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May 16, 2018

The Honorable Kevin Brady  
Chairman  
Committee on Ways and Means  
United States House of Representatives  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
1139E Longworth House Office Building  
Washington, DC 20515

Dear Chairman Brady and Ranking Member Neal:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to commend you on your efforts to address our nation's opioid crisis and to offer our comments on several of the bills that the Committee will consider today. We appreciate the Committee's ongoing, bipartisan commitment to enlist the views of Medicare providers and patients in crafting solutions that will ensure that the Medicare program continues to "improve lives through better oversight, greater prevention and education, and innovative treatment options." As was noted when these proposals were initially released, we still have a long way to go to bring this epidemic under control. The AMA remains committed to that effort and looks forward to our continued work together.

The AMA supports several provisions of **the Combating Opioid Abuse for Care in Hospitals (COACH) Act (H.R. 5774)**, including the establishment of a technical expert panel on reducing surgical setting opioid use as well as efforts to ensure the federal guidelines relating to the prescribing of opioids are periodically updated in consultation with medical professional organizations, among other entities. With respect to section 3 of the bill, we urge the Committee to focus on funding quality measures related to opioid use disorder for purposes of federal quality programs, and ensure that physician experts are included in any review or assessment of quality measures related to opioids, opioid use disorder treatments, and pain management. We also encourage the Committee to clarify that the expedited endorsement process in section 3(b) allows for measures to be rejected when there is insufficient reliability, validity, or evidence.

We also support provisions of the **Providing Reliable Options for Patients and Educational Resources (PROPER) Act (H.R. 5775)** that ensure that Medicare Advantage (MA) and Part D Prescription Drug Plan beneficiaries receive information on potential risks associated with the prolonged use of opioids as well as alternative treatments for pain. We particularly support efforts to provide enrollees with information related to the safe disposal of controlled substances and we encourage continued efforts to make safe disposal options more accessible for all beneficiaries. Regarding provisions revising measures used under the Hospital Consumer Assessment of Healthcare Providers and Systems related to pain management, while we appreciate efforts to address incentives that may have contributed to the over-prescribing of opioids, we believe that the Centers for Medicare & Medicaid Services (CMS) has not conducted adequate research to ensure that the proposed questions will provide the most accurate data

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Page 2

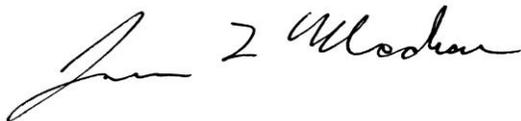
without negatively impacting patient care and would strongly encourage additional study prior to reinstating the questions.

We are also pleased to endorse provisions of the **Medicare and Opioid Safe Treatment (MOST) Act (H.R. 5776)** that provide Medicare coverage of opioid use disorder treatment services provided by opioid treatment programs. These provisions close a significant gap in the treatment options available to Medicare beneficiaries. The AMA also supports other provisions of the bill which encourage coverage and utilization of non-opioid alternatives for pain management and expanded access to medication assisted treatment for opioid use disorder.

Regarding the **Preventing Addiction for Susceptible Seniors (PASS) Act (H.R. 5773)**, the AMA supports expanding eligibility for medication therapy management programs under Part D (Section 5) but we question the necessity of mandating plan adoption of beneficiary lock-in programs at this time given the ongoing efforts of CMS to implement the provisions of the Comprehensive Addiction and Recovery Act. We also appreciate the assurances that efforts related to Medicare notifications for outlier prescribers are targeted at statistical outliers and agree the notifications to these individuals may encourage self-examination of prescribing patterns and encourage outlier prescribers to seek out resources related to pain management as appropriate. In addition, we have concerns with a significant modification in Section 3 of the bill as compared to the original bill (H.R. 4841) on which the committee sought stakeholder comments. As incorporated in the PASS Act, this proposal requires the provision of electronic prior authorization (ePA) by Part D and MA plans for drugs. As originally introduced, proprietary payer portals were excluded from qualifying as electronic transmissions for the purposes of ePA. This is important because one of the significant benefits of ePA is that it may be done through the provider's electronic record or prescribing system directly without the need to log into a separate system and frequently reenter the necessary data. As modified, however, it appears that proprietary payer portals that meet certain standards established by the Secretary would be allowed for the purposes of ePA, a significant divergence from current efforts to streamline the multiple steps necessary to prescribe drugs electronically onto a single platform, potentially disrupting work flow and requiring duplicative steps by physicians. We would welcome the opportunity to work with you and your staffs to address this concern as this bill moves forward.

In conclusion, the AMA appreciates the Committee's efforts over the past months to solicit from stakeholders ideas that will help our nation begin to turn the tide on the opioid epidemic. No single proposal will solve this crisis but we remain committed to continuing our efforts with the Committee on Ways and Means and other members and committees of the House and Senate to bring this epidemic under control.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD