



December 17, 2019

The Honorable Joni Ernst
Presiding Chairman
Senate Committee on the Judiciary
730 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Dianne Feinstein
Ranking Member
Senate Committee on the Judiciary
331 Hart Senate Office Building
Washington, D.C. 20510

Dear Presiding Chairman Ernst and Ranking Member Feinstein:

The Healthcare Leadership Council (HLC) applauds you for holding the hearing titled “Tackling the Opioid Crisis: A Whole-of-Government Approach” on Tuesday, December 17, 2019. While Congress has made significant strides in recent years in tackling the opioid crisis the government does not stand alone. It is important to incorporate wide scale solutions from multiple stakeholders to address every facet of this epidemic while simultaneously utilizing all available resources. HLC strongly feels cross-sectoral collaboration and input from interested stakeholders along the entire continuum is more important than ever.

There is a wide range of initiatives and programs that can effectively reduce opioid misuse and curb rates of addiction. Further, there is a great deal that can and should be done to promote coordinated care and fully utilize the skills of all healthcare professionals, optimize the use of data analytics to track and prevent misuse of opioids, and accelerate therapeutic innovation including the development of and support for non-opioid pain management options. Advancing multiple approaches, from expanded access to medication-assisted treatment to broader use of telemedicine to help those with substance abuse disorder is critical. While there has been much work done and progress made in tackling the opioid crisis, more work remains. As such, HLC welcomes the opportunity to share its perspectives with you.

HLC is a coalition of chief executives from all disciplines within American healthcare. It 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 healthcare 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, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient centered approach.

Last year, HLC, working with leaders from business, academia, government, addiction treatment and multiple healthcare sectors under the umbrella of the HLC *National Dialogue for Healthcare Innovation* (NDHI), developed a [comprehensive package of proposals](#) – consisting of legislative recommendations, regulatory reforms, and private sector-initiated actions – to address the opioid crisis. The group worked with the Duke-Margolis Health Policy Center, led by former Food and Drug Administration (FDA) Commissioner and Centers for Medicare and Medicaid Services Administrator Mark McClellan, M.D., in developing a “*NDHI Roadmap for Action*.” The “*NDHI Roadmap for Action*” gives clear guidance to healthcare leaders, lawmakers, and regulators on comprehensive approaches to stemming the opioid crisis.

The “*NDHI Roadmap*” identifies five overarching priorities as essential to reversing trends in opioid abuse:

- Improving approaches to pain management;
- Preventing opioid misuse;
- Expanding access to substance use disorder treatment services;
- Increased use of care coordination through data; and
- Paying for care that is coordinated and high-quality.

The “*NDHI Roadmap for Action*” recommendations call for improved patient access to evidence-based, non-opioid, non-pharmacological, opioid-sparing pain management therapies; adoption of e-prescribing for all controlled substances by 2020; a system that provides real-time prescribing data on a national basis to aid healthcare decisionmaking; and improved opioid stewardship and disposal. Other recommendations advocated by the organizations are pharmacogenetic testing to assess an individual’s risk for opioid misuse, expanded use of telehealth to facilitate access to care in rural and underserved communities, and the creation of an Opioid Learning Action Network (LAN) through which healthcare leaders could share best practices and develop innovative care models.

HLC is currently working with the National Academy of Medicine’s (NAM) Action Collaborative on Countering the U.S. Opioid Epidemic, a public-private partnership which is operating as a LAN to support better coordination, information, and evidence-based practices.

The “*NDHI Roadmap*” is a product of unique and important collaboration bringing together organizations throughout the healthcare continuum that have the expertise and influence to effectively address a challenge of extraordinary magnitude and daunting complexity. HLC continues to share the “*NDHI Roadmap*” with policymakers where and when appropriate, while simultaneously continuing to collaborate with multiple organizations and initiatives such as NAM (mentioned earlier), the Partnership to Amend 42 CFR Part 2, the Voices for Non-Opioid Choices (Voices), and Allied Against Opioid Abuse (AAOA) to pursue private sector initiatives to address the multifaceted challenges underlying the opioid crisis.

In addition to HLC’s collaboration with multiple organizations, many HLC members are implementing innovative strategies to address the opioid crisis. To understand

approaches being utilized across the health system today, HLC's "[Inroads Against Addiction: How the Healthcare System is Battling the Opioid Crisis](#)," serves as a compendium of "gold star" best practices that may be expanded to help more communities.

HLC remains committed to advocating for and implementing the aforementioned recommendations and stand ready to work with you on additional efforts to address this epidemic. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is fluid and cursive, with the first name "Mary" being the most prominent.

Mary R. Grealy
President