Stop Addiction Before it Starts

Innovative Efforts to Prevent Opioid Abuse

April 13, 2016
Rayburn House Office Building B339
Full breakfast available at 9:00 AM
Program Starts at 9:15 AM

Remarks
Mary R. Grealy
President
Healthcare Leadership Council

-and-

The Honorable Ann Kuster (D-NH) & The Honorable Frank Guinta (R-NH)
Co-Chairs of the Bipartisan Congressional Task Force to Combat the Heroin Epidemic

Presentations
Seth Joseph
Vice President of Corporate Strategy
Surescripts

Andrea D. Willis, MD, MPH, FAAP
Senior VP and Chief Medical Officer
BlueCross BlueShield of Tennessee

Daniel F. Luce, BSPharm, RPh, MBA, FAPhA
National Director, Pharmacy Affairs
Walgreen Co.

Dr. Andy Gettinger
Chief Medical Information Officer,
Executive Director, Office of Clinical Quality and Safety
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services

Question and Answer Session
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<th>Company</th>
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<th>Name</th>
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<tr>
<td>BlueCross BlueShield of Tennessee</td>
<td>CEO</td>
<td>J.D. Hickey</td>
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<tr>
<td>Boehringer Ingelheim USA</td>
<td>Sr. Vice President &amp; CFO</td>
<td>Everett Hoekstra</td>
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<td>Cardinal Health</td>
<td>CEO</td>
<td>George Barrett</td>
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<td>Change Healthcare</td>
<td>CEO</td>
<td>Neil de Crescenzo</td>
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<td>Cleveland Clinic Foundation</td>
<td>President &amp; CEO</td>
<td>Toby Cosgrove, M.D.</td>
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<td>C. R. Bard</td>
<td>President &amp; CEO</td>
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<td>CEO</td>
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<td>Golden Living</td>
<td>President &amp; CEO</td>
<td>Jack Bailey</td>
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<td>Johnson &amp; Johnson</td>
<td>President &amp; CEO</td>
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<td>Jonathan Scholl</td>
<td>President, Health and Engineering Sector</td>
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<td>Susan Turney, M.D.</td>
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<td>Marshfield Clinic Health System</td>
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<td>Brad Bennett</td>
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<td>John Noseworthy, M.D.</td>
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<td>Chairman &amp; CEO</td>
<td>McKesson Corporation</td>
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<td>Omar Ishrak</td>
<td>Chairman &amp; CEO</td>
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<td>Barry Arbuckle, Ph.D.</td>
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<td>MemorialCare Health System</td>
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<td>Robert McMahon</td>
<td>President, U.S. Market</td>
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<td>Steven Corwin, M.D.</td>
<td>CEO</td>
<td>NewYork-Presbyterian Hospital</td>
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<tr>
<td>Anna Mohl</td>
<td>Regional Business Head, Medical Nutrition, North America</td>
<td>Nestlé Health Science</td>
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<tr>
<td>Mark Neaman</td>
<td>President &amp; CEO</td>
<td>NorthShore University HealthSystem</td>
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<td>Jesper Hoiland</td>
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<td>Craig Smith</td>
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<td>Albert Bourla</td>
<td>Group President, Pfizer Vaccines, Oncology and Consumer Healthcare</td>
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<td>Jez Moulding</td>
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<td>Chris Wing</td>
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<td>Tim Scannell</td>
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<td>Tom Skelton</td>
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<td>Ramona Sequeira</td>
<td>President</td>
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<td>Jason Gorevic</td>
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<td>Barclay Berdan</td>
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<td>Curt Nonomaque</td>
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<td>Vizient</td>
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<td>Alex Gourlay</td>
<td>President</td>
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<td>James Chambers</td>
<td>President &amp; CEO</td>
<td>Weight Watchers International</td>
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<tr>
<td>Jaideep Bajaj</td>
<td>Chairman</td>
<td>ZS Associates</td>
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Revised 4/01/16
The Healthcare Leadership Council (HLC), a coalition of chief executives from all disciplines within American healthcare, is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century system that makes affordable, high-quality care accessible to all Americans.

Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies—advocate measures to increase the quality and efficiency of healthcare by emphasizing wellness and prevention, care coordination, and the use of evidence-based medicine, while utilizing consumer choice and competition to enhance value.

Providing access to health coverage for the uninsured, accelerating the growth of health information technology, and reforming healthcare payment systems to incentivize quality and positive patient outcomes are important HLC priorities, along with improving patient safety, addressing the healthcare workforce shortage, enacting medical liability reforms and developing patient privacy rules that protect confidentiality while enabling the necessary flow of information to healthcare professionals and medical researchers.

HLC shares its vision for quality healthcare with Congress, the administration, the media, the research community, and the public through communications and educational programs. Because of the broad scope of the HLC membership, HLC is well known by congressional members and staff as an integral source for comprehensive information on key health issues. HLC staff briefings and events such as the HLC Innovations Expo are well attended by members of congress and staff alike.

And, in the belief that healthcare is essentially local, HLC builds coalitions at the community level to pursue its goals for America’s patients. Six regionally based directors conduct activities with members of Congress, organize health briefings and forums to educate local media and the public, and form local health advisory committees to advocate for innovative, high quality, and affordable healthcare.
Dr. Andrea Willis is a board certified pediatrician originally from Athens, Alabama. After graduating with honors from Athens High School, she went on to earn a bachelor’s of science degree from the University of Alabama at Birmingham with a major in Natural Sciences and Mathematics with a concentration in biology and a minor in chemistry. She was honored with numerous academic awards during her college career such as the Dean’s list, Scholar’s List, and the Alpha Kappa Alpha Award for Academic Achievement. Her medical degree was earned from Georgetown University School of Medicine. Subsequently, she matriculated through Johns Hopkins School of Public Health and Hygiene where she successfully completed a Masters of Public Health. Her focus of study there was Maternal and Child Health.

After finishing her pediatric residency at INOVA Fairfax Hospital for Women and Children, she joined as an attending physician with Children’s Medical Associates in Fairfax and Alexandria, Virginia. She left that position to utilize her training to further public health endeavors as Deputy Commissioner for the Tennessee Department of Health. After serving in that role, she became the first director of Tennessee’s State Children’s Health Insurance Program, CoverKids. There she oversaw the development of the state plan and implementation of the entire program from enrollment to benefits. The program was filled to capacity when she transitioned to BlueCross BlueShield of Tennessee (BCBST). She has served many roles within the company including medical director of BlueCare’s home health programs; TennCareSelect, a program for children with special needs and children in State Custody; Select Community, a program for adults with intellectual disability; and CHOICES, a long term services and support program for adults with long term disabilities and the elderly. Following these positions, Dr. Willis was honored to be named Chief Medical Officer of BCBST. She began that role in September of 2013 and continues to serve in this capacity. She has issued a call to action, “Every Member, Every Day, Quality Care Counts”. This mantra describes her daily commitment to serving BCBST members and to providing peace of mind through better health.

Dr. Willis has recently been honored by the Nashville Medical News as one of their 2014 “Women to Watch” and by the Nashville Business Journal as a 2014 “Healthcare Hero”. She was also featured as an honoree in Chattanooga’s City Scope Magazine as one of Thirty Influential Business Leaders. In addition, she was honored in that same magazine as an Executive Circle Women’s Business Leader.

Dr. Willis is active in the community through church activities and charity functions. Her proudest role is that of mother to Cameron who is age 16.
Andrew Gettinger, M.D.
Chief Medical Information Officer,
Executive Director, Office of Clinical Quality and Safety
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services

Biography:

Dr. Gettinger is the Chief Medical Information Officer (CMIO) and the Executive Director of the Office of Clinical Quality and Safety. Prior to joining ONC, he was Professor of Anesthesiology and adjunct Professor of Computer Science at Dartmouth and the Geisel School of Medicine at Dartmouth and was the CMIO for Dartmouth-Hitchcock and Associate Dean for Clinical Informatics at Geisel. Gettinger has extensive experience in the field of health information technology. He led the development of an electronic health record (EHR) system at Dartmouth and subsequently was the senior physician leader during Dartmouth’s transition to a vendor-based EHR. Gettinger’s clinical practice and research has been focused on anesthesiology, critical care medicine, and on information technology as it applies generally to health care. He founded the clinical informatics group at Dartmouth. He has been an active participant in the policy debates regarding patient privacy at both the state and federal level testifying before the Senate HELP Committee and participating as a member of the NH Legislative Taskforce on Privacy. In 2012-13 he completed service in Senator Orrin G. Hatch’s office as a Robert Wood Johnson Health Policy Fellow.

Dr. Gettinger received his A.B. from Dartmouth College and his M.D. from Dartmouth Medical School. He trained at the Hartford Hospital, Boston Children’s Hospital, and Dartmouth-Hitchcock Medical Center in anesthesiology, pediatric anesthesiology, and critical care medicine. He is board certified in anesthesiology, critical care medicine and was among the inaugural cohort of physicians certified in clinical informatics by the American Board of Preventive Medicine in 2013.
Daniel F. Luce
National Director, Pharmacy Affairs
Walgreens

Biography:

Daniel F. Luce is a graduate of the University of Wisconsin – Madison school of pharmacy and is currently the National Director of Pharmacy Affairs in the Pharmacy Services department with the Walgreen Company. He is the primary Walgreen liaison with Boards of Pharmacy and interacts with many state legislatures. Dan’s activities are centered on advancing the practice of pharmacy by utilizing new technologies that allow pharmacists to focus on patient care.

He completed his Master of Business Administration degree in 1994 with an emphasis in Finance and Strategic Management. He practiced in hospital, long-term care, and independent community pharmacy, and spent eleven years as a pharmacy supervisor with the Vons Companies and Walgreens.

Dan is a former member of the Wisconsin Board of Pharmacy (1996 to 2004) and served two terms as Chairman. He is active in the National Association of Boards of Pharmacy (NABP) and served on the Committee on Law enforcement and Legislation and three times on the Nominating Committee.

Dan is a founding member of the Pharmacy Society of Wisconsin (PSW). Dan serves on the PSW Chain Advisory Board (2008 to present) as Chair. Dan is a member of the University of Wisconsin School of Pharmacy Board of Visitors (2003 to present).

He was also elected by the membership of the American Pharmacists Association to a 3 three-year term (2004 to 2007) on the APhA Board of Trustees. He served on the APhA Government Affairs Committee (2006 to 2011) and was the Chair for three years.

Dan was appointed to a four-year term on the APhA Foundation Board of Directors for a term which began March 2010. He served the last two years of his term as the president of the Foundation. Dan serves on the Board of Directors of the Center for Pharmacy Practice Accreditation (CPPA) (2012 to present).
Mary Grealy is president of the Healthcare Leadership Council, a coalition of chief executives of the nation’s leading health care companies and organizations. The HLC advocates consumer-centered health care reform, emphasizing the value of private sector innovation. It is the only health policy advocacy group that represents all sectors of the health care industry. She was appointed to the position in August 1999.

Ms. Grealy has an extensive background in health care policy. She has led important initiatives on the uninsured, Medicare reform, improving patient safety and quality, protecting the privacy of patient medical information and reforming the medical liability laws. She testifies frequently before Congress and federal regulatory agencies.

From 1995 until she began her tenure at HLC, she served as Chief Washington Counsel for the American Hospital Association, a national organization representing all types of hospitals, health systems and health care networks. In her position, she was responsible for the organization’s legal advocacy before Congress, as well as executive and judicial branches of government.

From 1979 to 1995, Ms. Grealy was Chief Operating Officer and Executive Counsel for the Federation of American Hospitals, a trade association representing 1,700 investor-owned and managed hospitals and health systems. She coordinated legislative and regulatory policies as well as lobbying activities for the Federation.

Ms. Grealy has a bachelor degree from Michigan State University and a law degree from Duquesne University. She is a member of the Board of Directors of TEAMHealth, one of the largest providers of outsourced physician staffing solutions for hospitals in the United States, and the Board of Directors of Duquesne University serving on the Executive Committee. She is a member of the American Health Lawyers Association. She also serves on the advisory boards of the David A. Winston Health Policy Fellowship, Women Business Leaders in Health and the March of Dimes Public Policy Council. She is a frequent public speaker on health issues and has been ranked many times by Modern Healthcare as one of the 100 Most Powerful People in Healthcare and has been named to Modern Healthcare’s list of the Top 25 Women in Healthcare.
Seth Joseph
Vice President of Corporate Strategy
Surescripts

Biography:

Seth Joseph is Vice President of Corporate Strategy for Surescripts. He is responsible for all aspects of corporate strategy development and strategic planning, including evaluation of new business and market opportunities for Surescripts. In particular, Seth focuses on connectivity challenges in the highly fragmented and federated US healthcare system where a neutral, national clinical network infrastructure can solve problems for multiple constituencies.

Prior to Surescripts, Seth led eHealth strategy efforts at CVS Health, specifically focused on ways for pharmacy benefit managers to leverage electronic connectivity with physicians to deliver clinical decision support. He also worked in a pharmacy operations group that focused on applying novel technology to pharmacy workflow to improve patient safety.

An ardent believer in the potential for technology to facilitate the transformational shift towards a value-based reimbursement system, Seth has been published in Health Affairs, American Journal of Managed Care, Journal of the American Informatics Association, and American Journal of Pharmacy Benefits. Seth received his BA from the University of Wisconsin-Madison, and his MBA from Boston University.
Since opening its first drugstore in 1901, Walgreens has grown into the Country’s largest drugstore chain through unmatched customer service, relentless innovation and a nationwide store network on the best corners of America. After more than a century, Walgreens has joined with Alliance Boots in Europe to create Walgreens Boots Alliance. This partnership brings together two iconic brands with complementary geographic footprints, shared values and a long heritage of trusted healthcare services through pharmaceutical wholesaling and community pharmacy care.

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Fact Sheet

**Our Vision**
Be America’s most loved pharmacy-led, health, wellbeing and beauty enterprise.

**Our Purpose**
Champion everyone’s right to be happy & healthy.

**About Us**
- Walgreens and Duane Reade are the principal retail brands that comprise the Retail Pharmacy USA Division of Walgreens Boots Alliance, Inc.
- Walgreens Boots Alliance is the first global pharmacy-led, health and wellbeing enterprise.
- 8 million+ customers interact with Walgreens each day, using the most convenient, omnichannel access to consumer goods and services and trusted, cost-effective pharmacy, health and wellness services and advice.

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**Our Services Improve Health and Lower Costs**

- **Immunizations**
  Saves $43 billion in U.S. direct and indirect costs per year.¹ Our pharmacists provide immunizations in all 50 states, DC and Puerto Rico.

- **MTM**
  Nearly half the U.S. population doesn’t take their medications as prescribed, which costs the U.S. nearly $300 billion annually.²

- **Generic Medications**
  Our pharmacists control healthcare costs by recommending high-quality generic drugs.

- **90-Day Retail Prescriptions**
  Promotes patient choice, better care and greater medication adherence.

- **Scope of Services**
  Retail, specialty, infusion, medical facility, mail service as well as online and mobile services.

- **Prescription Savings Club**
  Helps the uninsured and underinsured lower their drug costs.

- **Balance® Rewards Card**
  Creating happy & healthy with a loyalty program that rewards healthy choices.

- **Omnichannel Approach**
  Refill prescriptions by scan, pill reminder and pharmacy chat.

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¹ Healthypeople.gov ² “Bend the Curve,” The Network for Excellence in Health Innovation
Our Global Presence

Walgreens Boots Alliance is the largest retail pharmacy, health and daily living destination in the USA and Europe.

How do we do it?
- The global leader in pharmacy-led, health and wellbeing retail with over 13,000 stores in 11 countries.
- The largest global pharmaceutical wholesale and distribution network with over 350 distribution centers delivering to more than 200,000 pharmacies, doctors, health centers and hospitals each year in 19 countries.
- The world’s largest purchaser of prescription drugs and many other health and wellbeing products.

Our Priorities
We are committed to advancing the role of community pharmacy, offering the ultimate convenience that wins customer loyalty, and delivering extraordinary customer and patient care to support the customer experience.

Our Core Values
- Trust – Respect, integrity and candor guide our actions to do the right thing.
- Care – Our people and customers inspire us to act with commitment and passion.
- Innovation – We cultivate an open and entrepreneurial mind-set in all that we do.
- Partnership – We work collaboratively with each other and our partners to win together.
- Dedication – We work with rigor, simplicity and agility to deliver exceptional results.

Our People
- We serve our customers and patients best if our workforce reflects the diversity of the community.
- Dignity and mutual respect are the foundation for providing a workplace that embraces the individuality of all employees and the communities we serve.
- We champion everyone’s right to be happy & healthy.

United States Fast Facts

Our HQ
Deerfield, IL

240,000+
Employees

8,000+
Stores

400+
Healthcare Clinics

76 percent
of America lives within 5 miles of a Walgreens

~1 in 5
retail prescriptions filled at Walgreens in 2015
(nearly 900 million prescriptions)

~1/2 of stores
located in and serve medically underserved communities

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Health IT as a Strategic Asset In Solving the Nation’s Opioid Issues

Andrew Gettinger, MD, FCCP, FCCM
Chief Medical Information Officer and Executive Director of the Office of Clinical Quality & Safety

The views expressed herein do not necessarily represent the views of the Department of Health & Human Services or the United States Government (5 CFR §2635.807)
A health system that provides better care, spends dollars more wisely, and has healthier people

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<tr>
<th>Focus Areas</th>
<th>Description</th>
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<tr>
<td>INCENTIVES</td>
<td>• Promote value-based payment systems</td>
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<td></td>
<td>— Test new alternative payment models</td>
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<td></td>
<td>— Increase linkage of Medicaid, Medicare FFS, and other payments to value</td>
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<td></td>
<td>• Bring proven payment models to scale</td>
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<td>• Align quality measures</td>
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<td>CARE DELIVERY</td>
<td>• Encourage the integration and coordination of clinical care services</td>
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<td></td>
<td>• Improve individual and population health</td>
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<td></td>
<td>• Support innovation including for access</td>
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<td>INFORMATION</td>
<td>• Bring electronic health information to the point of care for meaningful use</td>
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<td>• Create transparency on cost and quality information</td>
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<td></td>
<td>• Support consumer and clinician decision making</td>
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Source: Burwell SM. Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.
Priority Area 1: Opioid Prescribing Practices to Reduce Opioid Use Disorders

Priority Area 2: Naloxone Development, Access, and Distribution

Priority Area 3: Medication Assisted Treatment to Reduce Opioid Use Disorders and Overdose
OBJECTIVE: Support data sharing to facilitate appropriate prescribing

- Expand efforts to harmonize technical standards to support PDMP and Health IT interoperability

OBJECTIVE: Enhance prescription monitoring and health IT to support appropriate pain management

- Furthering PDMP/Health IT integration to improve prescribing practices

OBJECTIVE: Improve clinical decision making to reduce inappropriate (or fraudulent) opioid prescribing

- Standardized and shareable opioid clinical decision support
- Electronic prescribing of controlled substances (EPCS)
Role for Health IT in Opioid Prescribing

- **Connectivity:**
  - Provider-to-provider
  - System configuration

- **Availability of Data**
  - Transparency
  - Decision support to improve quality

- **Better Outcomes**
  - Patient Safety
  - Public Health
Thank you
andrew.gettinger@hhs.gov

Please visit: www.healthit.gov/opioids
ONC.opioids@hhs.gov
Our Commitment

To promote appropriate pain management and thereby, reduce member addiction, overdoses, and deaths.

To establish policies and procedures to prevent overprescribing while ensuring those whose medical conditions warrant managed usage will continue to have access to these medications.

To ensure our effort complements existing initiatives sharing the same goals.

Our Actions

- Adoption of best practices in coordination with State guidelines and CDC guidance
- Application of industry level quantity limits standards
- Examination of authorization criteria and procedures for new long-acting opioid prescriptions
- Utilization management of opioids prescribed in excess of acute pain management evidence-based standards
- Educational support for prescribers and future prescribers regarding addiction issues
- Incorporation of input from an advisory panel of provider experts
- Foundation support of community efforts for addiction recovery
- Communication to providers and members
- Public awareness efforts including support of increased disposal sites and take-back events
As the volume of prescriptions for opioids has exploded over the past decade, so has the incidence of overdose and death from misuse of those powerful drugs. Over the past five years, pharmacy and law enforcement regulators have collaborated to legalize electronic prescribing of controlled substances (EPCS), and by 2015 that goal was achieved in all 50 states and the District of Columbia. EPCS is widely expected to improve accountability and reduce the incidence of illegal diversion through forged and counterfeit paper and telephoned prescriptions.

This Data Brief tracks the growth of EPCS nationwide and in each of the 50 States and the District of Columbia over the past year. Future Data Briefs will be issued quarterly and will report on progress over the coming year.

**HOW WE MEASURE PROGRESS**

Surescripts has developed three metrics to track EPCS enablement and use at the national and state levels.* Collectively they measure the ability of an e-prescriber and pharmacy to send and receive EPCS.

1. **Pharmacy Enablement**—the percentage of retail pharmacies enabled for EPCS.
2. **Prescriber Enablement**—the percentage of active e-prescribers enabled for EPCS.
3. **EPCS Use**—the percentage of active e-prescribers who have actually sent a prescription for a controlled substance to an EPCS-enabled pharmacy using their EHR software application via the Surescripts network.

**NATIONWIDE GROWTH OF EPCS IN 2015**

EPCS use increased in 2015, although it remained relatively low, averaging 5.5% across all e-prescribers. Most retail pharmacies (81%) were prepared to receive digital prescription orders for controlled substances, but only 10% of prescribers were prepared to send them. EPCS use is contingent upon both pharmacy and prescriber enablement, and consequently will grow only as prescriber enablement rates increase.

Between 2014 and 2015, prescriber enablement increased significantly from 1% to 10%. We expect growth to accelerate in the coming year as more prescribers complete the process of meeting Drug Enforcement Administration (DEA) requirements for EPCS** and more EHR vendors develop technology solutions consistent with those requirements.
## EPCS Enablement and Use by State in 2015

<table>
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<tr>
<th>State</th>
<th>% of Retail Pharmacies Enabled for EPCS</th>
<th>% of Active E-Prescribers Enabled for EPCS</th>
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RATE OF EPCS USE IN 2015

TOP TEN STATES

Among the top 10 states ranked by prescriber enablement, seven states were at or above the national average of 10%: New York, Nebraska, Rhode Island, Oregon, Michigan, California, and Delaware.

Of those seven states, five states also appeared on the top ten list in 2014: Nebraska, Rhode Island, Michigan, California, and Delaware.

Three states were below the national average of 10%: Texas, Indiana, and Wisconsin.

EPCS TRENDS

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<thead>
<tr>
<th>State</th>
<th>Prescriber Enablement Rate</th>
<th>Pharmacy Enablement Rate</th>
<th>EPCS Use Rate</th>
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<tr>
<td>All States</td>
<td>10%</td>
<td>81%</td>
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* State is new to the Top Ten List in 2015
About Surescripts

Surescripts operates the only health information network to connect the diverse and expansive community of care partners nationwide, including pharmacies, providers, benefit managers, and health information exchanges. Surescripts is leading the way for a more connected and collaborative healthcare system with a technology neutral platform that exchanges vast amounts of data across a disparate range of health technology systems in use today. For more information, go to www.surescripts.com and follow us at twitter.com/surescripts.
Leading the Fight to Prevent Drug Diversion and Drug Abuse

Drug abuse continues to be a public health and safety risk. The National Survey on Drug Use and Health estimated 6.5 million Americans misused a prescription drug in 2014, while the Centers for Disease Control and Prevention reported nearly 50,000 prescription and illicit drug overdose deaths in the same year—a 140% increase since 2000, and can eventually graduate to using illicit drugs such as heroin. Federal, state, and local policymakers are seeking solutions to aid their efforts to combat drug abuse and overdose deaths in communities across America, and Walgreens stands ready to help.

Our Commitment

Walgreens is leading the fight against prescription drug abuse with new programs to help curb misuse of medications and the rise in overdose deaths. Our pharmacists play a significant role in counseling patients on the safe use of medications, and we understand the challenges our communities face in the fight against drug abuse.

Safe Drug Disposal

- We are committed to helping our patients and customers lead safe, healthy lives. As a reflection of that commitment, Walgreens will install safe medication disposal receptacles in more than 500 pharmacies in 39 states and Washington, DC.
  - Customers and patients can safely and conveniently dispose of unwanted, unused or expired prescriptions, including controlled substances
  - Receptacles will be available during regular pharmacy hours.

Increasing Access to Naloxone

- Walgreens will also make naloxone, a life-saving opioid antidote, available without a prescription in 35 states and Washington, DC, in accordance with each state’s pharmacy regulations.

We Ask Lawmakers

To work with us to implement voluntary, statewide safe medication disposal programs and to increase access to naloxone by eliminating prescription requirements.

Key Facts

An estimated 6.5 million Americans misused a prescription drug and nearly 50,000 died of an overdose in 2014.

Most people who misuse prescription drugs first obtain them from a family member or friend, often from a home medicine cabinet.
Leading the Fight to Prevent Drug Diversion and Drug Abuse
Purpose

Offer a comprehensive solution that will make the disposal of medications—including opioids and other controlled substances—easier and more convenient while helping to reduce the misuse of medications and the rise in overdose deaths.
Safe Drug Disposal/Naloxone

Key Points

Safe Drug Disposable Kiosks

- In over 500 stores in 39 states and D.C. by end of year
- Installation has begun in California, and will continue east throughout the year
- Will work with remaining states to overcome legislative and regulatory barriers

Dispensing Naloxone without a Prescription

- In 35 states and D.C. by end of year
- Currently dispensing in New York, Massachusetts, and Rhode Island; Indiana and Ohio in March.
- Will work with remaining states where a prescription is required
A Growing Problem…

Source: New York Times
Safe Drug Disposal Kiosks

In Plan

Not in Plan

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Naloxone without Rx by End of 2016

©2016 Walgreen Co. All rights reserved. Confidential and proprietary information. For internal use only.
THANK YOU
Prescription medications can help us live longer and healthier lives, but any medication has the potential to do harm — especially when misused.

The Cardinal Health Foundation and The Ohio State University College of Pharmacy developed Generation Rx, which aims to educate people of all ages about the potential dangers of misusing prescription medications. In doing so, we strive to enhance medication safety among our youth, college students, adults and seniors.

Use Generation Rx resources to help change these statistics:

What is Generation Rx?

Prescription medications can help us live longer and healthier lives, but any medication has the potential to do harm — especially when misused.

The Cardinal Health Foundation and The Ohio State University College of Pharmacy developed Generation Rx, which aims to educate people of all ages about the potential dangers of misusing prescription medications. In doing so, we strive to enhance medication safety among our youth, college students, adults and seniors.

Use Generation Rx resources to help change these statistics:

More than 6 MILLION AMERICANS age 12 and older have used a prescription drug non-medically in the past month.

DRUG OVERDOSE is the leading cause of accidental death in the United States.

Approximately 5,500 AMERICANS misuse a prescription medication for the first time every day.

Generation Rx key messages are simple:

• Take medication exactly as prescribed
• Store prescription drugs in locked and secure locations and properly dispose of medications that you no longer need
• Promote safe medication practices and teach others to do the same
Take Action

1. **Visit** generationrx.org

2. **Learn** about the issue and safe medication practices

3. **Take action** by teaching medication safety to others — download the free educational resources to assist you

Visit generationrx.org and explore our mobile-friendly, interactive site. Watch and share our video, tell us your story and learn how to make a difference in your community.

Educational Programs
Generation Rx resources are designed to educate people of all ages within your community.

- **ELEMENTARY**
- **TEEN**
- **COLLEGE**
- **ADULT**
- **PATIENT**
- **SENIOR**
- **WORKPLACE**

Our Impact

- **More than $4.7 MILLION** has been invested nationwide in partnerships and grants.
- **EVERY STATE** Generation Rx educational resources have been used in every state.
- **Over 80 COLLEGES** of pharmacy nationwide use Generation Rx.
- **Pharmacists in 37 STATES** have been honored with the Generation Rx Champions award.

© 2015 Cardinal Health. All Rights Reserved. CARDINAL HEALTH, the Cardinal Health LOGO are trademarks or registered trademarks of Cardinal Health. All other marks are the property of their respective owners. Lit. No. SCR15-412256 (10/2015)
Rethink Prescription Opioids for Chronic Pain

If you are confused or frustrated with respect to some aspects of opioid prescribing, you are not alone. We as health care professionals are responsible for providing relief to our patients with chronic pain without exposing them or others to unnecessary risks. With opioid therapy, this may be easier said than done.

While the real and growing problem of prescription opioid abuse may cause some of us to avoid prescribing these medications, the Rethink Opioids initiative presents a different approach. Our approach was developed through the joint efforts of a diverse Steering Committee and the sponsor of the initiative, Pfizer Inc.—a collaboration referred to as PROJECT ROOT. We believe that, by rethinking opioid medications for chronic pain, we can help encourage clinically appropriate use of these agents as part of an overall pain management plan, while helping protect patients, their families, our practices, and society from the known risks of opioids.

Here you will find practical information, resources, and tools to help you cultivate appropriate opioid prescribing in your practice. We hope you will join us in this effort.

What Is Rethink Opioids?

Numerous educational programs seek to address the problem of prescription opioid abuse. How is Rethink Opioids different? This initiative was established to support you as a health care provider in your efforts to cultivate appropriate use of prescription opioids for patients with chronic pain. Rethink Opioids provides practical information, resources, and tools that you can apply in the clinical setting, including a 4-step approach to applying universal precautions when prescribing opioid therapy for patients with chronic pain. Universal precautions are a set of uniform practices for prescribers that are applied to every patient.

The overall goal of Rethink Opioids is to facilitate change in the use of prescription opioids for chronic pain, so that:

- Health care providers consider prescription opioids only when they are clinically appropriate, and apply universal precautions when prescribing them
- Patients with chronic pain understand the risks of prescription opioids and embrace their responsibilities when using these medications, through dialogue with their health care providers

The Rethink Opioids initiative was developed through the collaboration of a diverse and distinguished Steering Committee and the sponsor of the initiative, Pfizer Inc. This collaborative effort is referred to as PROJECT ROOT.
Practical Approaches to Opioid Prescribing

Universal precautions in opioid prescribing for chronic pain are recommended. As yet, there is no empiric evidence of their effectiveness in reducing the abuse of prescription opioids or the outcomes related to the abuse, misuse, or diversion of prescription opioids.

Given the well-documented problem of misuse, abuse, and diversion of prescription opioids, health care providers should do more to help encourage appropriate use. From a clinical perspective, appropriate use of opioid therapy for patients with chronic pain may be thought of in the framework shown here:

- First, prescribe opioids only when clinically appropriate. Current FDA guidance is to prescribe extended-release and long-acting opioids only for patients with pain severe enough to require daily, around-the-clock, long-term treatment, and for whom alternative treatment options are inadequate.
- Second, when prescribing opioids for chronic pain, apply universal precautions—a set of uniform practices for prescribers that may help address misuse, abuse, and diversion.
- Although no single intervention will solve the complex problem of prescription opioid abuse, by taking these steps, you as a health care provider may be able to make a real difference.

Follow these links to find out more about clinically appropriate treatment selection and the application of universal precautions. To review these concepts within the context of a clinical setting, explore the accompanying case studies.

Resources

- **Patient Assessment Tools** Links to the Brief Pain Inventory (BPI), Opioid Risk Tool (ORT), and Patient Health Questionnaire 4 (PHQ-4).
- **Universal Precautions Implementation Tool** Serves as a reminder of the key components of the 4-step process of applying universal precautions for patients being considered for or receiving opioid therapy for chronic pain, and provides suggestions for discussing universal precautions with patients.
- **Guidelines and Templates** Treatment guidelines and treatment agreement templates that may help you manage patients with chronic pain who are candidates for or are receiving opioid therapy.
- **Glossary** A review of key terms relating to the appropriate use of prescription opioids, the application of universal precautions when prescribing, and aberrant behavior with prescription opioids.
What Does the IMS Health Data Tell us About Efforts to Curb Opioid Prescribing?

- Providers are reducing opioid pain medication prescriptions.
- Every state in the nation experienced a reduction in opioid analgesic prescriptions last year.
  - Tougher access requirements and educational outreach have reduced prescribing.

State Per Capita Prescribing Rates in Table on Page 2

Questions: Please email Bob Hunkler at rhunkler.imshealth@gmail.com
## Filled Opioid Analgesic Prescriptions

### Per Capita and Rate of Change, by State and Total US

**Source:** Xponent, IMS Health, Plymouth Meeting, PA  Copyright 2016

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<th>Rate of change 2013-15</th>
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**Source:** Xponent, IMS Health, Plymouth Meeting, PA  Copyright 2016
JOIN THE BIPARTISAN TASK FORCE TO COMBAT THE HEROIN EPIDEMIC


Dear Colleague,

Heroin abuse in the United States has reached unprecedented levels, with a six-fold increase in the total number of overdose deaths since 2002. In 2014, for the first time in the United States, over 10,000 people lost their lives to heroin use nationwide, and that number is expected to have increased significantly in 2015 when the final data is reported.

The United States is ill-equipped to combat the rise in heroin use taking place in many communities around the nation. In order to successfully address this emergency, we must continue to expand coordination among local and state officials, law enforcement agencies, and medical professionals to determine how to best resolve the challenges posed by this epidemic.

For these reasons, we joined together to create the Bipartisan Task Force to Combat the Heroin Epidemic. The Task Force works with federal agencies and outside stakeholders, and hears from affected families and individuals to create and implement solutions to combat the increase in heroin use. It is our mission to focus on finding commonsense, effective strategies to spread awareness, increase educational efforts, and assist those in need.

To learn more or to join the Bipartisan Task Force to Combat the Heroin Epidemic, please contact Alec Zender in Congressman Guinta’s office at alec.zender@mail.house.gov or 5-5456 or Justin German with Congresswoman Kuster’s office at justin.german@mail.house.gov or 5-5206. We appreciate your support.

Sincerely,

Frank C. Guinta     Ann McLane Kuster
Member of Congress    Member of Congress
Fact Sheet: Obama Administration Announces Additional Actions to Address the Prescription Opioid Abuse and Heroin Epidemic

Today the President joins individuals in recovery, family members, medical professionals, law enforcement officials and other leaders at the National Rx Drug Abuse and Heroin Summit in Atlanta, Georgia. The annual summit is organized by Operation UNITE, which was launched by Congressman Hal Rogers (R-KY). As part of today’s event, the President is announcing additional public and private sector actions to escalate the fight against the prescription opioid abuse and heroin epidemic, which is claiming the lives of tens of thousands of Americans each year.

The President has made clear that addressing this epidemic is a priority for his Administration, and today’s actions represent further steps to expand access to treatment, prevent overdose deaths and increase community prevention strategies. These actions build on the President’s proposal for $1.1 billion in new funding to help every American with an opioid use disorder who wants treatment get the help they need.

As part of today’s event, the President will announce the following Administration actions:

**Expanding Access to Treatment:**

- The Department of Health and Human Services (HHS) is issuing a proposed rule to increase the current patient limit for qualified physicians who prescribe buprenorphine to treat opioid use disorders from 100 to 200 patients with the goal of expanding access to this evidence-based treatment while preventing diversion. The proposed rule aims to increase access to medication-assisted treatment and behavioral health supports for tens of thousands of people with opioid use disorders.

- HHS released $94 million in new funding to 271 Community Health Centers across the country earlier this month to increase substance use disorder treatment services, with a specific focus on expanding medication-assisted treatment of opioid use disorders in underserved communities. This funding is expected to help health centers treat nearly 124,000 new patients with substance use disorders.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing a new $11 million funding opportunity for up to 11 States to expand their medication-assisted treatment services. SAMHSA also is distributing 10,000 pocket guides for clinicians that include a checklist for prescribing medication for opioid use disorder treatment and integrating non-pharmacologic therapies into treatment. SAMHSA also will
coordinate trainings to increase the number of doctors qualified to prescribe buprenorphine, which will be held in targeted States in greatest need.

**Establishing a Mental Health and Substance Use Disorder Parity Task Force:** The President is signing a Memorandum today directing the creation of an interagency Task Force, to be chaired by the Domestic Policy Council, to advance access to mental health and substance use disorder treatment; promote compliance with best practices for mental health and substance use disorder parity implementation; and develop additional agency guidance as needed. Federal parity protections are intended to ensure that health plans’ coverage of mental health and substance use disorder benefits is comparable to their coverage of medical and surgical benefits. The Task Force will work quickly, with an October 31 deadline, across Federal Departments and with diverse stakeholders to ensure implementation of these important parity protections.

**Implementing Mental Health and Substance Use Disorder Parity in Medicaid:** HHS is finalizing a rule to strengthen access to mental health and substance use services for people enrolled in Medicaid and Children’s Health Insurance Program (CHIP) plans by requiring that these benefits be offered at parity, meaning that they be comparable to medical and surgical benefits. These protections are expected to benefit more than 23 million people in Medicaid and CHIP.

**Preventing Opioid Overdose Deaths:** SAMHSA is releasing a new $11 million funding opportunity to States to purchase and distribute the opioid overdose reversal drug, naloxone, and to train first responders and others on its use along with other overdose prevention strategies.

**Expanding Public Health-Public Safety Partnerships to Combat the Spread of Heroin:** The Office of National Drug Control Policy is expanding its heroin initiative among regional High Intensity Drug Trafficking Areas (HIDTAs) by adding Ohio and Michigan to the effort. These States will join the Appalachia, New England, Philadelphia/Camden, New York/New Jersey, and Washington/Baltimore HIDTAs in accelerating local partnerships between law enforcement and their counterparts in public health to combat heroin use and overdose.

**Investing in Community Policing to Address Heroin:** The Department of Justice’s COPS program is announcing a $7 million funding opportunity called the COPS Anti-Heroin Task Force Program to advance public safety and to investigate the distribution of heroin, unlawful distribution of prescription opioids and unlawful heroin and prescription opioid traffickers. These grants will provide funds directly to law enforcement agencies in States with high rates of primary treatment admissions for heroin and other opioids.

**Tackling Substance Use Disorders in Rural Communities:** On Monday, the Department of Agriculture announced that its $1.4 million Rural Health and Safety Education Grant Program to enhance the quality of life in rural areas through health and safety education projects has been expanded to include a focus on addressing the critical challenges related to substance use disorders in rural communities across the country.
Implementing Syringe Services Programs: HHS is issuing guidance for HHS-funded programs regarding the use of Federal funds to implement or expand syringe services programs for people who inject drugs. Syringe services programs are an effective component of a comprehensive approach to preventing HIV and viral hepatitis among people who inject drugs. The bipartisan budget agreement signed by the President last year revised a longstanding ban on these programs and allows communities with a demonstrated need to use Federal funds for the operational components of syringe services programs.

New Private Sector Commitments to Address the Epidemic

In connection with today’s Federal announcements, more than 60 medical schools are announcing that, beginning in fall 2016, they will require their students to take some form of prescriber education, in line with the newly released Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain, in order to graduate. Schools include:

- A.T. Still University of Health Sciences, Kirksville College of Osteopathic Medicine
- A.T. Still University of Health Sciences, School of Osteopathic Medicine in Arizona
- Baylor College of Medicine
- Boston University School of Medicine
- Burrell College of Osteopathic Medicine at New Mexico State University
- Chicago College of Osteopathic Medicine of Midwestern University
- David Geffen School of Medicine at the University of California – Los Angeles
- Dell Medical School at The University of Texas at Austin
- East Carolina University Brody School of Medicine
- Edward Via College of Osteopathic Medicine - Auburn Campus
- Edward Via College of Osteopathic Medicine - Carolinas Campus
- Edward Via College of Osteopathic Medicine - Virginia Campus
- Georgia Campus – Philadelphia College of Osteopathic Medicine
- Hébert School of Medicine Uniformed Services University of the Health Sciences
- Icahn School of Medicine at Mount Sinai
- Kansas City University of Medicine and Biosciences College of Osteopathic Medicine
- Lincoln Memorial University DeBusk College of Osteopathic Medicine
- Loyola University Chicago Stritch School of Medicine
- Marian University College of Osteopathic Medicine
- Marshall University Joan C. Edwards School of Medicine
- Mercer University School of Medicine
- NYU School of Medicine
- Ohio State University College of Medicine
- Ohio University Heritage College of Osteopathic Medicine
- Oklahoma State University Center for Health Sciences College of Osteopathic Medicine
- Oregon Health & Science University School of Medicine
- Perelman School of Medicine at the University of Pennsylvania
- Philadelphia College of Osteopathic Medicine
- Rocky Vista University College of Osteopathic Medicine
- Rowan University School of Osteopathic Medicine
- Rutgers Robert Wood Johnson Medical School
Rite Aid has trained over 8,400 pharmacists on naloxone and is dispensing naloxone to patients without needing an individual prescription in 10 States with plans to expand to additional States. Kroger currently dispenses naloxone without an individual prescription at its pharmacies in 7 States with plans to expand to at least 12 more by the end of the year. AmerisourceBergen/ Good Neighbor Pharmacy will provide educational materials to encourage their 4,000 independently owned and operated retail pharmacy locations to provide naloxone without an individual prescription.

Updates on Federal Actions and Private Sector Commitments

In October 2015, as part of his visit to West Virginia to discuss the prescription opioid abuse and heroin epidemic, the President announced a number of new public and private sector actions, including a Presidential Memorandum requiring Federal Departments to provide training on appropriate opioid prescribing to Federal health care professionals and requiring
Departments to develop plans to address barriers to opioid use disorder treatment in Federal programs. Departments are ahead of schedule in fulfilling the President’s directive that Federal agencies ensure that all employees who prescribe these drugs are trained in appropriate opioid prescribing practices by 2017. Approximately 75 percent of federal prescribers have been trained to date. In addition, since the President’s Memorandum was released, Departments have taken numerous steps to expand access to opioid use disorder treatment, including medication-assisted treatment, such as:

- **TRICARE**: The Department of Defense issued a proposed rule to implement parity protections in TRICARE, including expanding mental health and substance use disorder treatment to include coverage of intensive outpatient programs and treatment of opioid use disorders with medication-assisted treatment. TRICARE currently has an estimated 15,000 to 20,000 beneficiaries with opioid use disorder who, under the current benefit, cannot access medication-assisted treatment.

- **FEHBP**: The Office of Personnel Management released a 2017 Call Letter to health plans participating in the Federal Employees Health Benefits Program (FEHBP) making opioid use disorder treatment a priority and calling on health plans to review and improve access to medication-assisted treatment.

- **Medicare**: The Centers for Medicare and Medicaid Services (CMS) released a 2017 Call Letter to plans participating in the Medicare Prescription Drug Program reiterating that reducing the unsafe use of opioids is a priority and making clear that Part D formulary and plan benefit designs that hinder access to medication-assisted treatment for opioid use disorder will not be approved.

- **Medicaid**: CMS released a guidance document to States identifying “Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction” including effective Medicaid pharmacy benefit management strategies, steps to increase the use of naloxone to reverse opioid overdose, and options for expanding Medicaid coverage of and access to opioid use disorder treatment. This builds on Medicaid’s work with States over the past year to increase access to Medicaid substance use disorder treatment services.

- **Health Insurance Marketplace**: In the last month, CMS finalized a 2017 Marketplace payment notice that clarified that both essential health benefits requirements and Federal mental health and substance use disorder parity requirements apply to qualified health plan coverage of medications to treat opioid use disorder, and additional guidance is forthcoming.

Earlier this month, the **Centers for Disease Control and Prevention** issued its Guideline for Prescribing Opioids for Chronic Pain – the Agency’s first-ever recommendations for primary care clinicians on prescribing opioids. The Guideline provides recommendations for clinicians on appropriate prescribing, including determining if and when to start prescription opioids for chronic pain treatment; guidance on medication selection, dose, and duration, including when to discontinue medication, if needed; and guidance to help assess the benefits and risks and address the harms of prescription opioid use.
The **Food and Drug Administration** recently announced safety labeling changes for all immediate-release opioid pain medications, including requiring a new boxed warning about the serious risks of misuse, abuse, addiction, overdose and death associated with these drugs. The Agency also issued a draft guidance intended to support the development of generic versions of abuse-deterrent opioids. Abuse-deterrent drug formulations are designed to make the drug more difficult to abuse, including making it harder to crush a tablet in order to snort the contents or more difficult to dissolve the product in order to inject it.

The **Drug Enforcement Administration** (DEA) recently announced it will hold its 11th **National Prescription Drug Take-Back Day** on Saturday, April 30, providing a safe, convenient, and responsible way of disposing of unneeded prescription drugs. More than 5.5 million pounds of medication have been collected over the last ten Take Back Days. Local communities are also establishing ongoing drug take-back programs.

Examples of private sector actions taken to date include the following:

In conjunction with the October event, more than 40 **health care provider groups** announced a commitment to ensure that more than 540,000 health care providers will complete training on appropriate opioid prescribing in the next two years. In the first five months of this initiative, the provider coalition reports that more than 75,000 providers have completed prescriber training. In addition, more than 2,200 additional physicians have committed to completing training to prescribe buprenorphine as part of the coalition’s effort to double the number of buprenorphine prescribers in the next three years.

As part of their commitment announced at the October 2015 event, the **National Association of Counties, National Governors Association, National League of Cities and United States Conference of Mayors**, with the **U.S. Communities Purchasing Alliance and Premier, Inc.**, announced in January they had secured discounts on naloxone and medication-assisted treatment drugs through their purchasing program for State and local agencies.

In February, **Walgreens** announced it will install safe medication disposal kiosks in more than 500 drugstores across the country, primarily at locations open 24 hours. The program will make the disposal of medications — including opioids and other controlled substances — easier and more convenient while helping to reduce the misuse of medications. Walgreens also will make naloxone available without needing an individual prescription at its pharmacies in 35 States and Washington, D.C. throughout this year.

**CVS Health** has worked to increase access to naloxone by establishing standing orders or collaborative practice agreements. By the end of March 2016, CVS Pharmacy locations in 23 States will be able to dispense naloxone to patients without needing an individual prescription, increasing to 35 States by the end of 2016 as part of its program expansion announced at the October 2015 event. CVS Health has also launched a drug abuse prevention program called Pharmacists Teach, which brings CVS Pharmacists into schools across the country to educate students about the dangers of drug abuse. To date, more than 30,000 students have participated in the program.

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