Kentucky Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

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January 10, 2025

Dear Secretary Friedlander:

On behalf of the Kentucky Society of Addiction Medicine (KYSAM), I am writing in response to your request regarding the potential resumption of prior authorizations (PAs) for some addiction and behavioral health services. While KYSAM members have made great progress working with officials in the Commonwealth of Kentucky to improve access to addiction and behavioral health care, we are concerned that a large-scale resumption of PA could impair the work that has contributed to a drop in Kentucky's overdose rate, and impose an administrative burden on clinics that are already struggling due to significant workforce shortages and low reimbursement, especially in the Medicaid program. In KYSAM's experience, many clinics have hired staff just to manage the volume of PAs. Furthermore, there is almost always a wait time for a response, and during that time, patients don't always have access to life-saving medications. This is a disaster, especially for patients prescribed buprenorphine for opioid use disorder (OUD) who may be more susceptible to relapse and overdose.

While KYSAM recognizes that fiscal responsibility is important, we urge you to balance any reforms with policies that prioritize access to medications for addiction, reduce clinician and patient burden, promote transparency and accountability in healthcare spending, and expand access to high-quality addiction treatment.

While not detailed in your request, KYSAM is particularly concerned that any PA reform effort could lead to the reinstitution of PAs for FDA-approved medications for addiction, specifically for injectable versions of these medications. Although the injectable formulations are more expensive, they also eliminate the possibility of diversion, increase medication adherence without the need for a daily pill, are a useful method of medication delivery in situations where it is difficult to store pills safely (such as carceral settings), and may be ideal for people with transportation difficulties. Injectable versions may also be preferred by patients concerned about their privacy at the pharmacy counter, and they reduce access problems such as inadequate stocks of medication. In some cases, injectable formulations can be a step toward tapering off the medication if the patient is in full remission and feels ready to consider this option. **Given the extreme mortality and morbidity associated with addiction, KYSAM strongly recommends that any PA reform efforts exclude reinstituting any PAs on all formulations of medications to treat addiction, including for injectable medications.**

That said, KYSAM agrees with the need to ensure that Medicaid dollars are being spent

wisely and result in positive outcomes. KYSAM agrees that there are other areas where cost savings could occur. We suggest a focus on efficiency and accountability. **Specifically, KYSAM recommends the creation of an oversight body to examine how MCOs spend the money allotted to them by the Commonwealth to treat addiction.** This body should have representation from certified claims coders, healthcare attorneys, MCO representatives, health system CEOs, revenue cycle directors, and addiction specialist physicians who can advise on evidence-based care.

Furthermore, KYSAM suggests that Kentucky fully implement criteria for admission to higher levels of care (intensive outpatient, high-intensity outpatient, residential, inpatient) to ensure that patients are receiving the least intensive, but safe and effective treatment. These standards should be clearly established and based on nationally recognized patient placement standards, such as The ASAM Criteria, the most widely used and comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions. This could decrease admission to more expensive levels of care when they may not be necessary. The ASAM Criteria also outline what services are needed at each level. It isn't unreasonable to expect some approval for higher levels of care, but there should be a grace period of a few days before this is required. Response time for such authorizations should be timely, within hours of the request, and there should not be a PA requirement for any discharge medications for addiction. Denials or delays in care, as well as the process for disputing denials should be reviewed by the aforementioned oversight body.

While it may seem like Kentucky is spending heavily on addiction and behavioral health services, this money is not trickling down to clinics treating patients with addiction. Given the amount of money that we spend on addiction care, our outcomes are not what they should be as clinician reimbursement is not driven by current research on effective treatments. At a time when the United States continues under a national public health emergency due to death and overdose, clinics in Kentucky continue to close and patients are suffering as a result.

Therefore, KYSAM strongly encourages collaboration between the Cabinet and the legislature to update clinician payment rates to ensure they are fully reflective of the intensity of resources and staffing involved in treating addiction and behavioral health. We have made tremendous progress in understanding addiction/behavioral health and effective treatments. It is vital that we continue the trend of reducing our overdose and death rate by removing barriers to medications for addiction/behavioral health, paying for quality care that is delivered according to nationally recognized standards, ensuring practice sustainability, and increasing transparency into how MCOs pay for addiction and behavioral health treatment.

We appreciate the opportunity to provide input on this important issue. Please contact me at drcolleen1101@gmail.com if you have any questions or concerns. We can provide further assistance if necessary.

Sincerely,

Colleen Ryan, MD, FASAM
President, Kentucky Society of Addiction Medicine