



ASAM American Society of
Addiction Medicine

Friday, July 7, 2017

The Honorable Herb Conaway, Jr.
The Honorable Joseph A. Lagana
The Honorable Daniel R. Benson
The Honorable Valerie Vainieri Huttle
New Jersey General Assembly
State House
P.O. Box 098
Trenton, NJ 08625

Re: Support for A4138 with Recommended Revision

Dear Assemblymen Conaway, Lagana, and Benson and Assemblywoman
Vainieri Huttle,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 4,300 physicians and other clinicians who specialize in the treatment of addiction, and the New Jersey Society of Addiction Medicine (NJSAM), we would like to take this opportunity to provide our support for A4138 with a recommended revision. With the opioid addiction and overdose epidemic significantly impacting the country and New Jersey, NJSAM and ASAM appreciate the effort to expand access to high-quality, evidence-based, and comprehensive addiction treatment for patients in New Jersey.

NJSAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in New Jersey and across the country. To that end, we are committed to advocating for a state addiction treatment system that provides and expands access to all Food and Drug Administration (FDA)-approved medications to treat opioid addiction. Ensuring addiction treatment services are not subject to arbitrary limits or unfair utilization controls, such as prior authorization, in comparison to health care services for other chronic medical illnesses is a critical part of our efforts to improve access to care. We applaud A4138 for providing health benefits coverage for expenses from addiction treatment with buprenorphine that cannot be subject to utilization controls like prior authorization.

The language of this legislation mostly falls in line with ASAM's [Public Policy Statement on Pharmacological Therapies for Opioid Use Disorder](#), which provides several recommendations that address barriers to opioid addiction treatment services, such as the use of prior authorization and arbitrary limits. This policy statement recommends that "decisions about the appropriate type, modality and duration of treatment should remain the purview of the

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treatment provider and the patient, working in collaboration to achieve shared treatment goals.” Additionally, the statement goes on to explain that “arbitrary limitations on the duration of treatment, medication dosage or on levels of care, that are not supported by medical evidence, are not appropriate and can be specifically detrimental to the wellbeing of the patient and his/her community. Thus, such arbitrary treatment limitations should not be imposed by law, regulation, or health insurance practices.” This policy statement includes all FDA-approved agonists, partial agonists, and antagonists for use in medication-assisted treatment because those medications, buprenorphine, buprenorphine/naloxone, methadone, and extended-release injectable naltrexone, can all be subject to utilization controls or no insurance coverage. While the intent of this bill is important as it would remove significant barriers to access addiction treatment with buprenorphine, it would be very beneficial for the state to apply these protections to all FDA-approved medications to treat opioid addiction.

NJSAM and ASAM recommend revising the language of A4138 so each section states that an insurance provider in the state “shall provide coverage for any expenses incurred by a covered person for the prescription and purchase of all FDA-approved medications for the treatment of opioid addiction.” This revised language would ensure that all medications used to treat opioid addiction, buprenorphine, buprenorphine/naloxone, methadone, and extended-release injectable naltrexone, are all accessible via insurance coverage that prohibits arbitrary limits and utilization controls. There is significant evidence to support the safety, efficacy, and cost-effectiveness of all three FDA-approved medications. While all three medications are effective, they may not be equally effective for all patients, so it is important that access to addiction treatment with any FDA-approved medication is supported and covered by the state’s addiction treatment system.

NJSAM and ASAM share the state of New Jersey’s goal of providing access to quality and evidence-based comprehensive addiction treatment services. We thank you for your consideration of our recommended revision and offer our support for A4138 with these changes incorporated into the bill’s language. Please do not hesitate to contact Brad Bachman, Manager of State Government Relations, at (301) 547-4107 or bbachman@asam.org, if NJSAM and ASAM can be of any service to you. We look forward to working with you.

Sincerely,

Kelly J. Clark, MD, MBA, DFAPA, DFASAM
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Joseph N. Ranieri, DO, FAAFP, FASAM
President, New Jersey Society of Addiction Medicine



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