



New York Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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December 20, 2021

The Honorable Kathy Hochul
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

Re: NYSAM Support for the Enactment of A2030/S649

Dear Governor Hochul,

On behalf of the New York Society of Addiction Medicine (NYSAM), the medical specialty society representing physicians and clinicians in New York specializing in the treatment of addiction, thank you for your continued leadership in confronting the overdose epidemic. Today, we write to express our support for and urge your signature of A2030/S649, which would eliminate prior authorization barriers to lifesaving medication for addiction treatment (MAT) within the state's Medicaid program.

NYSAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in New York. To that end, we are committed to advocating for a state addiction treatment system that expands access to all Food and Drug Administration-approved medications to treat opioid use disorder. As addiction medicine specialists, we are wholeheartedly committed to evidence-based, compassionate care that improves the health and well-being of all patients with addiction. We applaud this legislation, as it removes prior authorization barriers on all forms of MAT within the Medicaid program, addressing a long-standing gap that has disadvantaged our state's most vulnerable patients.

Removal of prior authorization on all FDA-approved medications is critical to ensuring that patients have timely access to treatment. When a patient presents themselves for treatment, it is vital that the provider stabilize the patient as quickly as possible through the use of MAT. The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, and increase patients' ability to gain and maintain employment.ⁱ However, when burdensome prior authorization requirements delay their prescription, physicians cannot offer MAT as quickly as necessary to effectively treat their patients.ⁱⁱ In fact, a recent survey of physicians found that 92% of them reported care delays due to prior authorization, with 64% reporting a delay of at least one business day.ⁱⁱⁱ This delay significantly impacts patient outcomes. A delay of just one day is enough time for a patient to relapse, overdose, or suffer a myriad of other experiences that can adversely affect their treatment outcome. By removing this delay for all forms of MAT, A2030/S649 takes a significant, positive step towards reducing the number of opioid overdoses.

In addition to the patient harm caused by treatment delays, non-evidence-based barriers to care also prevent states from experiencing the broader public health and economic benefits of evidence-based OUD treatment. Research consistently demonstrates that investment in the

treatment of OUD and other substance use disorders saves lives and reduces associated social and healthcare costs.^{iv} For example, every dollar invested in addiction treatment can lead to up to \$12 in savings in criminal justice and healthcare costs.^v These savings can only be realized, however, if patients have timely access to evidence based treatment. By working to reduce delays in access to treatment, A2030/S649 take a significant, fiscally prudent approach to addressing the opioid epidemic.

Due to the harmful consequences of non-evidenced-based utilization controls, and consistent with sound medical care, decisions about the type, modality, and duration of treatment should remain in the purview of doctors and their patients. Additionally, arbitrary limitations on the duration of treatment, medication dosage, type of medication, or on levels of care that are not supported by medical evidence, are not appropriate and can be specifically detrimental to the well-being of the patient and their community. Given how dangerous these non-evidence-based limitations are, they should not be enforced by law, regulation, or health insurance practices.

NYSAM shares the state's goal of providing access to high-quality, evidence-based, and comprehensive addiction treatment services to our most vulnerable patients. We are proud to offer our support and urge you to sign A2030/S649. Please do not hesitate to contact me at Timothy.Wiegand@URMC.Rochester.edu if you have any further questions. Thank you for your consideration of this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'TW' with a stylized flourish.

Timothy Wiegand, MD, FACMT, FAACT, DFASAM
President, New York Society of Addiction Medicine (NYSAM)

ⁱ Substance Abuse and Mental Health Services Administration. "Medication and Counseling Treatment." 12 February 2020. Substance Abuse and Mental Health Services Administration, web, 17 February 2020.

ⁱⁱ Legal Action Center. (2015). Confronting an Epidemic: The Case for Eliminating Barriers to Medication Assisted Treatment of Heroin and Opioid Addiction. Washington, D.C: Legal Action Center. Available at <https://lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/case-for-eliminating-barriers-to-medication-assisted-treatment-of-heroin-and-opioid-addiction/>

ⁱⁱⁱ The American Medical Association. Survey of 1,000 Physicians to investigate attitudes towards prior authorization. United States, 2017. Available at: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc/prior-auth-2017.pdf>

^{iv} Surgeon General (2018) Vision for the Future. Available at: <https://addiction.surgeongeneral.gov/vision-future/time-for-a-change#7> ("Implementation of evidence-based interventions (EBIs) can have a benefit of more than \$58 for every dollar spent; and studies show that every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs"). National Institute on Drug Abuse (2016). Cost Effectiveness of Drug Treatment. Available at: <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment>; U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (2008) Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. Available at: <https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>

^v National Institute on Drug Abuse (2016). Cost Effectiveness of Drug Treatment. Available at: <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment>.