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February 16, 2018

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Re: Feedback to Improve Medicare, Medicaid Responses to Opioid Epidemic

Dear Chairman Hatch and Ranking Member Wyden:

OCHIN appreciates the opportunity to submit the following comments in response to the request to address the opioid crisis. We applaud the committee's desire to stop the root causes of opioid use disorder and other substance use disorders.

OCHIN is a 501(c)(3) nonprofit community-based health information technology (HIT) collaborative based in Portland, OR. OCHIN receives support from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), and is a HRSA-designated Health Center-Controlled Network (HCCN). OCHIN's mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs) including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation.

The committee seeks feedback in a number of areas where the epidemic intersects with Medicare and Medicaid policy. Our comments are specifically focused around Medicare and Medicaid payment incentives and the request for feedback on improving data sharing and coordination between Medicare, Medicaid and state initiatives.

42 CFR Part 2 Reform

While not directly under Finance's jurisdiction, OCHIN is strongly committed to aligning 42 CFR Part 2 with The Health Insurance Portability and Accountability Act (HIPAA) to allow appropriate access to patient information. The law sharply curbs the ability to share records with providers, even if a patient has given access. Aligning laws governing addiction records with HIPAA requirements would improve access and ensure providers are not left with incomplete information when making prescribing decisions that can affect patient safety. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a final rule and supplemental notice of proposed rulemaking which takes some steps to modernize Part 2, but it did not go far enough. Legislative action is necessary in order to modify Part 2 and bring the sharing of substance use records into the 21st century.

National Prescription Drug Monitoring Program

OCHIN believes it is vital that data is easily accessible, secure and in real-time—even across state lines. Interstate data sharing and real-time collection of data should become the standard of care. This data could help people with opioid abuse disorders get treatment. As such, OCHIN encourages Congress to advance interoperability between state PDMPs. Further, PDMP data using National Council for Prescription Drug Programs (NCPDP) standards should be downloadable into discrete fields directly into the Electronic Health Record for treatment purposes. Unfortunately, many states do not allow the data to be discreetly downloaded by a provider and many only allow a view/picture of the opioid list.

To alleviate the issues outlined above, Congress should advance a national PDMP. A national PDMP will provide uniform expectations of appropriate use that affects all stakeholders— prescribers, dispensers and consumers. For example, OCHIN moves data across 33 states that are governed by different regulations and standards. A national PDMP would alleviate the burden of complying with different standards and create universal standards. Further, a national facilitator could connect to dispensing pharmacies via NCPDP's Telecommunications Standard and to prescribers via NCPDP's SCRIPT Standard and would use a drug utilization review-type alert system to generate real-time alerts when an opioid is prescribed or dispensed and a potential risk is identified.

Telehealth

Telehealth is an opportunity to improve outcomes by improving the distribution and management of controlled substances. Further, these programs will broaden access, reduce costs, and provide an improved return on investment. Clinics served by OCHIN have been able to reduce patient wait times to see a specialist by up to 40 percent through the use of telehealth applications and services. For such programs to flourish, these care models need to be reimbursed by Medicare and Medicaid and regulatory burdens impeding access to telehealth must be removed.

Physician Education/Merit-Based Incentive Payment System

The SAMHSA funds continuing medical education (CME) courses on prescribing opioids for chronic pain by local and state health organizations across the United States. Beyond CME credit, Congress and CMS should explore an approach where voluntary participation in such courses counts as an improvement program under the Merit-Based Incentive Payment System (MIPS).

Conclusion

We appreciate your consideration of our view points on this important issue. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll

VP, Government Relations, OCHIN