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Association®

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June 12, 2018

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

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates your leadership in addressing the nation’s opioid epidemic and in introducing the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

We write in support of the following provisions in the Chairman’s Mark:

Section 101. Medicare Opioid Safety Education. The AHA recognizes that the nation’s seniors are experiencing increasing rates of opioid addiction and dependence. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of elderly Americans who misuse opioids has sharply increased since 2004, from 1.2 percent to a projected 2.4 percent by 2020. We support directing the Centers for Medicare & Medicaid Services (CMS) to employ trusted and easily understood publications, such as the “Medicare and You” Handbook, to share educational resources with Medicare beneficiaries regarding opioid use, pain management and alternative pain management treatments.

Section 103. Comprehensive Screening for Seniors. The AHA supports this provision, which would add review of beneficiaries’ opioid prescriptions, evaluation of pain severity, provision of information on non-opioid treatment options, appropriate referral to pain management specialists, and screening for potential substance use disorders to the “Welcome to Medicare” initial preventive physical examination. The opioid epidemic has taken a staggering toll on this nation. At the same time, we recognize that the undertreatment of pain can have a significant impact on individuals’ health and quality of life. As the health care field works to ensure that patients are neither undertreated for pain nor overprescribed opioids, we support efforts to improve pain care, and adding these elements to the initial Medicare physical examination would enhance the ability of providers to offer quality care to new beneficiaries.



Section 105. Standardizing Electronic Prior Authorization for Safe Prescribing. The AHA supports the standardization of electronic prior authorization. We encourage the Committee to require health plans and pharmacy benefit managers (PBMs) to develop standardized policies around the dispensing of opioids so that physicians and others authorized to write prescriptions can understand and explain to the patient any limitations or obligations the PBM is imposing on these medications. Such a requirement also would make it easier for pharmacies to understand a standardized policy, and it could be used to determine whether and in which cases refills would be allowed.

Section 107. Commit to Opioid Medical Prescriber Accountability and Safety for Seniors. The AHA supports the concept of timely notifications by CMS to outlier prescribers of opioids. We have heard from many clinician members who believe such notification would assist them in improving patient care. In addition, we support the concept of providing technical assistance to outlier prescribers of opioids. We encourage the committee to consider expanding eligibility for such assistance to other physicians who may not have been identified as “outliers,” but still may wish to benefit from technical assistance.

Section 208. Removing Lifetime Limits under Medicaid on Medication-Assisted Treatment (MAT) for Substance Use Disorders (SUDs). A recent report from the National Academies of Sciences, Engineering and Medicine (NASEM) underscores the gaps in the availability of MAT. AHA encourages the Committee to improve access to MAT for Medicaid beneficiaries by removing lifetime limits on this service.

In addition, the AHA supports the following amendments to the Chairman’s Mark:

Portman Amendment #2, the Medicaid CARE Act. The AHA strongly supports the Portman-Cardin-Brown Amendment to allow Medicaid beneficiaries aged 21-64 to receive inpatient services for SUD treatment in facilities with more than 16 beds. If the exclusion were eliminated, Institutions for Mental Diseases (IMDs) could expand access to services for patients with SUDs. This would be particularly helpful in improving access to treatment for those with severe or more complex SUDs, reducing wait times for treatment, and possibly reducing boarding of patients with substance use and mental health disorders who would benefit from inpatient treatment.

Nelson-Heller Amendment #1, the Opioid Workforce Act of 2018. The AHA strongly supports this amendment, which would reduce the shortage of opioid treatment providers by increasing the number of resident physician slots in hospitals with programs focused on SUD treatment. As the nation continues to struggle with the devastating public health crisis stemming from the opioid epidemic, we recognize that the shortage of SUD treatment providers has led to lengthy waiting periods for treatment and increased mortality from opioid misuse and addiction. A recent report from NASEM highlighted the dearth of clinicians with specialized training in MAT, and SAMHSA has estimated that only 10 percent of the 22 million Americans with a SUD receive treatment. This amendment would address these shortages by providing 1,000 additional Medicare-funded residency positions in approved residency programs in addiction medicine, addiction psychiatry or pain management. These new slots would constitute a major step toward increasing access to SUD treatment for communities across the nation.

Heller-Menendez-Isakson Amendment #1, the Opioid Addiction Action Plan Act. Stemming the tide of the opioid epidemic will require a sustained effort by the public and private sectors. The AHA supports the creation, in collaboration with stakeholders, of a Department of Health and Human Services (HHS) action plan on recommendations for changes to the Medicare and Medicaid programs to prevent addiction and improve access to treatment for addiction.

Menendez-Nelson-Brown-Carper-Casey Amendment #1, the Neonatal Abstinence Syndrome Guidance Act. The AHA is pleased to support this amendment, which would direct the HHS secretary to provide guidance to improve the care of infants with neonatal abstinence syndrome. Increasingly, hospitals' neonatal intensive care unit beds are occupied by infants born addicted to opioids. These infants are often underweight, premature and have other serious medical conditions that must be addressed. In addition, we support efforts to provide funding through grants or other mechanisms to provide the specialized care needed to give these infants the best chance at a full and healthy life.

Carper Amendment #1, Prescriber Participation in PDMPs. The AHA supports this amendment, which would require prescribers in the Medicaid program to participate in their state's prescription drug monitoring program and provide federal funds to states to improve the interoperability of that state's PDMP with other states' programs. Connecting PDMPs across state lines will bolster federal efforts to combat the opioid epidemic. We encourage the Committee to provide funding so that hospitals can purchase one of the few available software packages that improve the interoperability between the PDMP and their electronic health records (EHRs).

Whitehouse Amendment #3, the Best Practices for Prescription Drug Monitoring Programs. PDMPs are statewide electronic databases that collect designated data on substances dispensed in the state. In many hospitals and health systems, clinicians have to wait for 10 minutes or more for their state's PDMP program to load before they can look at the recorded history of prescriptions for the patient. We strongly support efforts to improve the functioning and interoperability of PDMPs. The AHA supports this amendment, which would require CMS to issue guidance to states on best practices to improve the accessibility of PDMPs.

Cardin Amendment #1, Screening for Substance Use in Youth and Adolescents. The AHA supports this amendment, which would clarify that children under 21 enrolled in Medicaid receive screening for tobacco, alcohol, and drug use through the program's Early and Periodic Screening, Diagnostic and Treatment Benefit. Substance use continues to pose a serious threat to the health status of the nation's youth. Data from HHS indicates that the rate of drug overdose deaths among adolescents is increasing, and half of drug-related deaths were from opioid misuse.

Cardin-Nelson Amendment #2, Evaluation of Best Practices for Prevention of Substance Use in Children and Adolescents. The AHA supports this amendment, which would require the Government Accountability Office to review current practices and identify best practices for preventing substance abuse for children enrolled in Medicaid and the Children's Health Insurance Program.

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Carper-Nelson Amendment #2, to Eliminate Barriers to Training for Medication-Assisted Treatment. The AHA has long encouraged efforts to expand access to MAT by increasing the number and types of providers who are eligible to offer MAT and increasing patient limits for treatment. The AHA supports the Carper-Nelson Amendment, which would direct CMS to examine the barriers that health care providers face in receiving the necessary training and make recommendations to Congress on how to eliminate these barriers.

Casey Amendment #3, Increasing Access to Medication Assisted Treatment Under Medicaid. The AHA supports the Casey amendment, which would incentivize state Medicaid programs to offer MAT by increasing the Federal Medical Assistance Percentages (FMAP) for Medicaid. Under this amendment, all states would receive a 75 percent FMAP for MAT, if a state offers all three medications for indicated for MAT (Methadone, Buprenorphine, and Naltrexone) as well as associated behavioral health services, it would receive a 90 percent FMAP.

Whitehouse Amendment #1, Improving Access to MAT in Medicaid. The AHA supports this amendment, which would require state Medicaid plans to cover all Food and Drug Administration-approved forms of MAT for SUDs, as well as appropriate counseling and behavioral therapies as part of their outpatient drug treatment programs.

We ask the Committee to consider our concerns about the following provision:

Section 104. Every Prescription Conveyed Securely. The AHA supports efforts to minimize fraud and abuse in prescribing. We believe that this section offers a well-intentioned initiative to better monitor opioid use and reduce the proliferation of fraudulent scripts by requiring e-prescribing of controlled substances under the Medicare Part D program. We have several concerns that we would urge the Committee to consider before reporting out this language. As introduced in S. 2460, this section would authorize HHS to waive the mandate for certain categories of prescribers, including those with financial hardships. However, it also specifies that pharmacies are not required to verify whether a prescribing provider has received a waiver. We are concerned that beneficiaries who are legitimately prescribed opioids by a physician with a waiver will be denied their medicines because a pharmacist insists on an electronic prescription. Alternatively, someone who has forged a paper script may be permitted to fill it. We further urge you to consider that the bill leaves all penalties for physician non-compliance up to the HHS secretary's discretion and could result in exorbitant fines for providers.

The AHA appreciates the Finance Committee's continuing efforts to develop legislation to address the opioid crisis. If you have any questions, please feel free to contact me or Priscilla A. Ross, senior associate director of federal relations, at pross@aha.org or (202) 626-2677.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President