

# Addiction prescription

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BY EVAN WILLIAMS

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— Centers for Disease Control and Prevention

## Addiction PRESCRIPTION

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**BY THE NUMBERS**

**5,000** Number of Medicare patients who suffered an opioid-related overdose every month in 2019 and 2020.

**25** Percent of Medicare prescription drug beneficiaries prescribed opioids for pain.

**377** Percentage opioid use disorder (OUD) among Medicare prescription drug beneficiaries grew between 2008 and 2017 to more than 900,000 patients.

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WHILE OPIOIDS ARE KNOWN FOR being addictive and deadly, many physicians also know they can be invaluable drugs used to treat acute and chronic pain and when carefully managed improve the quality of life for those 65 and older.

More than 1 in 4 Medicare prescription drug beneficiaries are prescribed opioids for pain. The federal health coverage program, for Americans age 65 and older and those with disabilities, covers about 61 million people in all.

Most of the roughly 13 million in that group who have been prescribed opioids are not struggling with addiction — but too many are.

Medicare beneficiaries have become addicted to the drugs at a faster rate than any other age group. One analysis found that the diagnosis for opioid use disorder (OUD) among Medicare prescription drug

beneficiaries grew by 377% between 2008 and 2017 to more than 900,000 patients.

“When older adults suffer in addiction they are often suffering in the solitude of their own home away from our eyes,” said Dr. John Dyben, a doctor of health sciences, addiction therapist and chaplain who serves as the chief clinical officer for Origins Behavioral HealthCare, which specializes in treating substance abuse in older adults, including in Texas and at the Hanley Center in West Palm Beach.



There remains this idea that older adults don't suffer from addiction. Nothing could be further from the truth. — Dr. John Dyben, a doctor of health sciences, addiction therapist and chaplain who serves as the chief clinical officer for Origins Behavioral HealthCare.

“There remains this idea that older adults don't suffer from addiction,” Dr. Dyben said. “Nothing could be further from the truth.

“I've seen older adults who love their grandkids and family more than anything else, and they become addicted, which completely disconnects them. So it is a terrible loss and a horrible experience, but we in our culture don't see it, so we largely think it doesn't exist.”

While Medicare long has covered opioid pain medication, it has offered relatively few options for patients who become addicted and want to get off them.

That has changed with new rules that went into effect in January 2020 and 2021, for the first time creating a standard

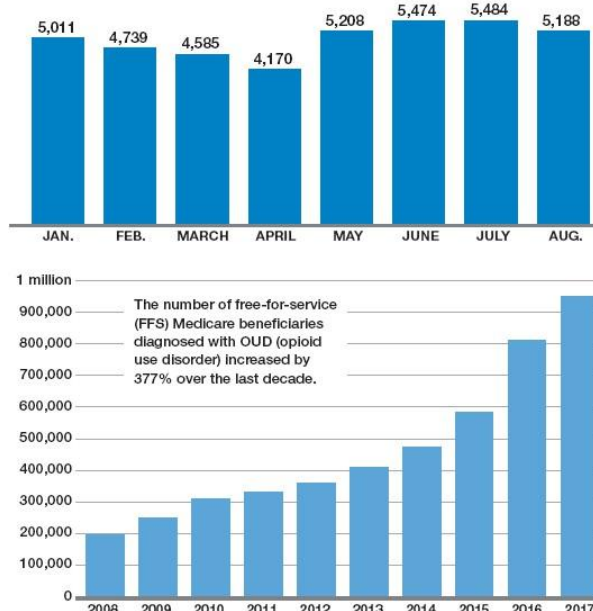
Opioid Treatment Program Benefit for Medicare patients, a provision of the 2018 SUPPORT for Patients and Communities Act.

The federal insurance program is working with qualified caregivers — those who accept Medicare and are certified to provide treatment for opioid addiction — to provide basic coverage for some of the most effective known treatments for OUD. However, it may be a challenge to find rehab facilities that accept Medicare since the federal program has offered OUD patients such few options in the past.

That number is expected to grow. Meanwhile, some of the rehab treatment providers contacted for this story said they don't accept Medicare, had only just heard about the new benefits and were interested in learning more, or were working on being certified so they can get paid by Medicare for providing the

### Opioid overdoses under Medicare

About 5,000 Medicare Part D beneficiaries per month suffered an opioid overdose in 2020.



SOURCES: OIG ANALYSIS OF MEDICARE DATE, 2020 AND HMA ANALYSIS OF CMS CHRONIC CONDITION DATA WAREHOUSE (CCW) DATA TABLES, 2019 AND SAMHSA/HHS: AN UPDATE ON THE OPIOID CRISIS, 2019

services.

The new Medicare benefit includes a wide range of medication-assisted treatment (MAT), a combination of medicine and behavioral health therapies shown to be effective in combating substance abuse disorders.

Medicare will continue to cover the drugs buprenorphine and naltrexone as it has in the past.

For the first time it also includes coverage for the drug methadone, shown to be one of the most effective treatments for OUD; and for naloxone (brand name Narcan), the emergency drug used to reverse an opioid overdose.

In 2019 and 2020, more than 5,000 Medicare patients suffered an opioid-related overdose every month, says the U.S. Department of Health and Human Services. Officially that is when an opioid, sometimes in combination with other drugs, causes a person's breath to dangerously slow or stop. The study noted that respiratory diseases like COVID-19 may increase the risk of an overdose. The number of overdoses may also be underreported because patients who did not bill Medicare for services – for instance, those who died home alone as a result – were not counted.

Even though younger people are addicted to opioids in much greater numbers overall, evidence shows that opioid abuse is a serious problem for seniors, too.

In 2016, 3.2% of opioid-related deaths – or 1,354 of 42,245 – were among those age 65 or older.

Treatment for older adults is different medically, socially and psychologically, Dr. Dyben says:

“Every single one of them has experienced multiple significant losses of death of their loved ones; where young people are really focused on finding their purpose in life, older adults are looking back and finding meaning.”

While Origins currently doesn't accept Medicare, Dr. Dyben said he had just discovered the new benefits it offers and is interested in learning more about it.

“It looks to me at first glance like it will be pretty limited, but the step that they are doing is a step in the right direction,” he said.

During the first eight months of 2020, 220,000 Medicare patients filled prescriptions for “high amounts” of opioids, the U.S. Department of Health and Human Services says – equal to 16 five milligram oxycodone tablets every day for three months – even though none of them had cancer or were in hospice care. The large dose puts patients at a higher risk of dependence and other health problems.

“Higher opioid prescription fill rates among older adults is worrisome because they are more likely to have an adverse event, even death, from taking an opioid medication,” the Centers for Disease Control and Prevention says. “Additionally, older adults might also be less aware of the number of doses taken, have problems with balance or gait (or) experience a drug interaction with another medication used to treat a chronic condition.”

For both older and younger people, treatment for substance abuse is not a one-size-fits-all proposition.

“We like to say there's a pathway to recovery for everybody,” said Maggie Baldwin, clinical director of Crossroads, the David Lawrence Center's substance abuse recovery program in Naples, be it medication-assisted treatment, 12-step programs, abstinence, or a combination of all of the above.

Ms. Baldwin has more often seen seniors in the program for alcohol use disorder instead of opioids.

“But it begs the question, where are they going?” she asked. “We know they're there. The research shows they're there. And I think they're going to the hospital.”

A study in the peer-reviewed journal JAMA Psychiatry reported that hospitalizations for opioid overuse among Medicare beneficiaries increased by 10% each year between 1993 and 2012 with on average 211,200 patients hospitalized every year for opioid overuse. Yet relatively few Medicare patients received treatment for OUD because there were so few benefits available to them, only the prescription drugs buprenorphine and naloxone.

The report's authors said that represented a “treatment gap” in Medicare, with the caveat that not all patients with OUD warrant addiction treatment. On the other hand, it adds that opioid addiction among older adults is “systematically underdiagnosed and increasing in prevalence.”

In news coverage that described the opioid epidemic over the last decade, younger and middle aged adults have been the faces most commonly associated with addiction. While part of that is due to the greater sheer numbers of younger people who seek treatment, addiction specialists also point to reasons why the epidemic – and substance use problems in general – are disguised among South Florida’s prevalent older crowd.

“In our area in Naples and the surrounding areas, there is quite a number of the elder population who are in desperate need of help and sometimes the help is unavailable to them because they are Medicare or Medicaid dependent,” said Mayra Cardenas-Flynn, an addiction counselor at Hazelden Betty Ford Foundation in Naples.

She adds that the baby boomer generation, whose many members have sometimes experimented with drugs and alcohol in the past, may return to old addictions with new opioid prescriptions.

While Ms. Cardenas-Flynn has seen cases of seniors who seek drugs on the street, she finds that is rare compared to younger patients. More commonly, they overuse prescription medication, sometimes intentionally or not.

“Most of the elderly or 50-plus community that abuses opioids come to it not necessarily because they want to participate but because it was prescribed for medical reasons – chronic pain or something like that,” she said. “With aging most of us can develop some painful conditions like arthritis or degeneration of the discs or the spine or something like that. Most of the time opiates are prescribed for pain management.”

A few years ago, Miami Beach resident Charlie G., 70, sought treatment at the Hanley Center at Origins rehab facility in West Palm Beach for substance abuse issues related to Oxycodone. The opiate medication had been prescribed to him over the previous decade for back pain, he said, reigniting an addiction he struggled with since discovering heroin in high school.

After overdosing in an attempt to take his own life, he woke up in the hospital and later chose to be transferred to the Origins inpatient program for 90 days, which he paid for out of pocket. Within the structured routine of rehab life that marks many such programs, an addiction was confronted on several fronts, including good steady meals, fine-tuning his medications with a psychiatrist, private and group meetings, physical therapy and guided meditations, and a family program that involved his son and his sister.

“It’s pretty amazing what they do there,” Charlie said. “They try to put you in a position to succeed.”

Now he’s been clean for two years and two months. He attends three weekly Zoom meetings with his other Origin alumni, which he describes as similar to an AA support group, and sees a psychiatrist every few months to fill prescription medication for Wellbutrin, Trazadone and Abilify.

A retired contractor, Charlie lives with his girlfriend and was still at home awaiting the second dose of his COVID-19 vaccine at press time. He was looking forward to getting out, be it possible travel plans that have been long put off due to the pandemic or a regular volunteer job at a nearby church.

For each statistic representing a senior who has suffered from an opioid addiction, many have also benefited from the pain relief these controversial drugs provide.

The reaction to the opioid crisis often has made it more difficult for prescribers to get patients the drugs they need to treat pain, said Dr. Michael Gloth, a Naples-based geriatric physician who specializes in pain management and is a professor at John Hopkins University in Boston and at Florida State University College of Medicine.

“We have a fine line between taking care of folks who have true pain and preventing the abuse that occurs in folks who are using these opioids for reasons other than pain,” said Dr. Gloth.

He points out that for older adults, the painkiller Ibuprofen is known to have adverse effects that could be worse than opioids if taken incorrectly. And he has had more patients who struggle with addiction to benzodiazepines than opioids.

“In appropriate doses opioids are relatively benign for older adults compared to some of the other drugs that are available,” he said. “But the caveat with all of this is appropriate dosing. And that requires doctors spend time with their patients and monitor them.”

For older patients who have slipped beyond the positive treatment opioids can provide into addiction, Medicare’s new benefits may offer another way back to good health. }

*In the KNOW*

## **Where to find an opioid treatment provider that accepts Medicare**

[Medicare.gov](https://www.medicare.gov) offers a searchable database to find an Opioid Treatment Program Services provider in your area.

## **Questions on Medicare’s new benefits**

The SHINE (Serving Health Insurance Needs of Elders) Program provides free Medicare and health insurance counseling and information from an unbiased source. SHINE’s services are available to Medicare beneficiaries, their families, and caregivers through Florida’s Department of Elder Affairs.

SHINE counselors can do the following:

Help you understand your Medicare benefits.

Help you choose the Medicare prescription drug plan that best fits your needs.

Answer your questions about Medigap, long-term care insurance policies, and other health insurance programs for seniors and individuals with disabilities.

Assist you with your Medicare claims and appeals and other Medicare issues.

Give you details about benefits available in your area and refer you to other helpful programs.

Offer educational presentations. SHINE counselors are committed to helping you make informed choices regarding your Medicare benefits. Counselors are not affiliated with any insurance company and will not attempt to sell you insurance. All counseling records are strictly confidential.

## **Contacting SHINE**

4040 Esplanade Way, Suite 270 Tallahassee, FL 32399 1-800-96-ELDER (1-800-963-5337) Se Habla Español Email: [information@elderaffairs.org](mailto:information@elderaffairs.org) Visit SHINE online on Facebook to keep up with the latest news and at [FloridaShine.org](http://FloridaShine.org). On the SHINE website, you can submit a volunteer application; complete orientation; and find counseling sites, upcoming events, and Program fact sheets.

What benefits does Medicare offer for opioid addiction treatment? On Jan. 1, 2020, Medicare began paying Medicare-enrolled Opioid Treatment Providers to deliver Opioid Use Disorder treatment services to Medicare beneficiaries. Many beneficiaries may have noticed the benefit for the first time late last year, during enrollment.

Key parts of Medicare's new Opioid Treatment Program Benefit are: Medicare Part B (Medical Insurance) covers opioid use disorder treatment services provided by opioid treatment programs. You pay nothing for these services if you get them from an OTP (Opioid Treatment Provider) that's enrolled in Medicare, and the Part B deductible applies. Services include medication-assisted treatment, counseling, toxicology testing, individual and group therapy, intake activities, and periodic assessments. Counseling and therapy services are covered in person and by virtual delivery. The new benefit establishes Medicare's coverage of methadone for OUD treatment for the first time, in addition to coverage of buprenorphine and naltrexone that were already covered. During the COVID-19 Public Health Emergency, counseling and therapy services, as well as periodic assessments, will be covered if rendered by telephone if beneficiaries do not have access to two-way audio/ video communications technology, provided all other applicable requirements are met.

## **New for 2021:**

New covered services include FDA-approved opioid antagonist medications, specifically naloxone, for emergency treatment of opioid overdose, as well as overdose education. New codes for nasal and injectable naloxone. OTPs may conduct periodic assessments via two-way interactive audio-video communication technology. Starting in 2021 Medicare's Annual Wellness Visit and Welcome to Medicare Visit, among other screening services (e.g. depression, cognitive disorders) include a screening for substance use disorders, to facilitate early identification and treatment.

– Source: [Medicare.gov/coverage/ opioid-use-disorder-treatment-services](https://www.medicare.gov/coverage/opioid-use-disorder-treatment-services)

– Medicare also pays for certain mental health benefits that support beneficiaries with substance use disorders, including those found here: [www.medicare.gov/coverage/ mental-health-care-outpatient](https://www.medicare.gov/coverage/mental-health-care-outpatient).