

Senate Health, Education, Labor and Pensions (HELP) Committee
Hearing on, “The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction”
February 27, 2018

On February 27th, the Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing entitled, “The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction.”

Tuesday’s hearing marked the 5th hearing the Committee has held this Congress on the opioid misuse and overdose epidemic. Chairman Alexander (R-TN) noted that the Committee may begin marking up legislation as early as the end of March. He also said the Committee will be holding a hearing with Governors in the next week to 10 days. The hearing with the governors will serve as a formal follow up to a meeting Alexander referenced that happened yesterday between governors and roughly 30 senators.

Witnesses included:

- Snezana Mohan, Vice President, Clinical Product Development, Express Scripts
- Sherry Green, Co-Founder, National Alliance for Model State Drug Laws
- Dr. H. Westley Clark, Dean’s Executive Professor, Public Health Program, Santa Clara University
- Sanket Shah, Clinical Assistant Professor, Health Informatics, University of Illinois at Chicago

All of the witness testimony is available [here](#). Senator Alexander’s opening statement is available [here](#).

The hearing focused on data and technology and discussion was largely on the effectiveness of prescription drug monitoring programs (PDMPs), e-prescribing and concerns about patient privacy. In her opening remarks, Ranking Member Murray (D-WA) expressed her concerns about both making PDMPs better and more useful while also protecting patient privacy.

Dr. Clark was the most vocal witness on the panel for patient privacy protections and testified in opposition to additional changes to the 42 CFR Part 2 regulations. Clark stated, “We cannot adequately address the current opioid epidemic if we remove the protections that 42 cfr part 2 and its authorizing legislation, 42 USC § 290dd-2, offers. We cannot treat those experiencing substance use disorders with contempt by weakening the protections that they currently have.” When asked by Senator Alexander if he would be concerned if the Department of Justice was maintaining a database of prescribing information, Clark said, “yes, sir. I would.” Additionally, referencing testimony from Mr. Shah about using data analytics, Clark said that it is necessary to distinguish between the populations of people who are at risk of being of addicted versus those who need treatment. He noted that individuals in need of treatment are much more vulnerable and should not be discouraged from seeking help.

Ms. Mohan with Express Scripts talked about some of the initiatives they are using to reduce the risk of abuse of prescription drugs and overdose. Those included co-prescribing of naloxone for individuals with a large number of opioids prescriptions, providing safe disposal bags to patients, alerting the prescriber via the electronic health record, enhanced prior authorization, patient education and restricting initial opioid prescriptions to 7 days, among others. She cited some of the success statistics associated with this initiative since the program became fully operational for 5 million patients on September 1, 2017, which include:

- 59.5% reduction in the average days' supply per claim for first time opioid users
- 95.9% of the prescriptions that were reprocessed because of their utilization management edits were filled for a 7-days' supply or less;
- Only 4.1% of opioid prescriptions providing more than a 7-day supply were approved for patients after a prior authorization (PA) requirement was triggered; and
- 87% of new opioid prescriptions initially written for a long-acting opioid were subsequently filled with a short-acting opioid first due to implementation of the new enhanced prior authorization program.

Senator Bennet (D-CO) said that he with Senators Warren (D-MA), Heller (R-NV) and Toomey (R-PA) will be introducing the Senate companion to the [Every Prescription Conveyed Securely Act](#) (HR 3528), which requires e-prescribing under Medicare Part D for controlled substances. Ms. Mohan said they support the bill and e-prescribing generally because their interventions cannot be utilized if a patient has a paper prescription and pays cash.