The Honorable Greg Walden
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Energy and Commerce Committee
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Burgess
Chairman, Health Subcommittee
House Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member, Health Subcommittee
House Energy and Commerce Committee
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Walden and Burgess, Ranking Members Pallone and Green:

The Pew Charitable Trusts (Pew), a non-profit, non-partisan research and policy organization, works to develop and support state and federal policies that: 1) reduce the inappropriate use of prescription opioids while ensuring that patients with medical needs have access to pain control and 2) expand access to effective treatment for substance use disorders, including medication-assisted treatment. As part of this effort and at the request of state officials, Pew's Substance Use Prevention and Treatment Initiative has provided recommendations to Indiana and Wisconsin[i] outlining ways to improve access to high-quality treatment.

Actions to address the opioid crisis are urgently needed. Pew commends the House Energy and Commerce Committee for its efforts to combat this public health and safety issue. We believe that certain legislative proposals now under consideration by the Committee could reduce harms associated with the opioid crisis. Any comprehensive legislation should reduce inappropriate use of opioids; improve access to, and the quality of, treatment for substance use disorders; and support long-term recovery.

This letter focuses on legislative proposals that would improve access to high quality treatment for people with substance use disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 20.1 million of Americans aged 12 or older have a substance use disorder.[ii] The effect of untreated disease is substantial. Prescription and illicit opioids alone claim 115 lives per day.[iii] Stopping these preventable deaths must be a priority. Therefore, **we encourage the Committee to prioritize those legislative proposals that increase the availability of comprehensive and evidence-based treatment for opioid use disorders (OUD), improve care provided to vulnerable populations, and evaluate innovative payment models that support provider engagement and improve the quality of care.**

Comprehensive and Evidence-based Care

A conclusive body of research has demonstrated that medication-assisted treatment (MAT) is the most effective approach to treating OUD. MAT combines one of the medications approved by the Food and Drug Administration (FDA) for the treatment of OUD—methadone, buprenorphine and naltrexone—with behavioral therapies, such as counseling. Patients who receive MAT remain in therapy longer than people who do not and are less likely to use illicit opioids.[iv] In addition, the use of MAT decreases overdose deaths[v] and improves other health outcomes, such as the transmission of infectious diseases, including HIV and hepatitis C.[vi]

The medications approved by the FDA for the treatment of OUD each work differently. Like other chronic diseases, the right medication depends on patient needs. Therefore, to ensure patients have access to the most effective OUD treatment for them, public and private insurers should cover all FDA-approved medications. The Medicare Beneficiary Opioid Addiction Treatment Act (H.R. 4097), for example, would require Medicare coverage of methadone dispensed in Medicare Part B, which could potentially close a gap in availability of effective treatment. Additionally, many state Medicaid programs do not cover methadone for the treatment of OUD[vii] and may require prior authorization or other processes that restrict access to medications. Medicaid programs should streamline access to these three medications to the greatest degree possible, for people in both fee-for-service (FFS) and Medicaid managed care organizations (MCOs).

Pew encourages legislation that supports availability of the full continuum of services outlined in evidence-based guidelines from the American Society of Addiction Medicine.[viii] Levels of care range from early intervention and outpatient treatment to medically-managed intensive inpatient services. The right level for any individual in treatment depends on the severity of his or her disease, co-occurring disorders, the stability of his or her social situation, and other factors. It is important to note that outpatient settings may provide an appropriate level of care for many patients. A discussion draft proposes to provide federal matching funds to Medicaid programs that provide inpatient care for individuals in institutions of mental disease (IMDs). Pew encourages the Committee to include safeguards, such as requiring facilities conduct assessments that demonstrate inpatient treatment is the appropriate level of care for patients, provide medication-assisted treatment and facilitate coordination of continued care when a patient is released.

Ensuring the quality of treatment is also critical. By requiring programs seeking funding from the Department of Health and Human Services to provide documentation to substantiate that substance use disorder treatment services are evidence-based, the Reinforcing Evidence-Based Standards under Law in Treating Substance Abuse Act (H.R. 5272) is an important step toward safeguarding patients from ineffective, unproven, or potentially dangerous interventions.

Finally, while these proposals represent important steps, insurance coverage does not equate to treatment access. Frequently, patients encounter other barriers to treatment, including the limited availability of treatment providers and facilities. This problem is exacerbated in rural areas where patients often travel lengthy distances to receive OUD treatment. Proposals such as the Access to Telehealth Services for Opioid Use Disorders Act could improve access by allowing the Secretary of Health and Human Services to waive some Medicare telehealth requirements.

OUD Treatment for Vulnerable Populations

Pew supports the Committee's efforts to craft legislation that promotes access to lifesaving OUD treatment for vulnerable populations. Individuals released from jails and prisons are at a higher risk of an opioid overdose. In the first week post-release from prison, they are more than twice as likely to die from an overdose as any other cause.[ix] The Medicaid Reentry Act (H.R. 4005), which provides for Medicaid coverage in the 30-day period prior to release from a public facility, has the potential to protect against the heightened risk of overdose when these individuals transition into the community setting by allowing an early initiation of care. To increase the value of this proposal, the Committee should encourage the availability of multiple formulations of FDA-approved medications in public facilities.

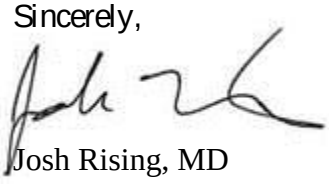
Pregnant and post-partum are another patient population with a heightened need for treatment. A legislative proposal would expand Medicaid coverage for inpatient treatment for postpartum women for up to twelve months following delivery. In moving this proposal forward, we encourage the Committee to ensure that the bill is revised to allow postpartum women access to outpatient OUD treatment, as recommended in evidence-based guidelines.

Innovative Payment Models

Pew supports efforts of the Committee to include proposals that would study reimbursement models intended to ensure evidence-based and cost-effective treatment. For example, the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act would create a five-year demonstration program for alternative payment models for outpatient OUD treatment services. The proposal would expand access to medication-assisted treatment for Medicare beneficiaries and generate data to assess the cost-effectiveness of a managed-care like model that involves a multi-disciplinary team, including physicians, counselors, nurses and social workers. Similarly, H.R. 3331, which would test the use of incentive payments to behavioral health providers to adopt electronic health records, could improve care coordination by facilitating exchange of information between a patient's medical and behavioral health providers.

Thank you for your continued dedication to addressing the nation's opioid crisis. Pew welcomes the opportunity to work with you to reduce the human toll related to the opioid crisis. Please do not hesitate to contact me at jrising@pewtrusts.org or 202-540-6916 with any questions.

Sincerely,



Josh Rising, MD
Director, Health Programs

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[ii] Substance Abuse and Mental Health Services Administration. SAMHSA Shares Latest Behavioral Health Data, Including Opioid Misuse. October 10, 2017. https://newsletter.samhsa.gov/2017/10/12/samhsa-new-data-mental-health-substance-use-including-opioids/?doing_wp_cron=1523373181.4140830039978027343750.

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[v] Robert P. Schwartz et al., "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009," American Journal of Public Health 103, no. 5 (2013): 917–22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653.

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[vii] https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0623

[viii] American Society of Addiction Medicine. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24

[ix] Binswanger IA et al. *Ann of Intern Med. 2013;* 159 (9): 592-600.