



Arkansas Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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March 27, 2022

The Honorable Ricky Hill
Chair
Senate Committee on Insurance and Commerce
State Capitol
Room 171
500 Woodlane St
Little Rock, AR 72201

Re: ARSAM's Comments on HB 1558

Dear Chair Hill,

On behalf of the Arkansas Society of Addiction Medicine (ARSAM), the medical specialty society representing physicians and clinicians in Arkansas specializing in the prevention and treatment of addiction, thank you for the opportunity to comment on this important topic. **We write today to express our support for the aims of HB 1558 while also advancing proposed improvements to strengthen the legislation.** HB 1558 would prohibit insurers, including Medicaid, from requiring prior authorization on injectable medications for substance use disorder (SUD) treatment. Injectable medications for addiction treatment (MAT) are critical and evidence-based treatments that should be readily available to all patients in our state.

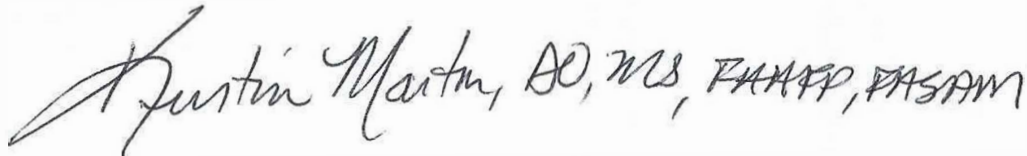
Injectable MAT, along with other Food and Drug Administration (FDA)-approved forms of MAT, have been shown to improve patient survival, increase retention in treatment, reduce criminal activity among people with SUD, and improve patients' ability to gain and maintain employment.¹ However, restrictive utilization management policies such as prior authorization constrain these positive effects. For example, prior authorization can cause delays in obtaining prescriptions, meaning that practitioners cannot offer MAT as quickly as necessary to effectively stabilize their patients. Delays and uncertainty significantly impact patient outcomes.² Truthfully, in addiction treatment, a delay of just one day can be the difference between life and death.

We commend HB 1558 for seeking to improve access to injectable MAT. These medications can prove lifesaving for many patients with SUD. With that being said, we are concerned that the language of HB 1558 as proposed will not have the desired impact of limiting prior authorization for injectable medications to treat SUD. Traditionally, health insurers only place medications that can be self-administered on formularies that can be made available via prescription. Medications such as injectables that cannot be self-administered are billed as medical benefits, and are not available via a prescription drug benefit. Practically, this means that buprenorphine and naltrexone tablets/films are available at the pharmacy counter, while injectable versions of buprenorphine and naltrexone are only available to be administered in the physician/other practitioner office. **Therefore, this legislation as proposed would still allow health insurers to**

impose prior authorization on injectable MAT. As such, we encourage members of the committee to consider removing subdivisions (b) and (c) from HB 1558 to ensure that this legislation also removes the ability to impose prior authorization on injectable forms of medications to treat SUD, as well.

We greatly appreciate the opportunity to comment on HB 1558 and suggest improvements to legislation that we feel is very important. If you have questions or concerns, please do not hesitate to contact me at docmartin@rvmwellness.com. I would be happy to provide assistance.

Sincerely,



Kristin Martin, DO, MS, FAAFP, FASAM
President-Elect, Arkansas Society of Addiction Medicine (ARSAM)

CC: The Honorable Reginald Murdock
The Honorable Justin Boyd
The Honorable Jonathan Dismang
The Honorable Jimmy Hickey, Jr
The Honorable Missy Irvin
The Honorable Mark Johnson
The Honorable Clint Penzo

¹ Substance Abuse and Mental Health Services Administration. (2022). Medication-Assisted Treatment (MAT). SAMHSA.gov. <https://www.samhsa.gov/medication-assisted-treatment>

² American Medical Association. (2023). 2022 AMA prior authorization (PA) physician survey. American Medical Association. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>