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Summary of recommendations to address the overdose crisis, VT House Human Services

- 1) Pass H.395 or otherwise include language to remove all Medicaid prior authorization barriers to opioid use disorder treatment.
  - a. Limitations on buprenorphine dose > 16mg and the number of 2mg tablets available per day both have significant impacts on our ability to provide cutting edge addiction treatment in Vermont and prevent us from engaging all individuals into treatment who want care. Prescriptions up to 32mg should be allowed without prior authorization or other delays.
  - b. The existence of the prior authorization requirement is a significant barrier to providing optimal buprenorphine induction, regardless of prior authorization response time or approval rate, as it undermines confidence in the system and prevents providers from following best practices
  - c. Prior authorization restrictions on buprenorphine monoprodukt (Subutex) makes it challenging to engage individuals into care who perceive the naloxone component to cause withdrawal.
  - d. The board of pharmacy limitations on prescribing partial doses of buprenorphine films also prevents us from using novel buprenorphine induction techniques and they should be asked to revisit their recommendations on this matter, which deviates from neighboring states' policies.
  - e. Diversion of buprenorphine happens, and nothing we do will change this. The good news is buprenorphine is safe and was only present in ~1% of all overdoses in 2020. We need to focus on keeping people alive and making treatment easier.
- 2) Methadone is likely to become increasingly important in the spectrum of OUD care given issues specific to fentanyl's dominance in the drug supply. Recommend VDH/ADAP to perform an assessment of methadone access in the hub and spoke system, specifically considering:
  - a. Whether current clinical sites and hours of operations are adequate.
  - b. Whether novel tools available to us like mobile methadone care could help address access issues.

Language should also include recommendations to develop a remediation response to this plan and direct incoming federal and state dollars to address the gap.

- 3) Recommend revisiting the regulatory framework of addiction treatment in Vermont. Early on, Hub and Spoke dramatically improved treatment access. However, now treatment rates are stagnating, and we need greater flexibility. Specifically:
  - a. If the state is to continue their current reimbursement process, there need to be more preferred provider Requests For Applications (RFAs) so that new programs offering different kinds of services can apply for state funding that existing Hub and Spoke programs have access to. In transparency, this would allow innovative programs like ours at Better Life Partners to be more integrated within the VT treatment landscape, though it also will affect others on the treatment spectrum.

- b. Revisit the way Hub and Spoke integrates care and distributes funding support, so it can be more inclusive of a wide range of treatment options, including allowing for organizations that provide care throughout the state.
- 4) Remove the sunset on buprenorphine decriminalization. Buprenorphine decriminalization has not been shown to cause harm and many use diverted buprenorphine for lower barrier access to safer drugs. This courageous legislation should be made permanent.
- 5) I applaud the committee's provision of increased harm reduction funding for VT Cares, the AIDS Project of Southern Vermont, and the HIV/HCV Resource Center in the Budget Memorandum to the House Appropriations Committee and urge the committee to work to keep this funding in place.
- 6) While the governor's budget and opioid settlement dollars have focused in large part on prevention, I believe the state of the crisis mandates a stronger emphasis on reparative efforts such as treatment and harm reduction access. Please keep this in mind in future deliberations.
- 7) Finally, I urge the committee to support future efforts to decriminalize all drug use and allow for the existence of overdose prevention sites. These are crucial, meaningful policy reform issues that must pass the legislature in the next session.



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