House Energy and Commerce Committee Health Subcommittee Hearing
Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients
April 12, 2018

On April 12, the House Energy and Commerce Committee Health Subcommittee held the second day of its hearing on proposals in Medicare and Medicaid to address the opioid misuse and overdose epidemic.

Witnesses included:

- Michael Botticelli, Executive Director, Grayken Center for Addiction at Boston Medical Center
- Toby Douglas, Senior Vice President for Medicaid Solutions, Centene Corporation
- David Guth, CEO, Centerstone America
- John Kravitz, CIO, Geisinger Health System
- Sam Srivastava, CEO, Magellan Healthcare

Full witness statements are available here.

The hearing was the third and final hearing the Committee will hold before moving to markup. Rep. Barton (R-TX) asked Subcommittee Chair Burgess (R-TX) about the process for moving the bills and if there would be consolidation. Burgess responded that he did not have a precise answer and said that he might want to consolidate bills, but he also wants the opportunity to consider them separately at subcommittee and full committee markups. Burgess also reiterated that Chairman Walden (R-OR) wants a package passed by Memorial Day.

Similar to the first day of the hearing, some of the Democratic members on the Committee voiced concerns that the speed at which the Committee is moving could result in changes to the Medicaid program that have unforeseen negative consequences.

Some of the key bills and issues that were raised at the hearing are summarized below.

- **Medication Assisted Treatment**. Former White House Office of National Drug Control Policy (ONDCP) Director Michael Botticelli emphasized the need to ensure that patients have access to Medication Assisted Treatment (MAT), stating, "All FDA-approved medications for opioid use disorder should be available to patients. The evidence for medication for addiction treatment is unequivocal – patients with medication experience significantly improved rates of recovery. Yet, many settings do not make some or all MAT available because of misunderstanding or lack of training. Only one in five people with opioid use disorder receive medication, while the percentage for youth is even less. In the words of Secretary of Health and Human Services Alex Azar: 'Failing to offer MAT is like trying to treat an infection without antibiotics.'"

  Later in the hearing, Botticelli told the Committee that he believes all providers who receive federal dollars should be able to provide MAT directly or through referral.

  Mr. Srivastava from Magellan also testified in favor of expanding access to MAT and he voiced support for expanding the types of providers who can prescribe MAT, increasing Medicaid reimbursement for MAT when combined with psychosocial interventions and covering the continuum of treatment under Medicare including all forms of MAT, psychosocial interventions and recovery supports (such as peer recovery support services).

- **Medicaid's role in Opioid Use Disorders**. Toby Douglas with Centene testified that Medicaid beneficiaries have much higher rates of opioid use disorders (OD) than patients covered by other payers. Douglas stated, "Medicaid beneficiaries age 18–64 have a higher rate of opioid use disorder than privately insured individuals, comprising about 12 percent of all civilian, noninstitutionalized adults in this age group but about one-quarter of those with an opioid use disorder. Opioid addiction is estimated to be 10 times as high in Medicaid as in commercial populations."

  Ranking Member Burgess asked about this issue and asked why or when the phenomenon of Medicaid beneficiaries having higher OUD rates began. Mr. Douglas responded that he did have not the exact timing, but he thought they started noticing it around 2010 or 2011 and their awareness of the problem coincided with a greater interest in integrating substance use/mental health care with medical/surgical.

  Burgess noted that the federal government is the payer in this situation and said if part of the structure of the program is leading to increased OUD rates then it should be addressed. Michael Botticelli responded that coverage accelerates access to treatment. He also noted that Boston Medical Center relies on Medicaid coverage and that they have demonstrated lower costs, fewer emergency department visits, and fewer inpatient hospitalizations with access to comprehensive care.

- **Alternatives to Opioids for Pain**. Mr. Kravitz with Geinsinger Health System testified about the steps his system has taken to reduce opioid prescribing and said in their initial roll out they have cut the number prescriptions in half - from a monthly average of 60,000 opioid prescriptions down to 31,000 – and they will be taking their initiatives system-wide.

  Rep Shimkus (R-IL) noted that coverage for non-opioid pain treatments is often limited and asked what could be done. Mr. Botticelli said it is much easier for a physician to write a prescription and CMS needs to drive financial incentives to get providers to offer alternatives. He added that the long term savings associated with avoiding additional patients addicted to opioids would be greater than any short term costs.

- **E-Prescribing & PDMPS**. In addition to reducing prescribing and using alternative treatments, Mr. Kravitz testified that Geisinger also implemented e-prescribing for controlled substances. Due to reduced staff time verifying prescriptions, reduced diversion and reduced amount of time it takes a physician to write a prescription for a controlled substance, Geisinger estimates they have saved $1 million in time and hard dollar costs.

  Rep. Griffith (R-VA) asked about Prescription Drug Monitoring Programs (PDMPs) and Mr. Douglas noted that they are really important, but they need to be part of the electronic health record and as easy as possible for providers to use. Mr. Srivastava also stated that, "with PDMPs we are data rich but we're processing poor" and interoperability is needed to share information with health plans, pharmacies & providers.

- **42 CFR Part 2**. Ms. Srivastava from Magellan testified that the 42 CFR Part 2 regulations are a barrier to comprehensive treatment plans for patients and said 42 CFR Part 2 should be

modified to be more closely align with HIPAA to allow for information sharing for the purposes of treatment and healthcare operations.

Rep. Guthrie (R-KY) said that he has heard concerns that if 42 CFR is aligned with HIPAA that some people might lose their jobs because of information about their substance use disorder being shared. In his response, Mr. Srivastava reiterated his support for changing 42 CFR to align it with HIPAA and said that the existing structure is stigmatizing to patients with addictive disorders. Guthrie asks what prevents employers from having private information and Mr. Srivastava said confidentiality is of utmost importance to them and that they have a lot of sensitive information – HIV/AIDs status for example – that they do not share with employers.

Rep Engel (D-NY) asked Mr. Botticelli if he had concerns with changing 42 CFR and he said that while he supports integrated care, as a person in long term recovery himself, he does have concerns with changing the privacy regulations. He also noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) has recently modified the regulations.

- **Workforce**. Rep. Engel said he has concerns with the bill being considered by the Committee that would require reporting on the use of Medicaid GME dollars for training providers on pain and addiction. Engel said he had heard from stakeholders that such requirements might be burdensome and that he believes there are better ways to comprehensively grow the workforce.

  In response to a question from Rep. Castor (D-FL) about the number of providers who can prescribe MAT being much lower than the number who can prescribe opioids, Mr. Srivastava said that 900,000 doctors are licensed to prescribe opioids, but only 48,000 can prescribe MATs. He said there needs to be education for providers on MAT and there should be a pay bump to drive more MAT prescribers.

  Mr. Guth with Centerstone America also touted the use of peers to grow the workforce and said they are vital, but reimbursement for their services is spotty.

- **Telehealth**. Rep. Matsui (D-CA) spoke in favor of making changes to allow community mental health and addiction centers to be able to register with the DEA so they can prescribe MAT via telemedicine.

- **Criminal Justice**. Rep. Barton raised concerns with a bill sponsored by Rep. Tonko (D-NY) to allow for Medicaid reimbursement for services for individuals prior to release from incarceration. Barton asked if a 1115 waiver could be used instead. Mr. Douglas said that under current law, it is clearly not allowed for Medicaid funds to be used unless a patient is transported to the hospital as an inpatient so a waiver would not work. However, he said Ohio has been experimenting with alternatives as they know there will be higher costs if treatment is not provided in jail. Later in the hearing, Mr. Tonko noted Mr. Barton's remarks and said that his bill would not expand eligibility, but rather would cover individuals who will be enrolled in Medicaid upon release.

- **Ryan White Program for SUD**. Rep. Castor (D-FL) asked if there should be a Ryan White-like program for substance use disorders. Mr. Guth said a huge amount of resources are dedicated to people returning to treatment because they did not get treated properly the first time. He

said that they are asking for more regulations and to be held accountable for outcomes. He added that patients need access to the full continuum of care.

Michael Botticelli responded that there is a need for sustainable funding because the field cannot run on grants. He said that providers may be reluctant to enter the field if they are not certain a payment stream will be there.

- **IMD**. Rep. Walden (R-OR) asked if the witnesses agree with eliminating the IMD exclusion. Mr. Botticelli said he fears this could have unintended consequences by increasing the most costly type of treatment when outpatient MAT may be the most effective for many patients. Mr. Guth added that there need to be regulations around continuing care and accountability, similar to the 1115 waiver process being used now, to avoid "exploding" expensive care.