October 23, 2019

Representative Paul Tonko
2369 Rayburn House Office Building
Washington, D.C. 20515

Representative David McKinley
2239 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Tonko and Representative McKinley:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,500 psychiatric physicians, I want to thank you for your sponsorship of H.R. 3925, the Reducing Barriers to Substance Use Treatment Act, which prohibits state Medicaid programs from imposing harmful utilization control policies on coverage of medication-assisted treatment. APA supports H.R. 3925 and will continue to advocate for its passage.

According to the most recent SAMSHA data\(^1\), more than 10 million Americans over age 12 suffered from a substance use disorder related to the abuse of opioids, only a quarter of whom actually received any form of substance use disorder treatment. Fewer still have access to evidence-based treatment, including medication-assisted treatment (MAT). While MAT is a proven means of treating patients with opioid use disorder, access to all three major forms of MAT—methadone, buprenorphine, and naltrexone—is critical for the success of treatment, as individual patients have different clinical responses to different forms of MAT.

Despite clear evidence demonstrating the success of this treatment, many states impose an array of barriers to this treatment in their state Medicaid programs. These utilization control policies—including, but not limited to, preferred drug lists, step therapy, and prior authorization requirements—only serve to unnecessarily delay access to treatment at a time when the patient requires treatment as quickly as possible.

Under the SUPPORT Act signed into law last year, the Medicaid and CHIP Payment and Access Commission (MACPAC) is conducting a study of utilization control policies

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applied to MAT under state Medicaid programs. During the January 2019 MACPAC meeting\(^2\), clinicians spoke at length about the harms that utilization management for MAT impose on patients and physicians alike. For patients, these protocols meant a need to change the patient’s current MAT formulation, “despite the fact that the previous formulation was working for them.” For physicians, these protocols meant “spending countless hours on paperwork and electronic authorization forms rather than focusing on provision of patient care.” According to the preliminary findings\(^3\) of the report, released in April 2019, while some states have begun to apply fewer utilization controls for MAT, others apply more restrictions than “evidence-based practices indicate.”

H.R. 3925 recognizes that applying utilization control protocols to MAT only serve to unnecessarily delay life-saving treatment for what is a chronic and often lifelong medical condition. While we hope the definition of “utilization control policies” is defined through the rulemaking process as broadly as necessary to ensure more widespread access to MAT, we appreciate that the definition includes, at minimum, prior authorization requirements.

We want to thank you for your leadership in introducing H.R. 3925. Please let us know how we can aid your efforts to advance this bill. If you have any questions, please contact Mike Troubh at mtroubh@psych.org / 202.559.3571.

Sincerely,

[Signature]

Saul Levin, MD, MPA, FRCP-E
CEO and Medical Director
American Psychiatric Association

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