Mental health and substance use disorder parity

Daniel Blaney-Koen, JD
Senior Attorney
American Medical Association

The big picture

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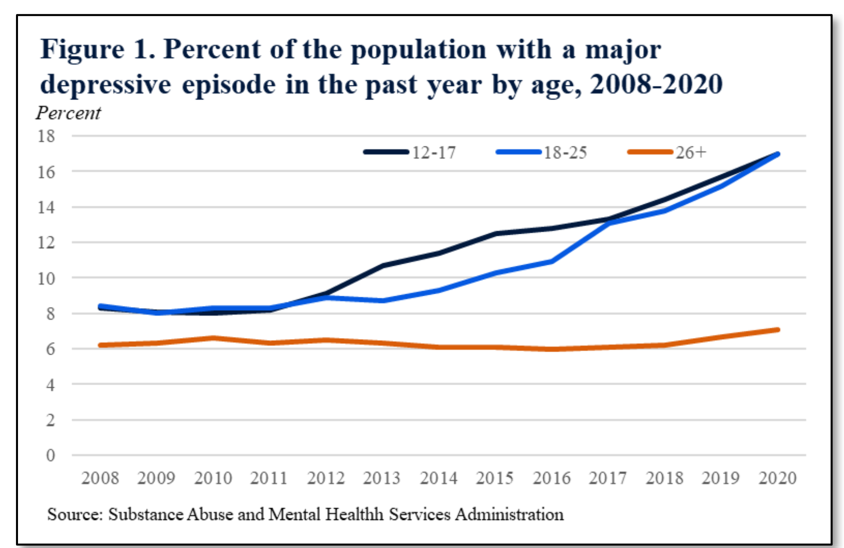
The pandemic's effects on mental health

- Nearly 50% of women, 33% of men reported worsening mental health since the beginning of the pandemic
- Nearly 50% of young adults reported symptoms of depression
- Women with children, Hispanic and Black people, the unemployed, and essential workers have been more likely to report mental health issues during the pandemic than the general population.



https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

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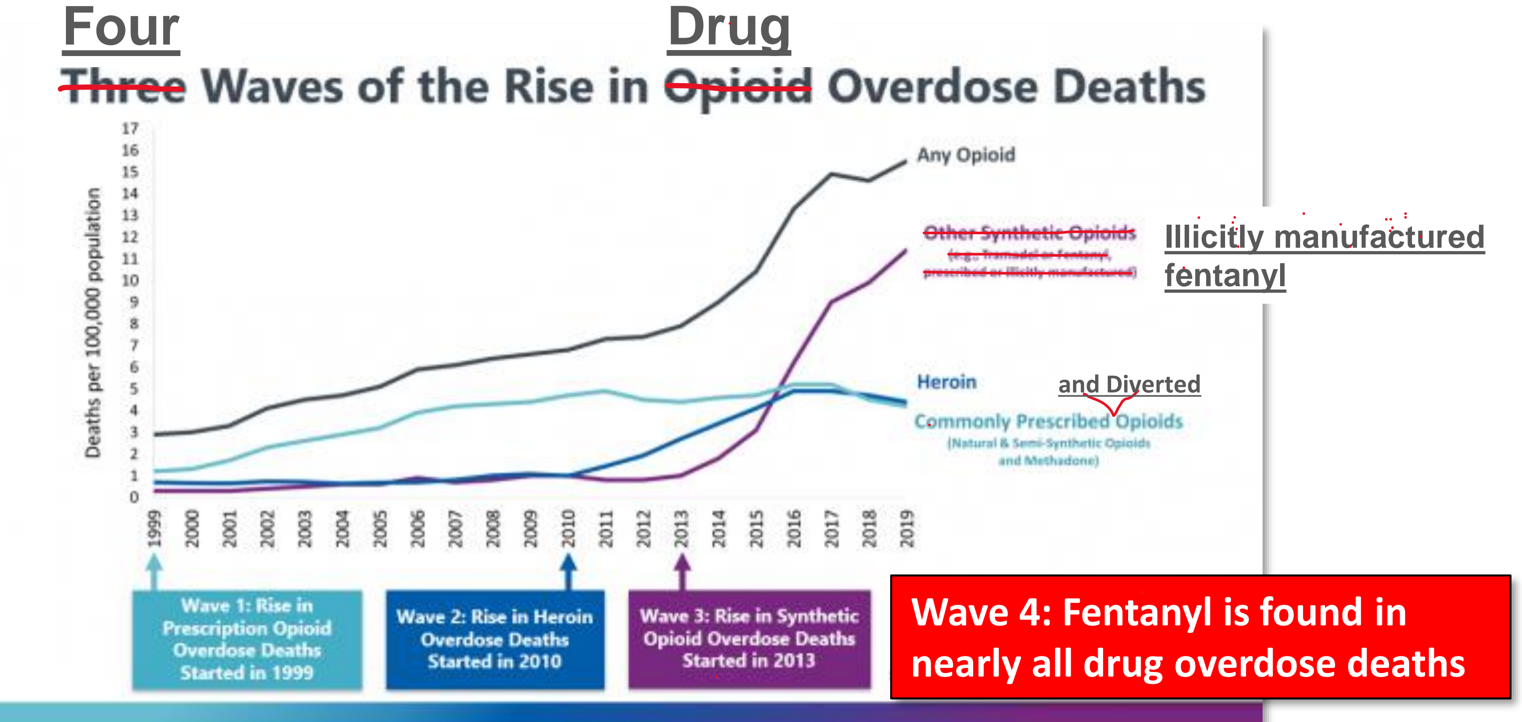
The nation's overdose and death epidemic



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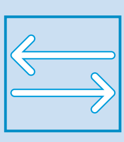
Mental Health & Substance Use Disorder Parity

Simple concept:

Insurance coverage for mental health and addiction treatment should be no more restrictive than coverage for other conditions

Harsh truth:

Achieving MH/SUD parity has proven elusive



Actions needed:

Continued state legislative improvements, payer compliance and meaningful regulatory enforcement

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The big picture:
Removing barriers to MH/SUD care is sorely needed

Medications to treat opioid use disorder are the gold standard,[17] but too few individuals receive it.

Did not receive substance use treatment or mental health services in past Year: among people aged 12+[18]

	No treatment	
Substance Use Disorder (SUD) 12+	93.5%	40.3M
Any Mental Illness (AMI) 18+	53.8%	52.9M

Year	Buprenorphine prescriptions dispensed from retail pharmacy[1]
2017	14,115,168
2018	15,617,470
2019	16,808,528
2020	17,461,686
2021	17,738,055

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Specific parity-focused issues for SUDs

Prior authorization

- Patients denied at the pharmacy counter for buprenorphine are at increased risk of return to use
- Physicians regularly required to submit multiple prior authorizations for MOUD and ASAM-criteria recommendations

Step therapy and fail first

- Physicians report seeing benefits to higher doses of buprenorphine for patients with high fentanyl use
- Requiring lower doses to fail first raises risk of overdose and death

Network adequacy

- If a payer is not specifically measuring which physicians in-network are currently prescribing/providing buprenorphine and/or methadone for OUD, there is no way to determine SUD network adequacy
- Pharmacy networks/formularies must be reviewed to ensure continuity of care

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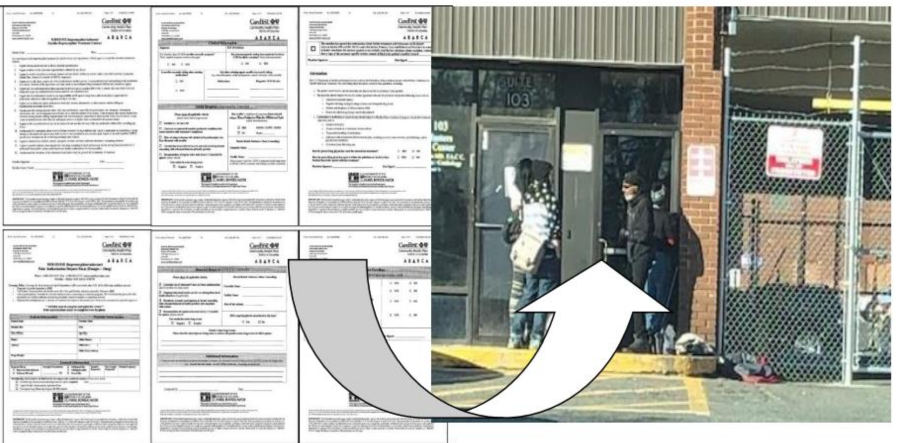

It is far easier to buy fentanyl outside of my office just 2 miles from the U.S. Capital than to get a legitimate buprenorphine prescription.

https://nihcm.org/assets/articles/WAYS_Testimony-of-Edwin-C-Chapman-MD_03.02.2022.pdf

"one patient denied access [to buprenorphine] at the pharmacy counter on a Friday afternoon told [his care manager] he resorted to buying the drug on the street, where he risked ending up with deadly fentanyl-laced pills, because he feared experiencing withdrawal symptoms over the weekend as he waited for coverage approval."

https://www.washingtonpost.com/dc-md-va/2023/05/28/dc-prior-authorization-reform/

Prior authorization (PA) requirements for buprenorphine are associated with lower provision of the medication for the treatment of opioid use disorder (OUD). While Medicare plans have eliminated PA requirements for buprenorphine, many Medicaid plans continue to require them.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2806100#:~:text=Importance%20Prior%20authorization%20(PA)%20requirements,plans%20continue%20to%20require%20them.

New Jersey's Medicaid reforms spurred increases in buprenorphine prescriptions to combat opioid addiction

- Removed prior authorization for buprenorphine prescriptions
- Increased reimbursement rates for in-office addiction treatment
- Established regional centers of excellence for addiction treatment
- Post-reforms, the rate of growth increased by 36 percent and continued

https://www.news-medical.net/news/20230519/New-Jerseys-Medicaid-reforms-spurred-increases-in-buprenorphine-prescriptions-to-combat-opioid-addiction.aspx

"The fact that you have to fight with these insurance companies and jump through a thousand different hoops – it can be a matter of life and death."

https://www.cincinnati.com/story/news/2016/09/24/when-insurers-deny-treatment-drug-addiction/86176136/

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Types of Violations Found

- Limitation or exclusion of applied behavior analysis therapy or other services to treat autism spectrum disorder
- Billing requirements – licensed MH/SUD providers can bill the plan only through specific types of other providers
- Limitation or exclusion of medications for opioid use disorder
- Preauthorization or precertification
- Limitation or exclusion of nutritional counseling for MH/SUD conditions
- Provider experience requirement beyond licensure
- Care manager or specific supervision requirement for MH/SUD

- Exclusion or limitation on residential care or partial hospitalization to treat MH/SUD conditions
- "Effective treatment" requirement applicable only to SUD benefits
- Treatment plan requirement
- Employee assistance program referral requirement
- Exclusion of care for chronic MH/SUD conditions
- Exclusion of speech therapy to treat MH/SUD conditions
- Concurrent care and discharge planning requirements
- Failure to use ASAM criteria as required by statute

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Quick look at Illinois and Colorado

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Removing barriers to MH/SUD care is sorely needed—and so is enforcement

2022 MHPAEA Report to Congress

Secretary Martin J. Walsh
Department of Labor

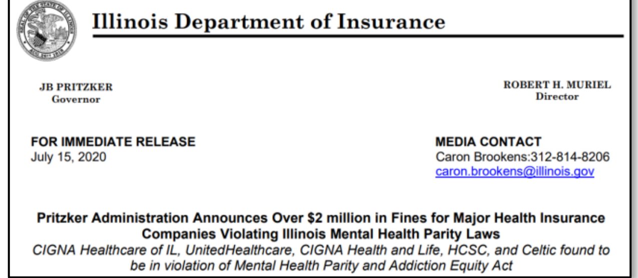
Secretary Xavier Becerra
Department of Health & Human Services

Secretary Janet L. Yellen
Department of the Treasury

Realizing Parity, Reducing Stigma, and Raising Awareness:
Increasing Access to Mental Health and Substance Use Disorder Coverage

https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf

Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act
https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans


Illinois Department of Insurance

JB PRITZKER
Governor

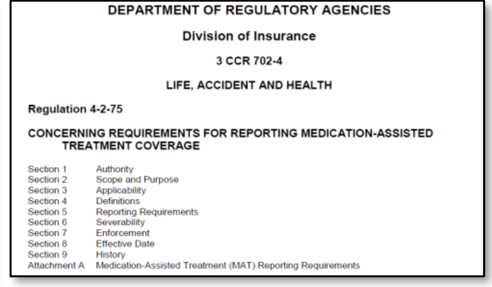
ROBERT H. MURIEL
Director

FOR IMMEDIATE RELEASE
July 15, 2020

MEDIA CONTACT
Caron Brookens:312-814-8206
caron.brookens@illinois.gov

Pritzker Administration Announces Over $2 million in Fines for Major Health Insurance Companies Violating Illinois Mental Health Parity Laws
CIGNA Healthcare of IL, UnitedHealthcare, CIGNA Health and Life, HCSC, and Celtic found to be in violation of Mental Health Parity and Addiction Equity Act

https://gov.illinois.gov/newsroom/press-release.21819.html


DEPARTMENT OF REGULATORY AGENCIES
Division of Insurance
3 CCR 702-4
LIFE, ACCIDENT AND HEALTH

Regulation 4-2-75

CONCERNING REQUIREMENTS FOR REPORTING MEDICATION-ASSISTED TREATMENT COVERAGE

Section 1	Authority
Section 2	Scope and Purpose
Section 3	Applicability
Section 4	Definitions
Section 5	Reporting Requirements
Section 6	Severability
Section 7	Enforcement
Section 8	Effective Date
Section 9	History
Attachment A	Medication-Assisted Treatment (MAT) Reporting Requirements

Cigna

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM
CONTAINS CONFIDENTIAL PATIENT INFORMATION
Complete this form in its entirety and send to:
Phone: (800) 882-4462 Fax: (855) 840-1678

As of January 1, 2020, no prior authorization requirements may be imposed by a carrier for any FDA-approved prescription medications on its formulary which is approved to treat substance use disorders.

Urgent [1]	Non-Urgent			
Requested Drug Name:				
Is this drug intended to treat opioid dependence?	Yes		No	
If **Yes**, is this a first request within a 12 month period for prior authorization for this drug? * If Yes, prior authorization is not required for a 5-day supply of any FDA-approved drug for the treatment of opioid dependence and there is no need to complete this form. *If No, as of January 1, 2020, a prior authorization is not required for prescription medications on the carrier's formulary and there is no need to complete this form.	Yes*		No*	

State of New York
Office of the Attorney General

Eric T. Schneiderman
Attorney General

Division of Social Justice
Health Care Bureau

October 19, 2016

VIA U.S. MAIL AND ELECTRONIC MAIL

Ed Potanka
Vice President and Chief Counsel
Cigna
900 Cottage Grove Road
Routing B6LPA
Harford, CT 06002

Re: **Cigna – Prior Authorization for Medication-Assisted Treatment Medications for Opioid Use Disorder**

Dear Mr. Potanka:

This letter will serve to memorialize Cigna's commitment to voluntarily remove prior authorization for Medication-Assisted Treatment ("MAT") medications, a proven effective treatment for opioid use disorder, as specified below.

https://ag.ny.gov/sites/default/files/ny_oag_-_cigna_mat_letter_agreement_101916.pdf

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Physicians' powerful ally in patient care

IL Dept. of Insurance fines Celtic $1.25M

- Failed to use American Society of Addiction Medicine (ASAM) medical necessity criteria for substance use disorder benefit determinations.
- Blanket prior authorizations for SUD treatment but not in place of other medical care
- Prior authorization in place for ADHD medications, antidepressants, antipsychotics, SUD medications that were much more restrictive than those in place for other medications
- Placed commonly prescribed mental health medications on non-preferred formulary tiers (didn’t do this for commonly prescribed medical medications)
- Placed quantity limits on numerous mental health and SUD medications in more restrictive fashion than how quantity limits were used for other medications

Specific medications listed by IL DOI

Created consumer access barriers (prior authorization)

ADHD medications, anti-depressants, antipsychotics, flumazenil (treats drug overdose), Vivitrol (helps prevent relapse into drug or alcohol abuse), Lucemyra (alleviates opioid withdrawal symptoms), buprenorphine/ naloxone tablets, buprenorphine tablets for pregnancy, and Fetzima/Trintellix/Viibryd (antidepressants).

Created a quantity limitation barrier

- Anti-Anxiety, Antipsychotic, Risperidone TBDP (schizophrenia treatment), Smoking Cessation Medications, Evzio (overdose treatment), Latuda (schizophrenia treatment), probuphine and sublocade (addiction treatment medications similar to buprenorphine), buprenorphine/naloxone/suboxone films, and HIV/AID medications.

Placed certain commonly prescribed medications on non-preferred medication tiers or non-formulary

- ADHD medication, antidepressant medications, and substance abuse medications-Antabuse, Zyban, and Suboxone films.

Enforcement examples in Colorado

Colorado Insurance Regulation 4-2-75 requires plans to submit information on the following:

- The number of MAT providers by county, the number of providers that can prescribe methadone for the treatment of OUD, and the number of providers with a federal waiver to prescribe buprenorphine for the treatment of OUD;
- The number of SUD and opioid treatment programs (OTP) in the network;
- The total number of prescriptions filled by unique enrollees; and
- A detailed description of the carrier's efforts to ensure sufficient capacity for and access to MAT for SUD and OUD, including prior authorization and step therapy requirements, prescription drug coverage and formulary tiering, provider recruitment and retention strategies, utilization management protocols, and a description of evidentiary standards used in claims review.

Under MHPAEA, if a plan or issuer that offers medical/surgical and mental health and SUD benefits impose "financial requirements," such as deductibles, copayments, coinsurance and out of pocket limitations, the financial requirements applicable to MH/SUD benefits can be no more restrictive than the "predominant" financial requirements applied to "substantially all" medical/surgical benefits. --- In its June 2022 report, the CO DOI found 13/19 plans failed

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What level of formulary review is necessary?

Company	Formulary review
Company A	**Per formulary review, places the following quantity limits or utilization management requirements on MOUD:** • **Buprenorphine hcl-Naloxone hcl sublingual film 12-3 mg: 60 film per 25 days** • **Buprenorphine hcl-Naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg: 90 film per 25 days** • **Buprenorphine hcl-Naloxone hcl sublingual tablets 2-0.5 mg, 8-2 mg: 90 tablets per 25 days** • **Zubsolv sublingual tablet 0.7-0.18 mg, 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg: 90 tablets per 25 days** • **Zubsolv sublingual tablet 11.4-2.9 mg: 30 tablets per 25 days** • **Zubsolv sublingual tablet 8.6-2.1 mg: 60 tablets per 25 days** • **Methadone hcl oral concentrate 10 mg/ml: 30 ML per 25 days** • **Methadone HCL oral solution 10 mg/5 ml: step therapy, 300 ML per 25 days** • **Methadone HCL oral solution 5 mg/5 ml: step therapy, 450 ML per 25 days** • **Methadone HCl oral tablet 10 mg: step therapy, 60 tablets per 25 days** • **Methadone Hcl oral tablet 5 mg: step therapy, 90 tablets per 5 days** • **Methadone Hcl oral tablet soluble 40 mg: 9 tablets per 25 days** • **Methadose oral concentrate 10 mg/ml: 30 ml per 25 days** • **Methadose sugar-free oral concentrate 10 mg/ml: 30 ml per 25 days** • **Belbuca buccal film 150 mcg, 300 mcg, 450 mcg, 75 mcg: step therapy, 60 films per 25 days** • **Belbuca buccal film 600 mcg, 750 mcg, 900 mcg: step therapy** • **Buprenorphine Hcl sublingual tablet sublingual 2 mg, 8 mg: 90 tablets per 25 days** • **Buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr: step therapy, 4 patch weekly per 25 days**
Company B	**Self-attested that formulary doesn’t include all FDA-approved medications for treatment of OUD, SUD, AUD, and nicotine dependence.** **Per formulary review, places the following quantity limits or utilization management requirements on MOUD:** • Buprenorphine Hcl injection solution 0.3 mg/ml: prior authorization required • Buprenorphine hcl-Naloxone hcl sublingual film 12-3 mg, 8-2 mg: 60 film per 25 days • Buprenorphine hcl-Naloxone hcl sublingual film 2-0.5 mg, 4-1 mg: 90 film per 25 days • Buprenorphine hcl-Naloxone hcl sublingual tablets 2-0.5 mg, 8-2 mg: 90 tablets per 25 days • Methadone HCl oral tablet 10 mg: 240 tablets per 30 days • Methadone Hcl oral tablet soluble 40 mg: 9 tablets per 30 days • Methadone oral tablet soluble 40 mg: 9 tablets per 30 days

care

Questions?

Daniel Blaney-Koen, JD
Senior Attorney
Advocacy Resource Center
daniel.blaney-koen@ama-assn.org

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