Public Policy Statement
On Repeal of the Uniform Accident and Sickness Policy Provision Law (UPPL)

Background

Over the past 45 years, the insurance codes of 38 states have incorporated the Uniform Accident and Sickness Policy Provision Law (UPPL) which includes the language:

“Intoxicants and Narcotics:  The insurer shall not be liable for any loss sustained or contracted in consequence of the insured’s being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.”

During the same period, four additional states have adopted provisional restrictions. These restrictions enable insurers to deny payment for treatment of alcohol or other drug-related injuries.

Injuries are the leading cause of death in individuals less than 40 years of age, the fourth leading cause of overall mortality, and the number one cause of ER visits, with alcohol use being the leading contributing factor to injuries (between 35-50% of injured patients treated in ERs and trauma centers are under the influence of alcohol or other intoxicants). Reports from the Centers for Disease Control and Prevention (CDC) and the National Highway Traffic Safety Commission indicate that because of the UPPL, trauma surgeons and trauma centers are less likely to screen patients for alcohol or other drug disorders because it threatens reimbursement and trauma center financial viability in states where the UPPL is enforced.

The UPPL was promulgated as a Model Law by the National Association of Insurance Commissioners (NAIC) in 1947, when treatment for alcohol and other drug disorders was generally not available and regional trauma centers did not exist. Over 40 studies have documented the effectiveness of brief alcohol interventions in health care settings, including ERs and trauma centers, in reducing subsequent alcohol intake, DUls, alcohol-related traffic infractions, alcohol-related arrests, and injury-related hospital readmissions. ER screening for alcohol problems is an evidence-based prevention strategy and is recommended by the U.S. Department of Health and Human Services within Objective 26-5 (“Reduce alcohol-related hospital emergency department visits”) of Healthy People 2010.
A cost-benefit analysis conducted at the University of Texas Southwestern Medical School and the University of Washington demonstrated that routine ER and trauma center alcohol screening and intervention would result in an estimated three-year net national savings of $1.82 billion in direct medical costs, all of which go to payers of health care (insurers, state and federal governments). Direct medical costs are estimated to comprise only 15% of total costs, with the balance attributable to property damage, lost wages and other losses. The study found that nearly $4 in direct medical costs are saved for every dollar invested in ER and trauma center screening and intervention.

A variety of federal, expert, public policy and advocacy groups now recommend routine ER screening and intervention and have published reports recommending statutory repeal of the UPPL, because it is a significant barrier to implementation of screening protocols. Currently, fewer than 15% of injured patients in hospitals are screened for alcohol and other drug disorders and referred for counseling. The National Conference of [state] Insurance Legislators (NCOIL) also recommends that states should revise their UPPL statutes. In recent years, 8 states have rescinded the provision, and others currently have similar proposals before their state legislatures. The NAIC, the organization that drafted the UPPL as a Model Law in 1947, recently passed a new Model that specifically prohibits insurance companies from denying reimbursement on the basis of patient alcohol or other drug use. This new model was adopted by the NAIC by unanimous vote.

Repeal of the original state UPPL codes will not increase insurance costs, because in those jurisdictions where the UPPL is in force, physicians are simply not measuring and documenting alcohol or other drug use. If the physician does not document alcohol use or intoxication, it is rarely detectable by insurers through other means. Thus, insurers are already paying for the vast majority of alcohol related injuries. However, the opportunity to screen and refer patients with alcohol and other drug dependencies is missed when doctors are not free to screen their patients due to provisions that may be contained in their insurance contracts that contradict currently recommended best practice recommendations for screening and intervention.

**Recommendations**

1. ASAM recommends that health insurance coverage for the provision of medical services should be based on the medical necessity for providing care, not on the circumstances under which an illness or injury arose, such as whether or not the individual is under the influence of alcohol or other drugs when an injury or illness occurs. (See ASAM Public Policy Statement on “Health Care Services for Conditions Resulting from Patient Behaviors.”)

2. ASAM recommends that state and specialty medical societies and public health associations initiate or increase their efforts to secure repeal of UPPL-related insurance codes at the state level which, if in force, 1) allow for the denial of insurance payments for the treatment of injuries sustained as a consequence of the insured person being intoxicated due to alcohol or other drugs; and 2) therefore serve as a major deterrent to screening and indicated referral to professional...
treatment for alcohol and other drug use problems and disorders. Repeal will rectify the unintended consequences of the antiquated UPPL statute, thereby aiding people with alcohol and other drug disorders, reducing insurance costs by reducing recidivism, and getting drunk drivers off the road, at no cost to the state, to taxpayers, or to insurance companies.

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