

Thank you, Chair Lyons and committee members for allowing me to speak on behalf of this very important issue. I am testifying in support of removing the barriers for Prior Authorizations and high cost pricing of Medication Assisted Treatment, commonly known as MAT. My name is Katie Whitaker and I am a MAT Registered Nurse who has been working in this field for the past five years. As a nurse specializing in MAT, I work on the front lines with patients who are in recovery from opioid addiction every day. I have seen firsthand the devastating consequences of people struggling to maintain recovery without the assistance of MAT and have experienced the loss of loved ones and patients who died from overdose after relapsing.

Opioid-addicted patients are seven times more likely to die of an overdose when not on MAT. The surgeon general's report on addiction showed that MAT is well supported in evidence, but underutilized due to lack of prescribing providers and negative stigma. Vermont has been the only state in New England to see a decrease in overdose deaths due to the Hub-and-Spoke model and is now looked to nationally for how to address the Opioid epidemic in the United States.

As a result of these efforts, Vermont has seen an increase in available treatment options and more openings in the hubs with more providers prescribing MAT as part of a general practice on the spoke level. These programs offer comprehensive addiction treatment with a collaborative team approach and wraparound mental health, addiction and medical services, including primary care, smoking cessation, birth control, vaccinations and STD testing.

We need more public support of MAT and decreased barriers so that we can better help any Vermonter seeking recovery. Removing barriers such as Prior Authorizations for Suboxone would be incredibly beneficial in helping further the Rapid Access to MAT (RAM) programs that are being piloted in the Emergency Departments around the state, as well as with decreasing the barriers to same day office inductions. This would also help to decrease the burden of Prior Authorization paperwork that takes away from direct patient care.

I must also highlight the incredible impact that would happen if Suboxone was placed on the lowest cost-sharing tier of an insurance plans prescription drug formulary. For patients on Medicaid, the cost for Suboxone FILMS is a \$3 copay per prescription, but for patients who are insured with high deductible plans or who are uninsured the costs for Suboxone are drastically increased. Patients can buy Suboxone Films for about \$20 for an 8mg strip on the street. The cost for these same medications can run anywhere from \$150-\$300 plus biweekly per prescription depending on the insurance plan and copay. These high costs push people to buy on the black market and not go through the MAT programs, bypassing the counseling and services that these treatment programs offer.

The bottom line is the more accessible we make MAT services, the more patients we have in treatment, leading to fewer overdose deaths and increasing all of the other benefits of having Vermonters in stable recovery. Again, I strongly encourage you to support this bill as it would directly improve the lives of some of our most vulnerable citizens who are struggling to maintain recovery.

Thank you for your time and consideration today.

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