

Archdiocese of  
Boston

Ascension Health

Avera

Bon Secours  
Health  
System

Carmelite Sisters  
for  
the Aged and  
Infirm

Catholic Health  
Association of  
the United States

Catholic Health  
Initiatives

Franciscan  
Missionaries of  
Our Lady Health  
System, Inc.

Hospital Sisters  
Health System

Mercy

OSF HealthCare

PeaceHealth

Presence Health

Providence St.  
Joseph Health

Sisters of Charity  
Health System

SSM Health

March 2, 2018

To: Demetrios Kouzoukas, Principal Deputy Administrator and Director, Center for Medicare

**Regarding:** Advance Notice of Methodological Changes for Calendar Year 2019 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter, Section III, Subsection "Improving Drug Utilization Controls in Medicare Part D: Opioid Overutilization Policy," pages 202-216.

I am writing on behalf of the members of Supportive Care Coalition, the leading national voice for advancing high quality, accessible palliative care services across Catholic health care in the United States. Composed of 16 Catholic health care organizations with health care services in over 41 states, the Coalition's membership advocates for a society in which all persons living with or affected by chronic or life-threatening medical conditions receive compassionate, holistic, coordinated care that includes relief of pain, suffering and other symptoms from the time of diagnosis to natural death.

One in six US inpatients is cared for in a Catholic hospital. With responsibility for such a large percentage of the US patient population, we applaud CMS's leadership and commitment to addressing and ending the nation's current opioid epidemic. While we are mindful of the current public health crisis engendered by inappropriate opioid use, we want to ensure that CMS policies directed at curbing abuse in no way create barriers to access for patients for whom opioids are medically indicated and beneficial. We urge CMS to carefully review proposed changes directed at reducing opioid overutilization so that the unique medication needs of patients and families living with and affected by serious illness(es) or end-of-life medical issues are not unintentionally jeopardized.

The World Health Organization<sup>1</sup> and the International Association for Hospice and Palliative Care<sup>2</sup> both recognize that access to essential pain-relieving medications for patients diagnosed with serious illness(es) is a human right. Codeine, Fentanyl, Methadone, Morphine, and Gabapentin are some of the essential medicines<sup>3</sup> to which all people living with pain and other symptoms related to serious illness should have access.

On behalf of the Supportive Care Coalition's membership and Board of Directors which includes board-certified palliative care physicians, advanced practice nurses, nurses, social workers, chaplains, health care ethicists, and other health care professionals, we offer the following comments on "Improving Drug Utilization Review Controls in Medicare Part D: Opioid Overutilization Policy:"

**1. Preserving beneficiary access to medically necessary drug regimens:**

- a. With CMS, the Coalition affirms the necessity to ensure that all Medicare beneficiaries have access to medications needed for treatment. In addition, the Coalition asserts that hospice and palliative care patients should in no way be barred or unintentionally hindered from access to medications that are essential to treating pain and other disabling symptoms that can accompany serious illness.
- b. Research demonstrates that palliative care patients with well-controlled symptoms report better quality of life,<sup>4</sup> have lower health care utilization rates,<sup>5</sup> and receive more cost-effective care.<sup>6</sup>

<sup>1</sup> <http://www.thewhpc.org/resources/item/palliative-care-resolution-providing-comprehensive-care>

<sup>2</sup> <https://hospicecare.com/uploads/2011/8/iahpc-essential-meds-en.pdf>

<sup>3</sup> <http://www.who.int/medicines/publications/essentialmedicines/en/>

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pubmed/19690306?dopt=Abstract>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pubmed/18333732?dopt=Abstract>

- c. Limiting access can exacerbate patient stigma. A recent study of 250 patients receiving outpatient palliative care at a cancer center, found that 54% reported felt stigmatized for their use of opioid analgesics and 73% reported difficulty filling opioid prescriptions.<sup>7</sup>
  - d. In order to preserve necessary access to the drug regimens required to address the pain and symptoms of palliative care patients, the Coalition recommends **explicit exclusion from MME threshold equivalents and continued ability to prescribe “opiate potentiators” such as gapapentinoids for patients receiving cancer treatment, palliative care, and end-of-life care.**
- 2. 90 morphine milligram threshold equivalents:**
- a. Page 203 of the proposed changes document recommends, “the OMS criteria incorporate a 90-morphine milligram equivalent threshold” and that this threshold be adopted for all Medicare beneficiaries.
  - b. While this threshold might be appropriate for non-palliative care patients, the Coalition believes this will create an undue burden on hospice and palliative care patients whose serious illness related pain commonly and legitimately require dosages above 90 MME.
  - c. In order to preserve MME equivalent drug regimens required to address the pain and symptoms of hospice and palliative care patients, the Coalition recommends a **clearly stated exception in the 90 MME threshold for palliative care patients.**
  - d. The Coalition strongly recommends that CMS adopt the language utilized in the *CDC Guideline for Prescribing Opioids for Chronic Pain*, March 18, 2016 65(1);1-49 that clearly outlines exceptions for patients with serious illness related to chronic pain stating: “The guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain **outside of active cancer treatment, palliative care, and end-of-life-care.**”<sup>8</sup>
- 3. Opiate Potentiators**
- a. Pages 205-206 of the proposed changes document states that opiate potentiators such as gabapentin or pregabalin increase the risk of, “opioid-related deaths [and] are reportedly misused due to the euphoria associated with use at high doses. The increasing use of gabapentin for off-label indications, despite lack of evidence from clinical trials, has been documented in the literature” and recommends flagging prescriptions for opiate potentiators.
  - b. While this flagging system may be appropriate for non-palliative care patients, the Coalition believes this will create an undue burden on palliative care patients whose serious illness related pain is often best treated with gapapentinoids.
  - c. In order to preserve patient access to drug regimens including gapapentinoids often required to address the pain and symptoms of patients with serious illness, the Coalition strongly recommends that CMS adopt the language used in the *CDC Guideline for Prescribing Opioids for Chronic Pain*, March 18, 2016, 65(1);1-49 and clearly state an exception for patients receiving “**active cancer treatment, palliative care, and end-of-life-care.**”<sup>9</sup>

Denise Hess, Executive Director  
Supportive Care Coalition  
[www.supportivecarecoalition.org](http://www.supportivecarecoalition.org)

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<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pubmed/17608870>

<sup>7</sup> [http://www.jpsmjournal.com/article/S0885-3924\(17\)31119-3/fulltext](http://www.jpsmjournal.com/article/S0885-3924(17)31119-3/fulltext)

<sup>8</sup> <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

<sup>9</sup> <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>