

The Bradford Era

Seniors forgotten victims in opioid epidemic

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Toomey

Often, the image of opioid addiction in America today is that of a working-age adult who first turned to painkillers for relief from a back injury. Or it is the young person who was introduced to oxycodone as a party drug, and now, with pills having become too expensive, has turned to heroin.

Forgotten in the national conversation are the hundreds of thousands of senior citizens who are unwittingly being given duplicative and unsafe prescriptions of opioids and other controlled substances. These seniors face elevated risks for cognitive impairment, falls and fractures, and even overdose deaths. Between 1993 and 2012, inpatient hospital stays related to opioid overuse by Medicare beneficiaries rose more than ten percent annually.

While nearly one-third of all Medicare beneficiaries will receive at least one opioid prescription each year, finding those at highest risk for adverse outcomes from painkillers is fairly easy. The Medicare Payment Advisory Commission estimates that less than one percent of Medicare beneficiaries account for 70 percent of all spending on pain pills.

Opioids can help to quickly control intense pain, but long-term use is known to become less effective in many patients. In fact, seniors who are receiving the most opioids aren't likely to be any healthier.

Medical specialty societies are developing new guidelines that reduce both the dosage and the length of time prescription opioids can safely be taken. For instance, the

American Academy of Neurology recently found that the risks of opioids outweighed any benefits for treating headaches, lower back pain, and fibromyalgia.

Seniors with chronic pain and illnesses, who are visiting multiple specialists and physicians, can find it difficult to manage many prescriptions. Their physicians may be unaware they are prescribing duplicative opioid painkillers due to the fragmented nature of care. Adding to the problem, those prescriptions can then be filled at multiple pharmacies. To address this gap in treatment and deliver higher quality coordinated care to seniors, we introduced the bipartisan Stopping Medication Abuse and Protecting Seniors Act (S. 1913).

Recently passed by the Senate as an amendment to the Comprehensive Addiction and Recovery Act, our proposal will ensure that the small number of seniors who receive high doses of addictive opioids, get those painkillers only from a single provider and a single pharmacy. The legislation not only helps individuals who are battling addiction get treatment, it also saves taxpayers nearly \$100 million over the next decade by helping to reduce overprescribing and to stop outright fraud.

“Locking in” at-risk individuals to a single prescriber and pharmacy is not a new idea. Commercial insurance plans and Medicaid already successfully use it. States such as Iowa, Oklahoma, and Washington have all seen fewer emergency room visits, opioid prescriptions, and millions in savings from “lock-in” programs.

The Stopping Medication Abuse and Protecting Seniors Act will deliver better care to seniors, and help to reduce a significant source of pills for the narcotics black market. The non-partisan Government Accountability Office has found there are more than 170,000 Medicare enrollees actively engaged in "doctor shopping" for physicians who will unknowingly write redundant opioid prescriptions. Some of these individuals are likely feeding their own addiction. Others are selling significant quantities of these powerful narcotics to criminal gangs and entities, providing fuel to the burning epidemic.

In the last two budget requests, the Administration has requested Congress grant it authority to initiate a “lock-in” program for Part D. The HHS Inspector General routinely recommends “lock-in,” and the House of Representatives has already passed similar legislation as part of its 21st Century Cures package.

Our bipartisan proposal, which has been endorsed by the Pew Charitable Trusts, Medicare Rights Center, Academy of Managed Care Pharmacy, and numerous law enforcement groups, should be part of any final legislative package addressing opioid abuse that goes to the president for his signature.

Ending the epidemic of opioid addiction will require a multi-faceted approach, and our proposal is one step we can take right now that will also help seniors get better coordinated care. While it is terrific that the Senate has passed this measure, we must continue working to ensure that this sensible, bipartisan effort to protect our nation's senior citizens becomes the law of the land.

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(Editor's note: Opioid abuse is on the rise across McKean County and the surrounding region. Local law enforcement and communities are banding together in an effort to fight the growing problem of overdoses from teenagers to seniors.)