

# United States Senate

WASHINGTON, DC 20510

September 12, 2018

Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, District of Columbia 20201

Dear Administrator Verma:

We are writing to urge the Centers for Medicare and Medicaid Services (CMS) to expand the Medicare Advantage Value-Based Insurance Design (MA VBID) model to help combat the opioid epidemic. We believe the Center for Medicare & Medicaid Innovation (CMMI) is well positioned to enhance access to evidence-based opioid treatments among older Americans and people with disabilities through the MA VBID model.

According to the U.S. Department of Health and Human Services Office of Inspector General, in 2017, one in three people with Medicare Part D received an opioid prescription. Almost 460,000 older adults and people with disabilities received opioids in “high amounts,” putting an estimated 71,000 people with Medicare at risk for opioid misuse or overdose. Additional evidence suggests opioid use disorders among older adults is on the rise. Opioid misuse among Americans ages 50 and older doubled from 2002 to 2014.

At worst, the consequences of opioid misuse among this population can be deadly. A recent *Health Affairs* study determined people with Medicare accounted for the fastest growing share of hospitalizations due to opioid overdose, most significantly among those with disabilities and with low incomes. The same study found that hospital deaths due to opioid overdose quadrupled from 1993 to 2014. Nationally, opioid overdoses killed more than 7,000 older Americans ages 55 and older in 2016.

In 2017, CMMI launched a promising model to improve access to health care services and prescription drugs among Medicare Advantage (MA) enrollees living with chronic conditions. The MA VBID model affords health plans an opportunity to design plans that vary benefits, cost-sharing, and offer supplemental benefits to positively impact enrollee health. Congress recently opted to expand these practices through the bipartisan CHRONIC Care Act. Starting in 2020, every state will have the opportunity to promote lowered cost-sharing for needed care among MA enrollees.

We agree that the MA VBID model shows great potential for eliminating barriers to care, and we believe those same principles should be applied to blunt the scourge of our nation’s opioid

epidemic. As such, starting in 2020, we ask that CMMI add “substance use disorders” to the specified clinical conditions identified in the current demonstration. In addition, we urge CMS to strongly encourage participating health plans as well as new applicants to utilize the MA VBID model to expand access to evidence-based opioid treatments, including the prescription drugs and behavioral health services that make up Medication-Assisted Treatment (MAT) and naloxone, the life-saving medication that reverses overdose.

Given the ongoing opioid epidemic, adding substance use disorders to the list of specified clinical conditions identified for the MA VBID model is not only sensible, but imperative to meet the health care needs of people with Medicare affected by this crisis. The opioid epidemic is not bound by age. As you endeavor to use every tool available to ensure that not one more life is lost to opioids, we urge you to draw on value-based insurance design concepts that promote access to high-value, evidence-based health care.

Sincerely,



Robert P. Casey, Jr.  
United States Senator



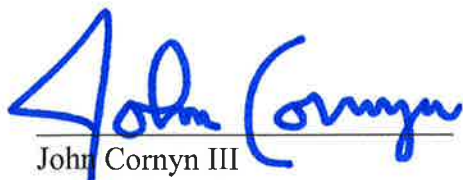
John Thune  
United States Senator



Thomas Carper  
United States Senator



Charles Grassley  
United States Senator



John Cornyn III  
United States Senator



Deborah Stabenow  
United States Senator