

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 228
(I-18)

Introduced by: Georgia
Subject: Medication Assisted Treatment
Referred to: Reference Committee B
(Francis P. MacMillan, Jr., MD, Chair)

1 Whereas, Despite education efforts that have led to a reduction in rates of opioid prescribing
2 since 2011, the number of opioid overdose deaths continues to rise; and
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4 Whereas, In 2017 there were over 72,000 opioid overdose deaths in the United States, and four
5 Georgians die every day from opioid overdose; and
6
7 Whereas, Only 10% of people with addiction are getting treatment; and
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9 Whereas, Medication assisted therapy with medications such as methadone and buprenorphine
10 has been shown to reduce medical complications, reduce the likelihood of overdose, and
11 improve remission rates; and
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13 Whereas, Buprenorphine is safer than methadone; and
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15 Whereas, Access to medication assisted treatment is very limited due to inadequate education
16 of providers in medication assisted therapy, and an insufficient number of providers who meet
17 current legislative requirements to prescribe buprenorphine; and
18
19 Whereas, Ability to prescribe buprenorphine requires completion of eight hours of training as
20 well as application for a DEA waiver, and assignment of a special DEAx number; and
21
22 Whereas, Even with a DEA waiver, physicians are authorized to treat limited numbers of
23 patients; and
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25 Whereas, Primary care physicians and emergency rooms are a potential point of entry for
26 patients to receive medication assisted therapy; therefore be it
27
28 RESOLVED, That our American Medical Association advocate for all insurance plans (public
29 and private payers) to provide coverage for medication assisted treatment of opioid use disorder
30 by all qualified physicians. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 10/23/18

RELEVANT AMA POLICY

Support the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder D-95.968

Our AMA will: (1) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities; and (2) develop a public awareness campaign to increase awareness that medical treatment of substance use disorder with medication-assisted treatment is a first-line treatment for this chronic medical disease.

Citation: Res. 222, A-18

Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder D-95.972

1. Our AMAs Opioid Task Force will publicize existing resources that provide advice on overcoming barriers and implementing solutions for prescribing buprenorphine for treatment of Opioid Use Disorder.

2. Our AMA supports eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder.

Citation: Res. 506, A-17; Appended: BOT Action in response to referred for decision: Res. 506, A-17