INTRODUCTION

Yesterday, during the last session of the Medicaid and CHIP Payment and Access Commission’s (MACPAC) October meeting, commissioners reviewed the use of prescribed opioids and opioid abuse treatment in Medicaid. The commission examined opioid use for the first time, and addressed possible involvement in the growing epidemic. Commissioners requested additional research into the number of beneficiaries who became addicted after using Medicaid-funded prescription opioids. The Commission did not hold any vote on recommendations to move forward, but will continue to discuss involvement in the epidemic and further research into opioid use by beneficiaries at future meetings.

STAFF PRESENTATION

MACPAC Principal Policy Analyst Amy Bernstein opened the session by explaining the findings of the data collected on prescription opioid use in Medicaid and the current controls exercised by Medicaid to address abuse. She clarified that Medicaid is disproportionately affected by the opioid epidemic, as studies from New York, Washington, and Arizona show that beneficiaries are more likely to be prescribed opioids, at a higher risk of overdose, and more likely to visit the emergency room due to an opioid-related admission. Data for the study came from 2010, 2011, and 2012 Medical Statistical Information System (MSIS) reports and dually eligible and partial benefit enrollees, full-year institutionalized enrollees, and enrollees with malignant cancer were excluded. Ms. Bernstein reported that Medicaid paid for over 34 million claims for opioids in 2012, and spent over $500 million. Opioid prescriptions decreased from 2010 to 2012, according to Ms. Bernstein, and 15 percent of Medicaid enrollees had at least one opioid prescription during calendar year (CY) 2012. She stated that the number of opioid prescriptions increased with age, and women were more likely to have an opioid prescription than men (19 percent versus 11 percent). She clarified that only five percent of enrollees had an opioid prescription lasting more than 32 days, and almost half, 48 percent, of opioid prescriptions were for short-term use. Ms. Bernstein told the Commission that about five percent of enrollees received prescriptions from five or more prescribers and about two percent filled them at five or more pharmacies.

Ms. Bernstein gave details on benefits available to enrollees experiencing substance abuse, and how Medicaid covers substance abuse. She explained that most substance abuse disorder treatments are optional services under Medicaid state plans, but every state covers naloxone, naltrexone, and buprenorphine (or a buprenorphine-naloxone combination). Thirty-two states cover inpatient detoxification and 34 cover outpatient detoxification, according to Ms. Bernstein. She listed Section 1115, Medicaid Health Homes Models, and the Delivery System Reform Incentive Payment Program
as other authorities under which beneficiaries can seek additional substance abuse treatment. Ms. Bernstein described how at-risk patients are identified based on the number of prescriptions filled and pharmacies visited, and directed into Patient Review and Restriction (PRR) programs in which they are “locked-in” to require that they only visit one physician and pharmacy. Quantity limits, which cap the number of prescriptions that can be prescribed and the number of pills bought within a set time limit, were listed as another utilization management method, as well as Prescription Drug Monitoring Programs, which use data from opioid dispensers to identify at-risk beneficiaries and enroll them in a PRR. Ms. Bernstein stated that Drug Utilization Review (DUR) is used to identify prescribers or providers who are operating under inappropriate practices. She finished by asking the Commission for further steps they would like to take, and by suggesting possible additional analysis using MSIS data to explore opioid utilization by enrollees and Medicaid expenditures in relation.

**COMMISSIONERS’ DISCUSSION**

**Commissioner Gustavo Cruz**, oral health policy consultant and senior advisor to the Health Equity Initiative, advocated for further research on the number of beneficiaries whose opioid abuse began after obtaining opioid prescriptions through Medicaid. **Commissioner Brain Burwell**, vice president of community living systems at Truven Health Analytics, expressed concern over the age of the data used. He stated that the opioid epidemic has significantly increased in the last five years, and more recent data needs to be used in order to accurately understand the issue and develop next steps. Mr. Burwell also said that the issue requires coordination with many other departments and organizations in order to effectively make change.

**Commissioner Penny Thompson**, principal of Penny Thompson Consulting, LLC, agreed that the data used was out of date, and suggested using other data sources in order to collect more accurate information. She also suggested looking at existing infrastructure to provide drug-based rehabilitation. The conversation will be continued at future Commission meetings, as time limitations for the meeting space cut the commissioners’ discussion short.