Weekly Checkup

Positive Steps in Fighting the Opioid Epidemic

CHRISTOPHER HOLT | SEPTEMBER 21, 2018

This week, the Substance Abuse and Mental Health Services Administration released the 2017 National Survey on Drug Use. The good news is that 1.3 million fewer people misused opioids in 2017 than in 2015. The bad news is that there were still 11.4 million people who abused or misused opioids in 2017. Heroin use was up slightly from 2015, and heroin-related deaths increased by almost 8 percent from 2016. In more bad news, the Centers for Disease Control and Prevention released new data this week showing that U.S. life expectancy has dropped for the second year in a row—due in part to drug overdoses. And just last week, AAF's Director of Labor Policy, Ben Gitis, published new research looking at the labor-force and economic effects of the opioid crisis. Gitis found that opioid misuse has removed over 2 million prime-age individuals from the labor force.

Considering these and other ramifications of the opioid crisis, it's not surprising that the Senate this week passed wide-ranging legislation aimed at curbing opioid misuse by a 98-vote margin. The House already passed a similar package of reforms in June (summarized in part by AAF's Tara O'Neill Hayes here), and the differences between the two chambers could be ironed out by as early as next week. A final package could be sent to the president before Congress leaves Washington for the fall midterm elections.

Many observers have already argued that these reforms don't go far enough in addressing the opioid crisis. And in truth, it is undoubtably the case that more could, and needs to be, done. The hydra-like nature of the opioid crisis virtually ensures that no single legislative or policy change will address it fully. That said, the provisions moving through Congress are meaningful and important.

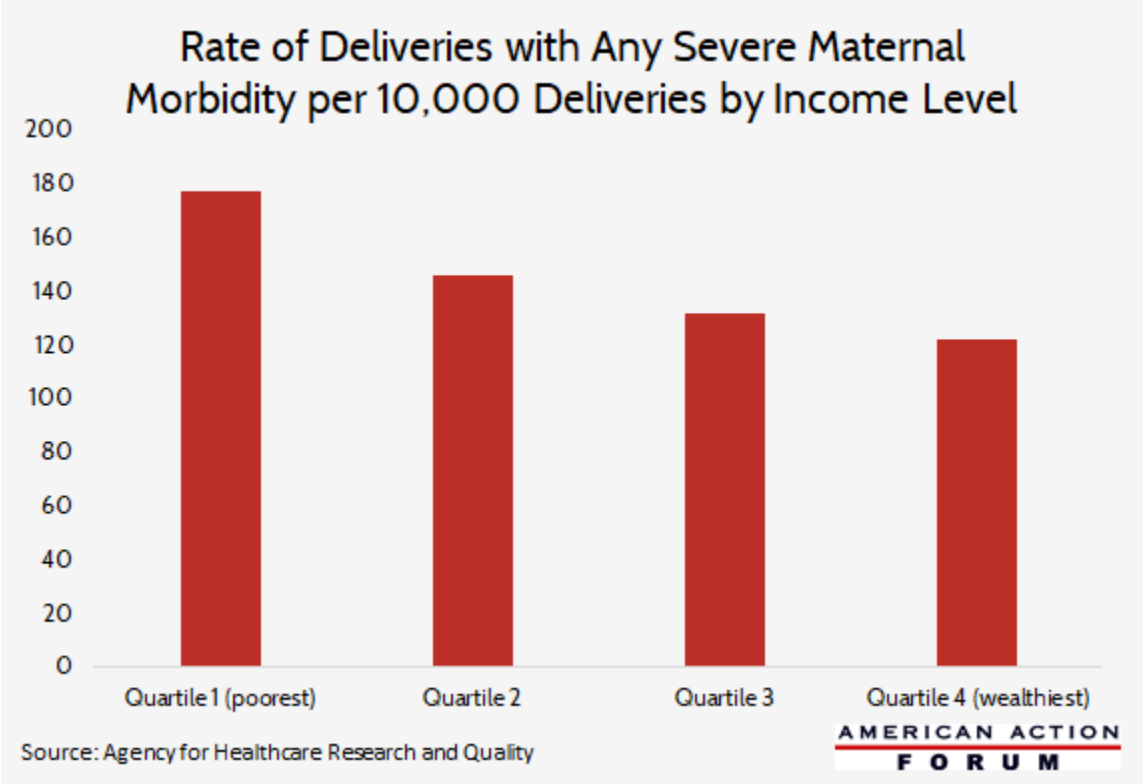
The package will make it easier for the U.S. Postal Service to intercept shipments of fentanyl entering the country, primarily from China. Both the Senate and House bills make changes to the "IMD Exclusion" that limits Medicaid reimbursement to large inpatient treatment centers, however, the Senate provision is limited while the House changes go substantially further. Additionally, the legislation seeks to loosen restrictions on physicians licensed to prescribe buprenorphine. Buprenorphine is particularly effective at managing opioid abuse withdrawals. Because it can also be misused itself, however, physicians who prescribe it are currently limited to only 100 patients at a time. The bill lifts this cap to 275. These are just a few of the provisions included in the legislation; a full section by section is available here.

The Senate's action this week will hardly solve the opioid crisis on its own. This epidemic has been ravishing the nation for too many years and is too far-reaching to be so easily curtailed. Yet these efforts demonstrate that Congress recognizes the problems and is working to find solutions.

CHART REVIEW

Tara O'Neill Hayes, Deputy Director of Health Care Policy

The Agency for Healthcare Research and Quality (AHRQ) released a report this month showing a startling rise in the incidence of severe maternal morbidity during childbirth in the United States. Minorities and low-income women are much more likely to suffer complications: Nearly half of all deliveries with any severe maternal morbidity involved Black or Hispanic mothers, while only 36 percent of deliveries without severe complications were to Black or Hispanic mothers. Similarly, 36.4 percent of deliveries with severe maternal morbidity involved women in the lowest income quartile and another 22.8 percent were to women in the second-lowest quartile. The chart below shows the number of deliveries with severe maternal morbidity per 10,000 deliveries in each income quartile. These findings further corroborate those of studies examining the social determinants of health that have found non-medical factors, such as income and race, have a significant impact on health outcomes.



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