United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

February 2, 2018

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Dear [redacted]:

As Chairman and Ranking Member of the Committee on Finance ("the Committee"), we recognize the ongoing need to address the opioid epidemic that is devastating individuals, families, and communities throughout the country. Opioid-related emergencies and deaths continue with staggering frequency. The epidemic afflicts individuals regardless of age, socioeconomic status, and geography.

Accordingly, the opioid epidemic has significant impact on a number of programs that are within the Committee's jurisdiction. In 2016, one in three Medicare beneficiaries received at least one opioid prescription, resulting in over $4 billion in Part D program spending.[1] In 2015, Medicaid covered three out of 10 individuals with opioid use disorder, and, in 2013, spent over $9 billion on services for individuals suffering from opioid use disorder.[2] States across the country have also seen large spikes in foster care in recent years placing significant strains on state child welfare agencies. Approximately 92,000 children were removed from their home in FY 2016 because at least one parent had a substance use issue.[3] The opioid epidemic also has an impact beyond federal and other health and human services spending, with a 2016 academic study pegging the economic cost in terms of lost productivity at nearly $42 billion in 2013 alone.[4]

While the impact of the opioid epidemic on these mandatory spending programs presents many challenges, it also provides the Committee the opportunity to evaluate how these programs have adapted to the changing needs of the population regarding pain management and substance use disorders. We are committed to assessing available policy options to determine appropriate

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[1] Data Brief: Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing Office of Inspector General, Department of Health and Human Services, July 2017.
[2] Issue Brief: Medicaid and the Opioid Epidemic: Enrollment, Spending, and the Implications of Proposed Policy Changes, Kaiser Family Foundation, July 2017.
[3] Number of Children in Foster Care Continues to Increase. https://www.acf.hhs.gov/media/press/2017/number-of-children-in-foster-care-continues-to-increase. Accessed February 2, 2018.
[4] Curtis S. Florence et al., The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013, Medical Care 54, no. 10 (2016): 901–6.

policy change, and we ask that your organization assist us in this endeavor. We are interested in policy recommendations along the continuum that spans from addressing the root causes that lead to, or fail to prevent, opioid use disorder (OUD) and other substance use disorders (SUDs) to improving access to and quality of treatment. Specifically, we ask for feedback on any or all of the following questions to inform the Committee's deliberations:

1. How can Medicare and Medicaid payment incentives be used to promote evidence-based care for beneficiaries with chronic pain that minimizes the risk of developing OUD or other SUDs?
2. What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of those non-pharmaceutical therapies when clinically appropriate?
3. How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives to ensure beneficiaries receive evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes?
4. Are there changes to Medicare and Medicaid prescription drug program rules that can minimize the risk of developing OUD and SUDs while promoting efficient access to appropriate prescriptions?
5. How can Medicare or Medicaid better prevent, identify and educate health professionals who have high prescribing patterns of opioids?
6. What can be done to improve data sharing and coordination between Medicare, Medicaid, and state initiatives, such as Prescription Drug Monitoring Programs?
7. What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?
8. What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?

We ask that you focus your recommendations in the areas that increase the likelihood of Committee action, including that your ideas are within the Committee's jurisdiction, are fiscally responsible, and can generate bipartisan support.

We appreciate your attention to this request and thank you for assisting the Committee in its effort to provide relief from the scourge of the opioid epidemic. Please send us your organization's feedback to opioids@finance.senate.gov by close of business February 16, 2018.

Sincerely,

Orrin G. Hatch
Chairman

Ron Wyden
Ranking Member