



March 3, 2020

The Honorable Frank Pallone
Chairman
House Energy & Commerce Committee
2107 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Greg Walden
Ranking Member
House Energy & Commerce Committee
2185 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Anna Eshoo
Chairman
House Energy and Commerce,
Subcommittee on Health
202 Cannon House Office Building
Washington, DC 20515

The Honorable Michael Burgess, M.D.
Ranking Member
House Energy and Commerce,
Subcommittee on Health
2336 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairman Eshoo, and Ranking Member Burgess:

The Healthcare Leadership Council (HLC) applauds you for holding the hearing titled “Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders” on Tuesday, March 3, 2020. While Congress has made significant strides in recent years in tackling the opioid crisis, it is important to continue to incorporate wide scale solutions from multiple stakeholders to address every facet of this epidemic. 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. These include promoting coordinated care, fully utilizing the skills of all healthcare professionals, optimizing the use of data analytics to track and prevent misuse of opioids, and accelerating 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.

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.

In 2018, 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.

Of the priorities and recommendations included in the “*NDHI Roadmap*” most relevant based on the legislation the hearing plans to focus on are listed below:

- Incentivize increased **access to evidence-based, comprehensive SUD treatment** (including MAT and psychosocial counseling) and **overcoming of barriers to care**. Specific priorities include expanding population-specific models of care and improving patient navigation of the treatment system, as well as expanding access to treatment within home and community settings, peer recovery support, and community recovery services. Congress should also **facilitate partnerships with healthcare leaders** to support increased access to care and ensure that federal programs enhance coverage for medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder (OUD).
- Work with healthcare stakeholders to **build a base of evidence to support non-opioid, opioid-sparing, and non-pharmacologic treatments for pain** and direct Medicare to reimburse for therapies that are shown to manage chronic and acute pain while minimizing the risk of opioid addiction. Ensure that all federally-supported programs promote awareness of evidence-based, integrated pain management approaches and reduce barriers to access for patients.
- Require **E-Prescribing** for all controlled substances where practicable, which will allow prescriptions to be transmitted securely, limit tampering, and reduce fraud. Congress should also work with regulators and stakeholders to address current

barriers to implementation of this provision that was included in previously enacted legislation.

- Congressional leaders should **emphasize prevention as a primary strategy** for addressing the opioid epidemic. As Congress considers legislation establishing opioid quantity limits and other prevention strategies, lawmakers should:
 - **Avoid “one-size-fits-all” solutions** that create barriers to appropriate pain treatment, including appropriate chronic pain management, hospice, and palliative care.
 - Incorporate the **expertise and experience of health system stakeholders and patients** into any legislative effort.
 - Promote **provider and patient awareness** of responsible opioid stewardship.
- Encourage the **integration of pharmacists into care teams** by recognizing and allowing for reimbursement under Medicare Part B of pharmacist-provided services within the full scope of practice under state law.
 - Furthermore, HLC supports the “Opioid Workforce Act,” as an effort to strengthen the healthcare workforce serving on the front lines of this epidemic.
- **Amend 42 CFR Part 2** to align with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of healthcare treatment, payment, and operations (TPO). Allowing confidential sharing of information on SUD diagnosis history can help improve patient safety, quality, and care coordination and ensure that the privacy of patients undergoing SUD treatment is protected.
 - H.R. 2062 the “Overdose Prevention and Patient Safety (OPPS) Act,” would enable the appropriate exchange of necessary information among medical professionals who are treating individuals with substance use disorders, including opioid abuse, and bolster the effectiveness of other key provisions in legislation Congress passed previously that promotes coordinated care and expands access to treatment for opioids.

In addition to the most relevant recommendations listed above, 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, 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.

We are pleased that Congress continues to build upon previous efforts. 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,



Mary R. Grealy
President