

Insurance and Real Estate Committee HOUSE FAVORABLE REPORT

Bill No.: HB-5254

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR MEDICATION-

Title: ASSISTED TREATMENT FOR OPIOID USE DISORDER.

Vote Date: 3/10/2020

Vote Action: JOINT FAVORABLE

PH Date: 2/27/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will require health insurance coverage for medication-assisted treatment for opioid use disorder.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Kimberly Beauregard, LCSW, President/CEO, InterCommunity Inc stated their goal is to safely detox clients from alcohol and/or drugs and to provide education and motivation to referral. Despite the increased attention to opioid overdoses, according to the Chief Medical Examiner Connecticut accidental intoxication deaths jumped 18% to hit a record high 1,200 in 2019. Unfortunately, too many residents are not getting the services they need in a timely manner. Providing additional coverage for these necessary services will provide more people with opportunities to get the necessary treatment.

Sheila Cooperman, MD, President, CT Psychiatric Society stated Connecticut remains in the midst of an opiate crisis with more than 1,000 deaths this last year due to opiate overdoses. There is evidence based on treatment available for those struggling with an opiate use disorder. The Federal Drug Administration has approved 3 medications that in combination with counseling have been shown to help people gain better control over their life while they focus on their recovery. These medications, Methadone, Naltrexone and

Buprenorphine, have been shown to decrease cravings for opiates and at the correct dose, allow continued mental and physical functioning. Furthermore, it does not change who they are as a person or affect their IQ. Although Medicaid and some private insurance prescription plans cover the cost of some formulations of Buprenorphine, the film form is not covered by all insurers. This consists of a thin film that patients can place under their tongues, which dissolves and delivers the medication. The pill form often is substituted as it is less expensive. But is the opinion of some Addiction Psychiatrists that this form is more easily diverted. This is problematic for two reasons: 1. A number of physicians are reluctant to prescribe Buprenorphine as they are concerned about diversion. 2. Many patients are more likely to comply if they receive a certain medication in a format that they are comfortable with and that can use in a manner that makes it easier to conduct their lives.

Kathleen Flaherty, Esq., Executive Director, CT Legal Rights Project, Inc. this legislature passed, on a bipartisan basis, legislation aimed at ensuring health insurers treat mental health conditions the same way any other health conditions are treated. That mental health parity law is now effective. This bill will simply ensure that insurers subject to regulation by the State of CT cover these behavioral health services.

Kelly McConney Moore, Policy Counsel, American Civil Liberties Union of CT expressed that Connecticut is currently in the midst of an opioid epidemic which is worsening, not improving. Connecticut residents are more likely to die from unintentional drug overdose than a motor vehicle accident. We need to respond with public health and epidemic responses to combat the rising number of deaths. House Bill 5254 recognizes that drug use and addiction disorders are, indeed, health concerns, rather than criminal problems, and require them to be addressed as such by health insurers. Community-based solutions often cost far less, and they use strategies that work, including individualized treatment plans with, long-term counseling and support with public health and epidemic responses to combat the rising number of deaths.

Ben Shaiken, Manager Advocacy & Public Policy, The Alliance stated MAT uses FDA-approved medications to treat Opioid Use Disorder. There are three drugs that are FDA-approved: Methadone, Buprenorphine (commonly known as Suboxone) and Naltrexone (commonly known as Vivitrol). In study after study, MAT is shown to reduce illicit opioid use and improve retention in opioid treatment. Simply put: MAT saves lives in Connecticut every single day. The three different medications act and are administered differently. In most cases, Methadone is dispensed at a clinic every day, while Buprenorphine and Naltrexone are prescribed by a doctor or APRN and can be long-acting injectable medications. Many providers of substance abuse services offer all three medications, and people in recovery should have the ability to choose which medication is right for them.

Opioid overdose deaths in Connecticut increased 20% in 2019. Now is the time to expand access to treatment, as H.B. 5254 would do. Because the three medications are so different, and because access to them can mean the difference between life and death, they should not be subject to prior authorization or step therapy.

The following individuals expressed strong support for this bill saying this is one of the most successful ways to help those recovering from addiction:

Ronald Abell
Sally Arbott

Anna Assad
Annie Atwood
Nicole Baier
Aleska Bembnista
Rhiannon Benedetto
Tammy Binnette
Linda Bishop
Michele Brabant
Jennifer Bradshaw
Julianne Bregler
Deborah Brown
Colleen Buckley
Barbara Bunk, PhD CPA
Jennifer Cederberg
Shah Chirayu
Aprille Coutts
Sharon Dean
Terri-Lynne DeFino
Matt DeSimone
Emily Dionne
Traci Eburg
Emily Elander
Melissa Florio
AnnaMarie Fraioli
Allie Frano
Heather Franklin
Cynthia Fusco
Evan Gale, MD
Mihirkumar Gosrani
Melissa Grandinetti
Michael Grube
Morgan Grube
Nicole Grube
Brianna Herbest
DelVina Herbest
Thomas Herr
Cheryl Hill
Julie Hulse
Alyssa Kassimis
Christopher Keeler
Jennifer Kelley
Jennifer Kocenko
Lynn Kovack
Tracey Kurjiaka
Patrice Lago, RN EMT
Sandra Lasher-Pelton
Susan Leonard
Lindsey Foolsby
Tiffani Little

Strongbow Lone Eagle
Mandi MacDonald
Frank Manni
Scott Martin
Mariah Martirano
Erin Mccauley
Ann Metzger
Rebecca Miller
Patrick Mitchell
Anthony Morrissey
Rachel Morrissey
Heidi Norcross
Michelle Palermo
Amy Plude
Elizabeth Poller
Sachs Randi
Hailey Ranson
Cathy Renzulli Valente
Ted Roman
Terry Sachs
Cynthia Samokar
Joy Scozzafava
Alison Sherman
Makayla Showalter
Melissa Silva
Cathy Somer
Destiney Stackhouse
Leanne Pinedo Swanson
Nadine Tannous
Amanda Tarallo
Tyler Ulisse
Austin Ulisse
Noami Ulisse
Casey Villa
Miranda Villa
Brittany Waldron
Danielle Walker
Donovan Ward
Margaret Watt
Steven Wolf, MD, FACEP
Patricia Zelno

NATURE AND SOURCES OF OPPOSITION:

CT Association of Health Plans stated in the face of the growing opioid epidemic, health insurance carriers have actively worked to provide expanded access to substance use disorder treatment by eliminating copays for Narcan and by developing programs to ensure early identification of inappropriate opioid prescription and potentially life-threatening drug

interaction and opioid misuse and abuse. The carriers have worked with providers and digital technology companies to enhance access to Medication Assisted Treatment developing programs to better equip primary care providers with the necessary resources, focusing on non-opioid pain management strategies and removing prior authorization for most FDA approved forms of Medication Assisted Treatment.

Given the depth of the initiatives already underway, we would advise against putting in place a statutory mandate as the standard of care may change with time.

Michelle Rakebrand, Asst Counsel, CBIA stated Mandates drive up costs because with each new requirement, insurers must expand coverage to include additional services or devices. This in turn increases the cost of health insurance premiums, and those increases are passed directly onto enrollees. Each year, Connecticut residents pay an additional \$2,085.48 in premium costs because of the 68 health benefit mandates that are codified in our state's statutes. These increases are especially detrimental to small employers (defined as under 50 FTE), who are not required to offer health insurance pursuant to the Affordable Care Act, but choose to do so.

Reported by: Diane Kubeck

Date: April 27, 2020