



Special Bulletin

Thursday, July 14, 2016

PROGRESS ON ADDRESSING THE OPIOID EPIDEMIC

Every day, hospitals see the devastating effects of the U.S. opioid epidemic. While prescription opioids can be a safe and necessary part of pain management, these drugs also carry serious risks of harm because of the potential for addiction, misuse, overdose and death. This national epidemic is receiving much-needed attention from all corners of society. The AHA is pleased important steps have been taken to tackle this public health crisis. Most recently, Congress and the Administration have made progress on several measures supported by the AHA that will address the epidemic of prescription opioid addiction.

Action on Capitol Hill. The Senate last night passed the Comprehensive Addiction and Recovery Act (CARA), S. 524, which the House of Representatives approved last week. The multi-faceted, bipartisan legislation is designed to help stem the epidemic of opioid abuse through education, prevention, treatment and rehabilitation.

The legislation incorporates several key [AHA-endorsed measures](#), including:

- the creation of a multi-agency task force that includes a hospital representative to develop best practices for prescribing and pain management;
- more stringent pre-market review by the Food and Drug Administration (FDA) of new opioids;
- increased access to opioid overdose reversal drugs for first responders and others;
- greater availability of medication-assisted treatment (MAT); and
- expanded research and treatment for vulnerable populations, including infants, pregnant and postpartum women, and veterans.

Amendments in both the House and Senate to include guaranteed funding failed largely along party lines. The legislation now heads to President Obama's desk for his signature.

Additional important provisions included in the CARA will:

- prioritize National Institutes of Health research to develop alternatives to opioids for pain management;
- allow prescriptions for Schedule II drugs to be partially filled at the request of the prescribing physician or the patient;
- permit nurse practitioners and physician assistants to provide MAT for opioid addiction;
- reauthorize a grant program to support state Prescription Drug Monitoring Programs; and
- create a grant program to encourage states to develop "standing orders" for pharmacists to dispense opioid overdose reversal drugs.

Action on the Regulatory Front. Additionally, the Administration on July 6 took two important steps to help stem the opioid epidemic:

Changes to HCAHPS survey pain questions: We were pleased to see that the Centers for Medicare & Medicaid Services (CMS) recently proposed to exclude the results from three pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey in determining hospitals' value-based purchasing (VBP) program scores. The AHA had strongly [urged](#) CMS to suspend the pain-related questions in the VBP program while the agency works to address concerns that the questions may create pressure to prescribe opioids. CMS's proposal does exactly what the AHA urged the agency to do. It is included in the [outpatient prospective payment system proposed rule](#) and, if finalized, would start in fiscal year 2018. CMS would continue to collect and publicly report the results of the HCAHPS pain management questions. However, the agency is field testing alternative pain management questions, which could be incorporated into the HCAHPS survey through future rulemaking.

Increase in MAT: The Substance Abuse and Mental Health Services Administration issued a [final rule](#) that will allow physicians to request approval to treat up to 275 patients a year with buprenorphine if they have maintained an active waiver to treat up to 100 patients for a year and meet other criteria described in the rule. Buprenorphine, a controlled substance, is one of three drugs approved by the FDA for MAT of opioid dependence. The current limit is 100 patients.

Moreover, the Administration has recently taken a number of actions to combat the opioid epidemic, such as providing funding for medication-assisted treatment; promoting the use of Naloxone to reverse overdoses; developing opioid prescribing [guidelines](#) for chronic pain; extending mental health and substance use disorder parity standards to Medicaid managed care; and much more.

AHA Efforts. The AHA will continue to advocate before Congress and the Administration to end the epidemic of opioid abuse. We are working to ensure hospitals have the tools needed to respond to this multi-faceted epidemic. We've launched a webpage linking to resources on opioid abuse, including innovative efforts by our state hospital association partners. In addition, we collaborated with the Centers for Disease Control and Prevention last month on a [one-page resource](#) to help hospital patients who may be prescribed opioids before discharge discuss the risks and benefits of these medications with their health care provider. And, on July 22 we are sponsoring a members-only [webinar](#) spotlighting one community's response to the opioid crisis.