



Spotlight on Pennsylvania

Leading edge practices and next steps in reversing the opioid epidemic

The [American Medical Association \(AMA\)](#), [Pennsylvania Medical Society \(PAMED\)](#), and [Manatt Health](#) conducted an in-depth analysis of Pennsylvania's responses to the opioid epidemic to identify best practices and identify next steps to help end the opioid epidemic. This document provides the full range of recommendations and key next steps for the Commonwealth.

The full analysis is available at www.end-opioid-epidemic.org/pennspotlight

RECOMMENDATIONS FOR THE COMMONWEALTH

Increasing access to high-quality, evidence-based medical care for substance use disorders

- Continue refining the tools used in market conduct examinations to produce in-depth analyses of insurers' compliance with network adequacy and mental health and SUD parity legal obligations, with appropriate enforcement actions, including re-examinations, to ensure compliance with examination findings.
- Work with the medical and health care community at-large to better understand barriers to providing care, including the role that stigma plays.
- Continue to build out the hub-and-spoke infrastructure, including additional funding and other mechanisms necessary to enhance access to SUD care in Medicaid.
- Continue to identify and remove barriers causing workforce shortages, remove stigma, and enhance incentives for the delivery of evidence-based medical care, including MAT.
- Expand efforts in emergency departments and with law enforcement to link efforts to coordinate patients' access to high-quality medical care; partner with the medical and health care community to share screening resources throughout the Commonwealth.
- Further expand SUD providers offering MAT and reduce stigma. Encourage or even require as a condition of receiving funding, as the city of Philadelphia has done, SUD providers to provide or facilitate access to MAT.
- Assess barriers among physicians to providing SUD services. Partner with the AMA and the Pennsylvania Medical Society on outreach to physicians to identify barriers to providing SUD services, including the role that stigma plays.
- Expand mental health and SUD parity enforcement. Build on existing market conduct exams to identify systematic gaps and enforce mental health and SUD parity requirements for all insurance coverage.

Enhancing access to comprehensive, multimodal pain care

- State officials should consider a detailed review of clinical outcomes for pain care, including opioid dependence, patient function, availability of non-opioid alternatives, and key utilization factors (e.g., hospitalization, overdose) to help guide further evolution of state's program.
- Evaluate insurer and state policies to enhance access to non-opioid pain care while simultaneously encouraging reductions in opioid prescribing. Such evaluation should focus on patient outcomes and opioid-related harms, including whether patients are turning to nonmedical forms of pain relief.
- Require commercial insurers to post their formularies online, with clear designation of commonly used non-opioid pain alternatives, including nonpharmacologic options. Ensure that formularies do not violate benefit design discrimination standards by, for example, limiting the availability of non-opioid alternatives on low-cost-sharing tiers or applying unreasonable prior authorization and step therapy requirements that will delay, deny or deter access to them.
- Conduct a thorough review of how patients access comprehensive pain care services, including formulary and benefit design and provider experiences. This will require Pennsylvania to work closely with the medical and health professional community as well as with insurers and employers.
- Expand coverage of alternative pain management. Work with commercial insurers to offer a full array of alternative pain management options, including non-opioid medications, behavioral health, and other alternative services. Ensure that these options are readily available and affordable by eliminating or easing prior authorization requirements and reducing cost sharing.
- Identify strategies to increase use of alternative pain management among providers. Partner with the AMA and Pennsylvania Medical Society to identify barriers to non-opioid medications and services.

Increasing access to naloxone

- Addressing stocking issues. Conduct active review, such as through audits or "secret shopper" surveys, of the extent to which Pennsylvania residents can fill naloxone prescriptions at their local pharmacy.
- Promote co-prescribing in the commercial market. The AMA and Pennsylvania Medical Society are eager to work with the Commonwealth to continue to educate physicians about co-prescribing naloxone to patients at risk of overdose.

Evaluate current policies and implementation of new programs

- Systemic review of the effectiveness of policy interventions. Work with foundations, local universities or internal state resources to systematically evaluate which state policies are working as intended, how the policies work together, their impact(s) on patients, and what additional action(s) may be required, including reevaluating policies that may be having unintended consequences.
- Expand data in dashboard beyond Medicaid. Currently, the dashboard does not include data from commercial insurers; adding such data, if feasible to collect, could provide a more comprehensive portrait of the epidemic.