



**MEMORANDUM IN SUPPORT
A.4899A Rosenthal/S.7905 Griffo**

***Requires insurers providing coverage of prescription drugs for opioid addiction
to provide coverage for the entire treatment period***

The NYS Council for Community Behavioral Healthcare, representing 100 behavioral health (mental health and substance use) prevention, treatment and recovery organizations across New York, **supports this legislation, A.4899A Rosenthal/S.7905 Griffo**, which would require health insurers to provide coverage of opioid addiction medications during the entire period such medications are prescribed.

This bill would require medications and prescription drugs for opioid addiction be covered, without prior authorization or step therapy, during the entire period they are prescribed. Medication-assisted treatment is used for opioid addiction and ensuring full coverage for care will help to eliminate one barrier to obtaining this effective treatment option during a health emergency.

Patients seeking treatment for opioid addiction are in withdrawal and frequently experience severe symptoms that require immediate attention. The benefits of prescribing or dispensing medications that are FDA-approved for the treatment of opioid use disorder are easing the symptoms of withdrawal and blocking the craving of illicit drugs. The current practice of requiring prior authorization for this life-saving medication or suddenly discontinuing medications may have serious life or death consequences.

Amendments to the insurance law provide coverage without prior authorization, but are limited to a five-day emergency supply of prescribed medications. A five-day supply of buprenorphine followed by continual assaults of prior authorization is a woefully inadequate response to an epidemic which has claimed hundreds of thousands of lives. Patients require treatment with medications and a five-day supply does not offer protection from the adverse effects of abruptly discontinuing medications due to the barriers of overly burdensome prior authorizations.

Furthermore, the five-day emergency supply is not applicable for patients seeking treatment with extended-release naltrexone (Vivitrol) as patients require seven days free from all opioids to begin this 28-day treatment. The 5-day emergency supply also does not help patients who require methadone in Opioid Treatment Programs, as Federal and State regulations prohibit a five-day supply of methadone, except in designated circumstances for stabilized patients.

Finally, some physicians report that they are deterred from entering and/or expanding the treatment of patients using buprenorphine due to the unnecessary “red tape” caused by the prior authorization process. This bill will help ensure that patients receive medicine in a timely manner and that their doctors are encouraged to continue caring for the individuals who require their services. **For these reasons, the NYS Council supports A.4899A Rosenthal/S.7905 Griffo and urges that it be enacted this session.**

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