

May 17, 2018

The Honorable Greg Walden  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
2322A Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to share our views on many of the bills that the Committee will be taking up today and to commend you on the Committee's ongoing, bipartisan efforts to address our nation's opioid epidemic. There is much more that must be done to bring this epidemic under control, and we remain committed to working with this Committee and other policymakers in both bodies of Congress and the Administration to take the necessary steps to achieve that goal.

There are a number of proposals before the Committee today which we support, including:

- **H.R. 5329, Poison Center Network Enhancement Act of 2018;**
- **H.R. 5580, STOP Fentanyl Deaths Act of 2018;**
- **H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;**
- **H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;**
- **H.R. 3192, CHIP Mental Health Parity Act;**
- **H.R. 4005, Medicaid Reentry Act;**
- **H.R. 4998, Health Insurance for Former Foster Youth Act;**
- **H.R. 5477, Rural Development of Opioid Capacity Services Act;**
- **H.R. 5583, Requiring Medicaid Programs to Report on All Core Behavioral Health Measures;**
- **H.R. 5789, To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and postpartum women while receiving inpatient treatment for a substance use disorder;**
- **H.R. 5797, IMD CARE Act;**
- **H.R. 5800, Medicaid IMD ADDITIONAL INFO Act; and**
- **H.R. 5810, Medicaid Health HOME Act.**

**H.R. 5605, the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act:** The AMA and the American Society of Addiction Medicine have collaborated extensively on the development of an alternative payment model (APM) for treatment of opioid use disorders and therefore strongly support H.R. 5605. Ensuring better care coordination and improving patient outcomes were

central goals of the Medicare Access and CHIP Reauthorization Act, championed by this Committee, which launched the availability of APMs in Medicare. This APM demonstration program legislation provides an innovative approach to increasing the number of Medicare patients with opioid use disorder who are able to lead satisfying, productive lives through successful management of their condition while also reducing health care spending on costs associated with opioid-related misuse and overdose, such as emergency department visits and hospitalizations. Arbitrary limitations on effective, comprehensive treatment are stymying physician efforts to treat patients with opioid use disorders. This new demonstration will test models to provide care coordination and improve health outcomes for patients with opioid use disorder.

**H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act, and H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018:** We appreciate the intent behind these proposals—to identify outlier prescribers of opioids and provide them with resources on appropriate prescribing. We have heard concerns from physicians, however, that the threshold provided in the bill to identify outliers could instead be used to promote specific prescribing limits by labeling all prescribers above those limits as outliers. We appreciate the Committee's assurance that efforts related to Medicare notifications for outlier prescribers are targeted at statistical outliers and agree that notifications to these individuals may lead to self-examination of prescribing patterns and encourage outlier prescribers to seek out resources related to pain management as appropriate.

**H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act:** We agree that the Initial Preventive Physician Exam (IPPE) is an ideal time to engage with Medicare beneficiaries regarding pain treatment and controlled substance use, especially if the newly eligible senior has not previously had a regular source of care. We believe, however, that most elements of the exam required by the bill are already required by federal regulation at 42 CFR 410.16. At a minimum, we urge the Committee to clarify that the addition of a statutory screening requirement to the IPPE will not lead CMS to determine that those seniors who receive an IPPE are no longer eligible for the Screening, Brief Intervention and Referral for Treatment (SBIRT) benefit, which may currently be performed during the same visit.

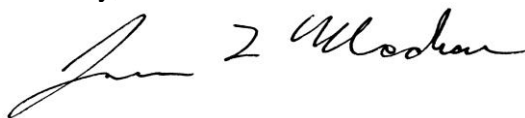
Additionally, there are several proposals that were posted on the Committee's website on May 16 that, though well intended, could interfere with efforts by states by imposing federal requirements in areas where states have already taken leadership and action. These include:

- **H.R. 5799, Medicaid DRUG Improvement Act:** The AMA appreciates the intent of this bill to address the safety of patients being treated for chronic pain, and that the bill includes exceptions for patients with cancer or who are in hospice or being treated with palliative care. However, while it is relatively easy to institute a hard threshold or alert based on morphine milligram equivalency, we urge the Committee to consider that a one-size-fits-all solution does not address the individualized needs of patients. Indeed, many states are attempting to implement one or more types of "automated process" for claims review, but we are not aware that any of these efforts are leading to improved care coordination or increased patient safety. The absence of data or other evidence showing that such claims review leads to improved outcomes demonstrates a need for greater review of current efforts rather than the imposition of new policies.

- **H.R. 5801, Medicaid PARTNERSHIP Act:** Prescription Drug Monitoring Programs (PDMPs) are state-run systems which aggregate prescription data to inform clinical decisions at the point of care. State leadership has been critical to the rapid growth in the utilization of PDMPs, with at least 37 states now specifying circumstances in which PDMPs must be consulted. While the AMA strongly supports efforts to encourage prescribers and dispensers to consult PDMPs, we do not support the imposition of new federal requirements on these state-run systems. The appropriate federal roles should include the implementation of reliable funding to support state efforts and continued research into improving PDMPs, such as the Centers for Disease Control and Prevention’s February 2017 report, “Integrating & Expanding Prescription Drug Monitoring Program Data: Lessons from Nine States.”
- **H.R. 5808, Medicaid Pharmaceutical Home Act of 2018:** Most states currently have established Medicaid lock-in programs that limit selected beneficiaries to specific pharmacies and prescribers. We therefore do not believe that a federal requirement that would dictate to states how such programs must be operated is necessary or helpful, especially since this bill does not include important guardrails to protect patients that were included in similar requirements for Medicare Part D under the Comprehensive Addiction and Recovery Act. Importantly, we note that there is little evidence on the impact of these programs on beneficiary health or whether locking-in beneficiaries has the intended outcome of reducing high-risk patients’ access to opioids. One study conducted on the North Carolina Medicaid lock-in program, published in *Health Affairs*, found that while claims fell, enrollment was associated with a roughly fourfold increase in the likelihood and frequency of out-of-pocket controlled substance prescription fills. This finding illuminates weaknesses of lock-in programs and highlights the need for further scrutiny of the appropriate role, optimal design, and potential unintended consequences of the programs as tools to prevent opioid abuse.
- **H.R. 5812, Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies (CONNECTIONS) Act:** The AMA has strong concerns about provisions within this bill that would greatly expand access to patients’ highly sensitive personal health information to non-health care professionals, including health insurance companies and pharmacy benefit managers. It is not clear for what purposes these entities would use the data in a prescription drug monitoring program—data that could reveal a patient’s HIV/AIDS status, gender orientation, whether they have a chronic disease such as a substance use disorder or any number of other medical conditions ranging from asthma to diabetes to a mental health disorder. State legislatures have regularly defeated such proposals because of patient privacy concerns as well as concerns about how the data would be used for non-health care purposes. The AMA shares these concerns.

The AMA appreciates the opportunity to share these comments with the Committee and looks forward to continuing to work with the Committee as these bills advance through the legislative process.

Sincerely,



James L. Madara, MD