

KENTUCKY HOUSE BILL 121 WILL REMOVE BARRIERS TO TREATMENT AND SAVE LIVES

KENTUCKY'S OPIOID EPIDEMIC IS GROWING DESPITE A DECREASE IN OPIOID PRESCRIPTIONS.

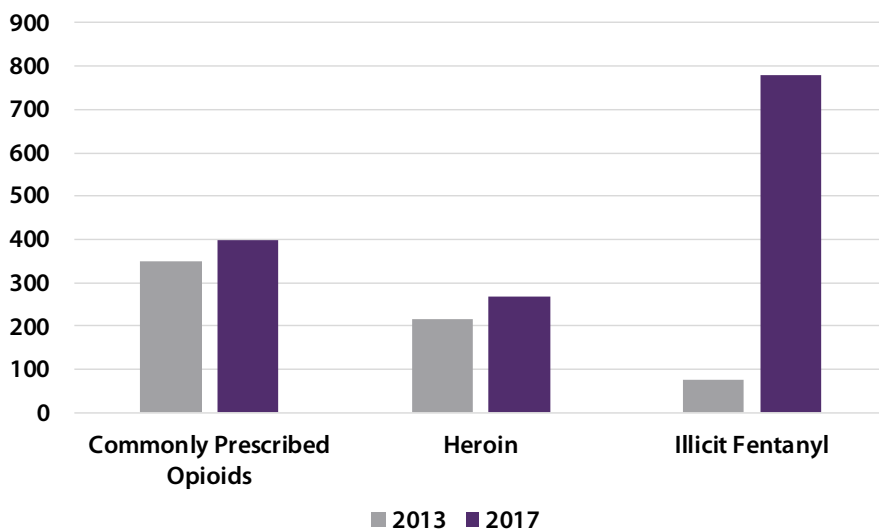
Despite a 23 percent decline in opioid prescriptions in Kentucky since 2013, and an increase in the use of the state prescription drug monitoring program, Kentucky's opioid epidemic continues to worsen. Deaths due to illicit fentanyl are now the leading driver of the epidemic.ⁱ Deaths from commonly prescribed opioids remain unacceptably high, and now, more than ever, policymakers must join the Kentucky Medical Association (KMA), American Medical Association (AMA), and the Kentucky Society of Addiction Medicine (KYSAM) in not simply supporting increased access to treatment, but by taking action to remove barriers to high-quality, evidence-based care.

Access to treatment is lacking in Kentucky and across the country. In Kentucky, 89 percent of patients in need of addiction treatment services do not receive it.ⁱⁱ

HOUSE BILL 121 PROVIDES A SIMPLE, DIRECT AND EFFECTIVE SOLUTION.

1. House Bill 121 will increase access to medication-assisted treatment (MAT), which is proven to save lives. This includes Methadone, Buprenorphine, or Naltrexone.
2. House Bill 121 ends health insurance company practices – such as “prior authorization” – that delays or denies access to MAT for the treatment of opioid use disorder.

Kentucky's opioid-related death toll is changing



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.”ⁱⁱⁱ FDA-approved MAT for Opioid Use Disorder includes buprenorphine, naltrexone, and methadone.

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.”^{iv}

House Bill 121 Will Remove Administrative Barriers For Treatment Of Opioid Use Disorder

“Medication-assisted therapy has been proven to be safe and effective in treating opioid use disorder. Unfortunately, health plans often require prior authorization for these medications. This approval process often takes days or weeks, leaving patients at-risk for relapse, overdose, or death. House Bill 121 is designed to remove these unnecessary administrative barriers and ensure that Kentuckians seeking evidence-based, life-saving medical care can receive it without delay. The Kentucky Medical Association is fully supportive of House Bill 121 and will work alongside Representative Kim Moser to pursue its passage.”

~Bruce A. Scott, MD, KMA President

All Stakeholders Have A Role To Play In Removing Barriers To Treatment

“When a patient seeking care for an opioid-use disorder is forced to delay or interrupt ongoing treatment due to a health plan utilization management coverage restriction, such as prior authorization, there is often a negative impact on their care and health. As we continue to urge more physicians to become trained and certified to provide MAT, we simultaneously urge all payers and policymakers to work with us to remove all barriers to care for patients with an opioid use disorder.”

~Patrice A. Harris, MD, MA, chair of the AMA Opioid Task Force



ⁱ Opioid Overdose Deaths by Type of Opioid.” The Henry J. Kaiser Family Foundation, 31 Jan. 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 February 21, 2018.

ⁱⁱ Percent Needing But Not Receiving Addiction Treatment. amfAR Opioid & Health Indicators Database. <https://opioid.amfar.org/indicator/pctunmetneed>. Accessed January 31, 2019.

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

^{iv} 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 February 21, 2018.