MSDC
MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

1250 23rd Street, NW
Suite 270
Washington, DC 20037

Telephone: 202.466.1800
Fax: 202.452.1542
*http://www.msdc.org*

January 28, 2019

Councilmember Vincent C. Gray, Chairperson
Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Councilmember Charles Allen, Chairperson
Committee on the Judiciary & Public Safety
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Dear Chairpersons Gray and Allen:

On behalf of the Board of Directors of the Medical Society of the District of Columbia, our almost 2,700 physician members, and the thousands of patients whom they treat each and every day, we thank you for calling this joint hearing to discuss "The District Government's Strategy and Actions to Combat the Opioid Epidemic".

The opioid epidemic in the District is devastating and disheartening. From a medical perspective, our physicians see firsthand the consequences of the disease on our patients and their families, and those consequences affect every ward and population. As physicians and medical leaders, we support the Council and Administration's work to end this devastation. However, we also see it from a wider, substance abuse perspective where opioids are one of a number of substances abused to the detriment of users. From an organizational perspective, we have two simple principles guide our policies on opioid legislation: **make treatment widely available and make sure it is medically sound.**

Last year, the Council passed legislation to address this issue and the Mayor followed with her LIVE.LONG.DC plan. We applaud you, your colleagues, and the Mayor for taking this issue seriously and coming forward with serious proposals and legislation. As the organization representing the District's physicians, however, we feel there are additional steps that can be taken to combat this crisis.

**First, and most importantly, is removing the red tape tying up qualified prescribing physicians from prescribing medication assisted treatment (MAT) for opioid addiction.** Prior authorization delays treatment and prevents patients in many cases from receiving essential medications that can help begin weaning them off of opioids; delays in treatment can lead to relapses.

Goal 5, Strategy 5 of the Mayor's plan addresses this and we urge the Council to do the same by including the prohibition of prior authorization, step therapy, or related utilization measures for approval of MATs for treating opioid abuse if appropriate. As Robert Keisling, MD, said in his testimony before the Committee on Health last year, **"[s]imply giving people naloxone to reverse their overdoses is not enough. They need immediate treatment not referral to a waiting list**."

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MSDC is happy to work with our insurer colleagues to create a voluntary framework – similar to what recently occurred in Pennsylvania – but absent that we feel passionately that this is a major impediment to helping patients that is easily resolved.

**Second, insurers and payers can do more to provide up-to-date and accessible information to assist those addicting to opioids in finding the right providers**. The Opioid Abuse Treatment Act of 2017 (B22-0459) was a major step forward in outlining the information insurance companies must provide to a patient or caretaker seeking options for medical treatment. Building on this we suggest two more ideas to further improve the requirements:

- The first regards insurers creating a list of in-network providers certified to provide opioid addiction treatment medication. This requirement should be expanded to include MAT providers, so that patients will know which providers in-network can provide MAT treatment.
- The second is the accessibility of the in-network provider list. Legislation requires a request for the contact information for in-network providers to be answered within seven days; a delay of this long would make it easier for a patient to relapse while waiting for necessary appointment information. While we suspect that the actual wait would never be seven days, an easy remedy would be to require these lists be made available on the insurer's website for near-immediate access by a patient or caregiver.

Our final comment for the record is the issue of the small number of providers that treat opioid addicted patients and the media attention on this issue. As Dr. Keisling and others have pointed out to the Committee on Health, the cost of providing care to opioid addicted patients is high for providers: reimbursement rates from all insurers is low, overhead to process paperwork is high, and the number of patients in need is overwhelming. As part of its mission to, "make the District the best place to practice medicine," the Medical Society is looking at ways to increase provider accessibility in all parts of the District. However, the overall economics of practicing medicine impede progress in these areas, and the Medical Society looks forward to working with the Council to address these issues in this Council session.

I am happy to discuss these issues further with you or your staff at any time; I may be reached at (202) 466-1800 or hay@msdc.org.

Sincerely,

Robert Hay, Jr.
Executive Vice President