

MAINE ASSOCIATION
OF
HEALTH PLANS

Testimony of Dan Demeritt
Joint Standing Committee on Health Coverage, Insurance, and Financial Services

In Opposition to 2096

An Act to Ensure Access to Nonopioid, Nonnarcotic Medication for Acute Pain Relief

Senator Bailey, Representative Perry, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Dan Demeritt, I am the Executive Director of the Maine Association of Health Plans (MeAHP). Our member plans provide or administer health insurance for 600,000 Mainers. We work as an association to improve the health of Maine people by promoting affordable, safe, and coordinated healthcare.

Health insurance carriers are helping to lead the fight to curb addiction stemming from prescribed medications. This can include consumer-level monitoring of prescriptions, alerting providers of patients at risk, educating consumers about alternative drugs and treatments available as part of their benefit, and providing consumer support.

My testimony includes one example of how one health insurance plan, Cigna Healthcare, helped achieve an 18% reduction in opioid overdoses among eligible plan members.¹

LD 2096 Undermines Physician and Pharmacist Review (Section 1, 1-B)

FDA approval means the benefit of a drug or biological product is effective for its intended use and the benefits of use outweigh the risks.² This is why aspirin and fentanyl, a potent synthetic opioid drug, both have FDA approval for pain relief.

The FDA approval process does not compare drugs under review for efficacy, medical outcomes, or cost effectiveness against other available products or therapies. Health plans use medical

¹ Cigna Healthcare Program Reduces Opioid Overdoses by 18%, 10/3/2022:
<https://newsroom.cigna.com/cigna-program-reduces-opioid-overdoses>

² <https://www.fda.gov/consumers/consumer-updates/understanding-regulatory-terminology-potential-preventative-and-therapeutic-drugs-covid-19#>

evidence and the expertise of physicians, pharmacists and other medical professionals to make these determinations when establishing their formularies.

LD 2096 undermines this process and provides pharmaceutical manufacturers a fast track to market share by requiring plans to provide access to nonopioid and nonnarcotic drugs that have not been added to a formulary through an evidence-based decision-making process.

No Limitations on Overpriced Drugs ((Sec 1., 1-B), (A-D))

Prescription drug prices are driving health care costs higher for everyone. The limitations on coverage criteria in sections A-D prevents carriers from using plan design, drug pricing tiers, and utilization management tools to incentivize the use of drugs or treatments proven to lead to better patient outcomes and lower costs.

Existing Process and Protections

- Today's formularies included nonopioid and nonnarcotic drugs and therapies for pain management. There are 92 non-narcotic analgesics on one Maine plans 2024 formulary.
- Formularies are required to be searchable by prospective members, Title 24-A, §4303, 20.
- Carriers must "Provide exceptions to the formulary limitation when a nonformulary alternative is medically indicated, consistent with the utilization review standards in section 4304" (§4311).
- A consumer has a multiple step appeal process with their carrier. If unsuccessful, a consumer can seek an independent external review in a process overseen by the Bureau as described in §4312.
- The Legislature is advancing LD 1498 to create a provider support unit in the Bureau.

Oppose LD 2096

Medical innovation is fast paced and complicated. The FDA approved 55 novel drugs in 2023 and produces daily updates to its 1,978 page Electronic "Orange Book" of approved drug products with therapeutic equivalence evaluations.³

We urge the committee to keep this complexity in mind and not create a fast track to market share that undermines the medical expertise and evidence health plans use to develop their prescription drug formularies.

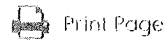
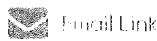
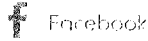
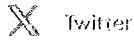
³ www.fda.gov accessed 2/12/24.

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Cigna Healthcare Program Reduce Opioid Overdoses by 18% While Nat Rate Soars

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Record numbers of Americans are dying of opioid overdoses, yet medication-assisted treatment (MAT) – a key addiction – is utilized far too infrequently. Cigna Healthcare is working to change that as part of a broader strategy to reduce opioid overdoses from drugs such as fentanyl, heroin, and oxycodone.

Cigna Healthcare began rolling out an overdose reduction strategy pilot program in 2018 that includes access to MAT treatment in five Cigna markets (Connecticut, Chicago, Mid-Atlantic, New York City/New Jersey, and Philadelphia). In 2021, opioid overdoses among Cigna customers eligible for the pilot program fell by 18%. “MAT is the gold standard way to deal with their substance-use addiction,” said Dr. Scott Josephs, Cigna’s chief medical officer.

In comparison, Cigna Healthcare saw opioid overdoses increase by 16% in areas not yet targeted by the new strategy period, which included the first two years of the COVID-19 pandemic. “COVID has led to increased loneliness and mental health disorders such as stress and depression, which has exacerbated this epidemic of opioids,” Dr. Josephs said.

Under this strategy, Cigna Healthcare helps patients understand the treatments and other options covered under their plan. These options can include counseling, peer recovery support, behavioral case management support, and use of medications such as methadone and naltrexone to treat opioid addictions. The medications serve a number of functions, including stabilizing a patient’s brain chemistry, blocking the intoxicating effects if the patient continues to use opioids, and reducing cravings for the drugs.

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Battling this epidemic requires a multipronged approach. Many addictions begin with a prescription for opioids, progressing to illegal drugs, which are more deadly and easier to obtain.

Cigna Healthcare uses data-driven programs to monitor the amount of opioids prescribed to individual patients and provides education to patients and providers. For example, Cigna sends letters to every pharmacy customer who fills a prescription for the first time, outlining the risks and safer therapeutic options. We notify prescribers if their patients are at high risk and can take action, and we act proactively, suggesting alternative therapies when customers are taking high levels of opioids. These tools help keep our customers safe.

In an innovative new overdose reduction strategy, Cigna Healthcare is using data to identify barriers to appropriate care when providers do not prescribe MAT and when we identify a lack of referrals to appropriate in-patient treatment. We use data from pharmacy, medical, and behavioral benefits to flag potential issues, then we intervene as early as possible to provide care.

Cigna Healthcare case managers, including Lisa Osborne, steer customers to treatment facilities, virtual care, and other services. Case managers – whatever combination is appropriate for the individual.

"We'll get a message saying somebody needs help immediately," said Osborne, who's a licensed professional counselor. "There's somebody that we have on the line right now that would like to speak to a case manager. Can someone help?"

Lydia's Story: From Life-Threatening Overdose to Recovery

One of the opioid reduction strategy's many success stories is Lydia (not her real name). She was 24 when she overdosed on opioids. The quick administration of **Narcan** saved her life, and she was rushed to the emergency room. When she was discharged, Cigna Healthcare was notified, as were the caseworkers who support customers who are dependent on opioids.

Osborne was assigned to help Lydia. She learned that in addition to her opioid addiction, Lydia has **bipolar disorder**. She has strong supporters of her efforts to stop using opioids and had helped her through several stays in treatment facilities.

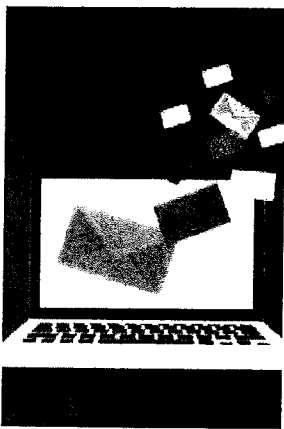
The first step in working with Lydia was an in-depth assessment, Osborne said, determining her previous efforts and other lifestyle factors. "We use all the resources we have to know exactly what they need, what is best for them, and keep them alive. We make sure that they have the connections they need, and guide them," she said.

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Lydia is a success story. She worked on her addiction throughout her stay in the treatment facility, and she got – including medications – as she continued the recovery process.

“Lydia’s story is one person, but there’s so many,” Osborne said. “We do crisis calls every day.”



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