MAHP
MASSACHUSETTS ASSOCIATION of HEALTH PLANS

August 26, 2015

John Rosenthal, Chairman
Police Assisted Addiction Recovery Initiative
One Bridge Street, Suite 300
Newton, MA 02458

Dear John:

On behalf of the Massachusetts Association of Health Plans (MAHP), which represents 17 health plans that provide coverage to approximately 2.6 million Massachusetts residents, I am writing to thank you, Chief Campanello, Dr. Rosenbloom, and Matt O'Neill for taking the time to meet with our members and MAHP staff recently and your follow up letter. We appreciated discussing with you the Police Assisted Addiction Recovery Initiative (PAARI) and potential collaborative opportunities between health plans and PAARI to address the opioid addiction crisis.

We commend you, Chief Campanello and the entire PAARI team for the steps you have taken in Gloucester to help individuals access appropriate treatment for opioid addiction rather than using traditional law enforcement tools typically used for those with this affliction. Like you, MAHP members believe that opioid addiction is a chronic disease that needs ongoing care and support. We share your interest in removing the stigma associated with this addiction along with working to remove the stigma and barriers associated with some evidence based treatments, such as methadone maintenance and buprenorphine (Suboxone and similar medications), that are proven to be clinically effective for this addiction. Our member health plans are committed to working with you and others to ensure that all residents of the Commonwealth who need opioid addiction treatment are able to get the care they need and, with you, we hope to educate the public about this disease and effective treatment options.

Our member health plans are consistently rated the country's best for clinical quality and member satisfaction as reported by the National Committee for Quality Assurance and cover a wide range of services for substance abuse and chemical dependency issues. Our plans integrate mental health and substance abuse, medical care and pharmacy services to meet the specific needs of our members and follow nationally recognized evidence-based clinical guidelines as established by the American Society of Addiction Medicine (ASAM). In addition to covering inpatient and outpatient treatments, as well as Medication Assisted Treatment (MAT), such as Suboxone (buprenorphine) and Vivitrol (naltrexone extended release), effective July 1 of this year, all of our plans now voluntarily cover methadone, another important and effective treatment option that has traditionally been supported by public funding.

Your follow up letter discussed the need to make Narcan more widely available and all of our member plans provide coverage for it and permit co-prescribing with prescription opioids, when requested. We share the concern about high prices for Narcan that can make it difficult for public programs and families to afford this life-saving drug, particularly in light of recent sharp price increases despite the fact that it has been available in generic form for several decades. Perhaps we can stand together in calling on drug manufacturers to recognize the urgency of affordability for this drug and stop these steep price increases.

We are committed to helping to alleviate the addiction crisis and our member health plans have taken a number of steps to improve access to services to treat opioid addiction and to increase education around evidenced-based treatment. For example, each of our member health plans has implemented initiatives over the years to limit the quantity of opioids prescribed by physicians. Such programs include limits to the number of pills prescribed and implementing prior authorization requirements in order to help control access to both long- and short-acting opioids. In addition, many MAHP member health plans have implemented so-called pharmacy "lock-in" programs that, following identification by the health plan of a member that may be seeking to fill prescriptions by multiple providers at multiple pharmacies, locks the member into a single pharmacy and single prescriber for filling such prescriptions. MassHealth has begun to allow for a similar prescriber lock-in.

While MAHP member plans continue to develop and implement strategies to deal with the opioid epidemic, there are a number of additional areas where we may work together to strengthen the entire system to combat this crisis and are prepared to work with you on the following efforts:

1. **Assistance in Finding Placement & Treatment**
   One of the challenges that health plans face that inhibits our ability to assist providers in making placement into appropriate treatment is that they often are not notified by providers when they have evaluated a member in crisis and are having difficulty placing the member in the appropriate level of care. PAARI is in a unique position to help identify these individuals requesting substance use services. The plans are prepared to assist individuals who present in crisis through the PAARI initiative.

   In partnership with PAARI, our members will commit to providing contact information for your staff to utilize and our plans will be available to provide assistance to your staff to facilitate clinical assessment and directing individuals needing care to the appropriate treatment setting. Outside of normal business hours, our member health plans and their behavioral health partners have call lines available on a 24-hour per day, seven (7)-day per week basis, (including holidays), for assistance with crisis services and appropriate referral for treatment.

   While it is not the health plan's role to conduct clinical assessments of individuals in crisis, many of our member health plans work with Emergency Service Providers (ESPs) to provide such assessments. ESPs provide on-site and mobile assessment, crisis intervention services and facilitate appropriate treatment referrals. These services can also be utilized by your staff, onsite at the police station, or other locations upon request. Our member health plans

individually or through their behavioral health partners are committed to making call lines available on a 24-hour basis and to utilize ESPs to make an evaluation at the police station or other location to facilitate care to the most appropriate setting. We can work with you in the coming days relative to the integration of ESPs and health plan staff into your program to assist you with placement issues as they arise.

Once individuals have been placed in the appropriate clinical setting, MAHP member health plans have a variety of care management and intensive case management programs available to support members with addiction. These programs are designed to increase engagement in and adherence to treatment, aftercare and alternative levels of care to prevent unnecessary readmissions or relapses. The programs focus on creating individualized service plans that:

- Provide assistance with attendance at mental health, substance abuse and medical appointments;
- Support adherence to the member's treatment plan;
- Build and support links to peers and natural supports;
- Assist with obtaining benefits, housing, and community services;
- Provide education and assistance with skill building, recovery and rehabilitation;
- Develop crisis prevention plans; and
- Promote wellness and recovery.

In order to ensure that individuals will have continuity of care, and follow up with case management available through MAHP plans, we would ask that you partner with us to support our efforts to encourage clinician-to-clinician conversations about appropriate levels of care from the initial encounter all the way through discharge planning and ongoing care. The use of ESPs at the first encounter would go a long way to encourage these conversations.

2. **Promote Evidence Based Practice and Compliance with National Guidelines**

As you are aware, the state's Substance Abuse Law (Chapter 258 of the Acts of 2014) takes effect on October 1. The law prohibits prior authorization, requiring notification of an admission by providers within 48 hours, and permits patients to receive up to 14 consecutive days of acute care and clinical stabilization services. Nationally accepted criteria establish that each patient is different in terms of their individualized treatment needs and the highest level of intensity is not always the best option. Unfortunately, not all services are offered to members at all facilities. Health plans' prior authorization and utilization management protocols were intended to ensure that the right care is provided at the right time and in the right setting.

The prohibition on prior authorization and restrictions on utilization management makes it critically important that providers understand that the level of service and interventions they recommend align with nationally-recognized, evidence based standards that have been shown to be effective for the treatment of opioid addiction. These include criteria and standards that ASAM and the Substance Abuse and Mental Health Services Administration (SAMHSA) have developed. For example, SAMHSA strongly encourages states to require that treatment facilities providing clinical care to those with substance use disorders be required to either have the capacity and staff expertise to use medication assisted treatment or have collaborative relationships with other providers such that MAT can be accessed as clinically

indicated for patient need. We would also ask for your partnership in ensuring that providers and facilities are monitored for compliance with best practices, including treatment and discharge planning. More importantly, facilities and programs should be assessed based on a common set of outcome measures. Results of these measures should be available to the public to support their treatment decisions. In addition, facilities and programs should be held responsible for making public the treatment modalities they provide, their treatment philosophies, and the spectrum of services they are capable of providing along the continuum of care.

Your follow up letter discussed improving access to care and the importance of evidence-based standards by substance use facilities in Massachusetts. Your letter also discussed bringing new medically based providers into the treatment system. Restrictions on providers who may prescribe Suboxone and limits on the number of patients that those providers are allowed to treat impose a significant barrier to patients accessing the full spectrum of treatment options for addiction. Efforts at the federal level, including legislation that Senator Markey has co-sponsored to increase and, in some instances, eliminate the cap, would help to increase capacity. We would want to work with you, as well as with the Governor and other state officials, the Congressional delegation, and federal policymakers on measures to increase the number of Suboxone providers. Likewise, some of the other items you referenced in your letter, such as accreditation standards and federal rules around information sharing among providers, would require state or federal statutory or regulatory changes. As part of our efforts, we would like to discuss potential approaches we could offer jointly to state and federal policymakers to improve access and enhance care coordination.

3. **Public Education to Reduce Stigma & Support Systems for Providers**

We agree with the issues discussed in your follow up letter, as we believe there is a need for a broad public campaign to educate the public about effective treatment for opioid addiction in order to reduce stigma and alleviate barriers to treatment. As you are aware, the state has launched a series of PSAs, a 1-800 help line, and online resources to educate the public about the opioid epidemic. MAHP member plans have undertaken extensive member education on substance abuse over the last year and soon will be launching a portal on their websites dedicated to better understanding opioid addiction and treatment options for members. We expect that these tools will help facilitate treatment processes and would ask for your help in promoting these resources.

Similarly, there should be efforts to provide comprehensive training and support for physicians in screening and treatment for opioid addiction, as well as safe and appropriate opiate prescribing practices. This training should be grounded in medical best practices to ensure that the workforce is capable of providing treatment based on up-to-date clinical guidelines. Providers need education surrounding appropriate treatment modalities and regulations surrounding the use of these therapies, including MAT. Providers who believe only in abstinence-based treatment should be mandated to educate patients about all alternative treatments (such as MAT). As a part of the informed consent process, at the time of admission, providers need to discuss not only the risks of utilizing MAT, but also the risks of not using MAT in an abstinence-based approach, and the proven benefits of using MAT.

Again, we appreciated the opportunity to meet with you. We look forward to working with you on next steps on the items outlined above to address the opioid crisis and help patients access services and treatments that meet their specific clinical needs and are shown through evidence to be effective. I would be happy to meet with you in person or by phone to discuss these items further and can be reached at 617-338-2244 x 101.

Sincerely,

Lora Pellegrini
President & CEO

cc: Leonard Campanello, Co-Founder, Police Assisted Addiction Recovery Initiative
David Rosenbloom, Board Member, Police Assisted Addiction Recovery Initiative
Matt O'Neill, Board Member, Police Assisted Addiction Recovery Initiative