End the nation’s opioid epidemic: Remove barriers to high-quality, evidence-based care

Despite consistent decreases in opioid prescribing and increases in the use of state prescription drug monitoring programs (PDMPs), more than 115 people in the United States die every day from an opioid-related overdose—with more dying from illicit fentanyl and heroin than ever before. Unless and until barriers are removed to support high-quality, evidence-based care for substance use disorders, this epidemic will become more severe and claim more lives.

Formulary restrictions, inadequate networks and administrative barriers prevent patients from accessing care

Currently, only 2.7 percent of drug addiction facilities in the United States offer the main forms of FDA-approved medication to treat opioid use disorder (methadone, buprenorphine, and naltrexone).1

Accordingly, on average, 88 percent of people in the United States who need access to addiction treatment don’t currently receive it.2

“[Cost and prior authorization] makes me want to go out and use [drugs],” Mandy said. “It’s way easier to get opiates or heroin. … It’s so much easier than dealing with this bull****.”3

Delays in care can result in fatal consequences. “Katy had been trying to fill a prescription for medication to blunt the drug cravings, but insurance required a waiting period.”4

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1 “Facilities Providing All Medication Assisted Treatments,” amfAR Opioid & Health Indicators Database, 2018.
2 “Percent needing but not receiving addiction treatment,” amfAR Opioid & Health Indicators Database, 2018.
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The Solution: Enhance access and remove barriers to care

AMA Model Legislation: “The Ensuring Access to High Quality Care for the Treatment of Substance Use Disorders Act.”

The AMA model bill can have an immediate, positive impact on reversing the nation’s opioid epidemic.

### Availability

All forms of MAT – buprenorphine, methadone, naltrexone, buprenorphine/naloxone combination and other FDA-approved medications – are required to be offered by all health insurance plans offered to patients in the state, at the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefit management company.

### Accountability

All health insurers and other payers providing health coverage in [state] shall be required to disclose which providers in its network provide MAT services – such disclosures shall be made in a prominent location in the online and print provider directories. Additionally, the insurance commissioner shall require provider networks meet maximum time/distance/wait time standards.

### Additional key elements:

- The AMA model bill would apply to all commercial and self-insured plans, care offered by Medicaid as well as in correctional settings and by drug courts or other diversion programs.
- The AMA model bill would require that any entity that holds itself out as a treatment program or that applies for licensure by the state to provide clinical treatment services for substance use disorders shall be required to use and disclose the medical criteria it uses for patient placement and review of ongoing need for treatment—that is, it will help stop treatment that is not supported by medical evidence.
- The AMA model bill would require the disclosure, review and reporting of key data that will help ensure compliance with state and federal mental health and substance use disorder parity laws.

To learn more about the AMA model bill, and to obtain a copy, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, American Medical Association Advocacy Resource Center, daniel.blaney-koen@ama-assn.org or (312) 464-4954.

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