

June 11, 2018

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Senator
221 Dirksen Senate Office Bldg.
Washington, D.C., 20510

Chairman Hatch and Ranking Member Wyden:

In February 2018, the Pew Charitable Trusts (Pew) submitted a letter for your consideration that outlined urgent actions needed to address the country's opioid epidemic. Pew a non-profit, non-partisan research and policy organization, through its Substance Use Prevention and Treatment Initiative, is working to develop and support state and federal policies that: 1) reduce the inappropriate use of prescription drugs; and 2) expand access to effective treatment for substance use disorders.

According to the Centers for Disease Control (CDC), prescription and illicit opioids alone claim 115 lives per day. Stopping these preventable deaths must be a priority. Actions to address the opioid crisis are urgently needed, and Pew commends the Senate Finance Committee for its efforts to combat this public health and safety issue that are laid out in the legislative package announced on May 23rd.

Pew's February letter to the Senate Finance Committee advocated for legislation that would reduce inappropriate use of opioids, prevent harm from the drugs and improve access to, and quality of, treatment for substance use disorder. Thank you for considering Pew's recommendations. Specifically, Pew's letter outlined three primary policy changes within the Committee's jurisdiction where legislation could improve access to high-quality substance use disorder treatment:

- *Medicare and Medicaid coverage of FDA-approved medications;*
- *Medicare and Medicaid coverage of all levels of care;*
- *Innovative treatment models.*

A conclusive body of research demonstrates that medication-assisted treatment (MAT) is the most effective way to treat opioid use disorder (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 non-drug therapies, such as counseling. People who receive MAT are less likely to die of overdose, use illicit opioids and contract infectious diseases such as HIV and hepatitis C.ⁱ Furthermore, patients who receive MAT remain in therapy longer than people who do not and are less likely to use illicit opioids.ⁱⁱ

Despite evidence of its effectiveness, fewer than one-quarter of publicly-funded treatment programs offer any of the FDA-approved medications.ⁱⁱⁱ Of those state Medicaid programs that do provide coverage, all three FDA-approved medications, especially methadone, are not always available to patients seeking treatment for OUD.^{iv} The Committee's ability to broaden access to MAT is one of the most powerful, lifesaving tools within its jurisdiction.

Medicare and Medicaid coverage of FDA-approved medications

Pew encourages policy changes to Medicaid that would ensure coverage of all three medications to the greatest degree possible and ensure an adequate provider network is available, for patients in both fee-for-service (FFS) and Medicaid managed care organizations (MCOs). As the Committee considers legislation to address the opioid crisis, Pew advises that legislative proposals that address OUD treatment facilitate access to the full spectrum of drugs and behavioral therapies recommended by clinical guidelines. It is also important that federal funding be directed toward evidence-based care.

Pew commends the Committee's efforts to advance the understanding of barriers in Medicaid preventing the availability of treatment. Various bills under consideration, such as the Assessing Barriers to Opioid Use Disorder Treatment Act (S. 2909) would require the GAO evaluations of current treatment offerings. We would respectfully request that the Committee consider adding opioid treatment programs (OTPs) as an area of analysis in these assessments. OTPs are state and federally-regulated facilities, and the only venue where methadone is available for OUD treatment, making OTPs essential for optimizing treatment availability.

Another area of immediate impact would be providing Medicare coverage for methadone in OTPs. A 2017 report from the Department of Health and Human Services Inspector General found that one in three Medicare Part D beneficiaries received a prescription opioid in 2016.^v According to that report, nearly 90,000 of those beneficiaries are at serious risk for opioid misuse or overdose. Despite this growing risk, outpatient opioid addiction treatment using methadone is currently inaccessible to Medicare beneficiaries, restricting access for older adults to evidence-based care. The Medicare Beneficiary Opioid Addiction Treatment Act (S. 2704) would address this critical gap.

Medicare and Medicaid coverage of all levels of care

The American Society for Addiction Medicine (ASAM) has established principles^{vi} outlining levels of care that 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. However, not all state Medicaid programs cover all levels of care.^{vii}

Pew supports policies that ensure Medicaid FFS and MCOs provide beneficiaries access all levels of care, when appropriate. The Securing Flexibility to Treat Substance Use Disorders Act (S. 2921) currently under consideration by the Committee addresses coverage of inpatient treatment services furnished in institutions for mental disease (IMD). Coverage for extended inpatient services can be essential for certain patients, yet not everyone suffering for substance

use disorder may need this type of intervention. Less-costly and equally effective outpatient treatments can be clinically appropriate.

When considering legislation to lift the exclusion of IMD's from coverage, Pew encourages the Committee to include safeguards, such as requiring facilities to conduct assessments that demonstrate inpatient treatment is the appropriate level of care for patients, provide MAT and facilitate coordination of continued care when a patient is released. These safeguards are necessary to ensure patients receive the appropriate quality and evidence-based care. Additionally, these levels of care should be considered as part of Medicaid analyses required by the proposed Opioid Addiction Treatment Programs Enhancement Act (S. 2912). This CMS report would provide critical data on the prevalence of substance use disorder treatment and the availability of treatment.

Innovative treatment models

Many states and local jurisdictions have implemented innovative treatment models that have shown significant promise in saving lives and improving other outcomes by connecting patients to MAT. Pew's February 2018 letter references multiple examples of emerging treatment models from across the country, many of which have benefitted from federal support. Legislation that advances alternative payment models could support the adoption of innovative treatment models at the state level.

In addition to provisions targeted at increasing access to treatment, Pew supports the Committee's efforts to increase transparency on gifts and payments to nurse practitioners and physician assistants from drug and device manufacturers as a way of reducing the harms of opioid misuse. Nurse practitioners and physician assistants write a substantial amount of opioid prescriptions in the United States. Expanding disclosure requirements to nurse practitioners and physician assistants as proposed in the Fighting the Opioid Epidemic with Sunshine Act (S. 2891) could help to protect patients from unnecessary prescribing of highly-addictive medication and ensure the integrity of our healthcare system.

As this legislative package moves forward, Pew encourages the Committee to prioritize proposals that increase the availability of comprehensive and evidence-based treatment for OUD, improve care provided to vulnerable populations, and evaluate innovative payment models that support provider engagement and improve the quality of care.

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 acoukell@pewtrusts.org or 202-540-6392 with any questions.

Sincerely,



Allan Coukell
Senior Director, Health Programs

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- ⁱⁱ Richard P. Mattick et al., “Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence,” Cochrane Database of Systematic Reviews 3 (2009): CD002209, <http://www.ncbi.nlm.nih.gov/pubmed/19588333> ; Sandra D. Comer et al., “Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial,” JAMA Psychiatry 63, no. 2 (2006): 210–8, <http://archpsyc.jamanetwork.com/article.aspx?articleid=209312> ; Paul J. Fudala et al., “Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone,” New England Journal of Medicine 349, no. 10 (2003): 949–58, <http://www.ncbi.nlm.nih.gov/pubmed/12954743>.
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- ^{iv} Colleen M. Grogan et al. “Survey Highlights Differences in Medicaid Coverage for Substance Use Treatment and Opioid Use Disorder Medications.” Health Affairs, December 2016. Vol. 35, No. 12 <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0623>
- ^v 1 Office of Inspector General, Department of Health and Human Services. (2017, July 13). Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing. <https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp>
- ^{vi} American Society of Addiction Medicine. ASAM Criteria. 2018. <https://www.asam.org/resources/the-asam-criteria/about>
- ^{vii} Colleen M. Grogan et al. “Survey Highlights Differences in Medicaid Coverage for Substance Use Treatment and Opioid Use Disorder Medications.” Health Affairs, December 2016. Vol. 35, No. 12 <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0623>