The Opioid Crisis, Seniors, and Medicare

The Epidemic
Only about 1 in 10 people with a substance use disorder receive any type of specialty treatment, most in specialty substance use disorder treatment programs with little involvement by primary or general health care.¹

Seniors are Susceptible
- According to data from the Centers for Disease Control and Prevention’s National Health and Nutrition Examination Survey (NHANES), nearly 4 in 10 people above age 65 use five or more prescriptions,² which increases the risk of drug misuse or abuse.³
- Seniors commonly take opioids for pain management such as oxycodone (OxyContin), oxycodone with acetaminophen (Percocet), and hydrocodone with acetaminophen (Vicodin). These are all medicines with a high risk for misuse or abuse.
- Symptoms of prescription drug misuse or abuse can be hard to recognize in older adults, as they are similar to symptoms of aging, such as confusion and memory loss.

Every 8 minutes a person dies from an opioid use disorder related fatality
175 American lives lost daily to opioid overdose
400% rise in opioid addiction and overdose since 2000

Medicare and Opioids
- In 2016, 1 out of every 3 Medicare beneficiaries received at least one prescription opioid through Part D according to the U.S. Department of Health and Human Services (HHS). In total, 14.4 million of the 43.6 million beneficiaries enrolled in Medicare Part D received opioids.⁴
- More than 501,000 Medicare beneficiaries received high amounts of opioids in Part D (excluding patients being treated for cancer or are under hospice care), putting them at serious risk of misuse or overdose. These patients exceeded a daily morphine milligram equivalents of 120mg, far above the suggested 90mg in the CDC’s Chronic Pain Guidelines.⁵
- Reimbursement and policy barriers limit access for those battling addiction.
  - For example, Methadone is covered by Part D when prescribed for pain, but is not covered for treating opioid use disorder in Part D because it cannot be dispensed by prescription at a retail pharmacy or in Part B because it is administered through outpatient Opioid Treatment Centers.
Policy and Legislative Solutions
Policy change to make the best practice a common practice in Medicare

Although there is no single strategy to address this crisis, breaking down barriers to evidence-based treatment such as medication-assisted treatment (MAT) should be among the highest priority to save lives by:

1. **Removing reimbursement and policy barriers to treatment** such as lack of coverage or other limitations on all forms of FDA-approved MAT in government-sponsored programs including Medicare and Medicaid. Specifically, Congress should immediately authorize coverage of all FDA-approved MAT in Opioid Treatment Programs, which are the only avenue for access to Methadone used to treat opioid use disorder.

2. **Enforcing the parity laws** requiring equal treatment of behavioral health disorders by health insurance plans and insist that Congress eliminate ambiguity around the Department of Labor’s jurisdiction.

3. **Realigning government resources and authorizing additional funding** from Congress for evidence-based approaches to confront this public health emergency.

For more information, visit:

- OpioidRecovery.org
- CEPOPonline.org
- @aorecovery
- @opioidrxpolicy
- #accessMATters

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