Statement for the Record

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"Unintended Consequences: Medicaid and the Opioid Epidemic."
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The United States is in the midst of the worst drug addiction epidemic in its history. More than 350,000 Americans have died from an opioid overdose since 1999. Every year, for the past 20 years, we have set a new record for opioid overdose deaths.

The reason this is happening is because the number of American suffering from opioid addiction has skyrocketed. From 1997 to 2012, there was a 900% increase in the number of American seeking treatment for addiction to prescription opioids. As the number of opioid addicted Americans began increasing, overdose deaths increased in lockstep.

We know why the number of American suffering from opioid addiction increased so sharply. The CDC has made the primary cause of our opioid addiction epidemic perfectly clear. CDC has demonstrated that as opioid prescribing began to soar, beginning in the 1990s, it led to parallel increases in opioid addiction and overdose deaths. This is an epidemic caused by the medical community overprescribing opioids.

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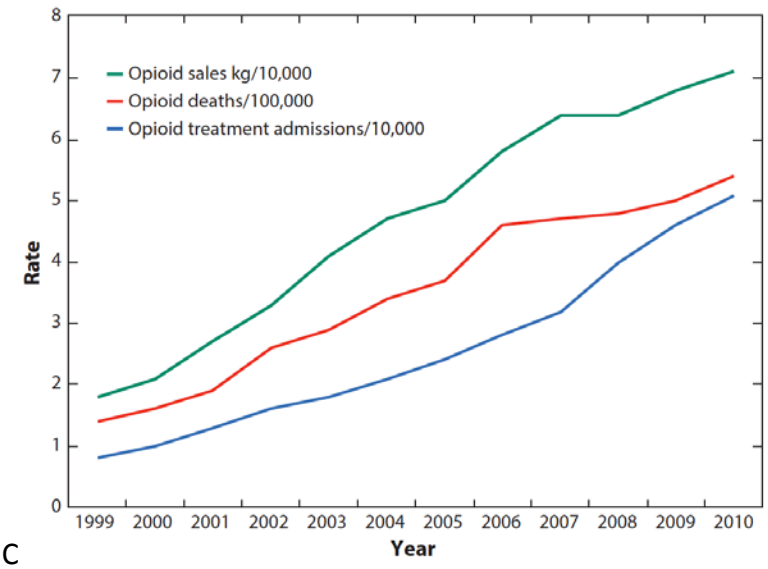

Source: CDC

We also know why the medical community began prescribing opioids so aggressively. We (doctors) were responding to a brilliant, multi-faceted marketing campaign that changed the culture of opioid prescribing. Starting in the 1990s, we began hearing that patients were suffering because we were too stingy with opioids. We began hearing that we should stop worrying about addiction. We began hearing that even with long-term use, the risk that a patient would get addicted was much less than 1%. We began hearing that opioids were safe and effective for chronic pain and that we could improve the quality of life in our patients if we prescribed more liberally. We began hearing that opioids are a gift from mother nature and should be used much more for just about any complaint of pain.

We would have been less gullible if we were only hearing these messages from drug company sales reps. But we were hearing these messages from pain specialists, eminent in the field of pain medicine; we were hearing it from professional societies; from the Joint Commission, which accredits our hospitals; and we were hearing from the Federation of State Medical Boards—all of whom had financial relationship with opioid manufacturers.

The truth is that opioids have not been proven safe or effective for long-term use. We know, with data from Workers' Comp, that if you treat an injured worker with long-term opioids that worker is less likely to go back to work again, compared to other interventions for chronic pain.

Over the past 20 years, rates of opioid overdose have increased in every state in the country. Opioid overdoses have increased in every socioeconomic group, from poor to rich.

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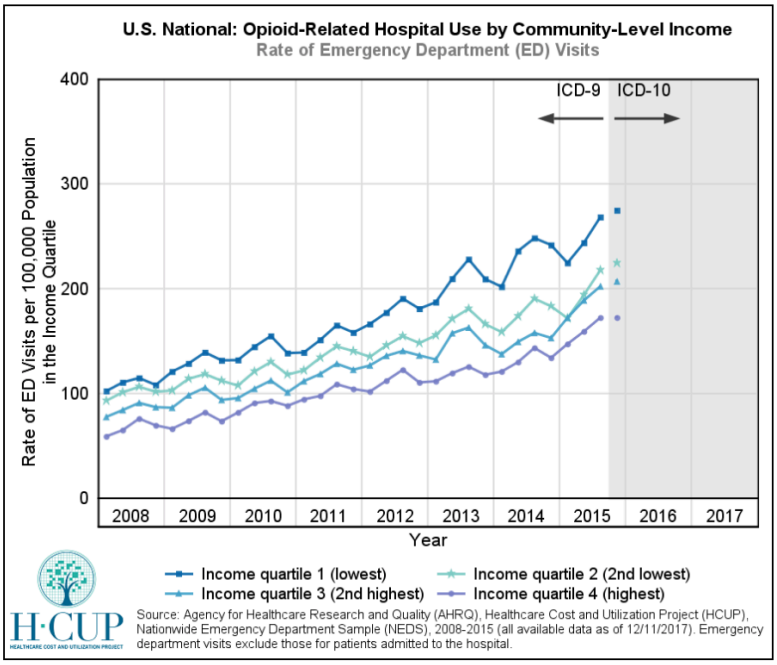

Source: AHRQ
Opioid overdoses have increased in all neighborhood types, from rural to metropolitan.

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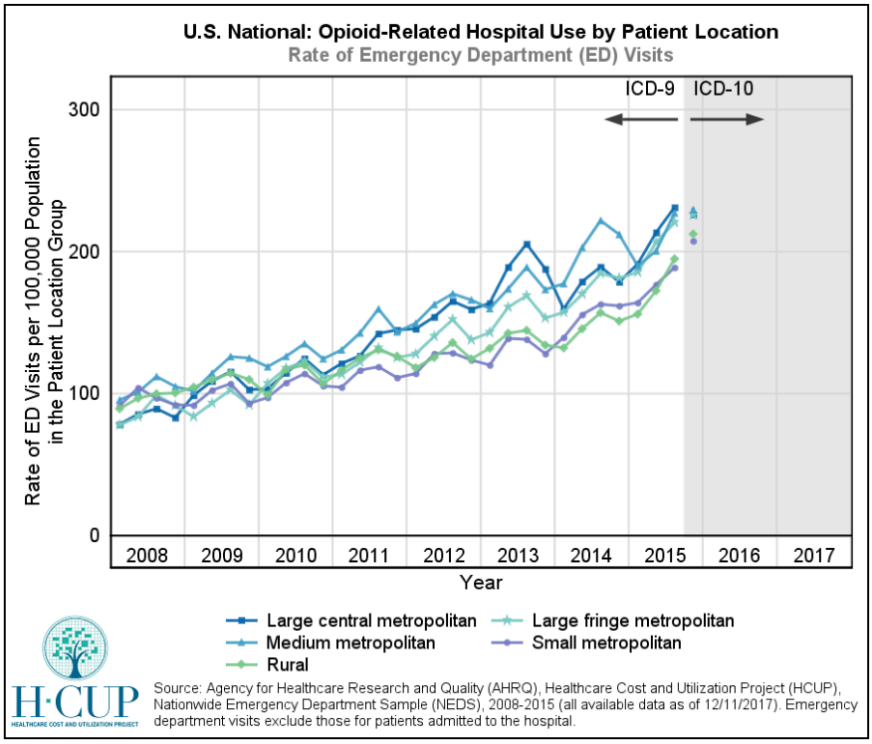

Source: AHRQ

And they have increased in people with Medicaid, Medicare and Commercial insurance. They have also increased in people without insurance. Where we have seen the fastest-growing share of hospitalizations for opioid overdose has been Medicare, not Medicaid. Medicare beneficiaries went from the smallest proportion of these hospitalizations in the 1990s to the largest share by the mid- 2000s.

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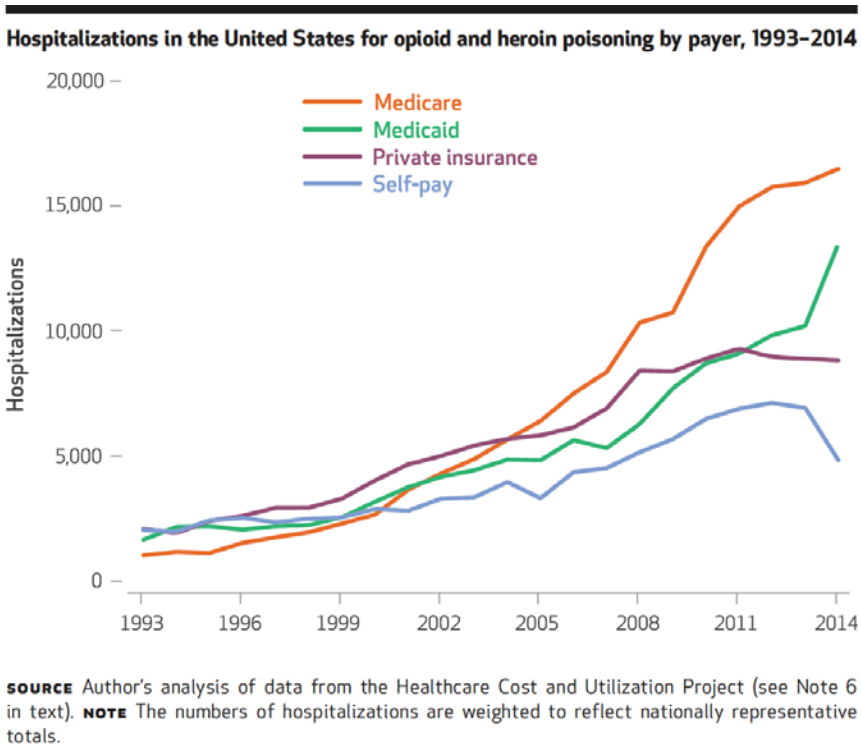

SOURCE Author's analysis of data from the Healthcare Cost and Utilization Project (see Note 6 in text). NOTE The numbers of hospitalizations are weighted to reflect nationally representative totals.

Source: Health Affairs

Over the past 20 years, two groups of Americans have become opioid-addicted: a younger group in their 20s, 30s and early 40s- and an older group in their 40s, 50s, 60s, 70s and older.

The younger group has become opioid addicted taking prescription opioids medically or recreationally or a combination of medical use followed by recreational use. Physicians and dentists, unfortunately, are too comfortable prescribing opioids to young people. But doctors don't like giving healthy looking 25-year-olds a large quantity of pills on a monthly basis for chronic pain. So, young folks, once addicted turn to the black market to maintain their supply. And, as you already know, they have been switching to heroin because black market pills are very expensive. Over the past five years, deaths in heroin users have skyrocketed because fentanyl is increasingly mixed into heroin or sold as heroin.

The older group is becoming opioid-addicted almost entirely from medical use. The older group, especially patients with chronic pain, are more easily able to maintain a large supply of opioids visiting doctors. Until a few years ago, we were seeing more overdoses in the older group with

easier access to pills than we were seeing in the younger group switching to heroin. This changed because of the emergence of fentanyl.

Opioid overdoses involving illicitly synthesized fentanyl have risen at an exponential rate, surpassing the number of deaths involving prescription opioids and heroin. Over the past few years, the states that have experienced the greatest rise in opioid overdose deaths are the states with the most fentanyl.

To bring the opioid addiction epidemic under control, we must prevent more Americans from becoming opioid-addicted, mainly through more cautious prescribing. And we must ensure that millions of Americans now suffering from opioid addiction can access effective addiction treatment.

When I say “effective treatment” I am not referring to detox or rehab because detox admissions and rehab stays do not work well for most people with opioid addiction. The treatments that are most effective involve long-term outpatient care. The first-line treatment for opioid addiction involves use of the medication buprenorphine, also called Suboxone.

For overdose deaths to finally start decreasing, buprenorphine has to be easier to access and less expensive than pain pills, heroin and fentanyl. At present, too few doctors are prescribing buprenorphine because of multiple barriers.

With Medicaid expansion, the number of Americans able to access buprenorphine treatment has increased but in many cases, the Medicaid is only paying for the prescription, the patient must pay for the doctor’s visit out of their own pocket. This is also true for commercial insurance. Medicaid expansion has not helped as much as it could have because few physicians that prescribe buprenorphine accept any insurance. And many state-licensed drug and alcohol treatment programs do not have physicians on staff that prescribe buprenorphine. These programs are staffed primarily by drug counselors not medical professionals. Many of these programs have any ideological bias against treating addiction with medication.

Over the past decade there has been only a slight increase in use of medication-assisted treatment with in the state-licensed treatment system.

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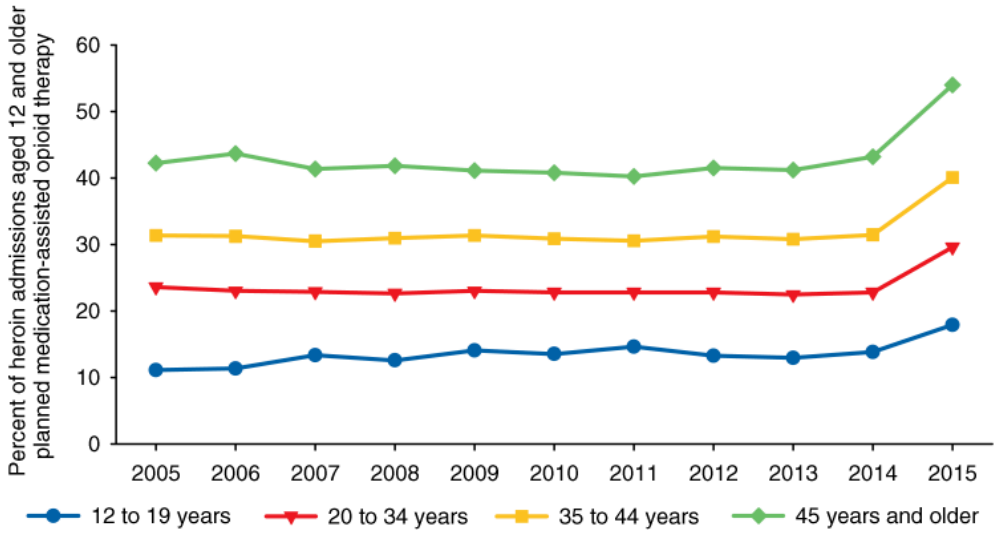
Figure 24. Heroin admissions aged 12 and older with planned medication-assisted opioid therapy, by age group: 2005-2015



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.01.16.

Source: SAMHSA

If we want to see opioid overdose deaths start to decline, we will need a massive federal investment. We need to build a treatment system that does not exist yet. If we want to see opioid overdose deaths start to decline, an opioid-addicted individual must be able to walk into an outpatient treatment center and receive effective treatment that same day- regardless of their ability to pay for it.