ASN, Peer Societies Advocate for Safe Alternatives to Manage Pain

By Rachel Shaffer and David White

Policymakers and public health officials are sounding the alarm about the opioid overdose crisis nationwide. More than 115 people die each day due to opioid-related drug overdoses, and the Department of Health and Human Services (HHS) Secretary Alex Azar has made combatting this epidemic one of his top priorities. White House and HHS officials have met with representatives of the American Society of Nephrology (ASN) and peer medical societies to discuss strategies to confront the epidemic and have also launched a public service campaign to help educate Americans about the highly addictive nature of opioids.

The Trump administration has launched the first phase of its long-promised anti-opioid media campaign as part of its efforts to address the opioid crisis. The first ads to run in the campaign target young adults, warning them of the dangers of opioid addiction. The ad campaign includes four television and digital ads featuring true stories of young people who have struggled with addiction and took steps to injure themselves in order to get access to more opioids.

"Many Americans have developed their addiction following treatment for a painful condition, and many are overdosing on prescription painkillers or illegal opioids like heroin and illicit fentanyl. In fact, it is estimated that between 60% and 75% of Americans who use heroin started with misusing prescription opioids," wrote Secretary Azar and Admiral Brett P. Giroir, MD, Assistant Secretary for Health, in a powerful public statement on the crisis released in June 2018 (1).

In addition to the public service campaign, one of the keys to success in reducing the fight against opioid-related deaths is ensuring patients and their families have access to safe alternatives to manage pain. ASN is working in partnership with other advocates in Washington—including the American Association of Kidney Patients (AAKP) and the Renal Physicians Association (RPA) to ensure alternatives exist for people affected by kidney diseases.

"But as we combat the opioid crisis, we cannot forget that pain is a real problem," wrote Giroir and HHS Secretary Azar in their statement. "Severe pain—chronic or acute—affects a broad spectrum of our fellow Americans: our children, our parents, our spouses, our relatives, or our neighbors. We must do a better job of securing for them safe, effective options for managing pain."

Pain and pallliative care

The increased national focus on the potential dangers of opioid products also comes at a time of increased national focus on the importance of palliative care throughout the course of patients' lives—not just when the conservative care option is selected—and recognizing pain management as an important part of quality of life from the patient perspective.

For people with kidney diseases, however, finding the right pain management solution can be complicated by the importance of avoiding non-steroidal anti-inflammatory drugs (NSAIDS), which can harm the kidneys and hasten the progression to kidney failure. As our nation's healthcare system aims to reduce misuse of opioids, safe alternatives such as over-the-counter medications like acetaminophen become important tools in the toolbox, especially for people for whom NSAIDS are unsafe.

"Concerningly, the Food and Drug Administration issued notice under the Obama administration that it planned to limit access to higher-strength acetaminophen, which can be obtained over the counter," commented ASN President Mark D. Okusa, MD, FASN. "For people with kidney diseases, especially those who already face a high daily pill burden, limiting access to higher-dose acetaminophen products would present a challenge. They may either be forced to increase pill burden with multiple lower doses of the product, or consider more risky pain management strategies such as NSAIDS or even opioids."

At a time when safer alternatives to opioids are needed, ASN and other members of the Patient Access to Pain Relief coalition are advocating to ensure that access to acetaminophen—which when used appropriately constitutes a safe pain management option—is preserved under the Trump administration.

In June 2018, HHS hosted the first meeting of the Pain Management Best Practices Inter-Agency Task Force, a critical component of the 2016 Comprehensive Addiction and Recovery Act. This important body is charged with reviewing current best practices, determining if there are any gaps in practice, and developing recommendations to improve pain management.

The Task Force includes representatives of HHS agencies, the VA, Department of Defense, and the Office of National Drug Control Policy, as well as non-federal representatives with diverse expertise in pain management, advocacy, addiction, recovery, substance use disorders, mental health, minority health, and more. Members also include patients, first responders, hospitals, and groups with expertise in overdose reversal.

In recent weeks, the society and other coalition members have met with both White House staff and top HHS aides, focusing on the need to educate about safe use of acetaminophen instead of restricting access to it altogether.

ASN will continue to work collaboratively to ensure people with kidney diseases and their care teams have access to a range of safe alternatives to opioids and NSAIDS. ■

Reference

1. https://www.hhs.gov/blog/2018/06/01/dont-forget-those-who-are-suffering-from-pain.html

Opioid legislation includes slew of provisions to curb misuse

By David White

When *Kidney News* went to print, the U.S. House of Representatives had passed H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Passed with bipartisan support, H.R. 6 combines provisions from more than 50 bills approved individually by the House.

The bill is designed to help overall efforts to combat the opioid crisis by advancing treatment and recovery initiatives, bolstering prevention efforts, and trying to counter deadly illicit synthetic drugs like fentanyl.

A last-minute addition to the legislative package in the House would extend by three months the period people with chronic kidney failure must wait before they become eligible for Medicare coverage. Lawmakers inserted the change—which is projected to save the government $290 million over a decade—to help pay for their slew of new initiatives aimed at curbing opioid misuse. The bill passed the House by a vote of 396–14.

The bill then headed to the Senate, where lawmakers were planning to take up their own opioid legislation. At press time, a House Republican aide said leadership hopes to conference the bills in July, although it could slide later into the summer depending on the Senate's schedule. Senate Health, Education, Labor and Pensions Committee Chair Lamar Alexander (R–TN) is leading efforts to combine bills from his committee and the Senate Finance and Judiciary committees into a package that would go to the Senate floor.

Here are the major provisions of the legislation.

Medicaid

- Require state Medicaid programs to not terminate a juvenile's medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate, but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance (H.R. 1925)
- Enable former foster youth who are in care by their 18th birthday and previously enrolled in Medicaid to receive health care until the age of 26 if they move out of state (H.R. 4998)
- Require the Centers for Medicare & Medicaid Services (CMS) to carry out a demonstration project to provide an enhanced federal matching rate for state Medicaid expenditures related to the expansion of substance-use treatment and recovery services targeting provider capacity (H.R. 5477)
- Require all state Medicaid programs to have a beneficiary assignment program that identifies Medicaid beneficiaries at risk for substance use disorder (SUD) and assigns them to a pharmaceutical home program, which must set reasonable limits on the number of prescribers and dispensers that beneficiaries may utilize (H.R. 5808)
- Require state Medicaid programs to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children (H.R. 5799)
- Require CMS to issue guidance on Neonatal Abstinence Syndrome (NAS) treatment options under Medicaid and require a study by the nonpartisan Government Accountability Office (GAO) on coverage gaps for pregnant women with SUD (H.R. 5789)
- Provide additional incentives for Medicaid health homes for patients with substance use disorder (H.R. 5810)

Medicare

- Instruct CMS to evaluate the utilization of telehealth services in treating SUD (H.R. 5603)
- Create a pass-through payment extension under Medicare to encourage the development of non-opioid drugs (H.R. 5809)
- Add a review of current opioid prescriptions and, as appropriate, a screening for opioid use disorder (OUD) as part of the Welcome to Medicare initial examination (H.R. 5798)
- Incentivize post-surgical injections as a pain treatment alternative to opioids by reversing a reimbursement cut for these treatments in the Ambulatory Service Center setting, as well as collect data on a subset of codes related to these treatments (H.R. 5804)
- Require e-prescribing, with exceptions, for coverage of prescription drugs that are controlled substances under the Medicare Part D program (H.R. 3528)
- Require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries (H.R. 5675)
- Provide access to Medication-Assisted Treatment (MAT) in Medicare through bundled payments made to Opioid Treatment Programs for holistic service (Section 2 of H.R. 5776)

Public health

- Direct the Food and Drug Administration (FDA) to issue or update guidance on ways existing pathways can be used to bring novel non-addictive treatments for pain and addiction to patients. (H.R. 5806)
- Authorize grants to state and local agencies for the establishment or operation of public health laboratories to detect fentanyl, its analogues, and other synthetic opioids (H.R. 5580)
- Make the buprenorphine prescribing authority for physician assistants and nurse practitioners permanent. Temporarily allow advanced practice registered nurses to prescribe buprenorphine. In addition, H.R. 6 will permit a waivered-practitioner to immediately start treating 100 patients at a time with buprenorphine (skipping the initial 30 patient cap) if the practitioner has board certification in addiction medicine or addiction psychiatry; or if practitioner provides MAT in a qualified practice setting. ■