



OPIOID TASK FORCE 2020 PROGRESS REPORT

Physicians' progress toward ending the nation's drug overdose and death epidemic

The nation's continuing increase in drug overdoses is fueling the evolution of a more dangerous and complicated epidemic.

In 2014, the American Medical Association convened the AMA Opioid Task Force—more than 25 national, specialty and state medical associations committed to providing **evidence-based recommendations** and leadership to help end the opioid epidemic.

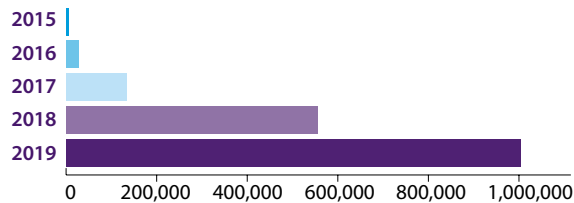
To date, the task force's recommendations have led to significant progress:

37.1% decrease in opioid prescriptions
from 244.5M in 2014 to 153.7M in 2019¹

64.4% increase in the use of state prescription drug monitoring programs
in the past year—to 739M queries in 2019³

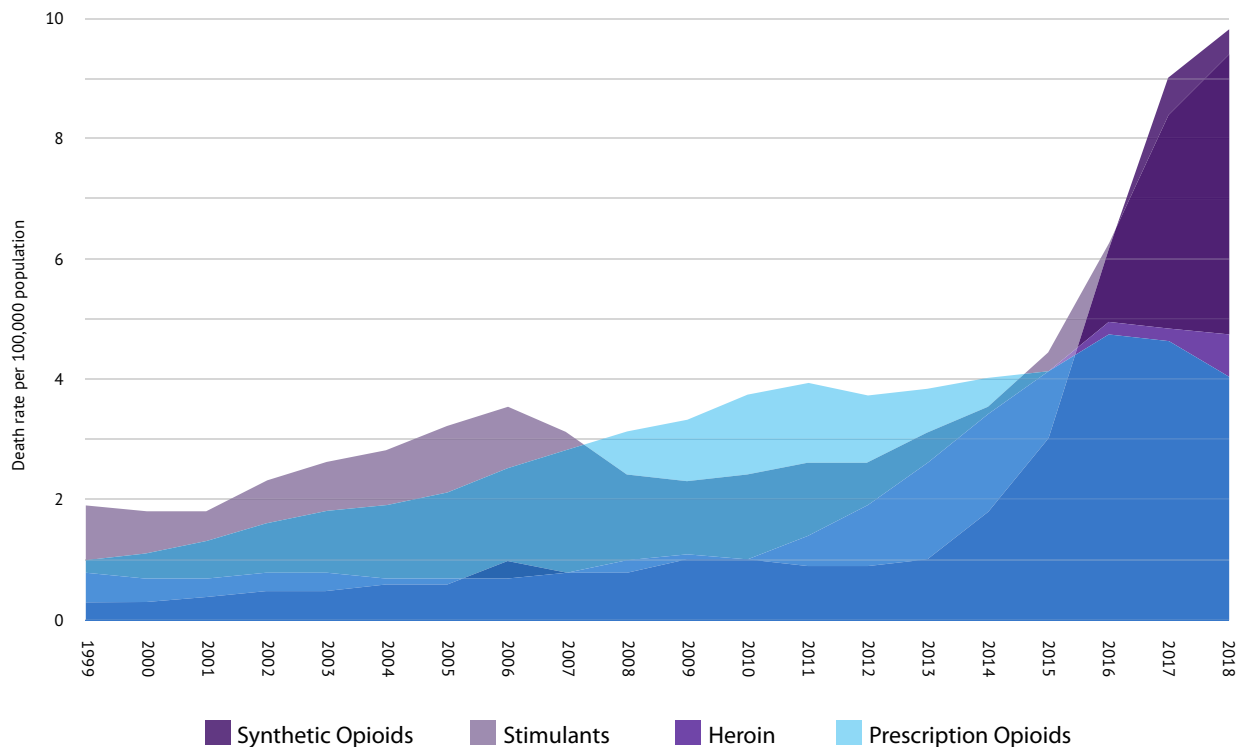
1M+ naloxone prescriptions in 2019
—up from 6,588 in 2015²

Hundreds of thousands of physicians
accessing continuing medical education and other courses on substance use disorders, treating and managing pain, and more



85,000+ physicians and health care professionals certified to prescribe buprenorphine in-office—an increase of nearly 50,000 since 2017⁴

Despite these efforts, illicitly manufactured fentanyl, fentanyl analogues and stimulants (e.g. methamphetamine, cocaine) are now killing more Americans than ever. The use of these illicit drugs has surged and their overdose rate increased by 10.1% and 10.8%, respectively.



Reference: CDC WONDER

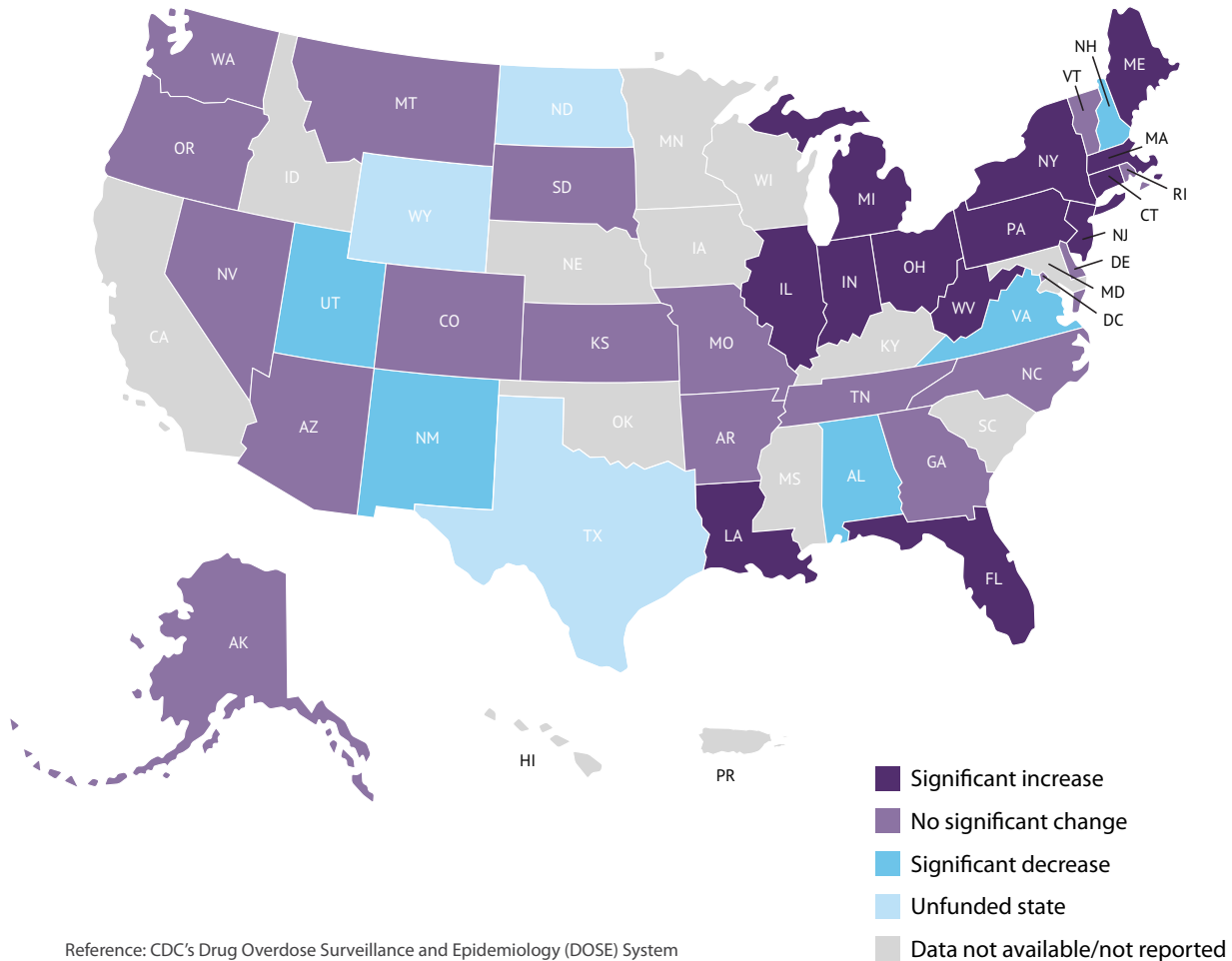


This transformation has rapidly changed the opioid epidemic into a more complicated drug overdose epidemic.

There are hopeful signs that overdoses related to prescription opioids are decreasing slightly. However, the number of drug overdoses will continue to rise unless more is done to help the more than 2 million Americans with an untreated substance use disorder.

Research shows that people who have had at least one overdose are more likely to have another.⁵ Removing the barriers for patients to receive evidence-based treatment is a critical first step to helping end the epidemic.

Change in non-fatal drug overdoses (January 2019–January 2020)



Reference: CDC's Drug Overdose Surveillance and Epidemiology (DOSE) System

Policymakers need to act to remove barriers to evidence-based care for patients with pain and those with a substance use disorder or the epidemic will continue to worsen.



Health insurance companies continue to delay and deny access to non-opioid pain care and evidence-based treatment for opioid use disorder, while pharmacy chains, pharmacy benefit managers and state laws continue to inappropriately use arbitrary guidelines to restrict access to legitimate medication that some patients need to help manage their pain.

- **92% of pain medicine specialists said that they have been required to submit a prior authorization request for non-opioid pain care.** Physicians and their staff spend hours per day on such requests.⁶
- **72% of pain medicine specialists said that they—or their patients—have been required to reduce the quantity or dose of medication they have prescribed.**⁷

Only 21 states and the District of Columbia have enacted laws that limit public and/or private insurers from imposing prior authorization requirements on a [substance use disorder] service or medication.⁸ The AMA helped support passage of more than one dozen of those laws in 2019 alone. Health plans fight bitterly to oppose these laws.

Mental health and substance use disorder parity laws require health insurers to provide the same level of benefits for mental health and substance use disorder treatment and services that they do for medical/surgical care. However, only a few states (e.g., Arizona, California, Colorado, Delaware, Illinois, Massachusetts, Pennsylvania, Rhode Island) have taken meaningful action to enact or enforce those laws.

Landmark ruling sets precedent for parity coverage of mental health and addiction treatment
—Stat News

Report: Health insurers biased in treating mental-health
—Providence Journal

PA: Aetna violated parity laws in substance abuse coverage
—Bucks County Courier Times

AG Healey reaches \$1 million settlement with 7 companies to increase behavioral health access
—WBUR

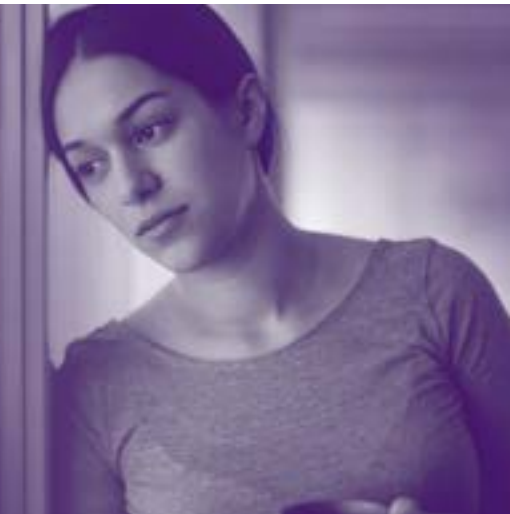
New law requires mental health insurance transparency
—Delaware Public Media

Every lawmaker in Arizona just voted for better mental health care. That's a big deal —AZ Central

In 2019, the AMA partnered with Manatt Health to publish a [state policy roadmap](#) to provide tangible actions for policymakers to take meaningful action on parity and other areas necessary to end the epidemic.

Treating the nation's drug overdose epidemic demands a far more proactive and coordinated approach focused on evidence-based, public health solutions.

To date, efforts to combat the epidemic have largely fallen into a reactionary "crisis framework," which has created too many one-size-fits-all strategies that are less than effective. Going forward, physicians, public health officials, policymakers and health insurance companies must work together to create an integrated, sustainable, predictable and resilient public health system.



What we do today: "Crisis framework"

Evolve to prevention framework

Prioritize preventing and treating substance use disorders

Employ effective surveillance strategies

Better identify patients at risk of an overdose and those who have overdosed in the past

Implement proven public health solutions

Take an evidence-based approach to prevention and treatment



What we must do tomorrow: Integrated, sustainable, predictable and resilient public health system

Improving the collection and use of data is critical to evolving the nation's efforts to combat the epidemic. For example, currently, overdose-related data collection practices are not consistent across the United States. Modernizing and adapting data collection will allow stakeholders to develop more effective solutions tailored to the needs of individuals and their community.

Policies and treatments must consider that patients are not identical.

They must account for drug type, gender, race, age and social determinants of health.

The nature of the epidemic and its evolution are not the same across the country. They are not even the same within a state. **Their solutions must be equally as varied.**

The AMA urges policymakers and other stakeholders to take meaningful action to remove barriers and increase patients' access to evidence-based care to save lives and help end the epidemic.



- 1 Remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of medication-assisted treatment for opioid use disorder.
- 2 Support assessment, referral and treatment for co-occurring mental health disorders as well as enforce meaningful oversight and enforcement of state and federal mental health and substance use disorder parity laws, **including requiring health insurance companies to demonstrate parity compliance at the time of their rate and form filing.**

“Physicians’ progress alone will not end the epidemic. Policymakers, health insurance companies, pharmacy chains and others must move beyond words; they must take meaningful action to remove barriers to evidence-based care. We all need to work together, but the status quo is killing far too many of our loved ones and wreaking havoc in our communities.”

–Patrice A. Harris, MD, MA
Chair, AMA Opioid Task Force

- 3 Remove administrative and other barriers to comprehensive, multi-modal, multidisciplinary pain care and rehabilitation programs.
- 4 Support maternal and child health by increasing access to evidence-based treatment, preserving families and ensuring that policies are non-punitive.
- 5 Support increased efforts to expand sterile needle and syringe services programs as well as reforms in the civil and criminal justice system that help ensure access to high quality, evidence-based care for opioid use disorder, including medication-assisted treatment.



- 6 Implement systems to accurately track overdose and mortality trends to provide equitable public health interventions that include comprehensive, disaggregated, racial and ethnic data collection related to testing, hospitalization and mortality associated with opioids and other substances.

- 1 IQVIA Xponent market research services. ©IQVIA 2020. All rights reserved.
- 2 Emergent Biosolutions; Xponent IQVIA. Data received June 8, 2020. On file with author.
- 3 AMA Fact sheet: Physicians' and health care professionals' use of state PDMPs increases 64.4 percent from 2018 to 2019; 739 million queries in 2019. The state-by-state data is available at <https://end-overdose-epidemic.org/wp-content/uploads/2020/07/AMA-Fact-Sheet-PDMP-use-and-registration-increase-2014-2019-FINAL.pdf>
- 4 www.samhsa.gov/medication-assisted-treatment/training-materials-resources/practitioner-program-data, accessed June 30, 2020.
- 5 Suffoletto B, Zeigler A. Risk and protective factors for repeated overdose after opioid overdose survival. *Drug and Alcohol Depend.* 2020;209:107890.
- 6 American Board of Pain Medicine, "Second Annual Survey of Pain Medicine Specialists Highlights Continued Plight of Patients with Pain, And Barriers To Providing Multidisciplinary, Non-Opioid Care." Available at <http://abpm.org/component/content/article/296>
- 7 Id.
- 8 "Spotlight on Legislation Limiting the Use of Prior Authorization for Substance Use Disorder Services and Medications." Legal Action Center and Center on Addiction. Available at <https://www.lac.org/resource/spotlight-on-legislation-limiting-the-use-of-prior-authorization-for-substance-use-disorder-services-and-medications>

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