



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 analysis, available at, www.end-opioid-epidemic.org/pennspotlight, focused on three main areas:

1. Increasing access to high-quality, evidence-based care for substance use disorders
2. Providing comprehensive care to patients with pain
3. Enhancing access to naloxone

WHERE THE COMMONWEALTH IS SUCCEEDING

- **COMPREHENSIVE SUPPORT FOR MAT:** Pennsylvania has adopted multiple measures to increase access to medication assisted treatment (MAT) for substance use disorders, considered essential for evidence-based treatment. These include eliminating prior authorization requirements for MAT and establishing 45 Centers of Excellence across the state to expand access to MAT, including mental and behavioral health care services.
- **COMPREHENSIVE NALOXONE ACCESS:** A statewide standing order and stakeholder support for increased naloxone access has helped save lives from overdose.
- **ENFORCEMENT OF PARITY LAWS:** The Pennsylvania Insurance Department is actively reviewing benefit packages, prior authorization policies, and cost-sharing obligations to enforce mental health and parity laws. The PID found significant parity violations in a market conduct exam and is in the process of completing exams on all leading insurers.
- **MEDICALLY-BASED OVERSIGHT FOR MEDICAID PATIENTS:** The Commonwealth also combined medical opioid therapy with expanded access to non-opioid pain management strategies in Medicaid, including coverage of non-opioid prescription medications as well as alternative therapies, such as physical therapy, occupational therapy and behavioral health services.

On Oct. 12, 2018, Pennsylvania announced that all major insurers agreed to eliminate prior authorization for at least one buprenorphine product, methadone and naltrexone, and cover those medications at the lowest patient cost sharing tier on the pharmacy benefit.

If payers in Pennsylvania agree that there is no valid reason to prior auth MAT, what are payers in your state waiting for?

NEXT STEPS AND RECOMMENDATIONS

Pennsylvania has been hit hard by the opioid epidemic with prescription opioid-related overdose growing in the early 2000s and more recently, high volumes of heroin and fentanyl coursing through the Commonwealth. The challenges faced by the Commonwealth make for an ideal case study of how strong leadership can make a difference—even if the fight is not over yet.



**Further expand
MAT treatment
workforce**



**Remove barriers
to high-quality,
evidence-based
SUD services**



**Enhance
comprehensive
pain care, non-
opioid alternatives**



**Strengthen
mental health
and SUD parity
enforcement**



**Remove stigma
associated with
MAT**

- 1. Strengthen mental health and SUD parity enforcement** through refinement of tools used for market conduct examinations to produce in-depth analyses of health insurers' compliance with network adequacy and mental health and substance use disorder parity legal obligations.
- 2. Expand efforts in emergency departments and law enforcement** to link efforts to coordinate patients' access to high quality, evidence-based treatment for SUD; partner with the medical and health care community to identify and remove barriers to treatment throughout the Commonwealth.
- 3. 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, function and opioid-related harms, including whether patients are turning to non-medical forms of pain relief.
- 4. Require commercial insurers to post their formularies online**, with clear designation of commonly used non-opioid pain alternatives, including non-pharmacologic 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 for accessing them.
- 5. Promote co-prescribing of naloxone to patients at risk of overdose.** 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.

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