1. **How can Medicare and Medicaid payment incentives be used to promote evidence-based care for beneficiaries with chronic pain that minimizes the risk of developing OUD or other SUDs?**
    - Opioids should be used along with non pharmacological modalities to promote optimal pain relief. They should be used for the shortest possible duration in patients with acute pain. Patients should be informed of the potential for dependency prior to being prescribed opioid medications so they are well aware of the potential dangers with taking these meds. Patients should complete screening testing to check for risk dependency prior to starting pain medication. Patients who are at high risk should be started on alternative care and not be given opioids. We should continue to fund research that identifies warning signs for dependency and promotes holistic approaches to pain management.
2. **What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of these non-pharmaceutical therapies when clinically appropriate?**
    - Physical therapy, chiropractic care, massage, and acupuncture are all preferable to opioid treatment. The JCAHO guidelines changed based on flawed evidence (e.g., small studies that told physicians that the addiction rate was 2% when it was in fact closer to 30%). Physicians were urged to view "pain as the 5th vital sign," and insurers stopped paying for non-pharmacological treatments.
    - Patients experience barriers related to transportation and access to alternative therapies. Patients may lack information about alternative therapies. Education, transportation assistance, and resource mapping may be helpful strategies to address these barriers.
3. **How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives to ensure beneficiaries receive evidence-based prevention, screening, assessment, and treatment for OUD and other SUD to improve patient outcomes?**
    - If providers were required to take training in evidence based practices before they could receive Medicaid/Medicare funds for treating OUD/SUD patients, this would set an expectation to all providers as to the standard of care that is required. Providers could be paid at different tiers for following these guidelines.
4. **Are there changes to Medicare and Medicaid prescription drug program rules that can minimize the risk of developing OUD and SUDs while promoting efficient access to the appropriate prescriptions?**
    - Limiting the number of days that a patient with acute pain can receive pain medication reduces the likelihood for abuse and therefore dependency. It also lessens the number of potential unused medication.
5. **How can Medicare or Medicaid better prevent, identify, and educate health professionals who have high prescribing patterns of opioids?**
    - The OARRS system can be useful in identifying providers who prescribe opiates more frequently than others. Office visits and roundtable discussions for these prescribers could potentially improve oversight as well.

6. **What can be done to improve data sharing and coordination between Medicare, Medicaid, and state initiatives, such as prescription drug monitoring programs?**
    - One way to improve data sharing would be to ensure that all software programs offer the ability to share information with primary care providers and in particular, providers of behavioral health care. There are so many software programs that are currently available, and many are inadequate for the type of services we need to provide. The ability to communicate with other providers in healthcare should be a standard requirement for software that is utilized.
7. **What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?**
    - The government funding of Maryhaven's OTP is a model that should be considered for OTPs nationwide. Eliminating the financial burden to patients allows patients to focus on recovery without having to continue to find ways to come up with daily payments for their medication. In many cases, patients continue with the same behaviors associated with their addiction to pay for their medications even when they are seeking treatment.
8. **What human service efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?**
    - Medicaid and Medicare beneficiary coverage should extend to family members, who often suffer with the patient. Professionals who treat patients for SUDs or OUDs should also be able to treat the patients' family members under the same service umbrella. Prevention programs may be implemented to reduce the impact that SUD has on children and other significant others of the identified patients.