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September 6, 2018

The Honorable Mitch McConnell
Majority Leader
United States Senate
The Capitol, S-230
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
The Capitol, S-221
Washington, D.C., 20510

Dear Senators McConnell and Schumer:

The Pew Charitable Trusts (Pew) is a non-profit, non-partisan research and policy organization that uses evidence-based analysis to solve today's challenges. Pew develops and supports state and federal policies that expand access to effective treatment for substance use disorders (SUDs). Pew provides technical assistance to states that request Pew's expertise and support with a formal invitation from key state leadership, at no cost to the state. Pew's partnership with states is intended to assist in efforts to achieve a treatment system that provides quality SUD treatment and improved patient outcomes.

Based on Pew's work with state governments, we identified three primary policy changes where legislation could improve access to high-quality substance use disorder treatment. In letters to the Senate Finance Committee in February and June of this year, Pew outlined those policy changes, including:

- *Requiring Medicare and Medicaid coverage of FDA-approved medications to treat SUDs;*
- *Requiring Medicare and Medicaid coverage of all levels of care, from early intervention to medically-managed intensive inpatient services;*
- *Promoting innovative treatment models.*

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 for its efforts to combat this public health and safety issue.

The bill currently being considered in the Senate, the **Opioid Crisis Response Act of 2018** (the Act), includes many provisions that address barriers to accessing treatment for SUDs. As the Senate debates the Opioid Crisis Response Act, Pew asks that the Senate ensure that these three primary policy changes are retained.

Medicare and Medicaid coverage of FDA-approved medications

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 or naltrexone—with non-drug therapy, 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.[1] Furthermore, patients who receive MAT remain in therapy longer than people who do not and are less likely to use illicit opioids.[2]

Despite evidence of its effectiveness, fewer than one-quarter of publicly-funded treatment programs offer any of the FDA-approved medications.[3] Moreover, state Medicaid programs often fail to provide coverage of one or more FDA-approved medications—especially methadone—for patients seeking treatment for OUD.[4] Expanding access to MAT is one of the most valuable steps Congress can take to address the opioid epidemic.

It is imperative that the Senate ensure provisions are included in its final bill that expand access to MAT. **Section 1408** of the Act, which codifies the ability of qualified physicians to prescribe MAT for up to 275 patients, is a significant step in the right direction.

One of the most significant gaps that Congress could address is the lack of Medicare coverage for methadone provided in opioid treatment programs (OTPs). According to a 2017 report from the Department of Health and Human Services (HHS) Inspector General, nearly 90,000 Medicare Part D beneficiaries are at serious risk for opioid misuse or overdose.[5] Despite this situation, outpatient opioid addiction treatment using methadone is currently inaccessible to Medicare beneficiaries.

Section 2109 of the Act requires HHS to conduct a five-year demonstration to test Medicare coverage of, and payment for, opioid use disorder treatment services offered by OTPs. While Pew advocates for expansion of coverage for OTPs, the expanded coverage in Section 2109 is limited only to OTPs participating in the demonstration and will conclude after five years. Considering the thousands of Medicare beneficiaries currently at risk, Pew strongly encourages the Senate to consider including the provision of the House bill H.R. 6 which provides for Medicare bundled payments for opioid use disorder treatment services permanently (see **Section 2007 of H.R. 6**).

Medicare and Medicaid coverage of all levels of care

The American Society for Addiction Medicine (ASAM) has established principles outlining levels of care for SUD treatment that range from early intervention and outpatient treatment to medically-managed intensive inpatient services. [6] 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. Pew encourages the Senate to pass legislation that expands Medicaid and Medicare coverage and availability for all ASAM levels of care.

Based on Pew's work in states, a common barrier cited by providers is onerous prior authorizations for services associated with MAT. Pew supports the inclusion of **Section 2208** of the Act which

would require the Medicaid and CHIP Payment and Access Commission (MACPAC) to report on the utilization management controls applied to MAT to ensure that all levels of care are accessible.

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. These models are particularly important for promoting access to lifesaving OUD treatment for vulnerable populations who may have difficulty accessing medical care. The Act's provisions for expanding coverage of the use of telehealth services for treatment of OUD (**Sections 2012 and 2203**) serve as an example of how innovative treatment models are helping bridge critical gaps.

One vulnerable population omitted from the Senate bill is individuals released from incarceration. Individuals released from jails and prisons are more than twice as likely to die from an overdose as any other cause in the first week after their release. **Section 5032 of H.R. 6** promotes innovative state strategies to help incarcerated individuals who are eligible for medical assistance under Medicaid transition into the community by requiring the Centers for Medicare & Medicaid Services to issue best practices on designing demonstration projects to improve care transitions for individuals being released from custody. We recommend that the Senate include a similar provision in its final bill.

Pew supports the sections of the Opioid Crisis Response Act that encourage coordination and continuation of care throughout the treatment and recovery phases. Pew applauds the inclusion of **Section 1401**, which authorizes a grant program to establish Comprehensive Opioid Recovery Centers. As drafted in the Act, these Centers would provide an array of services to address all aspects of care from intake and evaluation, to MAT and behavioral therapy, to recovery services including housing and job placement.

Care coordination is an important aspect of any effective SUD treatment model. Emergency departments are often the front line in initiating treatment. **Section 1402** which requires HHS to issue best practices for the emergency treatment of drug overdoses, including the use of peer recovery coaches in emergency departments, is an important step in ensuring continuation of care following a non-fatal overdoes.

In addition to provisions targeted at increasing access to treatment, Pew supports the Act's provisions 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 substantial numbers of opioid prescriptions in the United States, and this provision would bring the same level of transparency on financial relationships that is already available for physician prescribers.

Pew encourages the Senate to pass the Opioid Crisis Response Act and 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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[1] 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.
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.

[2] 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.

[3] Hannah K. Knudsen, Paul M. Roman, and Carrie B. Oser."Facilitating Factors and Barriers to the Use of Medications in Publicly Funded Addiction Treatment Organizations," Journal of Addiction Medicine 4, no. 2 (2010): 99–107, https://www.ncbi.nlm.nih.gov/ pubmed/20835350;
Hannah K. Knudsen, Amanda J. Abraham, and Paul M. Roman, "Adoption and Implementation of Medications in Addiction Treatment Programs," Journal of Addiction Medicine 5, no. 1 (2011): 21–7, http://www.ncbi.nlm.nih.gov/pubmed/21359109.

[4] 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

[5] 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

[6] American Society of Addiction Medicine. ASAM Criteria. 2018. https://www.asam.org/resources/the-asam-criteria/about