

**Senate Finance Committee Hearing**  
**“Tackling Opioid and Substance Use Disorders in Medicare, Medicaid and Human Services Programs”**  
**April 19, 2018**

On April 19<sup>th</sup>, the Senate Finance Committee held a hearing on addressing substance use disorders in the Medicare and Medicaid programs.

Witnesses included:

- Dr. Brett Giroir, Assistant Secretary for Health, Office of the Assistant Secretary for Health, Senior Advisor to the Secretary for Mental Health and Opioid Policy
- Kimberly Brandt, Principal Deputy Administrator for Operations, Centers for Medicare and Medicaid Services

Their testimony is available [here](#).

At the end of the hearing, Ranking Member Wyden (D-OR) said the Committee will address this issue in a bipartisan manner – similar to the Committee’s work on CHIP and other initiatives – and stated they will get a bill “done in a bipartisan way. Period. Full stop.”

Some of the key issues raised during the hearing are summarized below.

**Services for children and families**

Both Chairman Hatch (R-UT) and Ranking Member Wyden touted the recent enactment of the *Family First Prevention Services Act* as part of the omnibus appropriations bill passed last month. Hatch said that the bill will “allow states to develop more evidence-based services that will make a real difference in the lives of families affected by substance use disorders.” Senators Brown (D-OH) and Menendez (D-NJ) also referenced addressing neonatal abstinence syndrome and trauma in children as among their top priorities respectively.

**Naloxone pricing**

Senators Stabenow (D-MI) and McCaskill (D-MO) very passionately asked about addressing naloxone pricing. Sen. Stabenow cited Evzio, the auto-injector, and said that the price was \$690 for a two-pack and then increased a year later to \$4,500. She said that drug companies are taking advantage of people’s suffering with no accountability.

Sen. Stabenow asked if the Administration would be following the recommendation of White House Opioid Commission regarding the bulk purchase of naloxone.

Dr. Giroir responded that he appreciated the opportunity to highlight naloxone, which “literally brings life back to a person” and said that the funds in the Opioid State Targeted Response grants increase the ability of states to purchase naloxone. Sen. Stabenow replied that her question was about bringing down the price and asked if they are going to use the authority recommended by the Commission.

Dr. Giroir responded that nasal naloxone is increasingly the preferred choice for first responders and is now available at the level of the GSA schedule, \$75, for all states and localities. He added that the Food and Drug Administration (FDA) is looking at all ways to bring prices down, including increasing generic competition and giving naloxone over-the-counter (OTC) status.

Sen. McCaskill also cited the auto-injector's price increase, she asked where CMS is in this and said that such increases are driven by "unadulterated greed." She also asked why the federal government is not being more aggressive in going after the companies that have increased prices and asked Dr. Giroir if he would commit to writing to the companies asking them why their price increased and for their justification. Dr. Giroir deferred and said he would have to get back to her on whether he could issue a letter. He also noted that first responders are not paying for the \$4,000 auto-injectors. Sen. McCaskill responded that families cannot afford the auto-injector.

At the close of her 5 minutes of questions, Sen. McCaskill said she wanted "someone at CMS to begin to address the outrage at pharmaceutical companies that I hear every day" from Missourians.

### **Medication Assisted Treatment**

Sen. Cassidy (R-LA) said he recently heard about a story of a 17-year old who was admitted for treatment, but then was released two weeks early. The 17-year old subsequently died. He contrasted that to the requirements for impaired professionals in Louisiana, which he said lasted for quite some time. He asked about the abuse potential of Medication Assisted Treatment (MAT) and asked if HHS would support a bill he has sponsored with Sen. Bennet (D-CO) to allow for new injectable products to be dispensed directly by the physician.

Dr. Giroir responded that MAT is the best route with a combination of behavioral therapy. Sen. Cassidy responded by asking about abuse potential for MAT and Dr. Giroir responded that it exists, except for naltrexone. Sen. Cassidy then asked if areas with more MAT have lower death rates and Dr. Giroir said that they would look at it, but he was not sure that exact data is available. He said MAT is associated with improved outcomes.

Cassidy ended his 5-minutes of questioning by saying that he keeps going back to that 17 year old who was discharged early and is now dead. He asked if we know how to track which treatment program work, if there are best practices, if there is pro-active follow up?

Ms. Brandt said CMS is trying to collect that data through their Transformed-MSIS (T-MSIS) system and said 49 states are currently participating.

Later in the hearing, Sen. Cornyn (R-TX) asked about reducing the supply of drugs by addressing border security and reducing demand. Dr. Giroir said that a comprehensive approach is needed and they are going to be evaluating the effectiveness of federal programs in the coming months. He added that the number of opioid prescriptions needs to be reduced along with increasing the availability of comprehensive treatment for those who are already addicted. He also noted that they will be working with the National Institutes of Health (NIH) on trying to come up with better and more effective programs by trying to understand how to better put all services together and said that most MAT is only 50 to 60% effective after 6 months and that's the best available treatment today.

### **Telehealth**

Sen. Thune (R-SD) and later Sen. Casey (D-PA) asked about telehealth and Dr. Giroir said they are working with DEA to try to expand MAT prescribing through telehealth.

### **Peer supports**

Sen. Cardin (D-MD) said that in Maryland they have seen very successful peer recovery support programs, but that the reimbursement structure for these services is missing and asked if there is a way

to encourage these types of services. Ms. Brandt responded that they agree peer services need to be part of the continuum. She said that under Medicaid states are reimbursing for peer services, but that a statutory change of the definition of provider is needed under Medicare.

### **The role of pharmaceutical manufacturers**

Ranking Member Wyden told Dr. Giroir that he was troubled that his statement omitted the role of pharmaceutical manufacturers in creating the opioid misuse and overdose epidemic. Dr. Giroir responded that doctors were told that the opioids would not be addictive and to treat pain as the 5<sup>th</sup> vital sign and added that he was not going to “blame any one group” and that the opioids were prescribed by well-intentioned physicians.

Wyden responded that the manufacturers had a role in creating the crisis from paying patient advocacy groups to twisting provider education. He asked Dr. Giroir for a response in writing about the role of manufactures within a week stating, “how we got here and who was responsible I think is a matter for the Committee.”