

Summary of October 20th White House Opioids Commission Meeting

On October 20th, the President's Commission on Opioids held its fourth meeting with testimony from insurers (agenda with witness list is attached).

The Commission will hold its fifth and final meeting on November 1st to accompany the release of their report. Commission Chair Christie said witnesses at the final meeting will include patients and family members. Christie also told the health plans present that the report would incorporate the recommendations included in their statements, but that they should also anticipate a report that "will place new demands on you."

There was no mention from the Administration officials who spoke at the meeting about a formal emergency declaration. On Monday, in an impromptu press conference the President said the declaration would be made next week. However, his announcement apparently caught Administration officials off guard and staff had indicated to us this week that we should not count on an announcement following in short order.

In his remarks, White House staffer Reed Cordish said that the Administration is moving "aggressively" to combat the epidemic and cited the examples of the Food and Drug Administration's (FDA) work on changing clinician prescribing behavior, reviewing if naloxone's status should be changed to over the counter and asking for Opana to be removed from the market.

Department of Labor Secretary Acosta said that the opioid misuse and overdose epidemic is the "number one issue for labor force participation." He also noted that his Agency is responsible for enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA) but said their authority is weakened because they have to enforce the law "employer by employer" instead of going to the insurers directly. He also claimed there are no civil penalties for non-compliance (note: the IRS has the power to levy fines).

Much of the witness testimony at the Commission meeting included summaries from the witnesses of the actions their health plans have taken to address the opioid misuse and overdose epidemic. A summary of key issues raised by the witnesses is attached.

42 CFR Part 2

Most, if not all, of the witnesses advocated for revising the patient privacy laws under 42 CFR Part 2 either through regulation or legislation. Pamela Greenberg, President and CEO of the Association for Behavioral Health and Wellness (ABHW), called it an "outdated regulation" that she said is one of the biggest, if not the biggest, barriers to fighting the opioid crisis.

Dr. Harold Paz, Chairman, President and CEO of Aetna, also called for modernizing the regulations and said the current 42 CFR Part 2 regulations prevent the sharing of information needed to treat addiction.

Kim Holland, Vice President for State Affairs for the Blue Cross Blue Shield Association (BCBS), also noted that they support Jesse's law, which allows patients to include their substance use history in their medical record.

During the Q&A period following the witness statements, Commission member Dr. Bertha Madras also appeared to be in support of making changes to the regulation and said doctors are often not aware that patients have overdosed as 42 CFR Part 2 prevents sharing that information.

Parity

While relatively few of the witnesses touched on parity, Ms. Holland with BCBS said they support mental health parity and stated that plans are “vigilant” with their compliance. She also referenced that they had opposed legislation that would erode mental health and addiction treatment benefits.

At the close of the meeting, Commission member Patrick Kennedy called out the plans for historically treating mental health and addiction through a separate and unequal process from the rest of medicine. He said he appreciated Sec. Acosta for saying parity needs to be enforced and noting that they are ill equipped given their current statutory authority. Kennedy said their authority needs to be enhanced and that non-quantitative treatment limits (NQTLs) should be the focus as “that’s where the rubber meets the road.”

In response, Ms. Greenberg said that there are a lot of grey areas with inconsistency across states in what the states ask for. She referenced their work on with the CHQI on developing a parity accreditation tool.

Prescriber Education/Prescribing Practices

The witnesses generally expressed support for the Centers for Disease Control and Prevention (CDC) prescribing guidelines. For example, Marilyn Tavenner with AHIP spoke about their new [STOP](#) initiative, which is intended to support widespread adoption of clinical guidelines for pain care and opioid prescribing.

Ms. Greenberg also said ABHW created a mechanism to ensure providers are acting according to evidence based practices, such as the American Society of Addiction Medicine (ASAM) national practice guidelines.

Naloxone

Many of the plan witnesses spoke in favor of making naloxone available. For example, Joseph Swedish, Chairman, President and CEO of Anthem, testified that Anthem has eliminated prior authorization requirements for naloxone and Dr. Michael Sherman, Senior VP & Chief Medical Officer with Harvard Pilgrim Health Care, said they cover naloxone without prior authorization or cost sharing requirements. Dr. Anuradha Rao-Patel, Medical Director with Blue Cross Blue Shield of North Carolina, said they include injectable and nasal naloxone on their preferred tier.

Ms Holland with BCBS said they have seen claims for naloxone increase significantly over time. She also said many of their members make donations to the community for naloxone and provided the example of Capital Blue Cross which donated \$200,000 to the police department for the purchase of naloxone.

MAT

Ms. Greenberg advocated for loosening the burden on primary care physicians to make them more willing to prescribe Medication Assisted Treatment (MAT). She also said that incentives should be provided to encourage primary care doctors to take care of patients with opioid use disorders.

Several of the witnesses testified about loosening or eliminating prior authorization and cost sharing requirements on MAT. For example, Dr. Sherman with Harvard Pilgrim Health Care said they cover all types of MAT without prior authorization and they have eliminated cost sharing for Methadone.

Additionally, Joseph Swedish testified that Anthem has eliminated prior authorization requirements for MAT and said they are working to double the number of members who receive MAT, especially in rural and underserved areas. He said they are providing technical assistance and training to ensure there is at least one provider per practice in rural and underserved areas who is qualified to administer MAT.

Governor Christie said that this is the only area of medicine where the patient's treatment course is determined by where they seek treatment. He said a plan needs to be developed for how a patient gets the treatment they need. Former Congressman Kennedy later responded this is about "saving lives" and patients need to be on MAT so the cravings are addressed. Kennedy stated, "we ought to be treating the opioid crisis with a FEMA response. If this were Ebola, we'd waive all the rules."

PDMPs

Most, if not all, of the plans witnesses advocated in favor of allowing health plans to access prescription drug monitoring program (PDMP) data. Ms. Holland with BCBS advocated for enhanced PDMP interoperability and said only one state permits plans to access PDMP data. The plans also advocated for making PDMP data available to Medicaid plans.

Telemedicine

Ms Greenberg said that the Ryan Haight Act should be changed to eliminate the requirement that a physician and patient meet face to face to establish a physician/patient relationship and she advocated for better access to telemedicine in Medicare.

Peer Services

Mr. Swedish with Anthem mentioned that Anthem supports peer recovery services. Massachusetts Governor Baker, a member of the Commission, also said that there should be more discussion about peer recovery supports.