

May 23, 2018

Dear Secretary Azar,

As organizations strongly committed to fighting the opioid epidemic, we write today to urge you to take action that we believe could save lives – preventing the misuse of opioids among Medicare beneficiaries. When facing procedures that have high rates of opioid prescribing, and pain is expected, we believe all Medicare beneficiaries should have the choice of a non-opioid option where safe and clinically appropriate. Non-opioid therapies are particularly important for the treatment of postsurgical pain, as they can dramatically reduce or eliminate opioid consumption following surgery. It is estimated that nearly 3 million patients transition to persistent opioid use after surgery, no doubt contributing to the staggering loss of 115 Americans to this crisis every day. We ask for your assistance in ensuring that the Centers for Medicare & Medicaid Services (CMS) provide access to non-opioid medications used to treat postsurgical pain.

Under the Hospital Outpatient Prospective Payment System, Medicare packages payment for drugs used to manage postsurgical pain with the payment made by Medicare for surgical procedures. In other words, hospitals receive the same payment from Medicare regardless of whether they incur the additional cost of purchasing and administering a non-opioid postsurgical pain management drug, which are commonly longer-acting agents that continue managing a patient's pain in the days following surgery. Pharmacy-dispensed opioids prescribed after surgery, for use in the ambulatory care setting and at home, can be covered separately by Medicare Part D. As a result, Medicare policies incentivize prescribing of pharmacy-dispensed opioids over use of physician-administered non-opioid alternatives.

In November 2017, after input from a wide range of stakeholders, the President's Commission on Combatting Drug Addiction and the Opioid Crisis identified these Medicare packaging policies for review and revision.<sup>1</sup> We urge HHS to implement the Commission's recommendation, which asked CMS to "review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive for hospitals and doctors, particularly those options for treating immediate post-surgical pain." We also believe it would be consistent in your efforts to implement President Trump's direction to his Cabinet to exercise all authorities possible to reduce the number of deaths and minimize the devastation of the opioid crisis.

We believe that the Administration should prevent unnecessary opioid exposure wherever possible; ensuring that Medicare beneficiaries have the choice of a non-opioid is a critical step in the right direction. Together, we can stem the tide of this epidemic. We look forward to working with you to accomplish this shared commitment.

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<sup>1</sup> See Letter from The President's Commission on Combatting Drug Addiction and the Opioid Crisis to President Donald J. Trump (Nov. 1, 2017).

Sincerely,

Academy of Integrative Pain Management

Ambulatory Surgery Center Association

American Association of Oral and Maxillofacial Surgeons

American Society for Metabolic and Bariatric Surgery

Facing Addiction with National Council on Alcoholism and Drug Dependence (NCADD)

National Association of County and City Health Officials (NACCHO)

National Hispanic Medical Association

National Transitions of Care Coalition (NTOCC)

National Women's Health Network

Partnership for Drug-Free Kids

RetireSafe

Trinity Health