AMA
AMERICAN MEDICAL ASSOCIATION

Strategies to combat opioid misuse

Ending the epidemic of overdose deaths due to prescription opioid analgesics is a high priority for the American Medical Association. According to the Centers for Disease Control and Prevention, there were more than 160,000 overdose deaths due to opioids or heroin in the past decade, surpassing the total number of deaths during the first decade of the AIDS epidemic.

The AMA believes physicians should be leaders in preventing and reducing misuse, addiction, overdose, and death from prescription drugs, and that a comprehensive, multi-pronged public health approach is needed. This approach must balance the treatment needs of pain patients with efforts to promote safe and appropriate prescribing, reduce diversion and misuse, promote an understanding that substance use disorders are chronic conditions that respond to treatment, and expand access to treatment for individuals with substance use disorders.

These are complex problems with no single solution. The AMA is working on multiple fronts through the AMA Task Force to Reduce Opioid Abuse as well as continuing our work with Congress and the Administration, with the nation's state and specialty medical societies, and with stakeholders in both the private and public sectors to combat this national crisis.

The AMA strongly supports the following legislative reforms, which we believe would help to reduce prescription opioid misuse, addiction, overdose and overdose deaths:

1. **Reauthorize and fully fund the National All Schedules Prescription Electronic Reporting Act to enable the modernization of prescription drug monitoring programs.**

The AMA strongly encourages physicians and other prescribers to register for and use prescription drug monitoring programs (PDMPs). These programs can serve as a helpful clinical tool in the fight against prescription drug misuse. The AMA applauds the U.S. House of Representatives for passage of the **"National All Schedules Prescription Electronic Reporting Reauthorization Act (NASPER)" (S. 480/H.R. 1725)** and encourages the U.S. Senate to take up this critically important legislation. The reauthorization of NASPER and full appropriations are necessary to ensure that physicians across the country have patient-specific information through PDMPs at the point of care and to promote further implementation of best practices and information sharing between states.

2. **Increase coverage for—and access to—comprehensive treatment for opioid use disorder, including medication-assisted treatment.**

Opioid use disorder is a chronic disease that can be effectively treated. However, effective treatment requires care coordination and ongoing management. More resources are needed to ensure availability of, and access to, evidence-based treatment. A public health-based approach to harmful drug use requires having comprehensive treatment services available for those with opioid use disorders and insurance coverage for such treatment. Coverage limits and inadequate payment rates make it difficult to provide needed treatment services to patients.

Medication-assisted treatment (MAT) is the use of medications in combination with counseling, behavioral therapies, and other treatment and recovery support services, to provide a comprehensive approach to the treatment of opioid use disorders. The U.S. Food and Drug Administration (FDA)-approved medications used to treat opioid addiction include methadone, buprenorphine (alone or in combination with naloxone) and naltrexone.

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Types of behavioral therapies include individual therapy, group counseling, family behavioral therapy, motivational incentives and other modalities. MAT has been shown to be highly effective in the treatment of opioid addiction.

The AMA strongly supports increased access to and coverage for treatment for drug addiction and physician office-based treatment of opioid addiction. The Drug Addiction Treatment Act of 2000 provided for an office-based option for opiate treatment that uses buprenorphine, a drug that can help facilitate recovery from opiate addiction. However, limits remain on the number of patients a physician may treat using this drug.

There is broad consensus in the medical community that buprenorphine is a successful tool to help fight addiction. Lifting the cap would allow physicians to treat more patients with this highly effective drug, and would provide an incentive for more physicians to get the required training to offer this service in their practices. Legislation to accomplish this goal, such as the **"Recovery Enhancement for Addiction Recovery Act" (H.R. 2536/S. 1455)**, would make major strides in expanding treatment capacity.

3. Increase access to overdose prevention measures, such as naloxone, and expand Good Samaritan protections.

The AMA strongly supports the national trend of states enacting new laws to increase access to naloxone, which is a safe and effective FDA-approved medication that reverses prescription opioid and heroin overdoses and helps save lives. Naloxone has no psychoactive effects and does not present any potential for abuse. AMA advocacy has supported state laws that put naloxone into the hands of appropriately trained first responders as well as friends and family members who may be in a position to help save lives. The AMA encourages physicians to co-prescribe naloxone to their patients at risk who are taking opioid analgesics.

It is well documented that naloxone has saved thousands of lives across the nation. Despite this progress, however, barriers still exist to optimal use of naloxone in preventing overdose deaths. One way to reduce barriers to the use of naloxone is passage of Good Samaritan laws to protect from liability first responders, friends and family members, or bystanders who may witness an overdose and have access to naloxone. We urge Congress to provide funding for increased access to naloxone overdose prevention programs and to encourage the adoption of broad Good Samaritan protections.

4. Delink Hospital Consumer Assessment of Healthcare Providers and Systems survey pain questions from reimbursement determinations under the Hospital Value-Based Purchasing program

Patient experience measures for the Hospital Value-Based Purchasing (VBP) program are derived from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a national, standardized, publicly reported survey of patients' perspectives of hospital care during a recent overnight stay. Since 2007, hospitals subject to the inpatient prospective payment systems collect and submit HCAHPS data in order to receive their full annual payment update. As a further incentive to improve patient experience, the Affordable Care Act specifically included HCAHPS performance in the calculation of the value-based incentive payment in the hospital VBP beginning with Oct. 2012 discharges.

There is a growing body of evidence, as highlighted in a recent Hastings Center Report, that patient satisfaction surveys can have repercussions that impede rather than enhance the quality of care. The AMA has heard from many physicians that pain-related questions in the HCAHPS survey, in particular, are having the unintended consequence of promoting inappropriate prescribing of opioids and thereby contributing to the epidemic of opioid misuse, overdose and death.

The AMA supports H.R. 4499, the "Promoting Responsible Opioid Prescribing Act of 2016," which would delink pain related measures from hospital reimbursement under the Value-Based Purchasing program.