

United States Senate

SPECIAL COMMITTEE ON AGING
WASHINGTON, DC 20510-6400
(202) 224-5364

February 3, 2016

The Honorable Tom Vilsack
Secretary of Agriculture
U.S. Department of Agriculture
1400 Independence Ave., S.W.
Washington, DC 20250

Dear Secretary Vilsack:

I would like to thank you for agreeing to lead the interagency efforts to combat the serious and growing epidemic of prescription drug abuse and heroin use. This is a major public health concern that harms families and communities regardless of socioeconomic status, age, or race. This epidemic claims the lives of 52 Americans each day. The Centers for Disease Control and Prevention reported last month that the number of people who died from opioid overdoses in 2014 was the highest on record and has tripled since 2000.¹

Older adults are extremely vulnerable to this epidemic because they use more prescription and over-the-counter drugs than any other age group. In the last decade, adults aged 55 to 64 experienced the greatest increase in overdose deaths related to opioids. According to a 2014 study by the National Association of Medicaid Directors, Medicaid recipients are twice as likely as people in commercial insurance plans to receive a prescription for opioids and six times more likely to overdose.²

In an effort to minimize prescription drug abuse and heroin use, 49 states have established prescription drug monitoring programs (PDMPs). PDMPs maintain statewide electronic databases of prescriptions dispensed for controlled substances. The information collected by PDMPs may be used to prevent “doctor-shopping”; control growth of prescription drug abuse; and outline drug use and abuse trends to inform public health initiatives.

¹ Rose A. Rudd, et. al., *Increasing in Drug and Opioid Overdose Deaths – United States, 2000 – 2014*, Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, January 1, 2016 64(50).

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w

² State Medicaid Interventions for Preventing Prescription Drug Abuse and Overdose: A Report for the National Association of Medicaid Directors, October 1, 2014,

http://www.integration.samhsa.gov/namd_rx_abuse_report_october_2014.pdf

I recently chaired a field hearing of the Senate Special Committee on Aging in Jefferson City, Missouri to highlight this epidemic's effects in my state and learn why my state is the only state that has failed to adopt a PDMP. I would like to make you aware of some of the policy ideas from the distinguished panel of witnesses:

Access to Evidence Based Addiction Treatment

- Historically, substance abuse was considered a problem for young people that eventually decreased as they aged. However, we must recognize that drug abuse among older adults is a rapidly growing problem. Older adults with substance use disorder need treatment interventions that are tailored to treat their specific needs.
 - We need more evidence based addiction treatment that focuses primarily on older adults.

Strengthening Existing PDMPs

- PDMPs work to deter, detect, and intervene in drug diversion activities. These state programs collect prescription information that can be shared with doctors and pharmacists to help them make informed clinical decisions. PDMPs allow doctors to ensure they are not prescribing excessive doses of prescription drugs, including opioids, for a patient. Though 49 states have operating PDMPs and clinicians are aware of their state's drug monitoring program, the frequency of which PDMPs are used remains a concern. According to a 2014 study from Johns Hopkins Bloomberg School of Health, clinicians thought the programs were too difficult to use and accessing the program was too time consuming.³
 - We need to improve access and utilization of PDMPs by creating user-friendly programs that can easily fit into a clinicians' routine.
 - We need to create an interoperable PDMP system that would help states to combat doctor-shopping across state borders.

Better Provider Education

- Studies have documented the inadequacy of pain management education for physicians. Medical students receive on average nine hours of pain management education.
 - We need to improve the amount and quality of education for all forms of pain management and substance abuse in medical, pharmacy, and nursing programs. Our policies should ensure adequate reimbursement for non-pharmacological pain care, including at minimum Medicaid and Medicare coverage of a wide range of treatment options.
 - We need to improve geriatric medicine education for all practitioners, and improve care coordination between physicians and other health care workers, hospitals, pharmacists, patients, and families.

This is a complex issue that requires a multifaceted and interdisciplinary approach. I will continue my work to ensure that Missouri quickly joins the fight to combat this epidemic, and it is my hope that we can all work in concert to reduce prescription drug abuse and heroin use. As you continue to examine this horrific epidemic, I strongly encourage you to consider these suggestions from these experts in the field.

³ Laine Rutkow, et.al, Most Primary Care Physicians Are Aware of Prescription Drug Monitoring Programs, But Many Find the Data Difficult to Access, Health Affairs, March 2015 vol. 34, no.5, 484-492. <http://content.healthaffairs.org/content/34/3/484.full>

Thank you for your attention. If you have any question, please contact Phylicia Woods with the Minority Committee Staff at phylicia_woods@aging.senate.gov or (202)-224-0185 with any questions.

Sincerely,



Claire McCaskill
Ranking Member