

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2019-27
(A-19)**

Introduced by: Howard Axe, M.D., ISMS Member

Subject: Medication Assisted Treatment for Opioid Addiction

Referred to: Council on Medical Service

1 Whereas, there is a known opioid crisis in Illinois and the United States which
2 now accounts for a greater number of deaths than motor vehicle accidents, and the
3 number of deaths has been steadily increasing; and
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5 Whereas, nearly every state has adopted a wide array of policies designed to
6 reduce opioid supply, increase the use of prescription drug monitoring programs and
7 increase access to naloxone to save lives from overdose; and
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9 Whereas, a neglected part of the overall policies above relates to medication
10 assisted treatment (MAT) and how insurers are trying to avoid payment for this
11 beneficial service by requiring prior authorization; and
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13 Whereas, in the state of Kentucky there is legislation, House Bill 121, an Act that
14 would prohibit health insurer prior authorization policies for medications to treat opioid
15 use disorders, and this bill is supported by the American Society of Addiction Medicine
16 (ASAM) and the American Medical Association; and
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18 Whereas, physicians in the state of Maryland, which enacted legislation on MAT,
19 report that removing prior authorization for MAT has been essential to help increase
20 access to care; and
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22 Whereas, prohibiting prior authorization policies for methadone, buprenorphine
23 or naltrexone (MAT) will help more patients in Illinois, and each state where these
24 policies are enacted, obtain life-saving treatment; and
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26 Whereas, the very manual, time consuming processes required in these prior
27 authorization policies interrupt care for patients and cause providers (physician
28 practices, pharmacies and hospitals) to divert valuable resources away from direct
29 patient care; and

1 Whereas, the AMA is in the process of approving model state legislation which
2 individual states could use to prohibit health insurer prior authorization policies for
3 medications to treat opioid use disorders; and
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5 Whereas, the Illinois State Medical Society does not currently have policy related
6 to medication assisted treatment for substance use disorders; therefore, be it
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8 RESOLVED, that the Illinois State Medical Society adopt as policy support for
9 the use of medication assisted treatment (MAT) for substance use disorders, which have
10 been shown to be beneficial; and be it further
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12 RESOLVED, that ISMS support and cause to be introduced in Illinois legislation
13 to prohibit health insurers from denying medication assisted treatment for substance use
14 disorders and that prohibit health insurers from using prior authorization policies for
15 medications to treat opioid use disorders (because they delay or interrupt care for
16 patients); and be it further
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18 RESOLVED, that the ISMS consider use of model state legislation materials
19 provided by the American Medical Association to help develop and implement this
20 legislation in Illinois (which could be similar to legislation in Maryland and Kentucky).

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

It is the policy of ISMS to favor hospitals in Illinois treating opioid use disorder with medications FDA-approved for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling, and 2) advocate for legislation, standards, policies and funding to support this policy. (HOD 2018)

ISMS recognizes the use of buprenorphine or methadone as effective treatment for opioid use disorder, and encourages the appropriate use of medication and non-medication based treatment. (HOD 2018)

NOTE: On January 24, 2018, ISMS hosted a live webinar titled Establishing a Buprenorphine Practice: What You Need to Know. The webinar was archived and is available for viewing through the ISMS Education Center at www.isms.org/CME.

NOTE: ISMS is aggressively engaged across numerous fronts to raise opioid awareness. Our efforts have centered on medication disposal, safe prescribing, addiction treatment, use of the prescription monitoring program, reversing overdose and other aspects of addressing the opioid crisis. ISMS leaders have been featured in dozens of print, radio and television interviews on a range of opioid-related topics. In addition, ISMS engaged in an aggressive earned media campaign with our letters and guest editorials appearing in newspapers statewide. ISMS-developed public service announcements are currently airing on Illinois radio stations. ISMS mailed 13,000 printed kits promoting medication disposal to Illinois physicians. Our web and social media resources include downloadable resources for both physicians and patients. In addition, we've promoted dozens of opioid prescribing courses, including several developed and provided at no cost by ISMS. Our visible leadership has helped ISMS engage lawmakers and other stakeholders seeking legislative solutions to address the opioid epidemic.

ISMS supports initiatives to help those who are addicted to drugs and ask for help, and supports government initiatives to implement substance abuse programs that are appropriately designed and monitored for quality, cost-effectiveness, and reduced recidivism. (HOD 2005; Reaffirmed 2017; Last BOT Review 2014)

ISMS supports the efficacious use of prescription medication in patients with severe, intractable pain in order to eliminate or reduce pain to tolerable levels. (HOD 1995; Last BOT Review 2013)

It is the policy of the Society to protect the rights of patients who are suffering in pain, by allowing them as wide a choice as possible of fellowship-trained, pain management physicians by prohibiting hospital exclusive contracting for pain management services. (HOD 1997; Last BOT Review 2013)

ISMS supports legislative efforts that facilitate greater availability and use of naloxone, and expand existing "Good Samaritan" protections for those prescribing or administering naloxone. (BOT 2014) (Part of the Pain Management Principles)