

# Senate Health and Human Services Committee

*Kyle Baker 271-2609*

**SB 158**, relative to authorization for clinician-prescribed substance use disorder services.

**Hearing Date:** March 20, 2017

**Time Opened:** 10:00 a.m.

**Time Closed:** 10:55 a.m.

**Members of the Committee Present:** Senators Bradley, Avard, Gray, Fuller Clark and Hennessey

**Members of the Committee Absent :** None

**Bill Analysis:** This bill declares that if substance use disorder services are a covered benefit under a health benefit plan, no prior authorization shall be required for prescribed medications for a substance use disorder.

## **Sponsors:**

Sen. Feltes

Sen. Fuller Clark

Sen. Hennessey

Sen. Kahn

Sen. Lasky

Sen. Soucy

Sen. Watters

Sen. Woodburn

Rep. Butler

Rep. Luneau

Rep. Williams

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**Who supports the bill:** Sen. Dan Feltes, Prime Sponsor; Sen. Bette Lasky, SD# 13; Courtney Tanner, NH Providers Association; Molly Rossignol; Chelsea Arsenault; Michele Merrit, New Futures; Valerie Acres, NH Medical Society

**Who opposes the bill:** Heidi Kroll, AHIP; Paula Rogers, Anthem

**Who is neutral on the bill:** John Williams, DHHS

## **Summary of testimony presented in support:**

### **Senator Feltes – Prime Sponsor**

- Medication assisted substance abuse treatment is vital to patients seeking treatment.
- This bill seeks to remove prior authorization for 24 months.
- Substance abuse medication often takes longer to work and patients are required to consistently go back to a provider in order to stay on the medication.
- 24 months is a good compromise to make sure that medications are effective.
- Medication assisted treatment is one of the most cost effective treatments for

substance use disorders.

**Courtney Tanner – NH Providers Association**

- There is no clinical reason to continue the use of prior-authorization for substance use disorder medication
- Prior-Authorization is a often burdensome process for providers and often increases the waiting time for patients who need the medication.
- Carriers will testify that prior-authorization is for patient protection but you will hear from providers themselves that this is not the case in medication assisted treatment.
- It is completely inappropriate for insurance companies to tell providers what is the best course of treatment for patients.

**Molly Rossignol – Addiction Medicine Specialist**

- Medication assisted treatment is a lifesaving and cost effective treatment for patients.
- Prior-Authorization and utilization review processes are burdensome and costly for providers and there staff.
- Insurance Carriers are increasing the amount of information that they require in order to approve coverage.
- It is not uncommon for a provider to spend up to 2 hours of time per patient just filling out the required documents for a review.
- Patients that go without the medications they needs for treatment are at extreme risk of withdrawals and relapse.

**Chelsea Arsenault – PMC Medical Group.**

- This bill would remove the large barrier of prior-authorization for medications used for substance use disorders.
- Current practice for prescribing MAT drugs is to just prescribe enough medication until the next appointment.
- These medications are often non formulary which requires a prior-authorization with medical review. Medical review can take days and often there is not a clear answer available.
- There is no clinical reason for medical review of prior authorization for MAT drugs.

**Michele Merrit – New Futures**

- Supports the standardization of review timelines for prior authorization for MAT drugs.
- Prior-authorization is a large barrier for treatment and if we remove that barrier we will increase the capacity for treatment.
- Federal guidelines limit 1 provider to 275 patients in MAT programs. Providers simply cannot work with this many patients because of the massive burden of

paperwork required by the insurance companies.

- This bill strikes an appropriate balance between the carriers need to demonstrate medical necessity and removing a large barrier to care.
- MAT programs are more successful in moving people into long term recovery than counseling alone and it is important to make sure we are supporting this cost effective treatment.

**Sen. Bradley** – Is 24 months the right amount of time?

**Merrit** – Ideally we would have removed utilization review all together but the compromise was 24 months, which is the average taper for most patients.

**Sen. Bradley** – If a patient does not get MAT in a reasonable time does that lead to an increase in Emergency room visits?

**Merrit** – There is enough anecdotal evidence to support that.

### **Summary of testimony presented in opposition:**

#### **Heidi Kroll – AHIP**

- Opposed
- Concerned that this restriction on Prior authorization would not be consistent with ASAM Criteria that is defined in NH Law.
- 24 months is a long time to go without a check in with the carriers.
- Prior-Authorization insures that patients are receiving the best and most cost effective treatment.
- Carriers might have pieces of a patient's medical history that providers
- Would remove the important checks and balances on the prescribing of schedule 2 and 3 drugs.
- This bill would not apply to self-funded plans.

#### **Paula Rogers – Anthem**

- Anthem is approaching this bill with a lot of caution.
- Concerned with 24 Months because it is a long time for a provider not to check in with a carrier to let them know that the medication is working and is still the best option.
- A lot of carriers are not requiring prior authorization for MAT now.
- Anthem only requires Prior Authorization for injectable medications.
- Would be concerned that patients would not be checking in with their doctors enough to make sure that the medication is working and is still the best option.

**Neutral Information Presented:** None

**Future Action:** Ought to Pass with Amendment

KRB

Date Hearing Report completed: March 24, 2017