



ADDRESSING THE OPIOID EPIDEMIC

Joint principles of the following organizations representing front-line physicians

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Osteopathic Association
American Psychiatric Association

On behalf of the more than 560,000 physicians and medical students represented by the combined memberships of the above organizations, we have adopted the following principles to address the opioid crisis impacting a significant number of individuals, families, and communities across the country.

The crisis has left few untouched, with an average of 115 Americans dying every day from an opioid overdose.¹ In fact, many families are impacted by opioid use disorder, including pregnant women, resulting in rising numbers of infants being born with neonatal abstinence syndrome (NAS) and increased rates of maternal mortality. Additionally, children are experiencing trauma as a result of a parent or other family member's substance use disorder (SUD). We urge policymakers to implement solutions that focus on families grappling with other substance use disorders as well as they address the immediate opioid crisis. We are committed to addressing the problem through a comprehensive approach that includes education, improved access to coverage and quality care, and addressing the stigma of addiction while not impeding patients' access to medications needed to treat chronic pain.

Much attention has been paid to the opioid crisis by the administration, Congress, and at the state level with legislation and regulatory proposals currently being considered to curb the epidemic. Efforts to address opioid use disorder (OUD) and overdose must be built on scientific evidence that shows that a SUD is a chronic disease of the brain that can be effectively treated. Specifically, legislation and regulatory approaches must:

- 1) Align and improve financing incentives to ensure access to evidence-based opioid use disorder treatment.**

1. ¹ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

- Keeping Medicaid strong, extending coverage to adults in non-expansion states, and maintaining the program's current financing structure is essential for combating the opioid epidemic. Per capita caps and other mechanisms that would shift costs to states would seriously jeopardize the comprehensive benefits patients need. Additionally, new conditions on Medicaid eligibility and coverage, including work requirements, lockouts, and drug testing would undermine the mission of the program and erode access to substance use disorder coverage for the very vulnerable populations Medicaid was designed to protect.
- Research shows that medication and therapy together may be more effective than either treatment method alone. The Food and Drug Administration has approved three medications for the treatment of an OUD: methadone, buprenorphine, and naltrexone. Despite the proven success of these medications, several states currently do not reimburse for medication-assisted treatment (MAT)-related services through their Medicaid plans. In addition, Medicare has no comprehensive SUD treatment benefit, including reimbursement for services delivered or drugs dispensed by an opioid treatment program. Given the needs of patients served by Medicaid and Medicare, it is critical that both programs provide comprehensive MAT coverage.
- Growing research also points to the benefits of keeping families safely together during treatment for a parent's SUD, resulting in improved outcomes for both parents and children. Access to trauma-informed, culturally-competent, patient-centered inpatient and outpatient SUD treatment services that can serve the whole family is critical to helping families heal from the impact of a parental SUD.
- Nearly ten years after the enactment of the Mental Health Parity and Addiction Equity Act, providers of mental health and OUD services continue to experience disparities in reimbursement, and patients experience disparities in coverage for these same services. Inadequate reimbursement has led to a paucity of access; patients seeking behavioral health services were four times more likely to receive treatment from out-of-network providers than those seeking medical or surgical services.

2) Reduce the administrative burden associated with providing patients effective treatment.

- The process of obtaining prior authorization for services and/or dispensing of medications for an OUD is burdensome and delays treatment to life-saving care. It also reduces patient-focused time in order to complete required paperwork. Some private insurers – such as Aetna, Anthem, Cigna, and United Health Group – have already lifted prior authorizations for MAT.
- Policies that interfere in the practice of medicine, such as federally-mandated opioid prescribing limits and opioid education requirements, can be detrimental to patient access to care. Instead, efforts to engage prescribers should focus on collaborative provider partnerships with the federal government through multi-stakeholder efforts to increase public awareness and provider training and education.

3) Incentivize more providers to treat SUD.

- A critical component to mitigating the opioid crisis relates to ensuring an adequate supply of providers. More clinicians are needed to meet the needs of the estimated 2.1 million Americans suffering from untreated OUDs. This includes creating a pipeline of addiction professionals to create a robust behavioral health workforce by incentivizing careers focused on treatment of patients with SUDs, including providers credentialed to prescribe MAT. This must also include efforts to address especially critical workforce gaps, such as providing loan forgiveness for substance use and mental health service providers in underserved areas.
- Expanding effective models of care to alleviate workforce shortage and mitigate the stigma associated with treatment are also necessary, such as the use of telehealth and integrated care models. Treatment of substance use disorders via telepsychiatry demonstrates similar outcomes to in-person care, particularly amongst rural and other underserved communities. Meanwhile, evidence-based integrated care models such as Project ECHO, Hub and Spoke, and the Collaborative Care Model provide support for primary care providers treating patients with substance use disorders. We must increase coverage of these services to help fill the significant needs in rural and underserved areas.

4) Advance research to support prevention and treatment of substance use disorders.

- The National Institutes of Health (NIH) should be provided with the tools and flexibility to support innovative medical research to combat the opioid crisis, including research on alternatives to opioid analgesics and appropriate opioid prescribing levels across special populations.
 - i. For clinical scenarios where opioids may be appropriate for pain management, further research is needed to better understand the optimal number of tablets or duration of therapy to balance pain control while reducing the number of unused tablets. This research should address differences in special populations (i.e., pregnant and breastfeeding women), as well as interindividual variation in rates of metabolism.
- Further research on treatment interventions that address the familial impact of parental SUDs, including through trauma-informed dyadic inpatient and outpatient treatment, would build upon existing evidence and support the development of needed treatment capacity to serve families affected by SUDs.
- Additional research is needed to inform optimal treatment of infants born with NAS and to better understand how opioid exposure in-utero and adverse childhood experiences may affect long-term outcomes for these children.

5) Ensure a public health approach to SUDs by addressing childhood stress, access to naloxone, and fair and appropriate treatment for individuals in the criminal justice system and pregnant women.

- Child traumatic stress is a serious public health issue that affects millions of children, including those with parents struggling with an OUD, and costs our country billions of dollars each year. Decades of research, including the Adverse Childhood Experiences (ACE) Study, provide substantial evidence for the lifelong health consequences of trauma and the importance of investing in programs to address it.
- There is clear evidence that naloxone and community education can save lives by preventing an opioid overdose. Increasing the availability and targeted distribution of naloxone is a critical component to ending this epidemic.
- According to the Bureau of Justice Statistics, more than half of those in the criminal justice system suffer from a mental illness, while between one-half and three-quarters of inmates suffer from a substance use disorder. According to a recent study, former inmates within a week post-release were over eight times more likely to die from an overdose than inmates within 90 days to a year following their release.
- Policies should encourage successful reentry into the community. For example, ensuring that juveniles in detention are automatically reenrolled in Medicaid upon release has the potential to drive down recidivism and improve the continuum of care.
- Threats of incarceration, immediate loss of child custody, and other potential punishments drive pregnant and parenting women away from vital prenatal care and substance use disorder treatment. Non-punitive public health approaches to treatment result in better outcomes for both moms and babies.

6) Address the maternal-child health impact of the opioid crisis.

- Tragically, overdose and suicide, directly linked to the rise in OUD, are now the leading cause of maternal mortality in a growing number of states. Increasing access to evidence-based treatment for pregnant and parenting women will improve maternal and child outcomes. Use of MAT improves adherence to prenatal care and an addiction treatment program, and together with prenatal care, has been demonstrated to reduce the risk of obstetric complications among pregnant women with OUD.
- The rise in untreated OUD has also led to a troubling increase in newborns experiencing neonatal abstinence syndrome (NAS). NAS is a treatable medical condition associated with drug withdrawal in newborns exposed chronically to opioids or other drugs in utero. NAS may be the result of illicit opioid use or medication-assisted treatment. Because medication-assisted treatment improves perinatal outcomes and because NAS is both expected and treatable, NAS caused by exposure to medication-assisted therapy during pregnancy is considered preferable to other outcomes (i.e., maternal relapse, maternal or fetal death) associated with nonmedical opioid use and untreated opioid use disorder during pregnancy. More concerning, however, are the cases of NAS caused by nonmedical use of opioids, other substances, or both. To adequately address this issue, the focus must remain on the mother-baby relationship. It is also important

to account for the numerous biological, environmental, and social variables that drive disparities in access to treatment for pregnant and parenting women with OUD.

- Over one-third of the more than 270,000 children who entered foster care in FY 2016 did so at least in part because of parental substance use. As the opioid epidemic continues to contribute to rising foster care placements, we encourage the use policies that provide access to evidence-based treatment for the whole family and prevent unnecessary foster care placements when children can remain safely with their parents, including effective implementation of the *Family First Prevention Services Act*. When appropriate, this may include placing the child with their parent in a residential SUD treatment facility designed to treat both of their needs together, so that seeking treatment does not mean family separation.

7) Reduce stigma related to substance use disorders.

- Stigma should be addressed with a national prevention strategy, including a public awareness campaign to educate the public and healthcare providers about addiction as a chronic brain disease that can be effectively treated with evidence-based interventions. Experience with HIV, hepatitis, and other epidemics has demonstrated the capacity of the federal government, if leveraged properly, to raise public awareness.
- SUDs are often co-occurring with other mental health disorders or trauma. In serving individuals with SUDs, it is critical to ensure they also have access to appropriate trauma-informed mental health services, and to alleviate the stigma associated with seeking treatment for those challenges.

8) Continue to provide comprehensive pain management for patients

- Ensure that efforts to reduce opioid misuse do not prevent interfere with the physician-patient relationship and doctors' ability to help manage their patient's pain.
- Support coverage for evidence-based nonpharmacological alternatives to opioids for pain management.