

February 16, 2018

Chairman Orrin Hatch
US Senate Committee on Finance
104 Hart Office Building
Washington, DC 20510

Ranking Member Wyden
US Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

Re: Policy Recommendations to Address Opioid and Substance Use Disorders

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of Tivity Health, formerly Healthways, a leading health improvement and wellness company, we appreciate the opportunity to provide feedback to the Senate Committee on Finance (the Committee) as it assesses policy options to address the opioid epidemic.

At Tivity Health, we partner with consumers, fitness and community centers, healthcare practitioners, and many of the nation's largest payers and employers to provide fitness and health improvement programs that support healthy living. For example, our SilverSneakers® program provides members with access to physical activity and a social network that promotes overall vitality. Tivity Health is dedicated to delivering a consumer experience that empowers individuals to lead healthy and productive lives. In doing so, Tivity Health has developed clinical and operational expertise in managing specialty health benefits and networks, including therapeutic massage, chiropractic services, physical therapy, occupational therapy, speech therapy, acupuncture and complementary and alternative medicine (CAM) services.

Medicare can play a significant role in combatting the opioid epidemic. However, the program is not being effectively leveraged to advance non-pharmaceutical (also referred to as non-pharmacologic) options to manage chronic pain. Unfortunately, Medicare Advantage (MA) guidance expressly prohibits plans from offering therapeutic massage as a supplemental benefit to its members, regardless of patient need and even if performed by a licensed therapeutic massage therapist.

Throughout our 25 years of clinical experience, we have found that a personalized approach to medical care is necessary to improve the health of Medicare beneficiaries and this is particularly true in the case of Opioid Use Disorder (OUD). OUD often begins with a patient seeking treatment for acute or chronic pain, and the standard of care has historically involved prescribing opioids. However, pain management is complex with a variety of treatment options that should be chosen depending on the individual needs and circumstances of patients. While opioids are indicated for some patients, patients with chronic pain also need access to alternative, lower risk treatments. Although there is a wide range of treatments that can effectively manage pain, patients have been presented with limited options due to a lack of education among both patients and providers and

Medicare's coverage limitations with respect to these alternative treatments. For these reasons, we strongly encourage the Committee to ensure comprehensive Medicare coverage of non-pharmaceutical pain management treatments, including therapeutic massage, and implement policies to educate providers and patients regarding these options.

There is a growing body of evidence to show that therapeutic massage offers an effective treatment option for patients with chronic pain while minimizing the risk and expense associated with opioids.¹ Therapeutic massage can be used to mitigate a range of pain indications including labor, shoulder, neck and back pain, fibromyalgia, temporomandibular disorder, and pain associated with cancer.^{2,3} Patients who use alternative therapies, such as therapeutic massage, rather than opioids also have significantly lower rates of adverse side effects of treatment including 1.5 times lower rates of nausea, 1.3 times fewer incidences of severe itching, and 1.6 times fewer reports of dizziness.⁴ In addition to managing pain, therapeutic massage has also been proven to aid in decreasing blood pressure and stress; improving sleep patterns and decreasing insomnia; improving circulation and reducing muscle tension; and improving shoulder range of motion.⁵

We believe allowing MA plans to offer therapeutic massage as a supplemental benefit would also align with the goals of the U.S. Department of Health and Human Services (HHS). HHS is in the process of developing a Pain Management Best Practices Inter-Agency Task Force, which is intended to develop recommendations for best practices for pain management and prescribing pain medication. In soliciting member applications, HHS specifically sought experts in areas related to pain management, addiction, opioid use disorders and members from pain advocacy groups in an effort to find alternative pain management treatments. Further, HHS' five-point Opioid Strategy

¹ Crawford, Cindy, et al. "The impact of massage therapy on function in pain populations—A systematic review and meta-analysis of randomized controlled trials: Part I, patients experiencing pain in the general population." *Pain Medicine* 17.7 (2016): 1353-1375.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925170/>]

² Miake-Lye, Isomi, et al. "Massage for Pain: An Evidence Map." (2016) [Department of Veterans Affairs: Evidence-based synthesis program reports]. Available at <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0091041/>.

³ *National comprehensive Cancer Network: Clinical practice guidelines in oncology: adult cancer pain v1, 2007. Available at www.nccn.org; Cassileth BR, et al. Complementary therapies and integrative oncology in lung cancer: ACCP evidence-based clinical practice guidelines (2nd edition), Chest, 132: 340S-354S; National comprehensive Cancer Network: Clinical practice guidelines in oncology: cancer related fatigue v4, 2007. Available at www.nccn.org; Weinrich SP, Weinrich MC. The effect of massage on pain in cancer patients, *Appl Nurs Res*, 3: 140-145, 1990.; Wilkinson SM, et al. Effectiveness of aromatherapy massage in the management of anxiety and depression in patients with cancer: a multi-center randomized controlled trial. *J Clin Oncol*, 25:532-538.; Smith MC, et al. Outcomes of therapeutic massage for hospitalized cancer patients. *J Nurs Scholar* 34:257-262, 2002.; Post-White J, et al. Therapeutic massage and healing touch improve symptoms in cancer. *Integr Cancer Ther* 2:332-344, 2003.; Cassileth BR, Vickers AJ. Massage therapy for symptom control: outcome study at a major cancer center. *J Pain Symptom Manage* 28:3, 2004.; Fellowes D, et al. Aromatherapy and massage for symptom relief in patients with cancer. *Cochrane Database Syst Rev*. 2:CD002287, 2004.*

⁴ Duke University Medical Center. "Acupuncture Reduces Pain, Need For Opioids After Surgery." *ScienceDaily*. ScienceDaily, 18 October 2007. Available at www.sciencedaily.com/releases/2007/10/071016181238.htm.

⁵ Yeun, Young-Ran. "Effectiveness of massage therapy on the range of motion of the shoulder: a systematic review and meta-analysis." *Journal of physical therapy science* 29.2 (2017): 365-369. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333006/>; Miake-Lye, Isomi, et al. "Massage for Pain: An Evidence Map." (2016) [Department of Veterans Affairs: Evidence-based synthesis program reports]. Available at <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0091041/>.

includes efforts to advance the practice of pain management and increase access to high-quality, evidence-based pain treatment that reduces the inappropriate use of opioids and opioid-related harms.⁶

In response to the progression of the opioid epidemic, the use of non-pharmacological interventions such as therapeutic massage to manage chronic pain has gained widespread support throughout the public and private sector, particularly among the Centers for Disease Control and Prevention, the National Institutes of Health, the Joint Commission and the National Association of Attorneys General, which has requested that America's Health Insurance Plans encourage its members to revise their payment and coverage policies related to pain management treatment. Further, the American College of Physicians' clinical practice guidelines indicate that clinicians and patients should select non-pharmacological treatments, including therapeutic massage, to address acute, subacute, and chronic low back pain.⁷

We appreciate the opportunity to provide recommendations to the Committee as it considers new policies to address the opioid epidemic and we strongly encourage the Committee to consider the inclusion of non-pharmacologic alternatives to managing pain such as massage therapy as part of the supplemental benefits that MA plans may offer to beneficiaries.

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Thank you for your consideration of these comments. Should you have any questions regarding this letter, please contact me at 615-614-4571.

Sincerely,

Vicki Shepard

Vicki Shepard
Vice President, Government and External Relations

⁶ Jones, Christopher and Singh, Vanila. Advancing the Practice of Pain Management Under the HHS Opioid Strategy (November 1, 2017). Available at <https://www.hhs.gov/blog/2017/11/01/advancing-the-practice-of-pain-management-under-the-hhs-opioid-strategy.html>.

⁷ Qaseem A, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med* 166:514–530, 2017.