Memo:	**Senate Health and Welfare Committee**
From:	**Vermont Medical Society** **Jill Sudhoff-Guerin, Communications and Policy Manager**
Date:	**February 12, 2019**
Re:	**S.43, Removing Barriers to Medication-Assisted-Treatment**

On behalf of the 2,000 physician and physician assistant members of the Vermont Medical Society (VMS), we would like to express our support for S.43, because removing barriers like time-consuming prior authorizations and unaffordable cost-sharing for medication-assisted-treatment (MAT) prevents costly delays when patients with opioid use disorder (OUD) are ready to take that critical, first step to recovery.

Research shows that MAT is a highly effective method for treating OUD and Vermont has been extremely successful in reducing opioid overdose and addiction through the creation of the "Hub and Spoke" model. Unlike, when the program was first started, Vermonters seeking MAT through the Hubs no longer face backed-up waiting lists but depending on their insurance may have to wait for a prior authorization to get approved, which could take up to a day or more.

Patients struggling with OUD often have very small windows of opportunity when they have the courage and ability to seek out treatment. Stigma and high out-of-pocket costs can discourage these patients from getting MAT in the clinical setting. Currently, patients can buy buprenorphine for about $20 for an 8mg strip on the street. If we make it cost too much, it's just easier for people to buy it on the black market and not go through any MAT process, bypassing the counseling and options services that a Spoke can offer.

Programs like the Rapid Access to Medication at CVMC, and other low barrier treatment programs save lives by providing same day access to buprenorphine and starting a proven recovery process. Increased access to treatment not only saves lives, it also helps Vermont avoid higher healthcare costs, lost productivity, child welfare and crime costs related to addiction and substance abuse.

Prior Authorization

We heard from BCBS of VT, MVP that they do not require prior authorizations for clinical entry for MAT, but they do have quantity and dosing limits for some MAT. BCBSVT, MVP, and VMS have agreed on these suggested changes to S.43:

Sec. 3. 18 V.S.A. § 4754 is added to read:
§ 4754. PROHIBITION ON PRIOR AUTHORIZATION
A health insurance plan shall not require prior authorization for medication-assisted treatment, *within FDA dosing recommendations.*

134 MAIN STREET • P.O. BOX 1457 • MONTPELIER, VERMONT 05601-1457
TEL.: 802-223-7898 • 800-640-8767 • FAX: 802-223-1201

We also agreed on different language with Medicaid. DVHA changed their prior authorization protocols for MAT this past October, 2018 in an effort to reduce physician burden and further remove barriers to MAT. We heard from our members that Medicaid prior authorization for bupernorphine has largely been resolved, as DVHA removed the prior authorization for Suboxone film as long as the Hub dose is no higher than 24 mg and the Spoke dose does not exceed 16mg per day.

Also, the removal of daily quantity limits on the 2mg strengths of the film to allow for flexibility in titrating doses has made a significant difference in time spent by clinician and patient to access MAT. These changes were made in response to clinician feedback and is an example of how a slight modification in PA can make a big difference.

VMS and DVHA agreed to these changes to S.43:

Sec. 4. 33 V.S.A. § 1999 is amended to read:

§ 1999. CONSUMER PROTECTION RULES; PRIOR AUTHORIZATION

(g) ~~The Program shall not require prior authorization for medication-assisted treatment as defined in 18 V.S.A. § 4750.~~*The Program shall report annually to the Senate Health and Welfare Committee and House Health Care Committee on the status of the Medicaid Program's prior authorization (PA) for medication-assisted-treatment, including: which medications require a PA, how many PAs are processed, any denials, and the average and longest length of times to process a PA.*

MAT Medications and Drug Formulary

The VMS heard from our members that patients on private insurance plans can pay on average $150-300 out-of-pocket (OOP) for MAT for a bi-weekly dose. Dr. John Brooklyn, Vermont's addiction medicine specialist and creator of the hub and spoke program, said that patients on high-deductible plans often face choosing whether to pay for their prescriptions outright until they reach their prescription drug maximum of approximately $1,350-2,600 or getting MAT on the street. After working with BCBSVT and MVP we understand that even if the state was to require all MAT to be on the lowest cost-sharing tier it would not solve this problem.

BCBSVT, MVP, and VMS are in agreement with the suggested changes below:

Section 1(c)(4) *ensure that at least one medication from each drug class* ~~place medications~~ approved by the U.S. Food and Drug Administration for the treatment of substance use disorder, *is available* on the lowest cost-sharing tier of the plan's prescription drug formulary.