American College of Physicians
Leading Internal Medicine, Improving Lives

March 20, 2018

The Honorable Michael Burgess
Chair
Energy and Commerce Health Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Energy and Commerce Health Subcommittee
United States House of Representatives
Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green:

On behalf of the American College of Physicians (ACP), I am writing to express our support for the subcommittee's ongoing efforts to address this nation's growing opioid epidemic. Substance use disorders (SUDs), including opioid addiction, often impose a devastating and deadly impact on individuals and families and we, as clinicians, see that first hand in our practices. We commend you and your colleagues for working in a bipartisan fashion on a series of legislative proposals to combat this crisis through public health, prevention, and treatment solutions. This letter is intended to provide you with our feedback on specific bills and/or discussion drafts, as outlined in detail below, that are currently being considered by the subcommittee, as well as other policy recommendations for consideration.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 152,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Internists are uniquely suited to treat individuals with opioid and substance use disorders as they are often the first point of contact into the health system for patients with chronic pain. Our physicians have an ethical obligation to manage and relieve pain in a manner that reflects the best available clinical evidence. The challenge for physicians and public policymakers is how to deter prescription drug abuse while maintaining patient access to appropriate treatment.

Combatting the ongoing opioid epidemic in the nation continues to be a high priority for the College. Over the years, we have published a series of position papers on this topic that we hope can serve to inform your policy discussions as you move forward with legislation; those papers include: The Integration of Care for Mental Health, Substance Abuse, and other Behavioral Health Conditions into Primary Care, Prescription Drug Abuse, and Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs.

Prevention and Treatment

Substance use disorders are treatable chronic medical conditions that should be addressed through expansion of evidence-based public and individual health initiatives to prevent, treat, and promote recovery. ACP supports appropriate and effective efforts to reduce all substance use disorders including: educational, prevention, diagnostic, and treatment efforts. In addition, the ACP supports medical research on substance use disorders including causes and treatment. ACP emphasizes the importance of addressing the stigma surrounding substance use disorders among the health care community and the general public.

ACP is supportive of lifting barriers to ensure that our patients receive access to medications to treat opioid use disorders and to reverse overdoses. Medicare and Medicaid benefits should be strengthened to improve access to evidence-based medication-assisted treatment (MAT). According to the Kaiser Family Foundation, 14 state Medicaid programs do not cover the full array of MAT, buprenorphine (including the buprenorphine/naloxone formulation), naltrexone and methadone. Also important is removing barriers to evidence-based non-opioid and non-pharmacologic pain management services that do not involve potentially addictive medications. The CDC Guideline for Prescribing Opioids for Chronic Pain states, "Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate."

ACP supports the following bills under consideration by the subcommittee because they take positive steps in advancing evidence-based care in the prevention, treatment and recovery of opioid-related disorders, including recognizing the value of non-pharmacologic therapy.

- **H.R. 5176, the Preventing Overdoses While in Emergency Rooms (POWER) Act** would provide resources for hospitals to develop protocols on discharging patients who have presented with an opioid overdose. These protocols would address the provision of naloxone upon discharge, connection with peer-support specialists, and the referral to treatment and other services that best fit the patient's needs.
- **H.R. 5197, the Alternatives to Opioids (ALTO) in the Emergency Department Act** would establish a demonstration program to test alternative pain management protocols to limit to use of opioids in hospital emergency departments.
- **H.R. __, the Comprehensive Opioid Recovery Centers Act of 2018** would help with the establishment of Comprehensive Opioid Recovery Centers (CORCs) that will serve as models for comprehensive treatment and recovery. CORCs would utilize the full range of FDA-approved medications and evidence-based treatments, have strong linkages with the community, generate meaningful outcomes data, and dramatically improve the opportunities for individuals to establish and maintain long-term recovery as productive members of society.
- **H.R. __, the Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse (RESULTS) Act** would require entities applying for funding that would be used to support

programs or activities that address mental health or substance use disorders, submit materials to HHS demonstrating that the programs or activities are evidence-based.

Provider Education

ACP believes that physicians should work with other stakeholders, including medical and behavioral health care professionals, public health officials, government programs, patient advocacy groups, insurance plans, and law enforcement to address the prescription drug use disorder epidemic. Physicians are obligated by the standards of medical ethics and professionalism to practice evidence-based, conscientious pain management that prevents illness, reduces patient risk, and promotes health. The College strongly believes that physicians must become familiar with and follow as appropriate clinical guidelines related to pain management and controlled substances such as prescription opioids as well as non-opioid pharmacologics and non-pharmacologic interventions. Physicians support initiatives, such as mentor programs, shadowing experienced providers, and telemedicine can help improve education and support efforts around substance-use treatment.

Furthermore, training in screening and treatment of substance use disorders should be embedded in the continuum of medical education. Continuing medical education (CME) providers should offer courses to train physicians in addiction medicine, medication-assisted therapy, evidence-based prescribing and the identification and treatment of substance use disorders. To encourage physicians to participate in CME related to pain management or proper prescribing of opioids, ACP has recommended that the DEA registration fee be waived for those who complete voluntary courses on pain management and substance use disorders. This policy will ensure that providers have the flexibility to engage with educational topics and materials that best suit their learning needs, including in-depth courses relating to specific areas of clinical practice.

ACP also supports policies to increase the substance use disorder treatment professional workforce. Loan forgiveness programs, mentoring initiatives, and increased payment may encourage more individuals to train and practice as behavioral health professionals.

The following bills under consideration by the subcommittee are consistent with ACP policy and we are pleased to support them:

- **H.R. __, the Treatment, Education, And Community Help (TEACH) to Combat Addiction Act** would support Centers of Excellence, or institutions of learning that have championed SUD treatment and pain management education to improve how health professionals are taught about both SUD and pain.
- **H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act of 2018** would create a loan repayment program for SUD treatment providers. Specifically, the bill will offer student loan repayment of up to $250,000 for participants who agree to work as a SUD treatment professional in areas most in need of their services. The program will be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.

Improving Health Care Delivery

ACP policy strongly supports reducing administrative burdens associated with the use of prescription drug monitoring programs (PDMPs), as well as other efforts to improve physician clinical workflow. ACP has long-supported the establishment of a national Prescription Drug Monitoring Program (PDMP), but until such a program is implemented, ACP supports efforts to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting (NASPER) program. The College strongly urges prescribers and dispensers to check PDMPs in their own and neighboring states (as permitted) prior to writing and filling prescriptions for medications containing controlled substances. All PDMPs should maintain strong protections to assure confidentiality and privacy. Efforts should be made to facilitate the use of PDMPs, such as by linking information with electronic medical records and permitting other members of the health care team to consult PDMPs.

ACP appreciates and supports the discussion draft noted below that is designed to create greater coordination and integration of opioid-related data into the physician clinical workflow through state-run PDMPs. The establishment of grants to states, as outlined in the draft and summarized below, for such purpose should have a positive impact on patient care and our ability, as physicians, to provide quality and timely care to those patients.

- **Discussion Draft – A Bill to Enhance and Improve State-run Prescription Drug Monitoring Programs**. This legislation would authorize grants to states by the Centers for Disease Control and Prevention (CDC) to improve surveillance, data collection, and integration into physician clinical workflow so that timely, complete and accurate information will get into the hands of providers and dispensers, so they are able to make the best clinical decisions for their patients.

Integrating Mental and Behavioral Health into Primary Care

The College strongly supports reforming Medicare and Medicaid payment policies designed to better integrate behavioral health, including screening, referral and treatment of opioid and substance use disorders, into the primary care setting. We also encourage such integration as part of other government funded grant-related initiatives. Primary care is the appropriate platform to care for these patients as it is often the first point of contact of care for patients with these disorders. Many patients with chronic pain present co-morbid behavioral health conditions, including anxiety and depression, that can have an effect on pain management.

Unfortunately, many barriers to the seamless integration of behavioral and mental health into primary care exist in the physician payment structures of Medicare and Medicaid. Behavioral and physical health care providers have a long history of operating in different care silos and reimbursement policies have not always incentivized integrated, team-based care. Recently, Medicare has developed new payment codes for certain integration models, such as the Psychiatric Collaborative Care Model (CoCM). There are many other integration models and approaches that may be more scalable and appropriate for different practice settings and capabilities. Payment incentives in Medicare and Medicaid can be designed to continue to support the Patient Centered Medical Home, with its emphasis on whole person primary care, care coordination, and delivery of care by a team of

professionals, as an excellent foundation for the integration of behavioral and primary care to manage pain and treat patients with OUD or SUDs. Its bundled monthly pay components also provide a means to financially support the required infrastructure and clinical resources necessary for effective integration.

We are pleased that in 2017, the Centers for Medicare and Medicaid Services (CMS) began to pay physicians separately for behavior integration services they provide to Medicare beneficiaries. Four new codes were added to the Medicare Physician Fee Schedule that provide payment for behavior health services such as counseling or other non-pharmological interventions for patients with substance use disorders.

As the subcommittee continues to develop and refine legislative proposals to address the opioid crisis, ACP urges you to consider and incorporate innovative policies and mechanisms to better integrate mental and behavioral health into the primary care setting. If the College can be of assistance, or offer its expertise in this area, we would be happy to do so.

In conclusion, we appreciate this opportunity to provide our feedback on your efforts to develop legislation in the areas of public health, prevention, treatment, and recovery of substance use disorder-related illness. We simply cannot underestimate the daily toll of this epidemic on the lives of individuals, families, communities, and the nation as a whole. We stand ready to do our part in helping to development meaningful solutions to this crisis. If you have additional questions regarding our policies or this letter, please do not hesitate to contact Jonni McCrann at jmccrann@acponline.org.

Sincerely,

Jack Ende, MD, MACP
President

Cc: Members of the United States House of Representatives; United States Senate.