May 3, 2017

Governor Chris Christie, Chair
President’s Commission on Combating Drug Addiction and the Opioid Crisis
The Office of National Drug Control Policy
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Submitted electronically to: Chris.Christie@gov.state.nj.us

Dear Governor Christie:

On behalf of America’s Health Insurance Plans (AHIP), we appreciate the Administration’s leadership to address the misuse of, and addiction to, opioids and other drugs. We commend the establishment of the President’s Commission on Combating Drug Addiction and the Opioid Crisis.

Opioid misuse and addiction is indeed a public health crisis in America. The consequences are profound, impacting individuals and families no matter where they live, how much they earn, or how young or old they are. The impact is broad, affecting social services, the health care system, communities, and the economy.

It is a crisis we need to solve. As the national association, whose members provide coverage for health care and related services to millions of Americans every day, AHIP believes we are a part of the solution. Our member health plans strongly share the Office of National Drug Control Policy’s (ONDCP) concern and call for action. Already, health plans are leading a wide range of efforts to address and solve the opioid crisis, and with that experience our members can make valuable contributions to the Commission’s work to more effectively combat this crisis. Accordingly, we request a meeting with the Commission to discuss how we can work together toward this goal.

Health Plans Are Combating the Opioid Epidemic
As leading researchers have noted, the number of prescriptions for opioids (e.g., hydrocodone and oxycodone products such as Vicodin and Percocet, respectively) have escalated from approximately 76 million in 1991 to nearly 207 million in 2013. The United States is the biggest consumer, accounting for almost 100 percent of the world total for hydrocodone and 81 percent for oxycodone use. From 2000 to 2015, more than half a million people in our nation died from

drug overdoses\textsuperscript{2} and the majority of these deaths involved an opioid.\textsuperscript{3} Today, ninety-one Americans die every day from an opioid overdose.\textsuperscript{4}

Health plans have taken a leadership role in combating this public health crisis. Their case management programs provide ongoing services, support and education to prevent and treat people with, or at risk of developing, opioid and other substance use disorders, as well as their caregivers and families. Programs include evidence-based treatment guidelines, use of claims data and analytics to identify potential misuse, and provider and patient education about the risks of opioid addiction.

In addition, AHIP and its members promote the Centers for Disease Control and Prevention’s (CDC) guidelines for prescribing opioids for chronic pain. These include recommendations to prescribe the lowest dose and fewest pills that would be effective for each patient, regular review of the risks to the patient, and close patient monitoring to promote safer use of opioids to improve clinical practice, patient outcomes, and public health. Moreover, AHIP and its members support the Substance Abuse and Mental Health Services Administration’s (SAMHSA) goal of increasing patient access to qualified practitioners waivered to prescribe Schedule III, IV, or V controlled substances that have been approved by the Food and Drug Administration (FDA) for use in maintenance and withdrawal management treatment, or medication assisted treatment (MAT).

Our health plan members continue to expand and refine a comprehensive approach to preventing and managing opioid misuse and related conditions. It is essential for health plans, patients and care providers to work together, and plans are providing tools and technologies to support this collaboration, such as:

- Assessing and improving quality of care and services through educational resources, performance measurement, as well as collaborating with medical and professional societies to promote adherence to evidence-based practice.

- Encouraging physicians and patients to develop a treatment plan for pain that considers non-narcotic treatment options, and providing patients who receive large amounts of narcotic medications access to pain experts, non-narcotic methods of pain control and improved care coordination.

\textsuperscript{2}https://www.cdc.gov/drugoverdose/epidemic/
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• Providing evidence-based protocols for physicians and pharmacists to prevent patients from receiving too much pain medication. These protocols may include reasonable medical management techniques, such as step therapy, prior authorization, and quantity limits consistent with best practices.

• Facilitating coordination between physicians and pharmacies to identify patients who receive prescriptions from multiple providers and who may be receiving prescriptions that cause adverse reactions with narcotic medications. For example, it is especially important to monitor prescribing of benzodiazepines and skeletal muscle relaxers that can potentially have adverse effects when co-prescribed with opioids (the “triple threat”). Some health plans also have implemented programs to direct patients who are accessing multiple opioid prescriptions from multiple providers to a single prescriber and pharmacy for improved monitoring.

• Monitoring pharmacy claims for prescription patterns that indicate someone at high risk of potential overuse or misuse. In some cases, controls can be implemented at the point-of-sale to trigger a pharmacist’s review of a member’s prescription.

• Engaging patients and providing them with support programs, such as substance use disorder coaching, Pharmacy Home programs to coordinate care and medication access, outreach to prescribers, and alerts to pharmacies.

• Improving access to evidence-based medication assisted treatment (MAT) to help a person overcome their substance use disorder, including medications like buprenorphine and naltrexone, along with treatment services such as counseling, peer support services and community based support groups.

• Developing an appropriate network of facilities and providers, identifying centers of excellence, and collaborating with providers and emergency departments to facilitate appropriate triage and care coordination. Health plans play an essential role in care and service coordination across multiple providers and community partners.

• Working with patients who enter a withdrawal management program to ensure ongoing engagement in their care and work to prevent relapses.

• Supporting the process for sharing information among Medicare Part D plans when beneficiaries who have been identified as potential over-users of opioids move from one Part D plan to another.
• Working with state and federal partners to promote rapid and effective access to evidence-based treatment for populations at increased risk of overdose and death, such as individuals re-entering the community after serving prison or jail time. Efforts may include pre-release Medicaid enrollment, enhanced care coordination efforts to ensure linkage to community treatment providers, and recovery services to support stability during the transition home.

**Health Plans Are Identifying New Solutions to the Crisis**

AHIP’s health plan members work together to share best practices and identify potential policy solutions to combat this crisis. Some of the policy solutions that have been discussed include:

• Encouraging medical and professional societies to provide and enhance education and training on pain treatment and management, as well as safe opioid prescribing.

• Advocating for additional research to develop quality metrics and better evaluate outcomes for pain and substance use disorder treatment.

• Advocating for improving the completeness, workflow integration, and interoperability of state prescription drug monitoring programs (PDMPs) and for health plan access to PDMPs.

• Encouraging adoption of a comprehensive opioid management program in Medicaid and other state-run health programs, and allowing for greater flexibility in opioid management program approaches in these programs.

• Expanding access to evidence-based MAT and recovery services, including related efforts to expand and strengthen the workforce and infrastructure for ensuring access to MAT in correctional facilities and upon reentry into society.

• Encouraging coordination and collaboration with the legal system, such as drug treatment courts and through pre-trial drug diversion programs, in the rehabilitation of members with drug-related offenses and underlying substance use disorders.

• Engaging policymakers on the evidence related to abuse deterrent formulations, how they may factor into prevention and treatment and other potential consequences.

• Encouraging further integration of primary and behavioral health care, including modernizing 42 C.F.R. Part 2 to allow the confidential sharing of information on substance use diagnosis and treatment to improve access, quality and care coordination.
Collaboration Is Needed Across the Public and Private Sector for Effective Solutions

Health plans are leading. But to effectively address the opioid crisis, it must be addressed comprehensively, from law enforcement and the justice system, social services agencies, community housing programs, and state Medicaid programs, to physicians and other health care providers, pharmacists, health plans, pharmaceutical companies, and peer support organizations. Only through collaboration and cooperation can we further improve efforts for prevention, education, intervention and treatment.

In addition to the health plan initiatives in the private sector and within the Medicare Part D program, there are a number of other resources to help inform the Commission’s efforts. Along with the CDC’s prescribing guidelines, the Department of Health and Human Services has published a strategy on interventions to improve pain care, the Surgeon General has issued a report on facing addiction in America, the National Governors Association has released A Road Map for States and signed a compact to fight addiction, and the American Medical Association has created a repository of educational resources for physicians, just to name a few.

The consequences of opioid addiction and abuse hurt too many Americans, families and communities. But with the right leadership and collaboration between the private sector and government partners, we can – and will – solve this crisis. We encourage the Commission to engage a broad group of stakeholders and build on the resources already available in its efforts to deliver real results. AHIP and its member health plans stand ready to meet with the ONDCP and the Commission, and to work with you to prevent opioid misuse and addiction. If you have questions, or would like to arrange a meeting, please contact Kate Berry at (202) 778-3229.

Sincerely,

Marilyn B. Tavenner
President and CEO

cc: Secretary Tom Price, MD, Secretary, U.S. Department of Health and Human Services
Acting Director Richard Baum, Office of National Drug Control Policy