



STATEMENT FOR THE RECORD

**Submitted to the
House Energy and Commerce Committee**

Federal Efforts to Combat 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 issues surrounding 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.

As leaders of America's health insurance providers, we have seen the tragic consequences of the opioid crisis. It has harmed our members and their families, and it has weakened our communities. We share the committee's commitment to reducing the number of addictive substances in American communities, and to dramatically reducing the chronic condition of addiction.

On October 20, AHIP and a panel of health plan leaders – including chief executive officers, chief medical officers, and physician executives from AHIP member companies – participated in a public meeting held by the President's Commission on Combating Drug Addiction and the Opioid Crisis. Our industry delivered a clear message: the health plan community is committed and taking concrete steps to stem the opioid crisis and effectively treat drug addiction.

While testifying before the President's Commission, our members highlighted important examples of a comprehensive, integrated approach to reduce the use of opioids and cover and provide treatments and services that include both physical and behavioral health. They presented strategies such as non-opioid pain alternatives, medical management techniques, and provider training that they are using on the front lines to combat the opioid crisis. They also described cutting edge data analytic tools that are being used to identify at-risk individuals and inform future treatment efforts. Additionally, plans highlighted areas of potential improvement including privacy reform (42 CFR Part 2) to improve appropriate access to patient information regarding opioid use and the shortage of providers who are trained to provide medication-assisted treatment (MAT).

Our members' leadership in addressing the opioid crisis is further demonstrated by a new effort we announced last week – the Safe, Transparent Opioid Prescribing (STOP) Initiative – to support the

widespread adoption of clinical guidelines for pain care and opioid prescribing. The STOP Initiative begins with a robust, evidence-based methodology that health plans can use to measure how care provider practices compare to the Centers for Disease Control and Prevention's (CDC) Guidelines for Prescribing Opioids for Chronic Pain. This measurement will help health plans and care providers collaborate to improve adherence with the CDC guidelines, significantly improving patient safety and reducing the risk of opioid misuse. The STOP Initiative establishes an industry-wide approach to measuring performance against the CDC guidelines, tracking and reducing the number of opioid prescriptions.

Our members recognize that collaboration among all stakeholders is essential to achieving progress in the opioid crisis. Accordingly, health plans are actively engaged with social services agencies, state Medicaid programs, health care providers, pharmacists, and pharmaceutical companies to advance solutions. Health plans have been working closely with federal, state, and health care leaders to find other safer, more effective ways to treat chronic pain; understand the crisis and develop strategies to address it; understand prescribing patterns and how they may affect dependence and addiction; and ensure patients struggling with addiction get the treatment and support needed for recovery.

Our statement focuses on: (1) effective strategies that health plans are developing and deploying to combat the opioid epidemic; (2) our members' commitment to mental health parity and substance use treatment; and (3) our recommendations for improving federal and state efforts to address the opioid crisis.

Health Plans are Combating the Opioid Epidemic

This is a crisis we need to solve, and health plans are working hard to be part of the solution. Health plans are 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.

Health plans have robust checks and balances in place to ensure that patients get the right medication in the right dosages for their conditions. These checks and balances include:

- Building high quality networks with quality doctors, pharmacies and facilities;
- Utilizing a sequenced approach, which guides patients through evidence-based pain management before prescribing an opioid;
- Requiring prior authorization for opioids, so health plans' clinical experts can work with doctors to ensure adherence to evidence and offer the most effective treatments; and
- When an opioid is prescribed, using the lowest dosage and shortest duration to effectively treat the individual's pain.

Health plans also analyze their data to identify potentially harmful prescribing patterns that trigger further review. When signs of fraud or abuse are detected, health plans investigate and work with law enforcement to stop it.

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:

- Education: 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.
- Partnering with Providers: 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. Health plans also develop an appropriate network of facilities and providers, identify centers of excellence, and collaborate with providers and emergency departments to facilitate appropriate triage and care coordination.
- CDC Guidelines: 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.¹ The CDC recommendations include prescribing the lowest possible dose and shortest duration effective for each patient, and close patient monitoring.

- Medical Management: 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.
- Physician-Pharmacist Coordination: 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.
- Data Analytics: 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.
- Support Programs: 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.
- Medication-Assisted Treatment: 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 the Substance Abuse and Mental Health Services Administration's (SAMHSA) goal of increasing patient access to qualified practitioners waived to prescribe Food and Drug Administration (FDA) approved controlled substances for use in maintenance and withdrawal MAT.
- Services for High-Risk Patients: 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

¹ <https://www.cdc.gov/drugoverdose/prescribing/guideline>

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.

Health Plans are Committed to Mental Health Parity and Substance Abuse Treatment

We fully agree that those who are struggling with an opioid use disorder need to have timely access to support for recovery and treatment. Health insurance providers offer services to members that include – in addition to MAT, as we discussed above – cognitive behavioral health counseling and recovery support. Because individuals struggling with addiction often have other chronic medical and behavioral health conditions, we strongly believe that these services must be customized and coordinated to ensure the best possible opportunity for recovery.

We support the protections established by the federal Mental Health Parity and Addiction Equity Act (MHPAEA), and health insurance providers have been working diligently to implement them. However, mental health parity still faces many issues. For example, the mechanisms to measure quality in mental health are much less developed than those that exist for medical or surgical care. There are no validated standards, certifications or accreditations for behavioral health facilities. Federal rules limit providers' ability to share substance use information, hindering efforts to support an individual through recovery. Laws and regulations that apply to mental health and substance use disorder treatment are subject to multiple jurisdictions and interpretations, making it difficult to comply with federal and state requirements.

To help improve mental health parity and treatment for those with a substance use disorder, we recommend two actions to modernize federal laws and guidelines: (1) modernizing existing regulations (42 C.F.R. Part 2) to allow providers to confidentially share information about a patient's substance use disorder diagnosis and treatment, for the purpose of improving access to treatment, enhancing treatment quality, and strengthening care coordination; and (2) encouraging the Department of Labor and the Department of Health and Human Services to provide guidance to states regarding mental health benefits and parity and to expand awareness regarding federal jurisdiction and state roles. This will help ensure clarity on which rules and guidelines govern, and also assure that federal and state guidelines do not conflict regarding mental health parity.

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 is 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 ensuring plan access.
- Adopting a comprehensive opioid management program in Medicaid and other state-run health programs, and allowing 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 – as we recommend above – to allow for the confidential sharing of information on substance use diagnoses to improve access, quality, and care coordination.
- 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 are committed to helping America overcome the opioid addiction epidemic. But no one entity can overcome this crisis alone. If we are to succeed, we must all come together – including federal and state leaders, physicians and health care systems, health insurance providers and community organizations, employers, and pharmaceutical manufacturers and distributors. Each of us offers an important perspective into the health care system and the patient experience. We welcome opportunities to collaborate with other stakeholders to find solutions that provide patients with pathways to healing, without increasing their risk of addiction.