports Colorado physicians' efforts to increase access to comprehensive pain care

Ensuring patients have alternatives to opioids (ALTO) as part of a full continuum of treatment options would help save money and improve patient care, according to a new report and actuarial analysis submitted to the Colorado Division of Insurance (DOI) by the AMA, Colorado Medical Society, the Colorado Pain Society and Manatt Health.

The report was in response to a DOI Request for Information (RFI) of whether a bill passed by the Colorado Legislature in 2020 (HB 20-1085) would have provided access to cost-effective, evidence-based ALTOs for patients with pain. Colorado Governor Jared Polis vetoed the bill earlier this year citing cost concerns.

The organizations consulted with pain medicine specialists in Colorado to show that ALTOs provide clear health benefits and worked with Oliver Wyman Actuarial Consulting, Inc. on a preliminary set of actuarial analyses that show ALTOs also would save money on certain other health services. The analysis reinforces the need for a multimodal approach to treatment of pain that requires a critical review of administrative and other health insurance benefit barriers, exclusions, and exceptions to coverage that both inhibit the use of ALTOs and fail to address the needs of patients with acute or chronic pain, including populations who may benefit from opioid therapy when indicated.

Learn more about the work of the AMA Pain Care Task Force.

New CDC overdose data in stark contrast to policy efforts to increase access to treatment

New CDC provisional data continue to show large increases in mortality related to illicit fentanyl, methamphetamine and cocaine. Mortality related to opioid analgesics and heroin are lower, but killed nearly 12,000 and 14,000 Americans, respectively, in the CDC’s 12-month data period.

The increasing mortality stands in stark contrast to state policies that have focused primarily on restricting access to opioid analgesics and mandates to use state prescription drug monitoring programs and continuing medical education. A recent study found that between 2016-2018, "527
federal and state opioid-related policies (statutes, rules/regulations, and guidelines) were approved." Of these policies, 246 focused on PDMPs, and "170 specifically imposed limits on opioid prescribing and an additional 35 specifically referred to, or incorporated, the CDC opioid prescribing guideline." Nearly every state also "mandated some amount of pain or opioid prescribing" continuing medical education.

This study is in contrast with research published earlier this year from the Legal Action Center showing relatively few states have removed restrictions to medications to help treat opioid use disorder. And only 14 states have enacted parity legislation to help enforce the Mental Health Parity Addiction Equity Act. (See page 21 of testimony before the National Association of Insurance Commissioners by the American Psychiatric Association.) This does not include important new parity legislation from California. Read more about the California law from Psych Appeal and the Kennedy Forum, who were instrumental in passage of the law. "SB 855 is vital legislation in the face of a worsening mental health and addiction crisis exacerbated by the current COVID-19 pandemic," said Ricardo Lara, California Insurance Commissioner, on June 10, 2020. "SB 855 will put in place reasonable and necessary reforms to guarantee that Californians have access to life-saving MH/SUD services."

Learn more about the policy recommendations from the AMA Opioid Task Force.

**New survey provides insight into care for patients with a substance use disorder**

More than 80% of surveyed x-waivered physicians, physician assistants and nurse practitioners who treat patients with opioid use disorder (OUD) want virtual visits and other telehealth options to continue after the COVID-19 public health emergency, according to new data from a survey by the American Academy of Addiction Psychiatry in collaboration with a wide cross-section of medical, academic and health care organizations, including the AMA.

Among the key findings for policymakers:

- 78% of respondents said that the COVID-19 pandemic has caused them to put on hold or reduce in-person visits
- 75% of physicians and other health care professionals have used virtual visits to help maintain medication to treat OUD; 48% have used telehealth to initiate medication to help treat OUD
- 76% of providers perceived that their patients were satisfied with virtual visits to maintain medications for opioid use disorder; 58% of respondents perceived that their patients were satisfied with virtual visits for behavioral health and counseling services

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Read more about the survey and additional findings and considerations for policymakers.

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