

**May 23, 2018**  
**Senate Aging Committee Hearing**  
**Preventing and Treating Opioid Misuse Among Older Americans**

On Wednesday, the Senate Aging Committee held a hearing entitled, Preventing and Treating Opioid Misuse Among Older Americans. Opening statements and a webcast of the hearing can be found [here](#).

Witnesses included:

- Gary Cantrell, Deputy Inspector General For Investigations, Office Of The Inspector General, Department of Health and Human Services
- Charles Pattavina, MD, FACEP, Medical Director And Chief Of Emergency Medicine, St. Joseph Hospital
- William Stauffer, Executive Director, Pennsylvania Recovery Organizations Alliance
- Nicolas P. Terry, Professor Of Law And Executive Director Of The William S. And Christine S. Hall Center For Law And Health, Indiana University

Chairwoman Susan Collins (R-ME) said in her opening statement that the perception is that the opioid epidemic only involves the young, but in reality, it intercepts with older individuals as well. She noted that the incidence of chronic pain increases with age and that healthcare providers often miss addiction in older adults since symptoms are similar to those of Alzheimer's and dementia. She also noted that non-opioid alternatives for pain are necessary and that seniors in need of treatment may face obstacles due to shortage of providers and treatment options. She mentioned that since the last hearing the committee held, Congress has passed 21<sup>st</sup> Century Cures, CARA and a budget agreement that provided significant resources for the opioid epidemic. She noted that it is taking far too long for funding to reach the states in some cases, however.

In his opening statement, Ranking Member Bob Casey (D-PA) noted that the opioid epidemic that is ravaging our communities affects people of all ages from babies to aging grandparents, which is why he introduced legislation to provide \$45 billion to support community programs to detect, prevent, and treat opioid misuse and why he is working with Senator Collins to make sure that grandparents raising their grandchildren, whose parents are lost to opioids, know where to turn for both education and support.

Senator Collins started the questioning asking how doctor shopping is still allowed. She wanted to know if prescribers are not checking the PDMP database, if the database does not have current data, or if fraud is involved. Mr. Cantrell said they keep seeing improvements in PDMPs, but that they are not employed uniformly around the country and that this is a product of fraud and inconsistent utilization.

Senator Collins then asked about the challenges around patient's perception of pain. She noted that a patient might seek out street drugs if they feel pain is not being adequately addressed and wanted to know if Dr. Pattavina knew of specific instances where this has occurred. She also wanted to know what the most effective way is to educate patients and families about plans that involve tapering of drugs. Dr. Pattavina said that some people suffer from pain more than others and often times patients are fearful that pain will return if they stop taking the drugs. He noted that a lot of individuals have developed a tolerance and are then worse off than before they started the drugs. Doctors need to have a discussion with patients so they understand that opioid medications are for short term use only and do a better job of highlighting success stories.

Other topics of interest addressed at the hearing include:

### **Barriers to Treatment**

Ranking Member Robert Casey (D-PA) and Senator Catherine Cortez Masto (D-NV) both spoke about the need to tear down barriers.

Senator Casey mentioned coverage rules under Medicare (to include expanding coverage to include Methadone) and access to treatment programs. Mr. Stauffer noted individuals are often using methadone and when they turn 65 suddenly don't have that treatment as an option under Medicare. He indicated that we need to have all the tools in the toolbox available for clinicians to make decisions for providing care - all things available in the continuum of care are important.

Senator Cortez Masto wanted to know what barriers at the Federal level should be looked at to ensure access to treatment. Mr. Terry said it is important to see treatment as part of the care continuum. He noted that the opioid prescribing crisis is a problem with the healthcare system and anything that can be done to fix the healthcare system would be useful. He said that health departments and Medicaid directors need to be given the right kind of funding and discretion, but it is also important to find metrics and be held accountable for them (mentioned 1115 waivers).

Senator Cortez Masto also asked about wrap around services and how to ensure individuals are getting the right treatment needed. Mr. Stauffer noted the need to focus on long term needs and reframing the system to ensure this is the case, and also making sure there is enough funding to ensure service providers can provide the services needed. Dr. Pattavina noted that Suboxone belongs in the medical home of primary care. He said the problem is that providers are discouraged from becoming a Suboxone provider. He noted that he appreciates the efforts to codify the 275-patient cap, which is a step in the right direction. He suggested that there is also a need to go further and remove all special requirements around prescribing Suboxone.

Senator Collins also brought up Suboxone and noted the hesitation of primary care providers to take the training to allow them to administer it, particularly in rural areas. She sees a need for more primary care physicians, physician assistants and advanced practice nurses to be able to prescribe MAT. She wanted to know what the primary barrier is given that she expected to see a large increase in providers once the regulatory relief was given.

Dr. Pattavina said that in Maine he is seeing emergency physicians getting the waiver and training, but that there is no one in the community to hand them off to. He also mentioned the stigma – the fear that a practice who does this might attract people who would be disruptive, etc. He noted that this is a medical need and that it is important for physicians to realize that they may already have these people in their practices. Mr. Terry noted that for most people even good MAT is not always going to be successful and it is important to take a step back to assemble multiple strategies to deal with these issues. Mr. Stauffer said MAT is best when combined with therapy, so at the federal level it is important to ensure that other services occur in conjunction with MAT for the most effective result. Mr. Cantrell said HHS is looking at the number of certified prescribers of buprenorphine across the country and comparing that to data from CDC and SAMHSA as to counties with the greatest need. They plan to follow up this work with surveys to certified prescribers, so they expect more information to come in the future.

## **Naloxone**

Senator Casey also brought up Naloxone and noted that states should ensure people have access to it without a prescription so it is in the hands of those who need it. He asked about common barriers to individuals receiving Naloxone and what Congress should do to break down those barriers. Dr. Pattavina noted that Naloxone is often available only by prescription, but that the access barrier would be eliminated if it was available over the counter. He also said that cost is a barrier given that insurance coverage is variable and the cost can be high if it is not covered by insurance. Mr. Stauffer said there is a need to reduce the copays/cost of Naloxone – it should be available to the general public so anyone can reverse an overdose.