

Expand Access to Non-Opioid Options Through Appropriate Medicare Payments

The operating room has become an unintended gateway to the opioid epidemic. Millions of patients prescribed opioids after surgery each year transition to persistent use, meaning they are still taking these medications 3 to 6 months after their procedure. Yet, current Medicare policies discourage hospitals from using non-opioid options to manage patients' pain after surgery. By urging CMS to revise Medicare's policies to enable greater access to nonopioid treatment options, Congress can take a concrete step to prevent opioid addiction before it begins for millions of patients nationwide.

Postsurgical Opioid Prescriptions Lead to Opioid Misuse: Published research demonstrates that a key contributor to the opioid epidemic is the prescription of opioids for the treatment of postsurgical pain:

- 9 in 10 patients undergoing surgical procedures receive opioid medications;
- Patients given an opioid prescription receive an average of 85 pills each, whether they need them or not; and
- This overprescribing leads to 3.3 billion unused postsurgical opioids every year, making them available for potential diversion or misuse.

In 2016, of the 115 Americans who died each day from an opioid overdose, more than 46 were using prescription opioid medications. Studies have estimated that just a 10% reduction in surgery-related opioid prescribing in the U.S. would result in 300,000 fewer people each year transitioning to opioid addiction and make 332 million fewer opioid pills available for theft and abuse.

Non-Opioid Treatment Options Exist: Multimodal pain management protocols significantly reduce opioid requirements and subsequently can decrease hospital length of stay and readmission. These protocols utilize a combination of different classes of medications to provide post-surgical acute pain relief. For example, a systemic NSAID could be combined with a local anesthetic, such as liposomal bupivacaine, to alleviate pain following an extensive surgery such as total knee replacement. In a recent study, patients given liposomal bupivacaine after knee replacement procedures consumed 78% less opioid medication compared to patients receiving standard of care.

Medicare's Packaging Policies Impact Access and New Policies are Needed: Current Medicare policies restrict access to non-opioid options. Two specific Medicare policies have impacted access to non-opioid treatments for postsurgical pain:

1. The outpatient hospital surgical supply packaging policy, which eliminates separate payment for drugs used to treat postsurgical pain; and
2. The outpatient hospital comprehensive APC policy, which also bundles payment for non-opioid pain management treatments into the Medicare payment for the surgical procedure.

Hospitals receive the same payment from Medicare regardless of whether the physician prescribes an opioid medication for pain management or administers a non-opioid option. Without appropriate reimbursement, hospitals cannot justify the additional expense to purchase and administer non-opioid options. Instead, hospitals rely on opioids, which are typically dispensed by a pharmacy after discharge at little to no additional cost to the hospital.

Revising these policies would empower patients with non-opioid choices, and take a meaningful step in reducing the opioid crisis.

ⁱ See Brummett et al., New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults, JAMA SURGERY (Apr. 12, 2017); Compton et al., United States for Non-Dependence, http://www.planagainstpain.com/wp-content/uploads/2017/09/PlanAgainstPain_USND.pdf (last visited Mar. 9, 2018).

ⁱⁱSee Compton, *supra* note 1.

ⁱⁱⁱSee Mont et al., Local Infiltration Analgesia with Liposomal Bupivacaine Improves Pain Scores and Reduces Opioid Use After Total Knee Arthroplasty: Results of a Randomized Controlled Trial, 33 J. ARTHROPLASTY 90 (Jan. 2018).