AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

April 23, 2018

The Honorable Michael Burgess
Chair, House Energy and Commerce Committee, Subcommittee on Health
U.S. House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member, House Energy and Commerce, Subcommittee on Health
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green:

On behalf of the American Academy of Family Physicians (AAFP) and the 129,000 family physicians and medical student members we represent, I write to express our appreciation for your continued work to address the nation's opioid crisis. Family physicians find themselves at the crux of the issue, balancing care of patients in their communities who experience chronic pain with the challenges of managing opioid misuse and abuse. The AAFP is interested in legislative efforts that emphasize the importance of prevention, increase access to essential treatment, and support physicians' role in delivering care to patients that often have complex and intense medical needs.

Fundamentally, increasing access to care will better address the opioid crisis in our country by improving health for community members who may not be connected to the health system. Opioid misuse does not happen in a vacuum, and patients rarely present with only one health issue. Comprehensive primary care will provide better outcomes for dollars invested for patients struggling with addiction and other health challenges. We are pleased to share our support for the following legislative proposals but must stress that the AAFP policy assessments outlined below constitute initial impressions and assessments; they do not represent final endorsements or opposition by the AAFP.

Data Collection/Research

Family physicians view the state-rule prescription drug monitoring program (PDMP) as an important tool to help identify patients who may be overusing prescription opioids and help inform their clinical decisions. Unfortunately, the current system is not integrated into physicians' electronic medical records (EMR). States do not have consistent standards to determine which drugs are evaluated. Also, the consistent interoperability necessary to ensure that PDMPs fulfill their true purpose is still absent across all states. ***Therefore, the AAFP supports the legislative proposal to Enhance and Improve State PDMPs.*** The legislation would authorize the CDC to provide technical assistance to states and would encourage resources to improve the PDMP to encourage interoperability.

The AAFP opposes PDMP usage mandates but supports an interoperable secure national database to provide effective state prescription drug monitoring programs that facilitate the interstate exchange of registry information as called for under the National All Schedules

Prescription Electronic Reporting Act. The AAFP calls for State PDMPs to use national standards to facilitate interfacing with users and urges them to be included in the Trusted Exchange Framework and Common Agreement. Inclusion in this work will allow queries to Qualified Health Information Networks to return information about controlled prescriptions. By using national standards, the PDMPs and their data would be more readily integrated into electronic health records which would result in higher utilization. CMS would be able to use the same standards to access PDMP data if legally allowed.

The U.S. Centers for Disease Control and Prevention (CDC) reports that health care, treatment, criminal justice services, and lost productivity that is associated with the opioid crisis is estimated at $78.5 billion per year. Understanding and responding to this crisis requires accurate data and research on the causes and best practices associated with these inefficiencies in the system. ***To address this issue, the AAFP is pleased to support HR 5009: Jessie's Law.*** The bill will ensure patients' medical records include important opioid addiction status information. AAFP policy supports the intention of this bill noting in part that a patient's personal history "enable(s) the physician to comprehend fully, to diagnose logically, and to treat properly. The American Academy of Family Physicians (AAFP) supports full access by physicians to all electronic health information within the context of the medical home."

The AAFP supports the ACE Research Act (HR 5002/S. 2406). The bill will create additional NIH authority to pursue high impact cutting-edge research. In addition to the authority for NIH called for in the bill, AAFP would urge the Congress to consider enhanced authority for the important contributions of the Agency for Healthcare Research and Quality (AHRQ) to research the effective and safe delivery of health services to prevent, diagnose, or treat diseases and disorders. AHRQ's mission is to produce evidence to make health care safer, of higher quality, more accessible, equitable, and affordable. Research on primary care treatment barriers and health care coordination could help reveal additional strategies that may help add tools to address this issue.

In recent years, fentanyl has been associated with a spike in U.S. overdose deaths. An important prevention strategy must include activities to identify and prevent fentanyl abuse. **The AAFP supports legislation to improve fentanyl testing and surveillance.**

Prevention

The opioid crisis has become one of our nation's most persistent public health challenges. The National Institute on Drug Abuse indicates that 33,000 Americans died from heroin, prescription opioids, and fentanyl in 2015. It is estimated that approximately 2.5 million Americans experience substance use disorders associated with either prescription pain medications or heroin. Fundamental to an effective opioid misuse strategy is action to prevent abuse. Enhanced prevention requires investments in promising programs and the incentivization of the highest quality primary care.

The AAFP supports the Eliminating Opioids-Related Infectious Diseases Act. The legislation would authorize the CDC to undertake an injection drug use-associated infection elimination initiative and work with states to improve education, surveillance, and treatment of infections associated with injection drug-use. Injection drug use is a well-known route for the transmission of blood borne infections, particularly human immunodeficiency virus (HIV) and hepatitis.

Regarding the **Preventing Overdoses While in Emergency Rooms Act (HR 5176)**, the AAFP sees the value of improving care coordination for patients who experience non-fatal drug overdoses. The AAFP would urge legislators to consider expanding the impact of the legislation to

address a broader population of patients who would also benefit from improved transitions of care. This larger population could include those with conditions that are also associated with chronic pain, such as those with diabetes, fibromyalgia, and shingles, that if left untreated may require long-term pain management which in turn could increase the possibility of addiction. Ensuring patients transition to a primary care physician can help encourage more individuals to find a medical home where their needs can be addressed in a comprehensive and coordinated way. Research shows that high quality care coordination for patients leaving the hospital can improve outcomes for a range of conditions. We believe HR 5176 sets forth a promising strategy worthy of support if appropriate modifications to heighten its preventive impact are included.

The use of synthetic drugs by adolescents is an area of growing concern. The AAFP supports the **Synthetic Drug Awareness Act (HR 449),** which would study the health effects of synthetic marijuana among youth 12 to 18 years of age. In addition, AAFP would support public education efforts to raise awareness about this and other new drugs as well as awareness of the health risks associated with smoking electronic nicotine dispensing systems.

Recognizing the importance of our nation's poison control centers, the AAFP supports the **Poison Control Center National Enhancement Act.** We believe increased federal oversight is necessary to ensure these centers are fully supported and able to provide comprehensive data on unintended injuries, particularly among pediatric patients.

The AAFP is a member of the American Medical Association's Task Force to Reduce Opioid Abuse that released a resource to promote safe use, storage and disposal of opioids and other medications. **We support opioid disposal legislation that will require the FDA to issue guidance for improved opioid packaging, including innovative methods that will allow leftover drugs to be safely disposed**. AAFP policy supports safe drug disposal education for family physicians to effectively engage patients about safe use of prescription opioids, including ensuring that they are used only by the person for whom they are prescribed. The AAFP also encourages physicians to remind patients that medications should be stored in a safe place out of the reach of children. AAFP policy also supports education regarding the appropriate ways to dispose of expired, unwanted and unused medications. Family physicians treat individuals across the life span from pediatric populations to the elderly. We welcome the opportunity to share our expertise about this important issue.

Treatment Access and Program Improvements

According to the Substance Use and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH), 21.2 million Americans ages 12 and older needed treatment for an illegal drug or alcohol use problem in 2014. However, only about 2.5 million people received the specialized treatment they needed in the previous 12 months. While medication assisted treatment is saving lives, patients must also have access to mental and behavioral health services. This is a particularly important challenge for patients in rural and isolated communities. Furthermore, communities of color face very real challenges in accessing high quality and culturally competent mental health care.

The AAFP applauds the committee for advancing the Ensuring Access to Quality Sober Living Act (HR 4684). The bill would require SAMHSA to improve substance use care best practices and develop standards to reduce "patient brokering," a practice that directs patients to suboptimal care. We believe a comprehensive and long-term approach is necessary to address this issue, however, these initial steps are noteworthy and important.

Increasing the substance use workforce is an important goal and the AAFP applauds the purpose of the **Substance Use Disorder Workforce Loan Repayment Act (HR 5102/S. 2524)**, but we are concerned that continued efforts to expand access to National Health Service Corps program support may undermine other important health care priorities. Without new resources, expanding NHSC loan repayment funding to those within the allied health professions would compromise funding in other areas. We strongly urge the committee to authorize a separate program that does not require one important health care profession to compete against another.

Native American populations are at high risk for developing substance use disorders. **The AAFP supports the Tribal Addiction and Recovery Act (HR 5140), which would help streamline tribal governments' access to federal programs and thereby improve outcomes for this highly vulnerable population.**

Research indicates that peer support specialists play an important role in substance abuse treatment processes. **Recognizing this, the AAFP supports the peer support specialist workforce bill under review**. Currently, family physicians in rural communities rely on peer support for long term substance use treatment. Supporting their role as part of a comprehensive treatment team is an important priority.

Medicare and Medicaid

The Medicare and Medicaid programs play an important role in providing access to health care, behavioral health, and treatment services for millions of Americans who suffer from substance use disorders. According to a Kaiser Family Foundation report, Medicaid covers four of 10 adults with an opioid addiction and those with Medicaid coverage are more likely to receive substance use treatment. Medicare and Medicaid together also help ensure that patients with chronic health disease can manage those conditions and prevent them from progressing, and, therefore, reduce the need for pain management that is associated with surgeries and adverse outcomes. The AAFP supports efficient efforts to increase patient engagement and access. We also are encouraged by efforts to improve best practices in both programs related to substance use disorders.

The AAFP supports the discussion draft "Adding Resources to the Medicare Handbook". The bill requires the annual notice to Medicare beneficiaries to include "educational resources compiled by the Secretary regarding opioid use, pain management, and alternative pain management treatments." AAFP policy states that patient education is integral to change or enhance a patient's knowledge, attitude or skills to maintain or improve health.

Similarly, the AAFP supports the Beneficiary Education proposal that requires prescription drug plans to provide Medicare Part D enrollees with information about the potential adverse effects of opioid use and alternative pain treatments. The Part D plan may elect to send the information to all enrollees or just an "appropriate subset," e.g. those who have been prescribed an opioid within the last 2 years.

The AAFP also supports the intent of the **CMS Action Plan** draft that requires HHS to develop such a plan in collaboration with the Pain Management Best Practices Interagency Task Force. ARHQ should play an important role in this effort. AAFP would urge that the plan affirmatively include physician payment recommendations, especially in relation to Medicaid coverage.

The AAFP supports the "Use of Telehealth Services for Substance Use Disorders" draft. The bill waives current federal telehealth requirements to increase access to substance use and mental health services. The proposal would allow any family physician in any setting (physician office, etc.) to serve any patient for their opioid disorder, regardless of geography. Rural

physicians indicate that telehealth services would help increase access to MAT; however, we are concerned that programs targeted to a single disease state or condition may depart from whole person care.

Numerous states currently require all prescriptions for opioids be made through electronic means. While we support the goal of **Every Prescription Conveyed Securely Act (HR 3528)**, we oppose this legislation because it is overly restrictive and burdensome for small and low-resource practices, especially those in rural areas.

The AAFP supports the Mandatory Lock-In proposal, which would require Medicare Part D plans to provide a prescription and pharmacy lock-in for patients who are flagged as at risk of opioid abuse. Currently, Part D Plans are authorized to allow lock-ins for certain patients, but they are not required to do so. The AAFP has strongly opposed physician lock-in policies, but at this time, believes that the proposed policy's benefits may outweigh its restrictions. We urge the committee to include reasonable flexibility for physician recommendations if the legislation does move forward.

The AAFP is pleased to support the Standardizes Prior Authorizations for Safe Prescribing Act (HR 4841) which would require Part D plans to allow prior authorization requests from prescribers to be conducted through electronic means. The legislation would help alleviate physicians' administrative burdens.

The **Demonstration Project to Increase SUD Provider Capacity** would support state waivers to provide Medicaid resources to increase providers' capacity to provide substance use treatment capacity through education, technical assistance, and other activities. We support the legislation and look forward to further federal action to support appropriate payment – at least at the Medicare rate – for all primary care services financed by Medicaid.

The AAFP supports the **Extension of Incentives to Create Medical Homes to Treat Substance Use Disorders.** The bill would extend for 1 year a financial incentive in the ACA that provides eight quarters of enhanced FMAP (90% FFP) for State Medicaid programs that establish health homes. Health homes are designed to coordinate care for Medicaid beneficiaries with chronic conditions, including substance use and serious mental illness.

The AAFP supports the Medicaid PARTNERSHIP discussion draft, which would require the Medicaid program in each state to integrate PDMP usage into a Medicaid provider's clinical workflow. Pharmacists would also be included under the legislation. The AAFP has been a consistent voice calling for greater standardization of PDMPs to encourage interoperability and to reduce the abuse of controlled substances. If approved, we are deeply hopeful that the legislation will serve to alleviate more administrative burdens for family physicians.

The AAFP supports the Medicaid Graduate Medical Education (GME) Transparency Act. The bill would improve transparency in the Medicaid GME program by requiring state Medicaid programs to periodically report to CMS data and information exposing how Medicaid GME funds are being used to support physician training. The bill also requires state Medicaid programs to report specific information noting how funds flow for physicians trained in specialties that are essential in the opioid crisis (i.e., psychiatry, addiction medicine, etc.) as well as how GME recipients are using Medicaid funds to train physicians to address substance use disorder.

The AAFP supports the CHIP Mental Health Parity Act (HR 3192) that provides health coverage to eligible children, through both Medicaid and separate CHIP programs. HR 3192 will require all CHIP plans to cover treatment of mental illness and substance use disorders.

Again, the AAFP is pleased to provide initial feedback on these important legislative proposals. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,

John Meigs, Jr., MD, FAAFP
Board Chair

cc: Members, House Committee on Energy and Commerce