VOICES FOR NON-OPIOID CHOICES

January 14, 2020

Representative Diana DeGette, Chair
Representative Brett Guthrie, Ranking Member
Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chair DeGette and Ranking Member Guthrie,

On behalf of Voices for Non-Opioid Choices ("Voices"), we are pleased to submit this statement for the record of the hearing entitled **"*A Public Health Emergency: State Efforts to Curb the Opioid Crisis*."** We applaud the Subcommittee for continuing to address the epidemic of substance use in the United States. To that end, we believe no discussion of substance use, and the commensurate Congressional response, is sufficient without considering how to prioritize prevention. Congress, along with the Trump Administration, must tackle the problem of substance abuse on multiple fronts – supporting states to offer treatment options to their citizens, as well as amplifying preventive efforts to avoid the development of substance use disorder.

Voices is a nonpartisan coalition dedicated to one proven method of preventing substance misuse -- ensuring patient and provider access to safe and effective non-opioid pain management therapies. Our 31 members include groups representing licensed healthcare professionals, such as physicians, nurses, dentists, therapists, as well as patient advocacy groups, students, individuals in recovery and retirees. We are united in our belief that it is crucial to prevent addiction before it starts by increasing the availability and utilization of non-opioid approaches through responsible policy changes.

The over-prescription of opioids following an acute pain incident is a significant contributing factor to the current U.S. opioid epidemic. On average, patients receive 80 opioid pills to manage pain following a surgical procedure, which is typically well above what is necessary to help these patients adequately control their symptoms.[1] Every year in our country, three million Americans become persistent opioid users following surgery.[2] Unfortunately, some of these users will go on to develop substance use disorder and never recover.

Leading practitioners, researchers and health care experts know how to reverse this trend without sacrificing quality pain management. Increased use of non-opioids has been proven in peer-reviewed

[1] Bicket M, et al. Prescription opioid oversupply following surgery. Journal of American Pain Society 2017.
[2] Brummett CM, Waljee JF, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. Published online June 01, 2017152(6):e170504. doi:10.1001/jamasurg.2017.0504

studies to reduce unnecessary opioid use after surgery,[3] and research on the benefits of multimodal approaches to pain management, which prioritize non-opioid use and minimize opioids, shows that such approaches provide better patient outcomes than patients receiving opioids following surgery.[4]

We have made progress on many fronts combatting the opioid epidemic, including slight decreases in overdose deaths and some modest reductions in opioid prescribing rates in certain populations. Without additional action to prevent substance misuse, however, we are at risk of stalling this progress. Medicare policy continues to prioritize less expensive opioids over the life-saving potential of non-opioids in the surgical setting.

<u>We look to Congress and the Administration to act to prevent opioid misuse by promoting broad use of non-opioid treatments as a first-line therapy for acute pain across all treatment settings.</u>

Last year, the Centers for Medicare and Medicaid Services (CMS) wisely adopted a policy change that would provide separate reimbursement for non-opioid pain management approaches provided during surgery to patients treated in an Ambulatory Surgery Center (ASC). This was a welcomed change that appropriately incentivizes the utilization of non-opioid therapies. Unfortunately, because most surgeries performed in the United States every year occur in a hospital outpatient department (HOPD) setting, CMS has not yet taken sufficient action to ensure that these patients can access available pharmacologic and non-pharmacologic non-opioid approaches to alleviate their acute pain. For example, many common orthopedic procedures take place in the HOPD setting and are not eligible to be performed in the ASC. The estimated 8 million Medicare patients who undergo these procedures every year are therefore unable to reasonably access non-opioid pain management approaches.

Given that most of these procedures – and associated opioid prescribing – take place in the HOPD setting, we urge Congress to work with the Administration to adopt reimbursement policies that better incentivize the utilization of non-opioid approaches for pain management. This is why we are pleased to support H.R. 5172, the "***Non-Opioids Prevent Addiction In the Nation Act***" or the "***NOPAIN Act***" introduced by Representatives Terri Sewell (D-AL) and David McKinley, P.E. (R-WV). The NOPAIN Act would change this policy by directing CMS to provide separate Medicare reimbursement for non-opioid treatments used to manage post-surgical pain in both the hospital outpatient department (HOPD) and the ambulatory surgery center (ASC) settings.

Congress and the Administration must continue to work hand-in-hand to solve the substance abuse emergency currently taking place in the United States, and specifically the issues around opioids. We hope that commonsense solutions and changes to outdated policies can help increase access to non-opioid approaches to pain management and therefore prevent opioid addiction or dependence from ever occurring after an acute pain incident such as a surgical intervention.

We look forward to your continued work on solving the crisis and stand available to answer any questions.

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[3] Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty*. 2018;33(1):90-96.

[4] Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs With the ERAS® Minimally Invasive Transforaminal Lumbar Interbody Fusion Compared With Conventional Minimally Invasive Transforaminal Lumber Interbody Fusion. *Neurosurgery*. 2017. [epub ahead of print]

Sincerely,

Chris Fox
Executive Director