American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

April 10, 2018

The Honorable Lamar Alexander
Chairman
Senate Health, Education, Labor, and Pensions Committee
SD-428
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Health, Education, Labor, and Pensions Committee
SD-428
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American College of Emergency Physicians (ACEP), our 38,000 members, and the more than 130 million patients we treat each year, I write to thank you for your continued efforts to respond to the nation's opioid epidemic and to recommend several programs for inclusion in the "Opioid Crisis Response Act of 2018."

A few weeks ago, the U.S. Centers for Disease Control and Prevention (CDC) published new data that showed a 30 percent increase in opioid overdose visits to emergency departments between July 2016 and September 2017. Emergency physicians clearly are on the front lines of the opioid and substance use disorder (SUD) crisis, and every day we witness the effects of this epidemic on patients, their families, and our communities.

There are several innovative and bipartisan programs focused on care provided in the emergency department (ED) that we urge you to incorporate into the Opioid Crisis Response Act. These initiatives include the "Alternatives to Opioids (ALTO) in the Emergency Department Act" (S. 2516), the "Preventing Overdoses While in Emergency Departments Act" (S. 2610), and the "Recovery Coaches Offer Addiction Counseling & Healing (COACH) Act" (S. 2609).

The ALTO program was initially developed in the emergency department at St. Joseph's University Medical Center in New Jersey in 2016 to address variations in pain management treatments. This treatment protocol follows a very simple premise: the best way to avoid opioid misuse and addiction is to not start a patient on opioids to begin with when possible. It is a multidisciplinary acute pain management program that includes targeted non-opioid medications, trigger point injections, nitrous oxide, and ultrasound guided nerve blocks to tailor patient pain management needs and avoid opioids. After two years of implementation, St. Joseph's saw an 82 percent reduction in opioid prescriptions. In Colorado, where 10 hospitals joined together in a six-month pilot project to implement their own version of ALTO, opioid use was reduced by an average of 36 percent. S. 2516 would be instrumental in expanding this success to all corners of the nation and we fully expect to see similar results in every community where this program is implemented.

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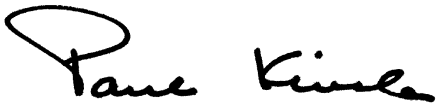
Another evidence-based program that has shown positive results in getting patients with opioid use disorders into treatment is ED-initiated Medication-Assisted Treatment (MAT). Multiple studies have shown that initiating buprenorphine treatment for SUD in the ED, versus simple referral for treatment to another provider, or counseling in the ED, is associated with increased engagement in addiction treatment, reduced use of illicit opioids, and decreased use of inpatient addiction treatment services at one and two months later. In fact, 74 percent of patients who were given buprenorphine/naloxone were engaged in addiction treatment at two months, compared with 53 percent in the referral-only group, and 47 percent of those in the counseling with referral group. S. 2610 ensures there are agreements in place with a sufficient number of community providers to make the "warm hand-off" of the patient from the ED after buprenorphine initiation possible and that is an essential element of this program's success. Neither the ED, nor community services, acting in isolation are sufficient.

The Recovery COACH Act, S. 2609, would provide states with grants to ensure those struggling with SUDs have access to specially trained recovery coaches in the ED. These coaches are trained professionals who engage patients on a personal level by serving as mentors, providing insight and encouragement, delivering support for families, and helping patients navigate treatment options. This legislation would establish grants to develop, expand, and enhance the use of recovery coaches in EDs through a recovery community organization, which would recruit, train, hire, mentor, and supervise recovery coaches.

There are two components necessary for Congress, physicians, and patients to address and overcome the opioid epidemic – treatment and prevention. ACEP believes these three legislative proposals provide a good balance to meet this challenge and we strongly urge you to include them in the Opioid Crisis Response Act.

Should you have any questions or require any further information, please do not hesitate to contact Brad Gruehn, ACEP's Congressional Affairs Director, directly at (202) 370-9297 or at bgruehn@acep.org.

Sincerely,



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