



The missing piece of the current health care debate

BY CHRIS FOX, OPINION CONTRIBUTOR — 12/08/19 05:00 PM EST
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Election season is upon us, and candidates all over the ideological spectrum are promoting their platforms to improve the lives of everyday Americans. Many of these potential leaders have grand plans to improve health care in the United States.

Amidst the talk of Medicare-for-all and prescription drug costs, many candidates have also focused on how to address some of the country's most pressing public health emergencies, including the rate of opioid addiction in the United States. Unfortunately, missing in this debate is a discussion about upstream solutions to this crisis: how we can *prevent* millions of Americans from becoming addicted to opioids.

It's a curious omission – one would think that candidates would be eager to embrace policy proposals that can serve the dual-purpose of saving lives and reducing health care spending by hundreds of billions of dollars a year.

On average, the Centers for Disease Control and Prevention (CDC) estimates 130 Americans die every day from an opioid overdose. In 2017, opioids were involved in 47,600 overdose deaths, making opioid overdose one of the leading injury-related causes of death in the nation. In fact, the opioid epidemic claims more American lives every year than guns.

As if the human toll weren't enough, the opioid epidemic carries a hefty price tag. The White House Council of Economic Advisers estimates the economic impact of the opioid addiction epidemic was nearly \$700 billion in 2018 alone and is a whopping \$2.5 trillion since 2015.

This is unsustainable. Any plan to improve health care in the United States must incorporate ways to address this public health emergency, including by preventing opioid addiction before it starts.

One effective prevention strategy is to become better, more responsible stewards of opioids. There are billions of opioid pills dispensed every year in this country. In fact, in 2016 alone, there were more than 214 million opioid prescriptions in the United States, according to the Centers for Disease Control and Prevention (CDC).

Many of these opioids are for patients dealing with an acute, episodic pain incident and for whom dozens of opioid pills are frequently prescribed. In the surgical setting, in particular, patients are prescribed an average of 80 pills to manage postoperative pain, and, research shows that for up to 3 million postsurgical patients per year, these prescriptions can lead to dangerous persistent opioid use. For the majority of patients who do not complete their prescriptions, the remaining pills go unused and sit in medicine cabinets where they are available for abuse, misuse, and diversion.

Taking billions of unused, excess opioids off the streets seems like a commonsense strategy that can help prevent long-term opioid use. To do so, we must increase access to safe, effective and available non-opioid options—and empower patients and providers to choose these alternatives to limit unnecessary exposure to opioids.

Unfortunately, current payment rules for Medicare do not provide separate reimbursement for non-opioid therapies used during surgery, thus discouraging hospitals from using these available and effective options to manage patients' perioperative pain as they are seen as less economical than generic opioid pills.

Some leaders on Capitol Hill have recognized the opportunity to prevent this path to opioid addiction. Recently, Reps. Terri Sewell (D-Ala.) and David McKinley (R-W.Va.) introduced the Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act (H.R. 5172). This bipartisan, federal legislation seeks to address the opioid epidemic by increasing patient and provider access to non-opioid pain management therapies. This approach is

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simple, but if enacted, could significantly reduce the number of opioids flowing into our communities, while improving access to safe, effective alternatives.

The NOPAIN Act serves many important goals, including reducing rates of opioid use and dependence in the country, improving patient care, and saving money. If we are serious about wanting to combat the opioid epidemic, we must increase access to non-opioid approaches.

The NOPAIN Act provides lawmakers the opportunity to meaningfully reduce rates of opioid addiction in this country. It is my sincere hope that some of these candidates will more fully embrace ways to prevent opioid addiction – we stand ready to work together on this public health imperative.

Chris Fox is the executive director of [Voices for Non-Opioid Choices](#).

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