States taking action to end the opioid epidemic

**Key**

- **2019**
  - Washington removes prior authorization barriers to MAT
  - Maine & Massachusetts courts affirm patients’ rights to MAT in correctional systems
  - Arizona removes prior authorization barriers for MAT
  - Missouri enacts law that removes prior authorization for MAT in Medicaid and commercial insurance plans
  - Illinois reaches agreement with states largest insurers to remove prior authorization for MAT
  - North Carolina implementing comprehensive, multidisciplinary pain care for Medicaid enrollees; removes prior authorization for MAT in Medicaid
  - Maryland first state in the nation to remove prior authorization for MAT
  - New Jersey, District of Columbia & Virginia remove prior authorization for MAT in Medicaid
  - Iowa removes prior authorization for MAT in Medicaid

- **2018**
  - Pennsylvania reaches agreement with state’s largest insurers to remove prior authorization for MAT
  - Colorad0 removes prior authorization for MAT; expands key MAT pilot programs
  - Colorado expands access to naloxone and non-opioid pain management in Medicaid
  - Mississippi expands access to naloxone and non-opioid pain management in Medicaid
  - Arkansas first state in the nation to remove prior authorization for MAT
  - New York removes prior authorization barriers to MAT
  - Vermont provides MAT in all state correctional facilities; removed prior authorization barriers for MAT
  - Rhode Island provides all three FDA-approved forms of MAT for inmates with OUD
  - New Jersey, District of Columbia & Virginia remove prior authorization for MAT in Medicaid

- **2017**
  - California Attorney General calls for removing prior authorization for MAT
  - Illinois removes prior authorization for MAT
  - Iowa removes prior authorization for MAT in Medicaid
  - Arizona removes prior authorization barriers for MAT
  - Louisiana House passes bill to remove prior authorization for MAT in Medicaid
  - Mississippi expands access to naloxone and non-opioid pain management in Medicaid
  - Missouri House passes bill to increase access to MAT and MAT training
  - Arkansas enacts law that removes prior authorization for MAT in Medicaid and commercial insurance plans
  - Vermont provides MAT in all state correctional facilities; removed prior authorization barriers for MAT
  - Maine & Massachusetts courts affirm patients’ rights to MAT in correctional systems
  - New York removes prior authorization barriers to MAT

2019, 2018, 2017
Ending the opioid epidemic

The opioid epidemic continues to have a devastating effect on our nation. Patients need increased access to multidisciplinary pain care, as well as treatment for substance use disorders.

Where the AMA stands:

The opioid epidemic continues to have a devastating effect on our nation. Patients need increased access to multidisciplinary pain care, as well as treatment for substance use disorders.

Results

- Through direct advocacy, technical and media support and other efforts, in 2018–19, the AMA and state and specialty medical societies have helped remove prior authorization for the treatment of opioid use disorder in the Medicaid and/or commercial markets in Arizona, Arkansas, the District of Columbia, Illinois, Iowa, New Jersey, New York, Pennsylvania, Vermont and Virginia.
- From 2013 to 2018 annual opioid prescriptions declined from 251.8 to 168.9 million, and prescription opioid total morphine milligram equivalents have decreased 43% since 2011, including 17.1% in 2018.
- Use of Prescription Drug Monitoring Programs (PDMP) is growing—more than 460 million queries were made in 2018—more than triple the 136 million queries in 2016.
- Naloxone prescriptions increased from 136,395 in 2016 to nearly 600,000 in 2018.
- More than 700,000 physicians and other health care professionals completed continuing medical education trainings and accessed other Federation education resources in 2017, and more than 1 million accessed opioid-related education on the JAMA Network.
- The number of physicians trained/certified to provide buprenorphine in-office continues to rise—more than 66,000 physicians are now certified—an increase of more than 28,000 physicians and other providers since 2016.
- Physician and patient advocacy, including AMA and Oregon Medical Association, helped the Oregon Medicaid committee to abandon harmful opioid tapering policy.
- The FDA and CDC recently clarified their opioid prescribing guidelines as recommended by the AMA.
- Congress provided nearly $4 billion for prevention, treatment and law enforcement efforts, and reached an agreement on additional comprehensive legislation to address the opioid epidemic, including many provisions supported by the AMA that would:
  - Expand existing programs and create new programs to prevent substance use disorders (SUD) and overdoses, including medication-assisted treatment
  - Partially lift (for five years) a current restriction that blocks states from spending federal Medicaid dollars on residential addiction treatment centers with more than 16 beds
  - Increase funding for residential treatment programs for pregnant and postpartum women
  - Authorize an alternative payment model demonstration project developed by the American Society of Addiction Medicine, with support from the AMA, to increase access to comprehensive, evidence-based outpatient treatment for Medicare beneficiaries with opioid use disorders
  - Authorize CDC grants for improving PDMPs, implementing evidence-based prevention strategies and more
  - Expand the use of telehealth services for Medicaid and Medicare SUD treatment
  - Provide funding to encourage research and development of new non-addictive painkillers and non-opioid drugs and treatments

The AMA Opioid Task Force is

- Urging physicians to continue to take action to end the nation’s opioid epidemic
- Advocating for payers to remove barriers to comprehensive, multidisciplinary, multimodal pain care
- Advocating to policymakers and payers to remove all barriers to treatment for opioid use disorder, including prior authorization for medication-assisted treatment
- Encouraging physicians to co-prescribe naloxone to patients at risk of overdose

Learn more: end-opioid-epidemic.org
Fighting prior authorization and insurer practices that hinder optimal patient care

Where the AMA stands:

Payers continue to implement harmful policies—like prior authorization (PA)—that delay patient care and interfere with physicians’ ability to practice medicine.

Results

Prior authorization

• Supported enactment of legislation to improve the prior authorization process for patients and physicians in Kentucky, Virginia and other states

• Released new prior authorization physician survey data that highlight the significant negative impact of this process on both patients and practices

In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

28% reported PA led to a serious adverse event

• Additional physician survey results hold health plans accountable for prior authorization reforms agreed to in the “Consensus Statement on Improving the Prior Authorization Process” and reveal sluggish progress on key changes

• Continue to enhance the grassroots website, FixPriorAuth.org, to educate the general public about the problems associated with prior authorization and to gather stories from physicians and patients about how they have been affected by it

—FixPriorAuth.org results since July 2018 launch: +10.3 million impressions, +355,000 engagements, 610+ patient and physician stories captured, and 90,000+ petitions signed

—New “Prior Authorization Hurts Patients” video features powerful patient and physician stories on this issue

• Presented the issues of prior authorization and other insurer abuses to nation’s health insurance commissioners at annual National Association of Insurance Commissioners meeting

Insurer practices

• Convinced Anthem to reverse course when Anthem announced a change in its modifier 25 policy that could have cost physician practices an estimated $100 million annually

• Strongly advocating against increased use of utilization management in Medicare programs, including step therapy protocols for Part B drugs in Medicare Advantage, prior authorization and step therapy for six Part D protected drug classes, and indications-based formulary design

—CMS abandoned a proposal that would have allowed utilization control strategies like step therapy to be applied to six protected classes of drugs used for complex conditions like epilepsy and cancer

• Combatted Anthem/BCBS policies that deny coverage for emergency care, including supporting enactment of state legislation in Missouri

• Helped prevent numerous state bills from being enacted that would have undercut physicians’ ability to obtain fair contracts and reduced the adequacy of provider networks

#FixPriorAuth

Video @ (FixPriorAuth.org)
Physicians report PA interferes with continuity of care

**Survey** An overwhelming majority (85%) of physicians report that PA interferes with continuity of care.

**Q:** How often does the PA process interfere with the continuity of ongoing care (e.g., missed doses, interruptions in chronic treatment)?

- Sometimes, often or always
- Rarely
- Never (2%)
- Don’t know (2%)

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IN PROGRESS

- Advocating directly with health insurers to change policies that adversely affect patients and physicians
- Working with regulators to enforce patient protections
- Advocating to national policymakers for regulation of utilization management programs
- Working to reduce the overall volume of prior authorization requirements and the number of physicians subjected to such requirements
- Working with federal and state policymakers on solutions to unanticipated out-of-network billing and inadequate provider networks

Learn more: ama-assn.org/prior-auth
Improving physician payment

Where the AMA stands: Physicians need support as they transition to the Medicare Quality Payment Program (QPP)—the AMA is working to improve the QPP at both the regulatory and legislative levels.

Results

- Successfully urged the Centers for Medicare & Medicaid Services (CMS) to adopt new payment models—including a set of primary care payment models and one on emergency services
- Averted E/M code collapse and an alternative coding framework was approved by CPT, valued by the RUC, and sent to CMS
- New guidelines, descriptors and valuation for office visits under consideration by CMS
- Secured significant improvements to the Promoting Interoperability component of the QPP
- CMS did not move forward on a proposal to reduce payment for office visits when performed on the same day as another service
- CMS expanded coverage for services using telecommunications technology
- Congress eliminated the Independent Payment Advisory Board
- Lawmakers blocked a detrimental misvalued code provision contained in a key spending bill
- Medicare Part B drug costs will be excluded from the Merit-based Incentive Payment System (MIPS) payment adjustments and from the low-volume threshold determination
- CMS has more flexibility in setting the MIPS performance threshold for years three through five to ensure a gradual and incremental transition

Pushing for regulatory relief

Where the AMA stands: Administrative burdens reduce patient access to care, cause physician burnout, decrease professional satisfaction and increase health care costs.

Results

- Congress eliminated the requirement that the federal electronic health record (EHR) program become more stringent over time
- CMS proposed to overhaul the Meaningful Use program (renamed "Promoting Interoperability") by drastically reducing the number of measures (from 16 to six), moving away from a pass/fail scoring system, and focusing on patient access and interoperability
- CMS proposed to expand the covered indications for ambulatory blood pressure monitoring to include use in diagnosing patients with suspected masked hypertension
- Medicare administrative contractors now must use targeted modeling for audits that emphasizes education to prevent billing errors before they are referred to recovery audit contractors
- CMS auditors must use predictive analytics to focus audits on claims that are at high risk for improper payments
- Recovery audit contractors now must reimburse physicians for medical records as part of the audit process

Learn more: ama-assn.org/medicare-payment

IN PROGRESS

- Created Federation workgroups to develop recommended improvements to MIPS and alternative payment models, and to develop strategies for legislative initiatives to improve the Medicare physician payment system

IN PROGRESS

- Working to eliminate, streamline, align, and simplify the many federal rules and regulations imposed on physicians
Enhancing access to care

Where the AMA stands:
The AMA has long advocated for health insurance coverage for all Americans, as well as pluralism, freedom of choice, freedom of practice and universal access for patients.

Results
• Secured funding for the Children’s Health Insurance Program for 10 years
• Defeated state bills that would undercut network adequacy and access to specialty care
• Helped establish state policies and programs to stabilize the individual health insurance markets (e.g., reinsurance programs, individual mandate penalties)
• Advocated for a number of ACA improvement bills and provided recommendations for further enhancements
• Supported state regulatory and legislative efforts to reduce patient harm associated with federal expansion of non-comprehensive insurance plans
• Supported Medicaid expansion in four new states in 2018
• Worked to preserve access to medically necessary care for transgender patients in military and VA health programs
• Supported several state efforts to join the Interstate Medical Licensure Compact (Georgia, Kentucky, North Dakota, Oklahoma)
• Promoting Medicaid expansion to cover the uninsured in all 50 states
• Opposing Medicaid work requirements
• Continuing to fight in the courts to protect access to coverage, including addressing the unfortunate decision in the Texas v. the United States case
• Advocating for policies that stabilize the individual insurance market
• Working to address inadequate insurer networks that reduce access to care and contribute to high out-of-pocket costs for patients confronted with “surprise” medical bills

Learn more: patientsbeforepolitics.org

Preventing gun violence

Where the AMA stands:
Gun violence in America has reached epidemic proportions. The AMA advocates to find workable, comprehensive solutions to reduce gun violence and the culture of violence in America.

Results
• Partnered with the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), a physician-led, nonprofit organization that aims to counter the lack of federal funding for gun violence research by sponsoring gun violence research with privately raised funds
• Commented on proposed regulations issued by the U.S. Department of Justice (DOJ) to ban so-called “bump stocks”—the ban was announced by the DOJ on Dec. 18
• Called for the assault weapons ban—including banning high-capacity magazines—to be renewed and strengthened
• Pushed Congress to fund CDC firearm violence research
• Supported the Bipartisan Background Checks Act
• Supported state legislation to promote the use of safe storage devices, expand background checks, require waiting periods before a firearm purchase, and protect safe school zones
• Opposing federal legislation permitting “concealed carry reciprocity” across state lines
• Supporting firearm buyback programs to reduce the number of circulating, unwanted firearms
• Developing resources to help physicians talk to patients about firearm safety
• Collaborating with state and specialty medical societies and other like-minded organizations

IN PROGRESS
Advocating for drug pricing transparency

Where the AMA stands:

The cost of prescription medication increases year after year due to an opaque system that prioritizes company profits over patient health. This system creates unnecessary barriers, puts treatment out of reach and worsens public health.

Results

- Successfully advocated for Medicare Advantage and Part D to require plans to provide real-time access to drug pricing data through at least one EHR or drug e-prescribing system by 2021
- Supported federal bills addressing the escalating prices of prescription medications by increasing drug price and cost transparency, removing barriers to market entry for affordable drugs, and identifying anticompetitive practices in the pharmaceutical supply chain that can lead to price escalation
- Commented on the administration’s “Blueprint to Lower Drug Prices,” and proposed federal rules addressing pharmacy benefit manager (PBM) rebates and the disclosure of list prices of drugs in direct-to-consumer advertisements, which was finalized in recent regulations for television ads
- Developed model bills to better regulate pharmacy benefit manager practices
- Continued grassroots engagement through TruthinRx.org, including the addition of new content and a new interactive story gallery
  —Built a network of more than 338,000 advocates who have taken action and signed our online petition calling for increased drug price and cost transparency
  —-generated more than 1 million messages to Congress demanding drug price transparency

#TruthinRx

IN PROGRESS

- Continuing to advocate for standardized technology that supports integration across EHRs and the provision of data for all patients among all PBMs
- Urging state medical associations to advance AMA model legislation to increase transparency
- Continuing our TruthinRx.org campaign with heightened grassroots mobilization efforts

Learn more: truthinrx.org
Preserving competition in health care markets

Where the AMA stands:
The AMA aims to protect patients and physicians by actively opposing anticompetitive health insurer mergers.

Results

- Expressed concerns about the CVS-Aetna merger to Congress in a statement to the House Judiciary Subcommittee on Regulatory Reform
- Announced formal opposition to the CVS-Aetna merger in June 2018, through the testimony of Barbara L. McAmeny, MD, AMA president, before the California Department of Insurance (DOI)
- Submitted a comprehensive analysis of the CVS-Aetna merger asking that the DOJ oppose the merger
- Continued to oppose the merger even after the DOJ announced that it has approved the merger via consent decree

Where the AMA stands:

Results

- A hearing has been set for early summer.
- Six witnesses will testify about the merger: three for the amici, which includes the AMA, and three for DOJ/CVS/Aetna.
- AMA expert, Neeraj Sood, PhD, will be the lead witness to discuss this very issue.

Combatting the spread of vaccine-preventable diseases

Where the AMA stands:

As our country is experiencing a resurgence in vaccine-preventable diseases—this year has already seen the greatest number of measles cases reported in the U.S. since the disease was eliminated in 2000—the AMA is advocating for the elimination of all non-medical exemptions for required childhood vaccinations.

Results

- Successfully supported legislation in Maine that eliminates all nonmedical exemptions for required childhood vaccinations
- Successfully supported legislation in Washington that eliminates personal and philosophical exemptions for the MMR vaccine
- Successfully opposed legislation in Arizona that would have discouraged vaccinations
- Urged top social media and technology companies—including Amazon, Facebook, Google, Pinterest, Twitter and YouTube—to do more to stem the flow of misinformation and ensure that users have access to scientifically valid information on vaccinations
- Submitted testimony in support of eliminating nonmedical vaccine exemptions in Oregon this year

Where the AMA stands:

Results

- Continuing to promote public understanding and confidence in the use of vaccines to prevent the resurgence in vaccine-preventable illnesses and deaths
Physicians embrace new technologies that are clinically validated and help them provide the right care, at the right time, to the right patient. The AMA is advocating to ensure digital modalities are efficacious and safe, health information infrastructure supports digital care, and patients have coverage in federal health programs. In addition, the AMA supports strong privacy and security protections of patient information to encourage patients to seek care and preserve trust within the patient-physician relationship.

Where the AMA stands:

Results

- Responded to requests from Congress and/or the administration seeking recommendations on expanding access to coverage in federal health programs and addressing cybersecurity vulnerabilities in the health care system
- Briefed key congressional committee staff and Senate and House staff on AMA’s health care augmented intelligence policy
- Provided comments to the FDA concerning new oversight alternatives for software as a medical device to ensure safety and efficacy
- Secured coverage of a broad array of digital modalities in the Medicare program including remote patient monitoring for chronic conditions and internet interprofessional consultations
- Supported passage of three laws that expanded access to telehealth in federal health programs
- Promoted AMA policy on strong patient privacy protections before Congress and the administration
- Developed resources to help physicians conduct a cybersecurity checkup of their systems, and to secure their networks and office computers
- Engaged with the administration to monitor and disseminate information to physicians about ransomware and nationwide cyberattacks
- Conducted a first-of-its-kind survey on physician awareness of and preparedness for cybersecurity and HIPAA, and briefed Congressional and federal agency staff on its findings

IN PROGRESS

- Identifying when policy proposals threaten patient privacy, and alerting stakeholders and coordinating efforts to respond to such proposals
- Offering technology-based solutions to policymakers that would give physicians and patients better control over how their health information is used and shared
- Continuing to call for positive incentives for physicians to implement cybersecurity safeguards
- Highlighting the need for increased security awareness and technical capacity of physicians, particularly those in small practices and with limited resources
- Calling for policy changes to improve cybersecurity surrounding legacy technologies
- Addressing remaining statutory impediments to telehealth services for all Medicare beneficiaries
- Addressing evolving FDA proposals on regulation of digital modalities that include AI and machine learning
- Securing clarifications to ensure existing virtual modalities are covered consistent with existing deployment practices

Learn more:
ama-assn.org/digital-health
ama-assn.org/cybersecurity
ama-assn.org/practice-management/hipaa
Promoting health equity

Where the AMA stands:

Everyone should have access to quality evidence-based health care. The AMA advocates to expand access to medical services, reduce stigma in treating patients with unique needs and break down discriminatory barriers to necessary care.

Results

- Supported legislation to address the troubling rates of maternal mortality, morbidity and infant mortality in the U.S.
- Testified on issues related to maternal health for minority populations
- Advocated for a ban of “conversion therapy” on minors in Massachusetts
- Recent analysis shows that expanded coverage under the Affordable Care Act has improved minority access to cancer screening
- Continuing to push for access to care and fighting in the courts against the Title X family planning physician gag rule
- Supporting funding for the Supplemental Nutritional Assistance Program
- Supporting access to care for LGBTQ patients
- Supporting improved health care for immigrant detainees
- Opposing family separation
- Collaborating with state and specialty medical societies and other like-minded organizations to advance LGBTQ issues
As a resident practicing in an urban underserved setting, I advocate for the unique issues that affect my patients. Whenever I can, I pick up the phone and call my legislators on critical issues. I move medicine outside the walls of my clinical practice into a greater sphere. And I never stop fighting for my patients and community.

— Caitlin M. Farrell, DO, MPH, family medicine resident, McGaw Medical Center of Northwestern University, Chicago

Every day I get the privilege of helping my patients, one patient at a time. I see what these children face both now and in the future. Working with the AMA, I can be a part of something bigger—advocating to improve health care for all of my patients, their families, and future generations. I choose to be a member because an organization can’t speak for me if I don’t make my voice heard.

— Krystal L. Tomei, MD, MPH, pediatric neurosurgeon, Rainbow Babies & Children’s Hospital, Cleveland

It is not my hope, but my wish that physicians will be able to take care of their patients directly without interference from the insurance companies. Being realistic, I don’t expect that to happen soon, but I hope that the interference by insurance companies would get minimized, if not eliminated altogether.

— Ved Gossain, MD, retired endocrinologist and professor of medicine (emeritus), Michigan State University

I advocate for patients by helping to shape health care policies in ways that address the ever-present need for health equity and increased diversity and inclusion of minorities (ethnic, gender, religious) in health care and leadership.

— Tiffani Bell, MD, child and adolescent psychiatry resident, Winston-Salem, North Carolina