



NEW YORK STATE SENATOR

Pete Harckham

Harckham, Rosenthal Bill to End Prior Authorization for Lifesaving Opioid Treatment Drugs Signed into Law

PETE HARCKHAM December 23, 2021

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Albany, NY – Important legislation that New York State Senator Pete Harckham and Assemblymember Linda B. Rosenthal introduced earlier this year, which will expand access to medication-assisted treatment (MAT) to help individuals with Medicaid overcome Substance Use Disorder (SUD), was signed into law today by Governor Kathy Hochul.

“Governor Hochul’s signing of this bill is a major step forward to saving lives and a huge step forward towards addressing inequities in our healthcare system that Substance Use Disorder patients on Medicaid face,” said Harckham, chair of the Senate Committee on Alcoholism and Substance Abuse. “For too long those with private, commercial insurance have received better access to care, treatment and medicine than those with Medicaid. Finally, we have eliminated the time-wasting—and dangerous—process of having to wrestle with insurers when individuals have an immediate need for medication, and I thank Governor Hochul for supporting this legislation.”

“New York State experienced the deadliest year on record for preventable overdose deaths in 2020,” said Rosenthal, previously chair of the Assembly Committee on Alcoholism and Drug Abuse. “Stemming the tide on the overdose crisis will require bold measures that increase access to medication assisted treatment, such as this legislation to end prior authorizations on MAT drugs for people covered by Medicaid.”

“For two years, New Yorkers have battled an inequitable system,” continued Rosenthal, “where people covered by private insurance could quickly access lifesaving medications without prior authorization, while those on Medicaid were forced to wait for approval, often delaying treatment and placing them at risk of relapse or overdose. The signing of our legislation will finally allow all individuals, regardless of their insurance provider, to access addiction treatment on demand.

“By implementing medication assisted treatment programs in all prisons and jails statewide and ending prior authorizations for MAT drugs, New York State has taken a major step toward ending preventable overdoses this year.”

Medication assisted treatment (MAT)—the gold standard in treatment for SUD—is an evidence-based method that uses Food and Drug Administration approved medications,

such as methadone, buprenorphine and naltrexone. These medicines have all been used successfully, and more treatment providers are turning to this approach given its ability to reduce and block cravings, ease withdrawal symptoms and otherwise enable individuals to reach recovery more easily.

But medications used in MAT programs are not interchangeable and patients can respond differently to them, so the right choice should be left to patients and doctors. Under previous law, individuals under Medicaid were not given the opportunity to access all forms of MAT and may be limited to one specific medicine. The enacted legislation ([S.649A / A.2030](#)) will allow individuals under Medicaid the ability to access whichever MAT medication is most beneficial to them—and without utilization control, mandated prior authorization or lifetime limits.

As the chairpersons of the Senate and Assembly committees charged with working to make addiction treatment and recovery supports more accessible statewide, Harckham and Rosenthal held dozens of public hearings in which they heard from doctors, advocates, and experts from across New York. The consensus was clear: we must do all that we can to universalize access to Medication-Assisted Treatment (MAT).

The Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized MAT as the best treatment for Opioid Use Disorder. Similarly, the World Health Organization (WHO) recognizes MAT drugs like methadone and buprenorphine to be essential medications, scientifically proven to be effective yet underutilized and stigmatized too readily.

In New York, prior authorization for MAT was removed two years ago for those with private insurance while that barrier for treatment was left in place for people with Medicaid. This has resulted in disproportional—and shameful—increases in overdose deaths among

underserved, low-income communities.

When coupled with counseling, trained physicians prescribe MAT drugs like buprenorphine to help manage symptoms, like withdrawal and cravings. But MAT medications can be difficult to access, and the prior authorization process can take between one and three days. Individuals struggling with Substance Use Disorder (SUD) begin experiencing painful withdrawal symptoms in as little as six to 12 hours. Without access to MAT, resolve weakens and people relapse to dull their symptoms. A return to heroin or other opioids is the only way to quell the need.

The past rationale for not enacting the removal of prior authorization for MAT universally is that it would be costly—an additional \$30 million because of supposed discrepancies in drug costs. But with hundreds of millions of dollars from several opioid settlements on their way to New York that is no longer an issue. A major stipulation of these settlements is that they be designated toward drug treatment and harm reduction, so ensuring MAT is quickly available for those who need it is apropos.

Also, RTI International published a study in 2019 which found New York would save nearly 600 lives and over \$50 million a year in hospitalization and treatment costs by removing prior authorization on MAT for residents with Medicaid.

RELATED LEGISLATION

2021-S649A

-
- Introduced

- ○ In Committee Assembly
 - In Committee Senate
- ○ On Floor Calendar Assembly
 - On Floor Calendar Senate
- ○ Passed Assembly
 - Passed Senate
- Delivered to Governor
- Signed By Governor
-

Relates to medication assisted treatment for substance use disorders

January 04, 2021

Senate Floor Calendar

Sponsored by [Pete Harckham](#)

Do you support this bill?