



**Statement on  
“Managing Pain During the Opioid Crisis”**

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

**February 12, 2019**

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.

AHIP members experience first-hand the complications and consequences of the opioid public health crisis, including those affecting our nation’s most vulnerable populations. Though no one should be debilitated by unrelenting pain, no one should live with the disease of opioid addiction either. AHIP continues to work collaboratively with other national and regional stakeholder partners to help unravel and solve the nation’s multi-faceted opioid crisis. Insurance providers continually work with Congress, state and community leaders, and health care providers to develop and implement the safest, most proven, and most effective policies and solutions that help people manage pain, prevent opioid misuse and abuse, and overcome the disease of addiction.

**Health Insurance Providers Are Committed to Working With Others to Overcome the Challenges Surrounding Pain Management**

In light of the nation’s opioid epidemic, clinicians, health insurance providers, and patients are increasingly evaluating non-opioid care treatments as a first-line option for the treatment of pain. As we move from routinely prescribing opioids for pain, we all have a role to play to ensure patients receive effective pain care. This includes increased efforts to support improved

functionality and quality of life, as well as patient education and empowerment. Both clinicians and health insurance providers together will need to manage the new realities of a comprehensive, integrated, patient-focused pain management approach. The importance of the behavioral health and education components of pain management cannot be overemphasized.

There are a number of current challenges we must work together to overcome:

1. **Pain is subjective and chronic pain is complex.** Chronic pain is a multidimensional experience that, like other chronic conditions, may have multiple contributors. Each person's pain experience and suffering is unique and influenced by several variables, making it difficult to assess, diagnose, and treat in many patients. Since there are many contributors to the patient's experience of chronic pain, a "one-size-fits-all" treatment approach does not exist. Effective management of pain may demand a multimodal and multidisciplinary assessment and treatment plan where goals may include reducing pain, restoring function, cultivating well-being, and/or improving quality of life.
2. **More research is needed on all forms of pain management treatments.** Some reliable and available evidence exists for treatment of different kinds of pain, but it is limited in specificity, and clinicians may not be aware of the different non-opioid treatment options that may be available. Longer-term comparative studies are needed regarding non-opioid, pharmacological, non-pharmacological, and other interventions (and how they might be combined) to build upon the current evidence base about what treatments work best for which types of pain patients, and expected outcomes over time (e.g., a year or more).
3. **Build consensus on what constitutes effective pain care for different kinds of pain and how it can be measured.** There are a multitude of clinical guidelines and other policies available with recommended pain treatment practices, but there is little consensus on how to define or measure effective pain care. Clinicians and their patients would benefit from practical, easy-to-follow guidance to help identify which interventions (or combination of interventions) are most likely to improve outcomes for the patient given the existing evidence base.
4. **Better training and tools are needed.** Clinicians and care team members need additional training, tools, and support to understand which non-opioid interventions might be best suited for which types of pain. This includes the combination or sequence of interventions, the number of attempts and visits that are appropriate for the patient based on their diagnosis and current symptoms, what to do next if that number has been reached, and the most appropriate

provider of those interventions. Additional resources and support are also needed to help patients, employers, policymakers, caregivers, health insurance providers, and the public better understand the characteristics of a pain treatment model and the benefits and risks of available interventions. As this body of evidence develops, guidelines and policies should undergo timely and appropriate review to ensure new evidence can be incorporated.

5. **The social determinants of health play a critical role in pain care.** Many factors such as health insurance coverage status, access to transportation, type of employment, language, physical and cognitive disabilities, and other factors impact an individual's access to care. Clinicians and health insurance providers should consider how these characteristics may impact pain care and strive to convey information as clearly and simply as possible to help patients understand their treatment options and make an informed choice that works best for them.

Changing how we approach the treatment of pain will take time, commitment, and multi-stakeholder collaboration. Clinicians will collectively need to build their knowledge of pain management treatments; this may require additional training to understand which intervention is most appropriate for which patients, based on available and emerging evidence. Allied health professionals will need to adopt a collaborative, team-based care management approach within their training and culture. As additional research becomes available, health insurance providers will need to refine coverage policies to ensure patients can access safe, effective, appropriate and efficient care, delivered by qualified practitioners.

These changes represent a cultural transformation that will take time and impact all stakeholders across the health ecosystem and will entail significant investments in the development and dissemination of knowledge.

We thank the committee for this opportunity to provide comments.