

United States Senate

SENATE CAUCUS ON
INTERNATIONAL NARCOTICS CONTROL
HART SENATE OFFICE BUILDING, ROOM 818-C
WASHINGTON, DC 20510

April 15, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Mailstop 314G
Washington, DC 20201

Dear Acting Administrator Slavitt:

As the Chair and Co-Chair of the Senate Caucus on International Narcotics Control, we appreciate the Centers for Medicare and Medicaid Services' (CMS') work to address the prescription drug epidemic facing our nation. In addition to the work CMS has already done, we believe there may be an additional opportunity to reduce the misuse and abuse of prescription opioids by establishing hospital process metrics, which could create incentives for providing alternatives to opioids, where appropriate. For example, if hospitals were required to report whether they assess patients for the appropriateness of opioid and non-opioid pain medications, improper opioid use might be reduced. As such, we write to request that you provide us with an explanation of existing and future efforts to adopt such metrics.

It is our understanding that an overreliance on opioid drugs in both inpatient and outpatient healthcare settings may contribute to increased healthcare costs related to preventable adverse events. This includes respiratory depression, sedation, and falls, which ultimately put patients at risk, and in extreme cases, can result in death.¹ This is particularly true due to increasing readmissions, length of stay, and the related burden of care. In fact, an average 250-bed hospital incurs

¹ Ramsin Benyamin, MD,, Andrea M. Trescot, MD et al, Opioid complications and side effects, *Pain Physician* 2008; Opioid Special Issue: 11:S105-S120 • ISSN 1533-3159

costs of approximately \$1.6 million per year due to opioid-related complications.² Additionally, as you are aware, the use of opioids may also lead some patients to opioid misuse, abuse, and addiction.³

Hospital process metrics could reduce both healthcare costs and patient risk. It is our understanding, however, that despite the fact that CMS has previously acknowledged that alternatives to opioid medications are available and routinely employed at many hospitals, it does not currently encourage hospitals treating Medicare or Medicaid patients to consider alternatives to opioids through the use of process metrics.⁴

As such, we urge the Center to quickly evaluate and adopt process metrics to reduce the inappropriate use of opioids and encourage providers to consider alternatives to opioids, wherever appropriate.

We therefore respectfully request a response to the following questions by May 13, 2016:

1. In CMS' response to our July 2014 letter regarding the effects of the Hospital Consumer Assessment of Healthcare Providers and Systems Survey, CMS stated that it would explore policies to accelerate the adoption of opioid and opioid pain management policies among Medicare providers. What specific proposals has CMS considered, and what is the status of adoption?
2. Has CMS considered implementing process metrics or other programs to encourage non-opioid alternatives, including non-opioid medications, for pain management in the inpatient hospital setting? How can the agency expedite such measures, and what would the process and timeline be for adoption of new metrics?
3. Is CMS considering inpatient process metrics for the Medicare program that would address pain management with the available range of therapies, not

² Kampman, S. et al. "Cost and Quality Impact of Multi-modal Pain Regimens." *ABC Research & Development and Physician Executive Council*. The Advisory Board Company, 2014

³ U.S. Department of Health & Human Services; *Addressing Prescription Drug Abuse in the United States, Current Activities and Future Opportunities*. Developed by the Behavioral Health Coordinating Committee, September, 2013.

⁴ Letter from Marilyn Tavenner to Senator Grassley (July 23, 2014).

just opioids? If not, please include an explanation of why this is not under consideration.

Again, we appreciate the leadership CMS has already demonstrated on a number of critical initiatives with respect to opioid use, but believe that the implementation of process metrics could help reduce the misuse and abuse of prescription opioids even further. Thank you in advance for your cooperation and attention to this critically important matter. If you have any questions regarding this request please contact David Bleich at 202-228-0927

[David Bleich@grassley.senate.gov](mailto:David_Bleich@grassley.senate.gov) or Kelly Lieupo at 202-228-3081

[Kelly Lieupo@Feinstein.senate.gov](mailto:Kelly_Lieupo@Feinstein.senate.gov). We look forward to continuing to work with you to combat this deadly epidemic.

Sincerely,


Chairman Charles E. Grassley


Co-Chairman Dianne Feinstein