

FIGHTING AMERICA'S OPIOID EPIDEMIC: PROVIDING SAFE SOLUTIONS FOR PAIN

6 POLICY FIXES THAT NEED YOUR SUPPORT

Prescription guidelines released in 2016 recommend nonopioid approaches for the long-term treatment of most pain conditions. Unfortunately, without key policy fixes these safe and effective alternatives will remain underused.

No American should put their health at risk in an effort to manage pain. Help us end the opioid epidemic by removing barriers to recommended alternatives such as physical therapist treatment.



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THE EPIDEMIC

Since 1999, Americans have increasingly been prescribed opioids. In some situations, dosed appropriately, prescription opioids are an appropriate part of medical treatment. However, opioid risks include depression, overdose, and addiction, plus withdrawal symptoms when stopping use.

IN 2012, HEALTH CARE PROVIDERS WROTE

259 PRESCRIPTIONS FOR OPIOID PAIN MEDICATION¹

That's enough for every American adult to have their own bottle of pills.

HEROIN DEATHS

SURPASSED GUN HOMICIDES IN 2015³

Eight years prior, gun homicides outnumbered heroin deaths more than 5 to 1.

1 in 3 LONG-TERM OPIOID USERS SAY THEY ARE ADDICTED OR PHYSICALLY DEPENDENT²

Opioid users' household members were even more likely to believe the opioid user would struggle to discontinue use.

4 in 5 NEW HEROIN USERS START BY MISUSING PRESCRIPTION PAINKILLERS⁴

Meanwhile, 60% of adults prescribed opioids have leftover pills.

THE CURE

In 2016, the CDC and the Surgeon General called for significant reductions to opioid prescriptions for the treatment of most pain conditions, citing risky side effects and a lack of evidence demonstrating that opioids are effective long-term.

"Experts agreed that opioids should not be considered firstline or routine therapy for chronic pain," the CDC guidelines state. Instead, prescribers should recommend nonopioid treatments, including physical therapy.

1. Centers for Disease Control and Prevention. Opioid Painkiller Prescribing. CDC Vital Signs. July 2014. <https://www.cdc.gov/vitalsigns/opioid-prescribing/index.html>. Accessed December 19, 2016.
2. Clement S, Bernstein L. One-third of long-term users say they're hooked on prescription opioids. Health & Science. The Washington Post. December 9, 2016. https://www.washingtonpost.com/national/health-science/one-third-of-long-term-users-say-theyre-hooked-on-prescription-opioids/2016/12/09/e048d322-baed-11e6-91ee-1adddfe36cbe_story.html?utm_term=.3136522f449d&wpisrc=al_alert-COMBO-hse%2Bnational. Accessed December 19, 2016.
3. Ingraham C. Heroin deaths surpass gun homicides for the first time, CDC data shows. Wonkblog. The Washington Post. December 8, 2016. https://www.washingtonpost.com/news/wonk/wp/2016/12/08/heroin-deaths-surpass-gun-homicides-for-the-first-time-cdc-data-show/?utm_term=.15bbc34001a8. Accessed December 19, 2016.
4. Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. Drug Alcohol Depend. 2013 Sep 1;132(1-2):95-100. [http://www.drugandalcoholdependence.com/article/S0376-8716\(13\)00019-7/abstract](http://www.drugandalcoholdependence.com/article/S0376-8716(13)00019-7/abstract). Accessed December 19, 2016.



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THE ROADBLOCKS

Despite new prescription guidelines, increased media attention, and ongoing public awareness efforts, safe alternatives to opioids remain largely out of reach for many Americans.

YOUR OPPORTUNITY

You have the power to slam the door on the opioid epidemic by eliminating barriers to recommended alternatives such as physical therapist treatment—an approach that treats pain through movement and exercise rather than just masking the sensation of pain.

Without these changes, opioids will remain a go-to “quick fix” for pain in spite of their dangerous side effects and long-term ineffectiveness.

Here are 6 things you can do:

1. REPEAL THE MEDICARE THERAPY CAP.

Repealing the Medicare therapy cap will ensure that all patients under Medicare will be able to access and receive the care they need from a physical therapist.

2. REMOVE FEDERAL AND STATE RESTRICTIONS THAT IMPEDE ACCESS TO A PHYSICAL THERAPIST.

Eliminate outdated and unwarranted restrictions tied to physical therapist services that are provided without a referral, both under Medicare and in the various state physical therapy licensure laws.

3. ENSURE COMPREHENSIVE INSURANCE COVERAGE FOR PHYSICAL THERAPIST SERVICES.

Ensure that insurance companies provide comprehensive coverage and payment for physical therapist services.

4. PROVIDE FOR FAIR PHYSICAL THERAPY COPAYS UNDER INSURANCE.

Patients with high copays for physical therapist services may turn to opioids as the cheaper and easier option for treatment of pain; providing for a reasonable copay for physical therapist services makes it easier to access a safe alternative treatment and can save costs in the long run.

5. ALLOW PHYSICAL THERAPISTS TO PERFORM TO THE FULL EXTENT OF THEIR EDUCATION AND TRAINING.

Physical therapists are educated at the doctoral level and provide treatment that uses a broad range of interventions; ensure that physical therapists can provide their full scope of services.

6. PROTECT PATIENT CHOICE OF THEIR PHYSICAL THERAPIST.

When receiving a referral, patients must have the ability to go to the physical therapist of their choice; not necessarily one the referring provider selects.



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The American Physical Therapy Association represents more than 95,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide.

Physical therapists improve physical function and treat pain through movement, rather than just masking the sensation of pain. Physical therapists can offer an alternative to opioids for long-term pain management and can provide services in conjunction with an opioid treatment plan, consistent with CDC guidelines.

Learn more about physical therapist treatment and APTA's **#ChoosePT** public education campaign at MoveForwardPT.com/ChoosePT.

