

Every day, hospitals witness the devastating effects of the opioid epidemic on the patients, families, and communities we serve. Prescription opioids can be a safe and necessary element of pain management for those who have experienced trauma or are suffering from cancer, sickle cell disease or other diseases that cause debilitating pain. On the other hand, opioids carry significant risk for misuse, addiction, overdose and death, and must be used judiciously.

To prevent addiction and misuse, hospitals and health systems are working to reduce patients' exposure to opioids by making other types of pain control more readily available. They are implementing standard, evidence-based protocols for prescribing limited amounts of opioids to patients, and they are safeguarding prescription drugs from diversion. Our members are using state prescription drug monitoring programs and working to link them to their electronic health records to ensure that a seamless and accurate flow of information regarding the patient's prescriptions is available. When patients are diagnosed with substance use disorder (SUD), hospitals are offering treatment or referrals, as appropriate, and integrating physical and behavioral health care. They are training first responders to use naloxone and, in some cases, equipping them with this overdose antidote.

However, hospitals are aware that this epidemic cannot be successfully dealt with by health care providers working independently. They are collaborating with their communities to create coordinated responses. They are forming partnerships with other health care providers, state and local departments of health, law enforcement, schools, community organizations and others. Through these collaborations, we have seen hospitals engage recovery specialists to help patients admitted for drug overdose enter treatment, expand SUD treatment services, join with law enforcement to facilitate access to treatment, fund public education programs, educate community clinicians about prescribing practices, and more. But much remains to be done.

The AHA recommends Congress and the Administration take the following steps to help stem the tide of the opioid epidemic.

1. Protect Comprehensive Health Insurance Coverage

- The coverage gains made by the Affordable Care Act (ACA), including Medicaid expansion, must be preserved. Essential health benefits required by the ACA include SUD treatment.
- These comprehensive benefits include SUD treatment, which ensures that those affected by SUD can obtain insurance coverage and treatment.

2. Enforce Mental Health and Substance Abuse Parity Laws

- Our members and the patients they serve continue to face obstacles in securing coverage and payment as intended by federal mental health and substance use disorder parity laws.
- All federal agencies, and especially the Department of Labor, must make parity enforcement a priority.

3. Repeal the IMD Exclusion

- The IMD (Institutions for Mental Disease) exclusion, which has been in effect since Medicaid's inception, prohibits the federal government from paying for the care of Medicaid patients between ages 21 and 64 who are hospitalized in inpatient psychiatric treatment facilities, thus making it extremely challenging for those of limited means to receive effective treatment for substance use disorders.

- Repeal of the IMD exclusion will allow Medicaid patients to access treatment needed, which they can't at IMDs under current law.

4. Amend 42CFR Part 2

- Congress must amend 42 CFR (Code of Federal Regulations) Part 2, which governs the confidentiality of SUD patient records and impedes the sharing of patient information necessary for delivering the most efficient and effective care.
- The AHA supports legislation, such as H.R. 3545, the Overdose Prevention and Patient Safety Act and S. 1850, the Protecting Jessica Grubb's Legacy Act, which would allow responsible sharing of patient information to help prevent inappropriate and potentially dangerous prescribing of opioids.

5. Improve the Efficacy of Prescription Drug Monitoring Programs (PDMPs)

- PDMPs are statewide electronic databases that collect designated data on substances dispensed in the state. In many hospitals and health systems, clinicians have to wait for 10 minutes or more for their state's PDMP program to load before they can look at the recorded history of prescriptions for the patient.
- We urge two remedies for this problem. The first is to direct funding to the states to update and improve the interoperability of their PDMP with hospital EHRs. The second is to provide funding so that hospitals can purchase one of the few available software packages that improve the interoperability between the PDMP and their EHRs.
- Connecting PDMPs across state lines will bolster federal efforts to combat the opioid epidemic.
- Clinicians in federal health programs operated by the Departments of Defense (DoD) and Veterans Affairs (VA) currently do not submit data to state PDMPs. We urge Congress to explore the feasibility of requiring prescription drug usage data for the DoD and VA health care programs to be included in state PDMPs.

6. Expand Training Capacity for Medication Assisted Treatment (MAT) and Incentivize Clinicians to Obtain Training

- The Comprehensive Addiction and Recovery Act of 2016 temporarily allows trained nurse practitioners and physician assistants to provide MAT and increases the patient limits for treatment.
- Medicare should incentivize clinicians to get this training by providing an increase in payment to those who have the training or by recognizing the acquisition of such skills as a quality improvement activity under the Merit-based Incentive Payment System.
- Congress should also appropriate funding to expand MAT training and to incentivize clinicians to obtain this training would help address this deficit.

7. Encourage and Fund Prescriber Education

- The AHA strongly supports prescriber education through medical and dental school training on opioid prescribing guidelines, such as the Centers for Disease Control and Prevention's guidelines for chronic pain.
- While the AHA supports increased prescriber education initiatives, we caution that mandatory requirements can have unintended consequences.

8. Expand Options for Alternative Forms of Pain Management

- We support research on effective alternative forms of pain management, and the Food and Drug Administration should be directed to work to speed these alternatives to market.
- Making funds available through Medicare and Medicaid demonstration programs and federal grant programs, would also be helpful.

9. Fund Intensive Care of Infants Born Addicted to Opioids

- Increasingly, hospitals' neonatal intensive care unit beds are occupied by infants born addicted to opioids. Often, these infants are also underweight, born earlier than 39 weeks of gestation, and have other medical conditions that must be addressed.
- Their mothers may be uninsured or underinsured, and hospitals must absorb the substantial cost of the intensive treatment needed to give these infants the best chance at a full and healthy life. Funding for the care of these infants through grants or other mechanisms is needed.