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ONE HUNDRED FIFTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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May 2, 2018

The Honorable Michael Botticelli
Executive Director
Grayken Center for Addiction
Boston Medical Center
715 Albany Street
Boston, MA 02118

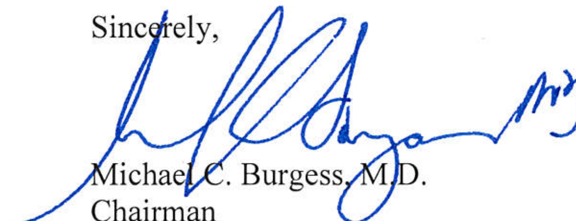
Dear Mr. Botticelli:

Thank you for appearing before the Subcommittee on Health on April 11, 2018, to testify at the hearing entitled "Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on May 15, 2018. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Michael C. Burgess, M.D.

1. The National Association of Boards of Pharmacy reports that 39 states already mandate use of PDMPs. What has your experience been in using PDMPs to combat the opioid crisis? What is your sense on how providers and dispensers view the usefulness of PDMPs?

2. Numerous studies have found that Medicaid enrollees have excessive burdens of chronic pain and are at a much higher risk of substance use disorders compared to populations with other types of insurance. Similar studies have found that Medicaid enrollees are thus at heightened risk for prescription opioid misuse and were five to six times as likely to die from opioid-related overdose compared to populations with other types of insurance. Because of this, according to the authors of one such study, which I quote: "reducing the number of unsafe prescriptions of opioids in the Medicaid population should be a priority for any drug control policies." I believe that we have several bills before us today that will help achieve that goal. Our Pharmacy Home Bill, our PDMP Bill, and our DUR bill for example. Do you believe that these policies will help to advance the important goal of reducing the number of opioids in the Medicaid population?

3. The Medicaid HUMAN CAPITAL Act would provide enhanced funding for states to recruit highly-experienced Medicaid directors, Chief Information Officers, and Chief Financial Officers. In Mr. Douglas's testimony, he discusses the importance of strengthening Medicaid's role as a payer in combatting opioid misuse. He notes "Congress should implement policies that support state recruitment and retention of strong Medicaid executive leadership," because as he explains, a stable and strong state leadership will be best equipped to respond to the opioid crisis and further public health crises." In your opinion, is it helpful to improving Medicaid's role in addressing the opioid epidemic and other public health challenges by helping states secure the most talented, innovative, and experienced leadership possible?

4. I am interested in the draft that proposes a demonstration project to increase provider capacity in Medicaid for treating substance use disorder. States could apply to use the funds to recruit or train current or new providers. However, I do have several concerns with the idea. Given all the funds that Congress has authorized to support provider capacity such as GME as well as grants from HRSA, SAMSHA, and CDC. Is this idea duplicative? I am also unclear why we would start a new program when those are well established and have staff that understand workforce capacity. Can you comment on that?

The Honorable Frank Pallone, Jr.

1. The need for access to opioid use disorder treatment is growing for Medicare beneficiaries. Unfortunately, a number of gaps in coverage exist that limit beneficiaries' options for receiving treatment.

2. What are some of the existing opioid use disorder treatment gaps in Medicare and why are these important to resolve?

3. We have heard how the best treatment for opioid use disorder includes both medication and behavioral therapies. Medicare covers some, but not all of these necessary treatments, specifically Methadone for maintenance therapy for opioid use disorder is not available for Medicare beneficiaries who require

4. Why is it important to include all aspects of opioid use disorder treatment for beneficiaries suffering with substance abuse?

5. How can we expand the scope of services existing providers offer and increase the overall numbers of providers available to treat substance abuse disorders?

6. What areas would you recommend CMS focus on to improve opioid use disorder treatment?

7. How can Medicare assist in increasing the number of MAT prescribers available to treat opioid use disorders?