

Statement for the Record

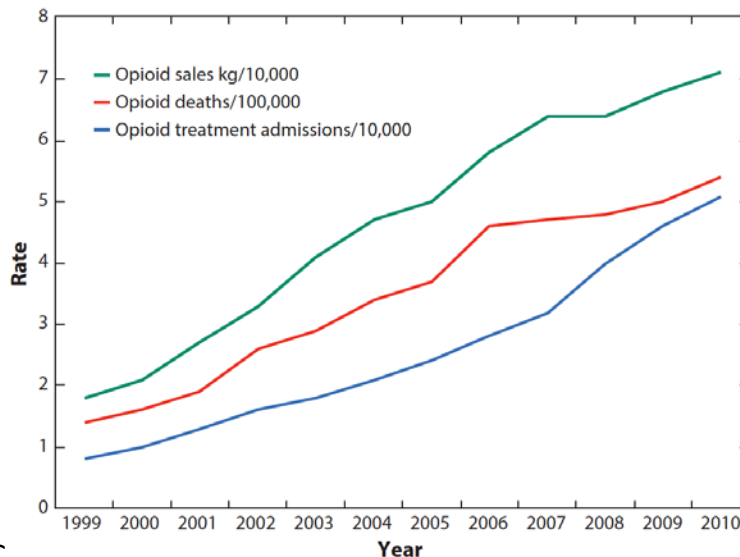
Andrew Kolodny, MD
Co-Director, Opioid Policy Research Collaborative
Heller School for Social Policy and Management
Brandeis University

Before the U.S. Senate Committee on Homeland Security and Governmental Affairs
“Unintended Consequences: Medicaid and the Opioid Epidemic.”
January 17, 2018

Chairman Johnson, Ranking Member McCaskill and Members of the Committee, thank you for inviting me to appear before you today to discuss the relationship between the Medicaid Program and the opioid addiction epidemic.

The opioid crisis is an epidemic of opioid addiction- meaning the reason the US is experiencing record high levels of opioid overdose is because of a sharp rise in the number of opioid-addicted Americans.

The primary driver of the opioid addiction epidemic has been made clear by the CDC. This CDC graph shows that as opioid prescribing began to soar, beginning in the 1990s, it led to parallel increases in opioid addiction and overdose deaths. This is an epidemic caused by the medical community overprescribing opioids. On this graph, the green line represents opioid prescribing, the red line represents opioid deaths, and the blue line represents opioid addiction. As the green line went up, as opioid prescriptions started to soar, it led to parallel increases in addiction and overdose deaths.



Source: CDC

The reason the green line began rising, the reason the medical community began prescribing so aggressively, is because we (doctors) were responding to a brilliant, multi-faceted marketing campaign that changed the culture of opioid prescribing. Starting in the 1990s, we began hearing that patients were suffering because we were too stingy with opioids. We began hearing that we should stop worrying about addiction. We began hearing that even with long-term use, the risk that a patient would get addicted was much less than 1%. We began hearing that opioids were safe and effective for chronic pain and that we could improve the quality of life in our patients if we prescribed more liberally. We began hearing that opioids are a gift from mother nature and should be used much more for just about any complaint of pain.

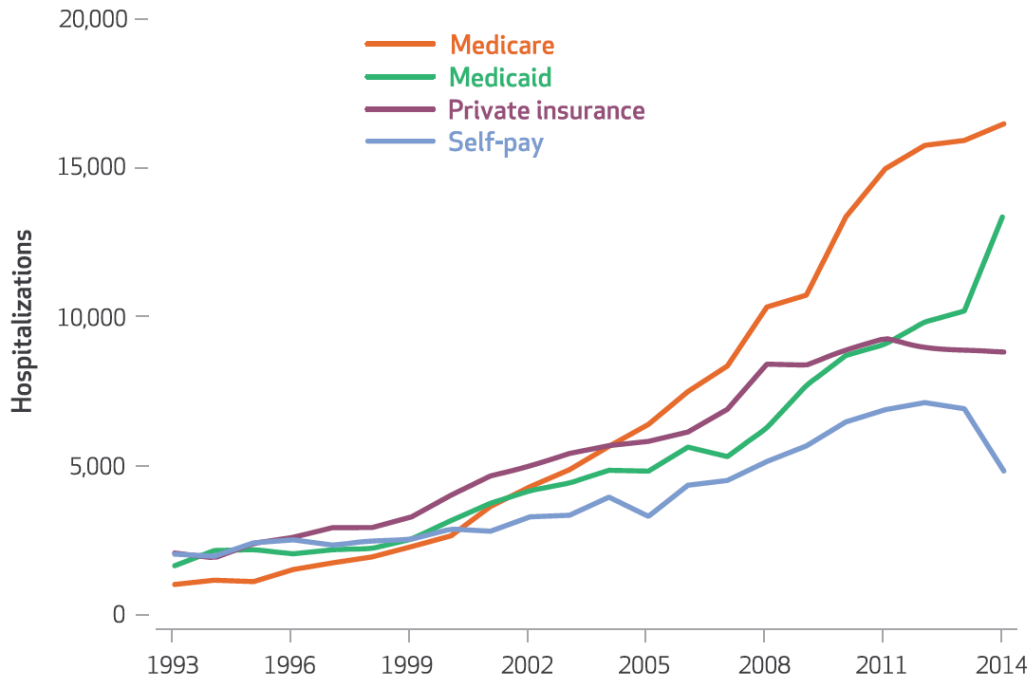
We would have been less gullible if we were only hearing these messages from drug company sales reps. But we were hearing these messages from pain specialists, eminent in the field of pain medicine; we were hearing it from professional societies; from the Joint Commission, which accredits our hospitals; and we were hearing from the Federation of State Medical Boards—all of whom had financial relationships with opioid manufacturers. I would like to thank Ranking Member McCaskill for her investigation of these relationships.

It is fair for you to ask about the role played by Medicaid. And it is fair to assume that access to medical providers offered by the Medicaid program could increase the risk that an individual would develop a disease frequently caused by doctors' prescriptions.

I believe the access to prescribers that Medicaid, Medicare and commercial insurance offers does increase the likelihood that someone might develop a disease often caused by prescriptions.

But I do not believe that Medicaid should be singled out in this regard. Opioid overdoses have been increasing in people with all types of insurance and in people from all economic groups, from rich to poor. Overdoses have increased in people with Medicaid, Medicare and Commercial insurance. They have also increased in people without insurance. Where we have seen the fastest-growing share of hospitalizations for opioid overdose has been Medicare, not Medicaid. Medicare beneficiaries went from the smallest proportion of these hospitalizations in the 1990s to the largest share by the mid- 2000s.

Hospitalizations in the United States for opioid and heroin poisoning by payer, 1993–2014



SOURCE Author's analysis of data from the Healthcare Cost and Utilization Project (see Note 6 in text). **NOTE** The numbers of hospitalizations are weighted to reflect nationally representative totals.

Source: Health Affairs

I also do not believe Medicaid expansion is making the epidemic worse. Nor do I believe that Medicaid expansion has caused a significant rise in exposure to prescription opioids because opioid prescribing has been trending down slightly since 2012.

The opioid crisis is getting worse more rapidly in states with more illicitly synthesized fentanyl. In many cases these are also states that expanded Medicaid, but I do not believe that Medicaid expansion caused the increase in fentanyl.

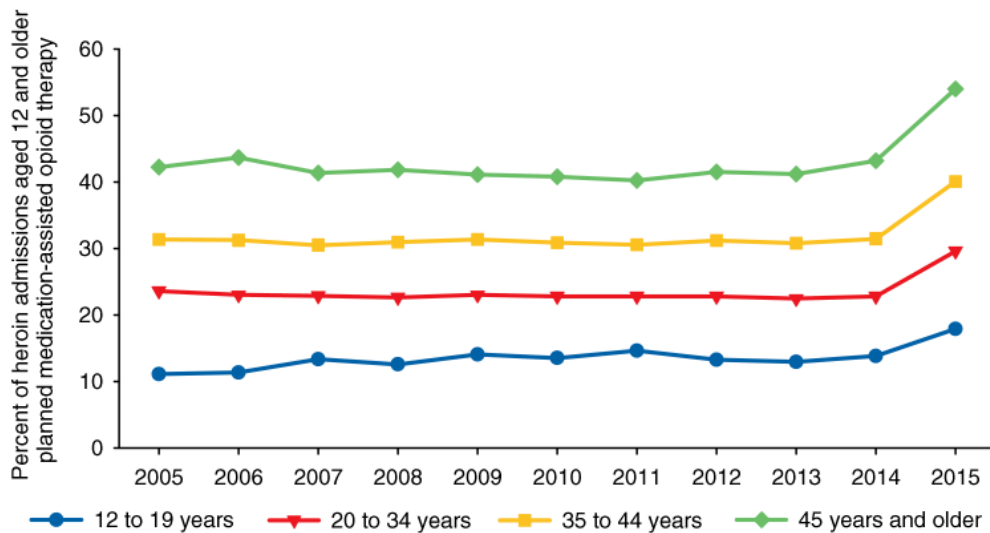
Chairman Johnson, your report makes the point that Medicaid is not a “silver bullet” for tackling opioid addiction. I agree with you. Medicaid is far from a silver bullet. With regard to improving access to effective addiction treatment, Medicaid is necessary but it is not sufficient. The addiction treatment services that health insurance, including Medicaid, can pay for must also be available.

The first-line treatment for opioid addiction is buprenorphine, also called Suboxone. Access to this treatment is not sufficient. For opioid-addicted individuals who are able to access buprenorphine, too often their health insurance only pays for the prescription. Patients with Medicaid, Medicare and commercial insurance must often pay out of their own pocket for the

visit with the doctor. That is because there are not enough doctors prescribing buprenorphine and the few who do often do not accept insurance, including commercial and Medicare. And many state-licensed drug and alcohol treatment programs that do take insurance do not offer medication assisted treatment.

Over the past decade there has been only a slight increase in use of medication-assisted treatment within the state-licensed treatment system.

Figure 24. Heroin admissions aged 12 and older with planned medication-assisted opioid therapy, by age group: 2005-2015



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.01.16.

Source: SAMHSA

If we want to see opioid overdose deaths start to decline there will need to be a massive federal investment. We need to build a treatment system that does not exist yet. I believe Medicaid is a necessary ingredient for making these programs viable. We must ensure that in every county in the US an opioid-addicted American can walk into an outpatient treatment center and receive effective care that same day, regardless of their ability to pay for it. Until that happens, I believe overdose deaths will remain at record high levels.