March 15, 2018

The Honorable Kevin Brady, Chairman
Committee on Ways and Means
1011 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal, Ranking Member
Committee on Ways and Means
341 Cannon House Office Building
Washington, DC 20515

The Honorable Patrick Tiberi, Chairman
Subcommittee on Health
Committee on Ways and Means
1203 Longworth House Office Building
Washington, DC 20515

The Honorable Sander Levin, Ranking Member
Subcommittee on Health
Committee on Ways and Means
1236 Longworth House Office Building
Washington, DC 20515

Dear Chairman Brady, Ranking Member Neal, Chairman Tiberi and Ranking Member Levin,

The Medical Group Management Association (MGMA) commends the Committee and Subcommittee's ongoing efforts to respond to the opioid crisis, including this request for information. Stakeholder engagement is critical to understanding how to most effectively address this growing epidemic. MGMA appreciates this opportunity to comment and looks forward to continuing to support the Committee's important work of combating the nation's opioid crisis.

MGMA is the premier association for professionals who lead medical practices. Since 1926, through data, advocacy and education, MGMA has empowered medical group practices to create meaningful change in healthcare. With a membership of more than 40,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures, and specialties that deliver almost half of the healthcare in this country.

Overprescribing/data tracking

One of the tools most critically underutilized in the fight against the opioid epidemic is electronic prescribing (e-prescribing). E-prescribing of opioids would not only more easily allow providers to flag potential overuse or misuse for patients when they are prescribed by multiple practices or providers through real-time notifications, it would also facilitate the collection of data that could be studied and used to inform ongoing efforts to curb opioid overuse and misuse.

E-prescribing of non-controlled substances was a required component of the Medicare and Medicaid Meaningful Use EHR Incentive Program and is currently required as part of the Advancing Care Information component of the Merit-based Incentive Payment System (MIPS). As a result, a high percentage of physicians use this approach to prescribe medications for their patients. Unfortunately, e-prescribing of controlled substances is obfuscated by a myriad of complex federal and state regulations and requirements that impose administrative burden on

practices and hinder more widespread adoption. With many physicians forced to write paper prescriptions for controlled substances, the ability to identify patient overuse or misuse is significantly decreased and hinders automated data collection. We urge Congress to work with the administration to simplify federal e-prescribing requirements and harmonize them with state requirements.

For maximum effectiveness, efforts to incentivize e-prescribing should be coupled with efforts to promote a nationally-accessible Prescription Drug Monitoring Program (PDMP). Currently, 45 states participate in the National Association of Boards of Pharmacy's (NABP's) prescription monitoring program (PMP) and data sharing system, NABP PMP InterConnect. In this type of federated model, states retain control over their own databases, but appropriately authorized physicians in other regions can access medication information. This approach permits physicians access to state data, allows for more effective treatment decisions, and closes the loophole that exists when addicted patients seek new prescriptions across state lines. All remaining states should be encouraged to join this broad effort to communicate prescription information. In addition, integration of this data into electronic health record systems should be facilitated to ensure that physicians have access to the data during patient encounters.

Curbing abuse and misuse of opioids is critically important, but it is equally important to preserve access to pain medications for patients who rely on them. For that reason, MGMA cautions against policies that could potentially go too far and possibly disrupt the delivery of appropriate care. For instance, if the federal government pursues strict first- or second-fill limits, they could consider allowing a provider to call in a second or third refill rather than requiring a separate patient office visit. Many patients in need of opioids, for example, have limited mobility, particularly after major surgery, which would make an office visit extremely challenging. Additionally, while health plans often require the physician to obtain a prior authorization prior to filling the prescription, these onerous transactions often cause delays in the dispensing of medications and impose significant administrative burdens on practices.

Provider communication and education

Enhancing provider education would be a powerful tool in combating the opioid crisis. Congress should direct the Department of Health and Human Services (HHS) to explore for opportunities to align incentives to encourage prescriber opioid training, such as offering payment incentives or awarding credit in MIPS for completion of an opioid education course. Additionally, "real-time" physician notifications provided directly at the time of the patient encounter could help to inform physicians of important information such as other prescriptions a patient may have been prescribed by another provider, or non-opioid therapeutic alternatives. At the same time, however, Congress should avoid imposing too many administrative requirements when providers write prescriptions, such as requiring additional information or contacting the provider to re-confirm a prescription before a patient is able to fill it. Placing additional administrative burdens on physicians would take physician time away from direct patient care and delay access to appropriate pain medications for patients who need them.

Equally important is facilitating effective communication, consultations, and referrals between primary care clinicians and pain specialists as they continue to work closely together to effectively manage patient pain while minimizing potential for abuse or addiction. Again, we recommend that you to instruct HHS to work directly with MGMA and appropriate medical specialties to improve clinician to clinician communications.

Further refining and widely disseminating systems that provide secure, real-time access to medications and substance abuse histories will be an important step in the fight against opioid abuse. Clinicians treating patients with a history of substance abuse should be able to view that information as part of a patient's record at the time of the patient encounter. Current regulations (42 CFR Part 2 Updated Final Rule), however, prohibit the disclosure of substance abuse disorders without patient consent, thus often preventing treating physicians from having the critical information they need to make appropriate treatment decisions. We urge you to support the Overdose Prevention and Patient Safety Act (HR 3545), bipartisan legislation that would permit substance use disorder records to be disclosed for treatment, payment, or healthcare operations purposes, consistent with the Health Insurance Portability and Accountability Act.

Expansion of treatment coverage, payment models

To promote the use of non-opioid treatment alternatives and substance abuse treatments such as medication assisted therapies, Congress should work to promote coverage of these services by insurers, including state Medicaid programs. Finally, Congress should work with HHS to support the development of alternative payment models focused specifically on substance abuse treatment and work with states to deploy opioid management initiatives that best meet the needs of local communities.

Conclusion

Thank you again for the opportunity to provide solutions to address our nation's opioid epidemic. MGMA is pleased to serve as an ongoing resource as you continue legislative efforts in this important area. Should you have any questions, please contact Suzanne Falk at sfalk@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs