



Colorado Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President

Joshua Blum, MD, FASAM

Immediate Past President

Charles Shuman, MD, FASAM

Treasurer

Martin Krsak, MD, MSc, FASAM

Secretary

Daniel Bebo, MD, FASAM

Public Policy Liaison

Stephanie Stewart, MD

February 23, 2021

Commissioner Michael Conway
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

Re: Proposed New Regulation 4-2-7X

Dear Commissioner Conway,

On behalf of the Colorado Society of Addiction Medicine (COSAM), the medical specialty society representing physicians and clinicians in Colorado who specialize in the prevention and treatment of addiction, thank you for the opportunity to offer comments on this proposed regulation, which would provide the Division of Insurance (DOI) with crucial information to ensure that Coloradans can access addiction treatment services. COSAM strongly supports this proposed regulation and would like to take this opportunity to provide feedback on specific aspects of Attachment A: Medication-Assisted Treatment (MAT) Reporting Requirements.

Specifically, number 6 should be modified to reflect the various patient limits possible within each prescriber type. A DATA 2000 waiver imposes a patient limit of 30, 100, or 275 on clinicians, depending on various factors including how long they have been prescribing buprenorphine, and whether their practice setting meets certain qualifications. The table included in number 6 should be amended so that instead of a column labeled "waiver limit" it has three columns, each to indicate how many of that particular practitioner type can prescribe to 30 patients, 100 patients, or 275 patients in the network.

Additionally, COSAM encourages DOI to expand the table included in number 11. It is important that addiction treatment specialists have access to the full range of FDA-approved medications for the treatment of addiction, as the complex nature of the disease demands an individualized approach to treatment. DOI should add rows to the table asking if all the Food and Drug Administration-approved medications for opioid use disorder (OUD), alcohol use disorder (AUD) and nicotine dependence are covered. This includes the various forms of buprenorphine, naltrexone, nicotine replacement medications, varenicline, and monitored disulfiram. This addition will empower policymakers to understand not only whether a plan offers a drug generally, but what specific formulations it covers.

Furthermore, as DOI is aware, buprenorphine prescribing capacity analysis is complicated by clinicians that treat well below their patient limits. COSAM appreciates DOI's effort to gain more information on this issue by requesting information on the number of unique enrollees who received a prescription for MAT in a year, as well as the patient limits of all clinicians in the network. However, COSAM recommends that table 10 be modified to specifically require insurers to provide data on how many unique enrollees received a prescription for

buprenorphine. This change would offer policymakers an improved understanding of the real buprenorphine prescribing capacity of the network. DOI could also add a section to the attachment which requests information on average patient wait times to receive buprenorphine specifically, or MAT more generally.

Finally, COSAM greatly appreciates the inclusion of number 12, which requests information regarding the prior authorization policies of the insurer. Statute permitting, number 12 should be refined to require insurers to provide the number of prior authorization requests for MAT that were denied under their policies, as well as the number that were approved. Access to this data could allow policymakers to identify any overly stringent or unnecessary prior authorization practices.

COSAM does not anticipate that any of these more specific reporting requirements will represent a significant increase in administrative burden for insurers in the state. COSAM applauds this proposed regulation and thanks DOI for its leadership in this area. Not only will the proposed policy aid policymakers in evaluating the network adequacy of plans in Colorado, it will also complement the already impressive efforts by regulators in the state to ensure that plans are operating in compliance with the federal parity law. Please do not hesitate to contact me at Joshua.Blum@dhha.org, if COSAM can be of any service to you. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Josh Blum". The signature is written in a cursive, flowing style.

Joshua Blum, MD, FASAM
President, the Colorado Society of Addiction Medicine