

March 15, 2019

The Honorable Joe Fischer (KY), Chair  
The Honorable Martin Carbaugh (IN), Vice Chair  
Life Insurance & Financial Planning Committee  
National Council of Insurance Legislators  
2317 Route 34, Suite 2B,  
Manasquan, New Jersey 08736

Dear Representatives Fischer and Carbaugh:

On behalf of the American Medical Association (AMA) and our physician and medical student members, the AMA offers the following comments regarding the proposed, “Resolution in Support of Good Samaritans’ Efforts to Prevent Loss of Life Due to Opioid Overdose.” First, we commend Assemblywoman Pam Hunter for introducing this important harm-reduction resolution. The AMA strongly supports Good Samaritans’ efforts to obtain naloxone to help those who are experiencing an opioid-related overdose. If it was not for naloxone, it is likely that the nation’s opioid epidemic would have claimed tens of thousands of additional lives over the past several years.

The AMA has been very pleased to work closely with the nation’s medical societies and harm reduction community to help support naloxone access laws in all 50 states as well as strong Good Samaritan protections. According to the Network for Public Health Law:<sup>1</sup>

- By July 15, 2017, all 50 states and the District of Columbia had passed legislation designed to improve layperson naloxone access; and
- As of December 31, 2018, 46 states and the District of Columbia have passed an overdose Good Samaritan law that provides some protection from arrest or prosecution for individuals who report an overdose in good faith.

Despite the widespread policy success, the AMA also is aware of news stories and other accounts where a life insurance company has made an adverse determination because a person

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<sup>1</sup> “Legal Interventions To Reduce Overdose Mortality: Naloxone Access And Overdose Good Samaritan Laws, Network for Public Health Law,” December 2018. Available at [https://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf)

obtained a prescription for naloxone—either directly through a prescription or via a standing order.

Therefore, we strongly support the proposed resolution’s call for National Council of Insurance Legislators (NCOIL) to add its name to those who support the use of naloxone by Good Samaritans. The AMA points out, however, that it is important to distinguish naloxone from the brand, Narcan. Additionally, we encourage NCOIL to broaden the first resolve to address the fact that naloxone is used by more than just Good Samaritans. Accordingly, we encourage NCOIL to amend the first resolve clause as follows:

- BE IT RESOLVED, that NCOIL support the use of naloxone ~~Narcan~~ by Good Samaritans, family members and health care professionals to prevent the loss of life from an opioid overdose

With respect to the second resolve, the AMA urges NCOIL to broaden the scope to account not only for coverage denials, but for adverse determinations that could lead to increases in charges for a policy. In addition, as pointed out by the excellent bulletin from the Division of Insurance in the Commonwealth of Massachusetts,<sup>2</sup> including naloxone for potential use by a Good Samaritan, “certain medications...are not relevant to a potential applicant’s health,” and that other medications also should not adversely affect applicants because those medications were “prescribed to prevent certain illnesses or diseases.” As such, the AMA recommends the following amendment to the second resolve:

- BE IT FURTHER RESOLVED that NCOIL urges life insurers to review accordingly their current policy application review procedures/guidelines and if necessary make appropriate changes so that no applicants are denied coverage or other adverse determinations made solely for having a prescription for a medication prescribed to prevent illness or disease, including someone who obtained naloxone Narcan, ~~and so that life insurers can identify applicants who obtained a supply of Narcan~~ because of their role as a medical professionals or a first responder or Good Samaritan in a state with a “Standing Order;”

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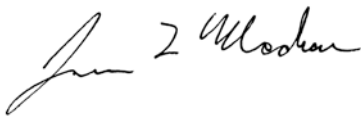
<sup>2</sup> Bulletin from Gary D. Anderson, Commissioner of Insurance, Commonwealth of Massachusetts, to “Insurers Offering Individual Accident and Sickness Policies, Life Insurance Policies and Annuity Contracts in Massachusetts, February 1, 2019. Available at [https://www.mass.gov/files/documents/2019/02/01/BULLETIN%202019-01%20%28Prescriptions-Underwriting%29\\_0.pdf](https://www.mass.gov/files/documents/2019/02/01/BULLETIN%202019-01%20%28Prescriptions-Underwriting%29_0.pdf)

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With the amendments proposed by the AMA, this also will address important updates needed to the NCOIL Best Practices to Address Opioid Abuse, Misuse & Diversion,<sup>3</sup> which now are nearly five years old, but still reflect NCOIL's leadership in identifying many promising policy initiatives to help reverse the nation's opioid epidemic.

The AMA appreciates the opportunity to provide these comments, and if you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at [daniel.blaney-koen@ama-assn.org](mailto:daniel.blaney-koen@ama-assn.org) or (312) 464-4954.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: Assemblywoman Pam Hunter (NY)  
Thomas B. Considine, NCOIL CEO  
William Melofchik, NCOIL Legislative Director

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<sup>3</sup> NCOIL Best Practices To Address Opioid Abuse, Misuse & Diversion. Originally adopted November 24, 2013, updated July 13, 2014. Available at <http://ncoil.org/wp-content/uploads/2016/04/07192014NCOILOpioidBestPracticesEXPANDED-1.pdf>