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# MEMORANDUM IN OPPOSITION

**FOR IMMEDIATE RELEASE: JANUARY 29, 2021**

Re: A.2030 (L. Rosenthal) / S.649-A (Harckham) – AN ACT to amend the social services law and the public health law, in relation to medication for the treatment of substance use disorders

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This legislation, A.2030, prohibits prior authorization for Medicaid patients to access medication assisted treatment drugs to treat substance use disorders. This bill reintroduces language that the Governor vetoed in 2019 (A.7246-B/S.5935-A), and fails to address the objections raised by the Governor in his veto message (veto memo 292). While we recognize the devastating impact of the opioid crisis and are actively engaged partners on the forefront of treating the opioid epidemic, we have concerns about the elimination of prior authorization for all forms of medication assisted treatment drugs.

Prior authorization is an important tool to protect patients from unnecessary and potentially harmful care. For example, it is utilized to help ensure that medications are safe, effective, and provide value for specific populations or subpopulations who may be affected differently by a medication, and to make sure that a medication is not co-prescribed with another medication that could have dangerous interactions. Additionally, it ensures that the clinician providing the care has the appropriate training to deliver the care being requested. Further, prior authorization enables health plans to improve care coordination by making sure care management supports are in place as members navigate the system and help with follow-up care and other services that help the member succeed in recovery. Prohibiting the use of prior authorization would remove critical protections for patients and undercut efforts to ensure that the care they receive is safe, affordable and effective.

When developing prior authorization policies, health plans review information on the use of inappropriate treatments, practice variation for specific services, the extent to which providers deliver care consistent with evidence, safety concerns, and other relevant factors to determine what services or drugs should be subject to prior authorization. Health plans regularly review the medical services and prescription drugs that are subject to prior authorization and make changes based on new evidence, adherence to recognized standards of care, or, in the case of new and emerging therapies, limited available evidence or safety concerns. These reviews are conducted by Pharmacy and Therapeutics committees with relevant clinical expertise.

HPA is concerned that eliminating prior authorization for these drugs will inhibit plans' ability to coordinate care and treatment plans for members. Treatment for substance use disorder (SUD) goes far beyond just taking medication, and prior authorization is one of the tools plans use to help streamline and manage patient care.

For these reasons, we urge you to reject A.2030/S.649-A.

*The New York Health Plan Association represents 28 managed care health plans that provide comprehensive health care services to more than 8 million New Yorkers.*