STATEMENT FOR THE RECORD

Submitted to the
Senate Committee on Health, Education, Labor and Pensions

The Federal Response to the Opioid Crisis

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America’s Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services to millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access and well-being for consumers.

We appreciate this opportunity to comment on the Administration’s response to addressing the pervasive opioid crisis. Opioid misuse and addiction is an urgent public health crisis in America, now the number one cause of death for those under 50 years old. 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.

This is a crisis we need to solve, and health plans are working hard to be part of the solution. Health plans are taking the lead and embracing a comprehensive approach to tackling opioid misuse and addiction, while ensuring access to effective treatment for patients. Health plans cover multi-faceted, effective approaches to pain management that include evidence-based treatments, more cautious opioid prescribing, and careful patient monitoring. By combining education, prevention, behavioral health care, and evidence-based treatment, health plans are making real progress in addressing addiction and improving the health and well-being of families and communities.

However, to effectively impact the opioid crisis, it must be addressed comprehensively by all stakeholders – from law enforcement and the justice system, to social services agencies, community housing programs, and state Medicaid programs, to physicians and other health care providers, pharmacists, health plans, and pharmaceutical companies. We commend the Administration’s establishment of the President’s Commission on Combating Drug Addiction and the Opioid Crisis and are eager to continue to work with the Commission on the actions health insurance providers are taking to help solve this crisis. The Federal government’s efforts, through the Commission, the Office of the National Drug Control Policy (ONDCP), the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the numerous other government agencies committed to addressing this crisis can serve as an important central conduit for collaboration between the public and private sectors.
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 of oxycodone use. From 2000 to 2015, more than half a million people in our nation died from drug overdoses and the majority of these deaths involved an opioid. Today, 142 Americans die every day from an opioid overdose.

Health plans have a unique view of how health care works, and how patients experience coverage and care. With that unique insight, they continue to expand and refine a comprehensive, multi-faceted approach to preventing and managing opioid misuse and related conditions, including:

- Developing community-wide consumer education campaigns to increase awareness of opioid abuse and misuse, consisting of marketing outreach, dedicated websites, school curriculum and related documentaries.

- Working closely with – and often directly employing – physicians, nurses, and pain management experts to ensure their members receive the safest, most proven, and most effective approaches to pain care. 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.

- Utilizing and promoting the CDC’s guidelines for prescribing opioids for chronic pain to encourage non-opioid pain care, cautious prescribing of opioids, and improved outcomes. The CDC recommendations include prescribing the lowest possible dose and shortest duration effective for each patient, and close patient monitoring.

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2 https://www.cdc.gov/drugoverdose/epidemic/
5 https://www.cdc.gov/drugoverdose/prescribing/guideline
• 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.

• Pursuing effective provider incentive structures to protect patient safety and affordability. These structures include medical management techniques, such as step therapy, prior authorization, and quantity limits consistent with best practices. Medical management is particularly beneficial when there is wide variation in practice and the potential for overuse or misuse of services.

• Facilitating coordination between physicians and pharmacies for patients who receive prescriptions from multiple providers and who may also be prescribed medications that have dangerous reactions with narcotic medications such as muscle relaxants or benzodiazepines.

• Leveraging data analytics to monitor pharmacy claims for prescription patterns that indicate someone at high risk of potential overuse or misuse. This includes information sharing 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.

• 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, along with treatment services such as counseling, peer support services, and community-based support groups. AHIP and our members support SAMHSA’s goal of increasing patient access to qualified practitioners waivered to prescribe Food and Drug Administration (FDA) approved controlled substances for use in maintenance and withdrawal MAT.

• 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 time. Efforts may include pre-release of Medicaid enrollment, enhanced care coordination efforts to ensure linkage to community-treatment providers, and recovery services to support stability during the transition home.
Recommendations to Improve Federal and State Efforts to Address the Opioid Crisis

To continue to address this issue, and to create an open dialogue with our members on effective solutions, AHIP has sponsored an opioid working group, which meets regularly. This group represents plans across the country that serve millions of consumers in every insurance market, from large national providers to small, Medicaid-only plans. It’s led by health plan physicians, pharmacists, and policy experts who share their expertise on the most effective strategies to address this public health crisis.

While health plans are working collaboratively across their communities to make real, measurable progress in addressing opioid misuse and addiction, there is no question that more must be done. To effectively solve the crisis, all stakeholders must do their part. Federal and State policymakers can be important conduits to drive collaboration between public and private stakeholders, and prioritize and promote best practice policy solutions. Based on feedback from AHIP’s opioid working group, we recommend Federal and State policymakers focus on the following:

- Expanding access to evidence-based MAT and recovery services, including related efforts to expand and strengthen the workforce and infrastructure. Unfortunately, the demand for these treatment services currently exceeds the supply, in part due to the process for providers to be certified to prescribe MAT and a shortage of behavioral health professionals generally. This also includes allowing for access to MAT in correctional facilities and upon reentry into society.

- Prioritizing research on pain and substance use disorder treatment to better evaluate effectiveness and impact on outcomes. This includes developing best practices and validated, evidence-based criteria for establishing “centers of excellence” in pain management and substance use disorder treatment.

- Improving the completeness, workflow integration, and interoperability of state prescription drug monitoring programs (PDMPs), and ensure plan access.

- Adopting a comprehensive opioid management program in Medicaid and other state-run health programs, and allow for greater flexibility in opioid management program approaches in these programs.
• Encouraging integration of primary and behavioral health care, including modernizing 42 C.F.R. Part 2 regulations to allow for the confidential sharing of information on substance use diagnoses and improvement to improve access, quality, and care coordination.

• Encouraging coordination and collaboration within the legal system, such as drug treatment courts and through pre-trial drug diversion programs.

• Assessing the available evidence and potential consequences of incentivizing abuse-deterrent opioid formulations, and how they may factor into prevention and treatment for patients and the potential to significantly increase costs without reducing the risk of abuse or addiction.

Conclusion

We thank the committee for considering our recommendations on this critically important issue. The consequences of opioid addiction and misuse hurt too many American families and communities. But with the right leadership and collaboration between the private sector and government partners, we can – and will – solve this crisis, and further improve efforts for prevention, education, intervention, and treatment. We encourage the Federal government to continue to engage a broad group of stakeholders and to build on the resources already available in its efforts to deliver real results. AHIP and our member plans stand ready to work with you to prevent opioid misuse and addiction.