

Opening Statement
Senator Susan M. Collins
Special Committee on Aging

“Opioid Use Among Seniors:
Issues and Emerging Trends”

February 24, 2016

Millions of older Americans experience pain associated with conditions such as bone fractures, cancer, post-surgery recovery, and end-of-life illnesses. In fact, studies have shown that as many as 50 percent of older adults living at home and 85 percent of older adults living in residential facilities may suffer from chronic pain.

For these older Americans, prompt delivery of pain control is a medical imperative. For many years, patients faced unacceptable barriers to effective pain management for debilitating symptoms and illnesses, and their treatment was often needlessly less than optimal. More recently, however, the pendulum appears to have swung too far in the other direction.

Physicians now face the complicated task of treating pain in an environment where abuse of prescription painkillers is one of the foremost public health challenges facing our nation. Prescription opioid abuse has become a national epidemic and is having devastating effects on our families and our communities across America.

Health care providers can play an important role in preventing inappropriate access, but federal reimbursement policies may challenge their best efforts. The government’s current practice of linking certain quality measures to patient satisfaction with the control of their pain may inadvertently reward opioid prescribing even when it is not warranted. Prompt and effective pain management is a critical component of quality patient care, but hospitals should not have to fear a penalty when medical providers, using their best medical judgment, decide not to prescribe opioid pain relievers.

I am also concerned by several emerging trends. In the year 2012, 12.3 million Medicare beneficiaries filled more than 76 million opioid prescriptions at a cost of more than \$3 billion. Yet, nearly 90 percent of these individuals did not have any hospice stays during the year and were not being treated for cancer. Another disturbing trend is described in a recent Agency for Healthcare Research and Quality (AHRQ) study, which reported that hospital stays resulting from opioid overuse among adults over age 65 increased more than five-fold between 1993 and 2012.

A 2011 Government Accountability Office study revealed that about 170,000 Medicare recipients acquired frequently abused drugs of the same category from five or more health care providers. It is possible that these beneficiaries may have received prescriptions from multiple providers for entirely legitimate reasons – for example, they may be seeing a number of specialists. GAO, however, did find evidence of doctor shopping among some of these

beneficiaries, a powerful indicator of diversion and misuse. In fact, the GAO identified approximately 600 beneficiaries who received prescriptions from between 21 and 87 different providers in a single year.

Seniors in need of substance abuse disorder treatment may also face serious challenges accessing care due to a shortage of geriatric mental health professionals. I know that is a big problem in my state and in many rural areas.

Older Americans are more likely than their younger counterparts to visit a doctor for pain, take multiple medications to manage complex medical issues, and to be prescribed opioids that they may keep in their home medicine cabinets.

According to the Substance Abuse and Mental Health Services Agency (SAMHSA), more than 70 percent of prescription drug abusers report obtaining these pills from family members' medicine cabinets. Diversion is thus a major source fueling addiction.

I am saddened by stories about younger individuals who are breaking the law – and breaking into older adults' homes – in order to steal prescriptions to feed their own addictions. In some cases, it is even the grandchildren stealing pills from their own grandparents.

Funeral directors in Maine have told me that they sometimes advise grieving families not to cite the cause of a loved one's death in obituaries because the obituary may inadvertently advertise what prescription medications may be in the home and when the home may be empty for ransacking. In one tragic example, thieves broke into a home in northern Maine and stole prescription medications while the family was attending the funeral of a loved one.

Our Committee is holding this hearing to examine one of the facets of a complicated and vexing public health crisis. I hope that our conversation today is a constructive contribution to addressing this sad and serious epidemic of addiction. I look forward to hearing from our witnesses, and I now turn to Senator Donnelly for his opening statement.