STATEMENT

of the

American Medical Association

for the Record

House Committee on Energy and Commerce

RE: Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives

October 25, 2017

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The American Medical Association (AMA) recognizes the need for continued and increased physician leadership, a greater emphasis on overdose prevention and treatment, and the need to coordinate and amplify the efforts and best practices already occurring across the country. Much more work remains to reverse the nation's opioid epidemic and the AMA, our partners on the AMA Opioid Task Force, and physicians across the country are committed to doing what is necessary to end the epidemic. It is clear, however, that the nation's opioid-related overdose and death epidemic will not end until there is a national commitment to ensure that patients receive comprehensive, multimodal pain care and access to treatment for substance use disorders and that the necessary resources are available to meet those goals.

The AMA continues efforts to urge physicians to use prescription drug monitoring programs (PDMPs), make judicious prescribing decisions, enhance their education, and co-prescribe naloxone, and the statistics show that some positive changes are occurring:

- Between 2012 and 2016 the number of opioid prescriptions decreased every year by a total of more than 43 million—a 16.9 percent decrease. Every state saw a decrease.
- From 2014-2016, the number of health care professionals registered with their state's PDMP increased 180 percent to more than 1.3 million.
- In 2016, physicians and other health care professionals used PDMPs 136.1 million times, at 121 percent increase since 2014.
- In 2015 and 2016, 118,550 physicians completed courses on opioid prescribing, pain management, addiction and related areas.
- In the first two months of 2017, 32,659 naloxone prescriptions were dispensed, an increase of 340 percent from the 2016.

On each of these measures, there has been progress. Yet these efforts are not enough. The number of overdose deaths continues to rise.

The two most important metrics that must drive public policy remain improved patient outcomes and reduced opioid-related overdose and death. Central to improving outcomes on these measures is access to and support for treatment for both non-opioid pain care and comprehensive treatment for substance use disorders.

We applaud the committee's hard work on the Comprehensive Addiction and Recovery Act (CARA) and appreciate that Congress provided funding for grants to states for opioid treatment and other programs as part of the 21st Century Cures Act. However, more resources are needed, especially for treatment programs. Right now, only a small percentage of individuals who need substance use disorder treatment programs have access to them. We urge Congress to fully fund CARA and make additional investments to increase desperately needed treatment capacity.

We are confident that progress in areas such as PDMP use, education, and naloxone access will continue. More than 10,000 physicians became certified to treat patients with buprenorphine in the last year alone. These steps will help but, alone, they will not be enough. Further action is needed by Congress and the Administration to turn the tide on this epidemic. The President's Commission on Combating Drug Addiction and the Opioid Crisis has already identified several critical actions that must be taken.

First, waive Medicaid's 16-bed federal limit to treat patients with a substance use disorder. The AMA strongly supports the Commission's recommendation to "rapidly increase treatment capacity" and to "grant waiver approvals for all 50 states to quickly eliminate barriers to treatment resulting from the federal Institutes for Mental Diseases (IMD) exclusion within the Medicaid program." Given that only about 10 percent of the nearly two million patients with a substance use disorder can access treatment, it is essential that treatment capacity be increased as expeditiously as possible. Removing the 16-bed IMD exclusion is an important first step to increasing physicians' ability to care for patients with an opioid use disorder.

Second, suspend federal regulatory and other barriers to providing buprenorphine. The AMA supports eliminating the requirement for obtaining a special federal waiver to prescribe buprenorphine for the treatment of opioid use disorder. Even though the regulatory approach has eased somewhat over the past year, there still are considerable barriers in place. Removing the federal waiver requirement will give many more patients new access to treatment from physicians and other qualified health care professionals. The safety and effectiveness of medication assisted treatment (MAT) is well-established, and we need to do all we can to encourage more qualified clinicians to care for patients with an opioid use disorder.

Third, direct the Attorney General to enforce existing substance use disorder parity laws. We strongly agree with the recommendation to "enforce the Mental Health Parity and Addiction Equity Act." This can be done at both the state and federal levels, but America's patients also need your leadership to encourage health insurance companies and pharmacy benefit managers to end the type of prior authorization, step therapy, and fail first protocols that only serve as barriers to MAT and multimodal pain care. Some payers already have taken positive steps to remove some barriers, but this epidemic requires all payers to work with us to ensure access to care.

There are additional steps that we believe should also be taken to further efforts to address the current crisis:

Support implementation of the National Pain Strategy (NPS). The NPS was published in 2016 but little progress has been made on implementing its core elements to improve the state of pain care in the nation. The AMA believes that—along with comprehensive treatment of opioid use disorder—the capability to deliver multidisciplinary treatment of pain is also necessary to reverse the nation's opioid overdose and death epidemic. The NPS calls for developing a system of patient-centered integrated pain management practices based on a biopsychosocial model of care that enables health professionals and patients to access the full spectrum of pain treatment options, and it also calls for taking steps to reduce barriers to and improve the quality of pain care for vulnerable, stigmatized and underserved populations. NPS implementation will change the paradigm for treating pain and ensure that physicians can recommend all pain management modalities to patients and know that insurance plans will cover those

treatments. When payers use high deductibles, yearly limits on treatments such as physical therapy, and prior authorization to delay or deny care, patients often are left with few non-opioid pain treatments. In addition, employers need to recognize that patients may require time away from work to participate in therapeutic modalities so that opioid analgesics are not the only affordable option.

Encourage electronic prescribing of controlled substances (EPCS). Drug Enforcement Administration requirements for biometric devices limit user-friendly consumer electronics already found in physicians' offices, such as fingerprint readers on laptop computers and mobile phones, from being utilized for two-factor authentication in EPCS. This and other rules contribute to cumbersome workflows and applications which are an impediment to physician EPCS uptake. Encouraging EPCS uptake and interoperability of PDMP databases and electronic health records would improve the integration of controlled substance use data into practice workflows and clinical decision-making.

Improve access to Naloxone. If it were not for expanded use of naloxone, there would likely be tens of thousands more deaths from opioid-related overdoses. State policies have helped spur widespread access, but the AMA remains concerned that some patients may not be able to access this life-saving opioid antidote medication due to its high cost. The AMA urges manufacturers and health insurers to help ensure that first responders, community-based organizations, family members and patients can readily access and administer naloxone.

Strengthen state-based PDMPs. Physicians' consultation of these databases has increased from 61 million queries in 2014 to more than 136 million in 2016. PDMPs are now functional in almost every state, and most state PDMPs can share data. To expand the use of these clinical support tools, the AMA urges increased research and funding to help integrate PDMPs into electronic health records and physician workflow in a meaningful, user-friendly manner. In addition, the AMA supports efforts to identify best practices in PDMP use and implementation for others to learn from and potentially emulate.

Integrate opioid epidemic solutions into federal payment programs. Federal payment and delivery system reforms provide opportunities to better support and incentivize clinicians who enhance their education on pain management and safe prescribing, become certified to prescribe buprenorphine, co-prescribe naloxone, utilize PDMP data in clinical practice, and coordinate treatment and support services for patients experiencing pain and/or addiction. The AMA recommends that, as they design new payment models, health programs such as Medicare and Medicaid prioritize innovative approaches to preventing and treating pain and addiction.

Support state-based innovations. In the past 2-3 years, several hundred new policies have been enacted at the state and local levels to address the opioid epidemic. The AMA strongly urges that efforts be undertaken to fully evaluate how these new laws and policies affect access to treatment for opioid use disorder, impact pain care, or might be associated with unintended consequences. As the nation's opioid epidemic is increasingly fueled by heroin and fentanyl and other illicit, synthetic derivatives, the AMA urges the Commission to take a hard look at how public policies focusing on opioid supply need to be balanced by policies that offer a measure of hope to those individuals and families already affected by this epidemic.

Support continued Medicaid coverage for treatment of opioid use disorders and pain management. The Medicaid expansion under the Affordable Care Act has been a path to treatment for hundreds of thousands of individuals with opioid use disorders. Such treatment must be sustained in any future health system reform legislation or regulation. In addition, Medicaid also provides insurance coverage that is critical to treatment of acute pain so that it does not become chronic pain, as well as treatment of mental health issues that people with opioid use disorders often have.

Thank you for the opportunity to present these views. The AMA looks forward to working with the Committee, Congress as a whole, and the Administration to turn the tide of this epidemic.