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**From:** [REDACTED]  
**Sent:** Friday, February 16, 2018 5:05 PM  
**To:** opioids,  
**Subject:** Senate Committee Seeks to Improve Medicare, Medicaid Responses to Opioid Epidemic

Good afternoon,

On behalf of the Lower Elwha Klallam Tribe and its Health Department, I would like to submit the below responses to the request for input we received from your office:

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?
  - a. If incentives were aligned to support the use of the below as alternative treatments:
    - i. Acupuncture
    - ii. Massage
    - iii. Eye Movement Desensitization and Reprocessing (EMDR)
    - iv. Physical Therapy
    - v. Chiropractic
  - b. If incentives were directed at weight loss as a contributory factor
  - c. If incentives were directed at increasing education to pain patients regarding inflammatory foods and environmental factors contribution to pain
  - d. If incentives supported covering the cost of healthy food prescriptions
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 those non-pharmaceutical therapies when clinically appropriate?
  - a. No current reimbursement for alternative therapies (acupuncture, massage, chiropractic, EMDR, PT, Chiropractic, etc.)
3. How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives for beneficiaries to access evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes?
  - a. Medicare should pay for:
    - i. naturopathic services
    - ii. chemical dependency treatment
    - iii. mental health counseling expansion of qualified providers
    - iv. more than 12 visits for physical therapy
    - v. dental coverage, as it contributes to pain when untreated dental issues persist
  - b. Both should pay for:
    - i. Screenings done by care coordinator/community health resource worker/community health aide
    - ii. Acupuncture
    - iii. Massage
    - iv. EMDR
    - v. chiropractic
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 appropriate prescriptions?
  - a. Place upper limits on the dosages covered and time limits on the number of days a prescription can be written for

- b. Have prescribers wait to prescribe until the patient requests it or comes to them specifying that other options aren't working
  - c. Naturopathic therapy/pharmacy compounds coverage
  - d. CBD coverage
- 5. How can Medicare or Medicaid better prevent, identify and educate health professionals who have high prescribing patterns of opioids?
  - a. PMP enrollment and checking requirements
  - b. Regular free trainings on safe prescribing practices and alternative therapies hosted both in person and virtually
- 6. What can be done to improve data sharing and coordination between Medicare, Medicaid, and state initiatives, such as Prescription Drug Monitoring Programs?
  - a. Connect systems for interoperability via HIE and have both push and pull capabilities for data sharing
- 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?
  - a. See responses above and below.
- 8. What human services 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?
  - a. Residential treatment facilities that allow for families to be at the facility together so that the whole family can heal and receive services as a unit. In Washington, there is currently one residential facility that we are aware of that does this for Medicaid clients and there are a few facilities that are women and children only.  
More access to early intervention and education services and more access to family counseling.

Thanks,

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***"When we see each other in a new light, we can weave a remembered basket in a new way"***  
*-Charlene Nelson, Shoalwater Bay Tribe*

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