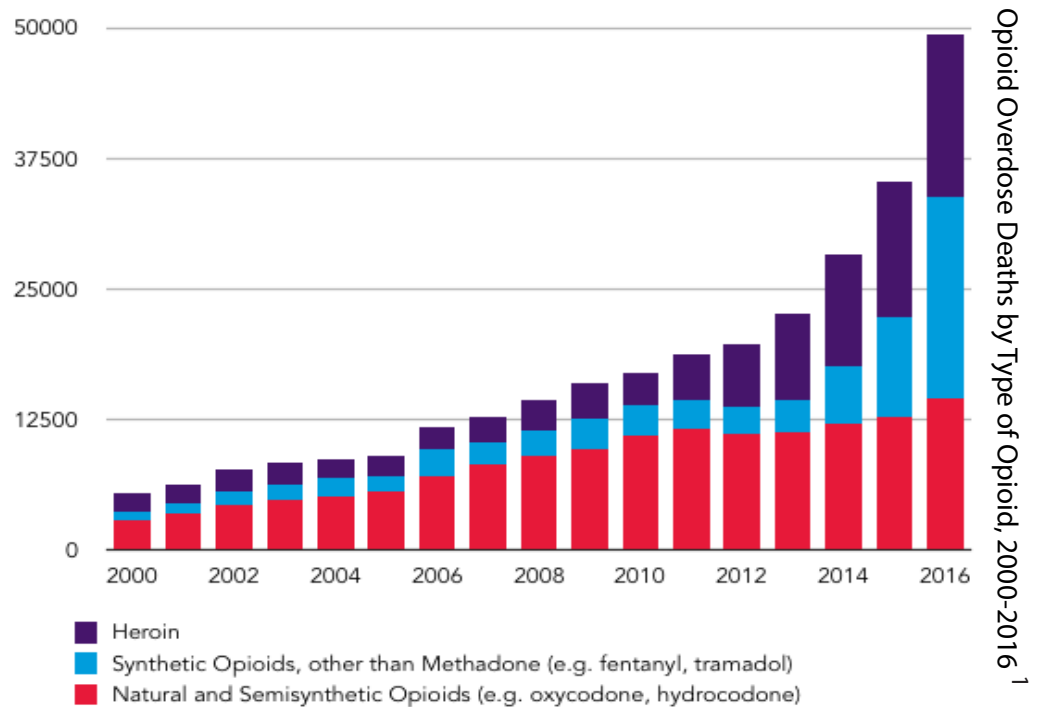


The AMA and AAPM&R Urge Removing All Barriers to Treatment for Substance Use Disorder

More people are dying from heroin and illicit fentanyl, despite a decrease in opioid prescriptions.

Despite a national decline in opioid prescriptions dispensed, and an increase in the use of prescription drug monitoring programs, the nation's opioid epidemic continues to worsen. Deaths due to illicit fentanyl and heroin are now leading drivers of the opioid epidemic. Now, more than ever, policymakers must join the AMA in not simply supporting increased access to treatment, but by providing the resources and effort necessary to remove barriers to high-quality, evidence-based care.



Evidence shows medication-assisted treatment (MAT) works.

Treatment Reduces Illicit Drug Use, Disease Rates, Overdoses and Crime. “Patients who use medications to treat their opioid use disorder remain in therapy longer than people who don’t; they are also less likely to use illicit opioids. MAT helps to decrease overdose deaths and reduce the transmission of infectious diseases, including HIV and hepatitis C.”² FDA-approved MAT for Opioid Use Disorder includes buprenorphine, naltrexone, and methadone.

Some Payers Are Removing Prior Authorization For MAT. Several major national insurers, including Aetna, Cigna and Empire Blue Cross, said they will no longer require prior authorization for MAT for all their plans in the United States.³ If they can do it, why can’t all health insurance companies?

MAT Saves Money. “Results suggest that medication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits, for Medicaid beneficiaries with opioid addiction.”⁴

Patients need access to care now.

90%

of patients in need of addiction treatment services do not have access to treatment.⁵

40%

of patients with private health insurance are forced to go through burdensome prior authorization before being able to receive medication-assisted treatment (MAT).⁶

ONLY
23%

of publicly funded treatment programs report offering any FDA-approved medications to treat substance use disorders, and less than half of private-sector treatment programs reported that their physicians prescribed FDA-approved medication.⁷

Health care experts agree that MAT is proven to help maintain recovery and prevent death.

The Value Of Medication-Assisted Treatment Is “Unequivocally Established.”

According to The National Institutes of Health:

- “The safety and efficacy of medically assisted treatment has been unequivocally established.”
- Medications, including buprenorphine (Suboxone®, Subutex®), methadone, and extended release naltrexone (Vivtrol®), are effective for the treatment of opioid use disorders.⁸

Medication-Assisted Treatment Is An Essential Component Of Long-term Treatment.

According to Dr. Nora Volkow, Director of the National Institute on Drug Abuse:

- “Medications have also become an essential component of an ongoing treatment plan, enabling opioid-addicted persons to regain control of their health and their lives.”⁹

Health Insurers Must Understand The Necessity Of Medication-Assisted Treatment.

According to the U.S. Surgeon General:

- “Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission.”
- Prisoners who receive MAT and counseling in prison, and have treatment continued upon release, have lower rates of relapse and are less likely to use opioids.¹⁰

Physicians Must Be Trained and Certified To Treat With Medication-Assisted Treatment.

According to Erik Shaw, DO, Pain Management and Opioid Task Force Chair, American Academy of Physical Medicine and Rehabilitation (AAPM&R):

- "It is critical that physicians acquire the education and training needed for positive outcomes when caring for patients requiring Medication-Assisted Treatment. As we seek the necessary education to deal with the complex opioid abuse issue, physicians also need full access to the treatment tools that we know work. We urge payers and policy makers to streamline the processes to give the treatment providers full and rapid access to the medications, mental health treatments, and interventions that will help patients suffering from addiction."

We all have to work together. The AMA and AAPM&R recommend:

1. Physicians should become trained to treat patients with a substance use disorder.
2. All public and private payers should ensure that their formularies include all forms of MAT, and they should remove all administrative barriers to treatment, including prior authorization.
3. Policymakers and regulators should increase oversight and enforcement of mental health and substance use disorder parity laws to ensure patients receive the care that they need.
4. We can all help put an end to stigma. Patients with a substance use disorder deserve the same care and compassion as any other patient with a chronic, relapsing medical disease.

Take action today. Join us to help end the nation's opioid overdose and death epidemic. To learn more visit end-opioid-epidemic.org

1. "Opioid Overdose Deaths by Type of Opioid." The Henry J. Kaiser Family Foundation, Jan. 31 2018, www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/?currentTimeframe=0&sortModel=%7B%22colld%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D. Accessed on Feb. 21, 2018.

2. Substance Use Prevention and Treatment Initiative. The Case for Medication-Assisted Treatment. Feb. 1 2017, www.pewtrusts.org/en/research-and-analysis/fact-sheets/2017/02/the-case-for-medication-assisted-treatment. Accessed February 1, 2018.

3. Madara, James L. "Letter to the National Association of Attorneys General." Received by The Honorable George Jepsen; Jim McPherson, Feb. 3 2017, <https://searchf.ama-assn.org/undefined/documentDownload?uri=%2Fstructured%2Fbinary%2Fletter%2FLETTERS%2FAMA-Letter-re-AG-Schneiderman-MAT-FINAL.pdf>. Accessed Feb. 21, 2018.

4. Mohlman, Mary Kate, et al. "Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont." Journal of Substance Abuse Treatment, vol. 67, 2016, pp. 9–14, <https://www.sciencedirect.com/science/article/pii/S0740547215300659>. Accessed Feb. 21, 2018.

5. "Opioid & Health Indicators Database." AmfAR | Making AIDS History, opioid.amfar.org/. Accessed Feb. 21, 2018.

6. Peters, Rebecca, and Erik Wengle. Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities. Urban Institute, 2016, Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities, www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf. Accessed Feb. 21, 2018.

7. Confronting an Epidemic: The Case for Eliminating Barriers to Medication-Assisted Treatment of Heroin and Opioid Addiction. Legal Action Center, Mar. 13, 2015, lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/case-for-eliminating-barriers-to-medication-assisted-treatment-of-heroin-and-opioid-addiction/. Accessed Feb. 21, 2018.

8. National Institute on Drug Abuse. "Effective Treatments for Opioid Addiction," Nov. 2016, www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction. Accessed Feb. 21, 2018.

9. U.S. Senate. "Senate Caucus on International Narcotics Control hearing America's Addiction to Opioids: Heroin and Prescription Drug Abuse," May 14, 2014. <https://www.drugcaucus.senate.gov/content/senate-caucus-international-narcotics-control-hearing-america's-addiction-opioids-heroin-and>. Accessed on Feb. 21, 2018.

10. U.S. Department of Health and Human Services, Office of the Surgeon General. "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health," Nov. 2016. <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>. Accessed on Feb. 21, 2018.