

# MAINE STATE LEGISLATURE

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PAUL H. SIGHINOLFI, ESQ.  
EXECUTIVE DIRECTOR/CHAIR

January 12, 2017

Eric Brakey, Senate Chair  
Patricia Hymanson, House Chair  
Committee on Health and Human Services  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

Amy Volk, Senate Chair  
Ryan Fecteau, House Chair  
Committee on Labor, Commerce, Research and Economic Development  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

Dear Senator Brakey, Representative Hymanson, Senator Volk, and Representative Fecteau:

After the Legislature deliberated and passed LD 1646, *An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program*, enacted as P.L. 2015, Chapter 488, this office was asked to study the use and effectiveness of opioids used in treating workplace injuries and the availability of alternative treatment. The stakeholders in workers' compensation were aware LD 1646 was having an impact on prescribers' practices and the exploration of alternatives before its effective date. In speaking with those in the stakeholder community, most believed a study in 2016 was too early. The areas you thought should be analyzed have been in transition because of the legislation. Data in our world matures very slowly. A study would be far more productive after the law takes effect to see how those in the medical community respond to the legislation in the context of workers' compensation obligations. In lieu of a taskforce, I went to the National Commission on Compensation Insurance (NCCI) and asked for their help in identifying opioid and benzodiazepine use in Maine workers' compensation over the last five years. First, I met and had telephone conference calls with NCCI staffers, Raji Chadarevian, Manager & Associate Actuary, Susan Schulte, Department of Labor Focus Lead, and Laura Backus Hall, CPCU, State Relations Executive. NCCI annually prepares a Medical Data Report for the state of Maine. Knowing they had available data, I sought their willingness to help the Workers' Compensation Board in providing you with a meaningful report on the use of opioids and benzodiazepines in our system. I am enclosing a copy of a report prepared by NCCI researchers for your review and consideration. I have secured authority from NCCI to share this report with you and your committee.

A national medical commentator on disability issues in the workplace has referred to workers' compensation as a "medically-driven legal system."<sup>1</sup> Because we deal with work injuries, it is

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<sup>1</sup> Jennifer Christian, MD

true there is a medical aspect to every claim. We all know opioid use has caused a medical crisis in the United States. The enclosed report is best summed up in the concluding remarks prepared by NCCI. We learn from the report opioids in the Maine workers' compensation system are in a mild decline. We learn further Maine has been paying about 30% less for opioids than the region.<sup>2</sup> Finally, the report tells us those in Maine who take opioids and benzodiazepines together, on average, receive fewer than those in the region. An analysis of the report demonstrates there were 4,644 cases reviewed. These are claims where prescriptions were written. Of those, 1,891, or 41% received an opioid prescription. Two hundred and forty-nine, or 5% received only a benzodiazepine prescription and 172, or 3.7% received prescriptions for both opioids and benzodiazepines. In 2015, those receiving opioids had, on average, five prescriptions per claim. Those being prescribed benzodiazepines received three prescriptions, and when a claimant was receiving both opioid and benzodiazepine prescriptions, they received a total of 12. The chart appearing on page seven of the report shows the usage percentage of opioids and benzodiazepines has declined slightly in the past year. The report tells us that of workers' compensation claimants who received at least one prescription in 2015, two in five were prescribed an opioid, and one in 19 was prescribed a benzodiazepine.

One of the more telling aspects of this report is Maine, as compared to the region, has been below the average in opioid-paid claims. In 2015, we were 23% below the region. Part of the reason for this is opioids in Maine workers' compensation were, in 2015, approximately 15% less expensive than the region.

When one analyzes the share of drug claims with at least one opioid prescription, Maine was slightly below the region and, over the last five years, the prescription per claim percentage has fluctuated. We learn further prescription practices in workers' compensation demonstrate Maine is below the region and has been for the last four years.

One of the more telling insights is a chart on page 22 addressing utilization changes by claim age. Under the provisions of our Workers' Compensation Act, there are durational limits on incapacity benefits. That is, if an employee is injured and incapacitated as a result of the injury, he is entitled to weekly indemnity benefits during the period of incapacity. As he recovers, however, the Act in some instances places a cap on the number of weeks benefits are paid. There is no comparable limit on medical care, including the provision of medication. As long as an injured worker continues to treat because of a work injury, medical benefits continue.<sup>3</sup> As a result, workers' compensation cases have what is called in the insurance industry, a "long tail." Charts on utilization changes by claim age demonstrate, in very gross terms, years after the date of injury, the injured worker continues to receive opioids. Claims older than 16 years show an increase on a percentage basis of the use of opioids. The chart that shows utilization changes by claim age share of dollars paid demonstrates claims greater than 11 years old are major cost drivers in Maine workers' compensation.

In discussing the results of this analysis with the NCCI staff, it is clear opioids play an important role in the treatment of workers' compensation claimants. It is not uncommon for an injured worker to be in acute pain at the time of injury and receive an opioid prescription. It appears

<sup>2</sup> For purposes of this report, the region is defined as the New England states except Massachusetts (Massachusetts is not an NCCI state).

<sup>3</sup> There are a few technical reasons these benefits would cease. The most common is when a claim settles.

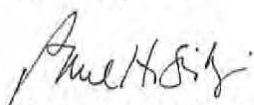


trends going forward show a reduction in the use of opioids in recent cases. Unlike the patient suffering from a non-work-related injury, workers' compensation, because it is so heavily regulated, has controls from employers, insurance carriers, and their affiliates that are now more carefully monitoring pharmaceutical use.

I hope this letter and the attached report are helpful to your committees. Now that the essential aspects of LD 1646 are in effect, the Board is better able to convene a group of stakeholders to address the impact of the legislation when compared to the established data and explore the use of alternate treatment modalities.

I am available if there are questions.

Very truly yours,



Paul H. Sighinolfi, Esq.  
Executive Director/Chair

Enclosure

cc: Senator Benjamin Chipman  
Senator Roger Katz  
Representative Paul Chace  
Representative Dale Denno  
Representative Scott Hamann  
Representative Frances Head  
Representative Colleen Madigan  
Representative Richard Malaby  
Representative Jennifer Parker  
Representative Anne Perry  
Representative Deborah Sanderson  
Jill LaPlante, Committee Clerk  
Senator Shenna Bellows  
Senator Brian Langley  
Representative Susan Austin  
Representative Dillon Bates  
Representative Donna Doore  
Representative James Handy  
Representative Lawrence Lockman  
Representative Anne-Marie Mastraccio  
Representative Joel Stetkis  
Representative Michael Sylvester  
Representative Karen Vachon  
Diane Steward, Committee Clerk



## **Maine Opioid and Benzodiazepine (Benzo) Report**

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# Agenda

- Maine combatting opioid abuse
- Usage of opioids and benzos in Maine
- Comparison with the region
  - Concurrent use of opioids and benzos
- Development of opioid usage



## LD 1646 and the Opioid Epidemic

- LD 1646, enacted in April of 2016, limits opioid scripts to a daily dose of 100mg of morphine.
- News reports suggest LD 1646 was signed into law by the governor after meeting with the widow of a man who was overprescribed opioids following a workplace injury.
- “Approximately 75% of heroin addicts started with prescription opioid medications” – Office of Governor LePage.

Source: <http://www.lexology.com/library/detail.aspx?g=55d92e53-e4e5-49c6-8d18-ab372a861fc4>





## Methodology and Data

- Data Source: Prescription drug data from the NCCI Medical Data Call for Service Years 2011 to 2015 for Maine, Connecticut, New Hampshire, Rhode Island, and Vermont.
- Prescription drug data represents 4.1% of overall workers compensation costs in Maine and excludes self insured employers.
- When determining average prices per unit, an algorithm was used that compared derived units with reported units. If warranted, certain data elements were excluded from portions of the analysis.





# Usage of Opioids and Benzos in Maine

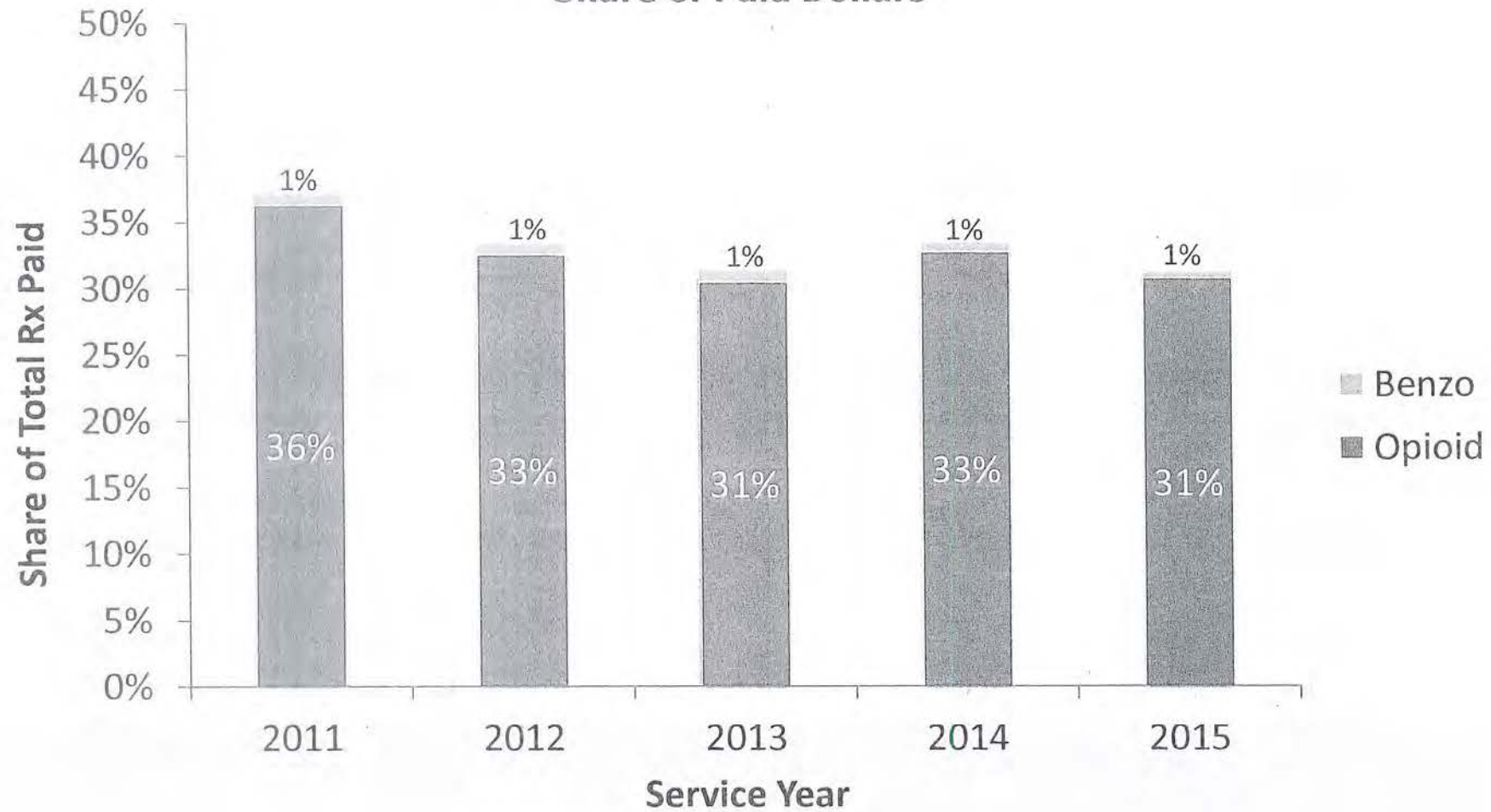
# Current Usage of Opioids and Benzodiazepines in Maine

Service Year (SY) 2015	Opioid	Benzo	Opioid & Benzo	Total Rx
1) Number of Claimants <i>Percent of Claimants with at least one...</i>	1,891 41%	249 5%	172 4%	4,644 100%
2) Number of Scripts <i>Percent of Total Scripts</i>	8,779 33%	766 3%	2,021 7%*	26,986 100%
3) Total Paid (\$000) <i>Percent of Total Rx Paid</i>	\$1,250 31%	\$22 1%	\$288 7%*	\$4,065 100%
4) Scripts per Claim (2)/(1)	5	3	12	6
5) Paid per Claim (3)/(1)	\$661	\$89	\$1,672	\$875

**\*Note:** 7% of scripts and paid Rx dollars went to claimants who had both opioids and benzos during the year.

# Usage of Opioids and Benzodiazepines in Maine

Share of Paid Dollars



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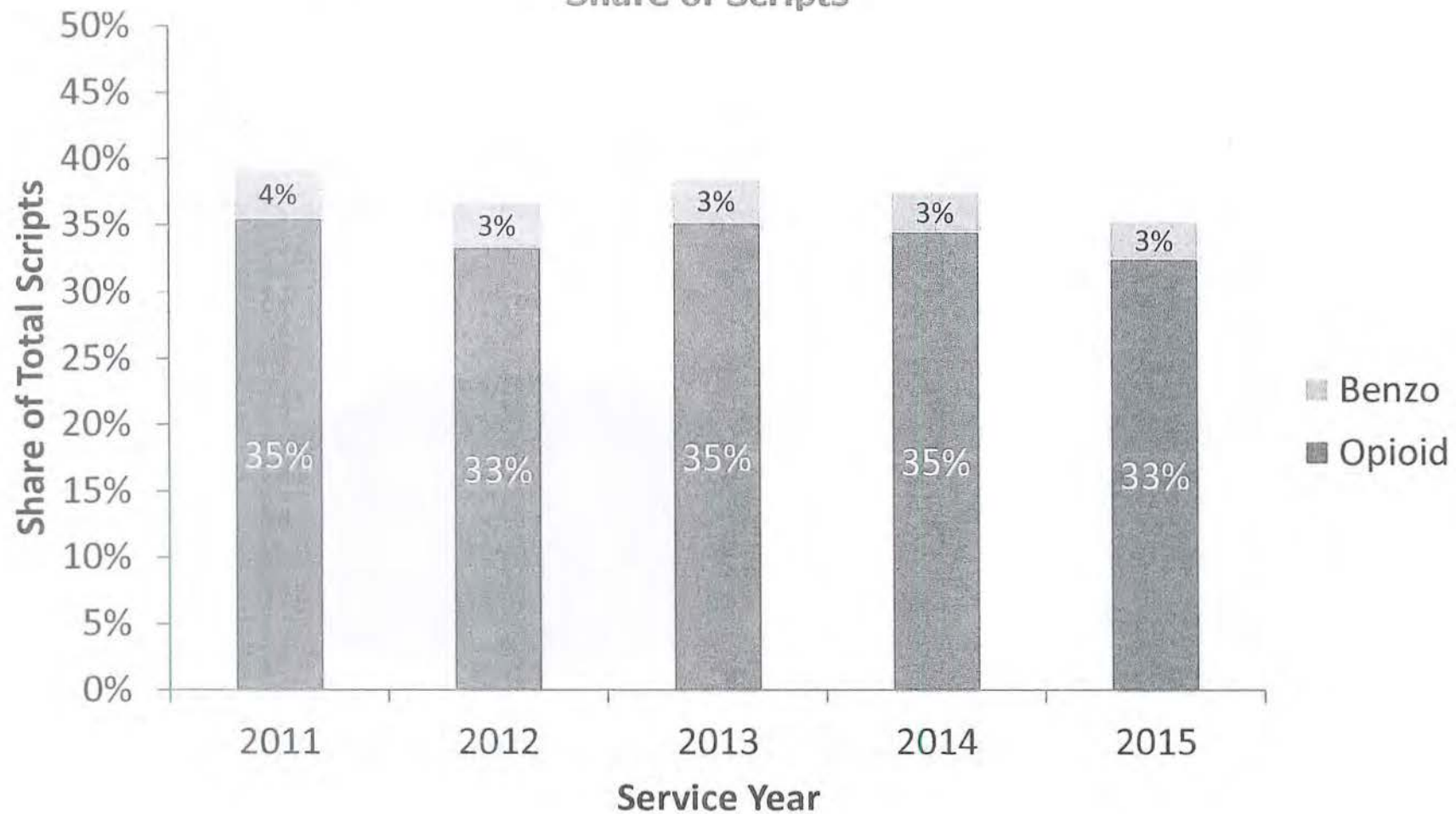
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# Usage of Opioids and Benzodiazepines in Maine

Share of Scripts



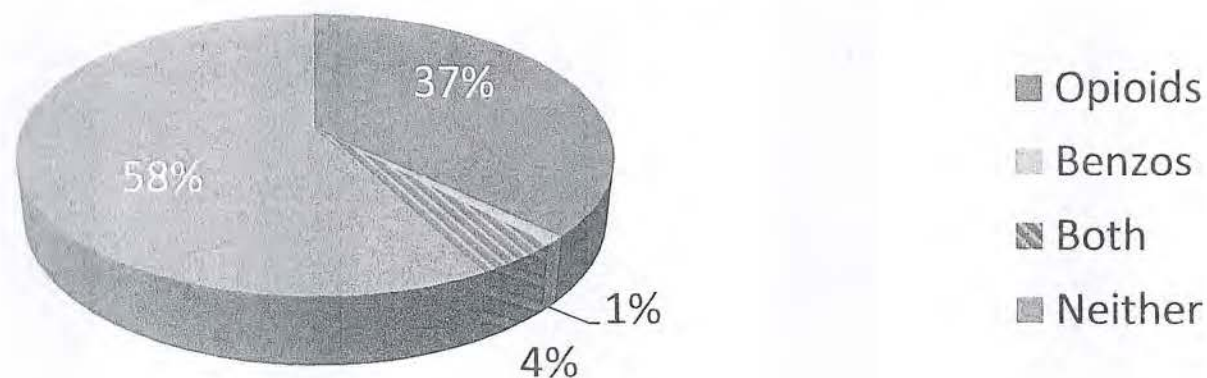
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# Current Usage of Opioids and Benzodiazepines in Maine

## Claim Distribution – Service Year 2015



- Of claimants with at least one script in 2015:
  - 2 in 5 were prescribed an opioid
    - 1/10 of these were also prescribed a benzo
  - 1 in 19 were prescribed a benzo

## Current Rx Drug Usage in Maine

### Script Counts

Service Year 2015	Opioid Claim	Benzo Claim	Opioid and Benzo Claim	All Rx Claims
Avg. number of opioid or benzo scripts	4.6	6.7	11.8	2.0
	+	+	+	+
Avg. number of non-opioid and non-benzo scripts	5.2	13.5	12.6	3.8
	=	=	=	=
Avg. number of scripts	9.8	20.2	24.4	5.8

- For Maine, claimants with at least 1 opioid script had about 10 scripts in 2015.
- Approximately 1 of every 3 scripts was for an opioid or benzo.



# Current Rx Drug Usage in Maine

Paid Dollars

Service Year 2015	Opioid Claim	Benzo Claim	Opioid and Benzo Claim	All Rx Claims
Avg. paid for opioids and benzos	\$662	\$1,126	\$1,687	\$273
	+	+	+	+
Avg. paid for non-opioids and non-benzos	\$898	\$2,500	\$2,559	\$602
	=	=	=	=
Avg. Paid	\$1,560	\$3,626	\$4,246	\$875

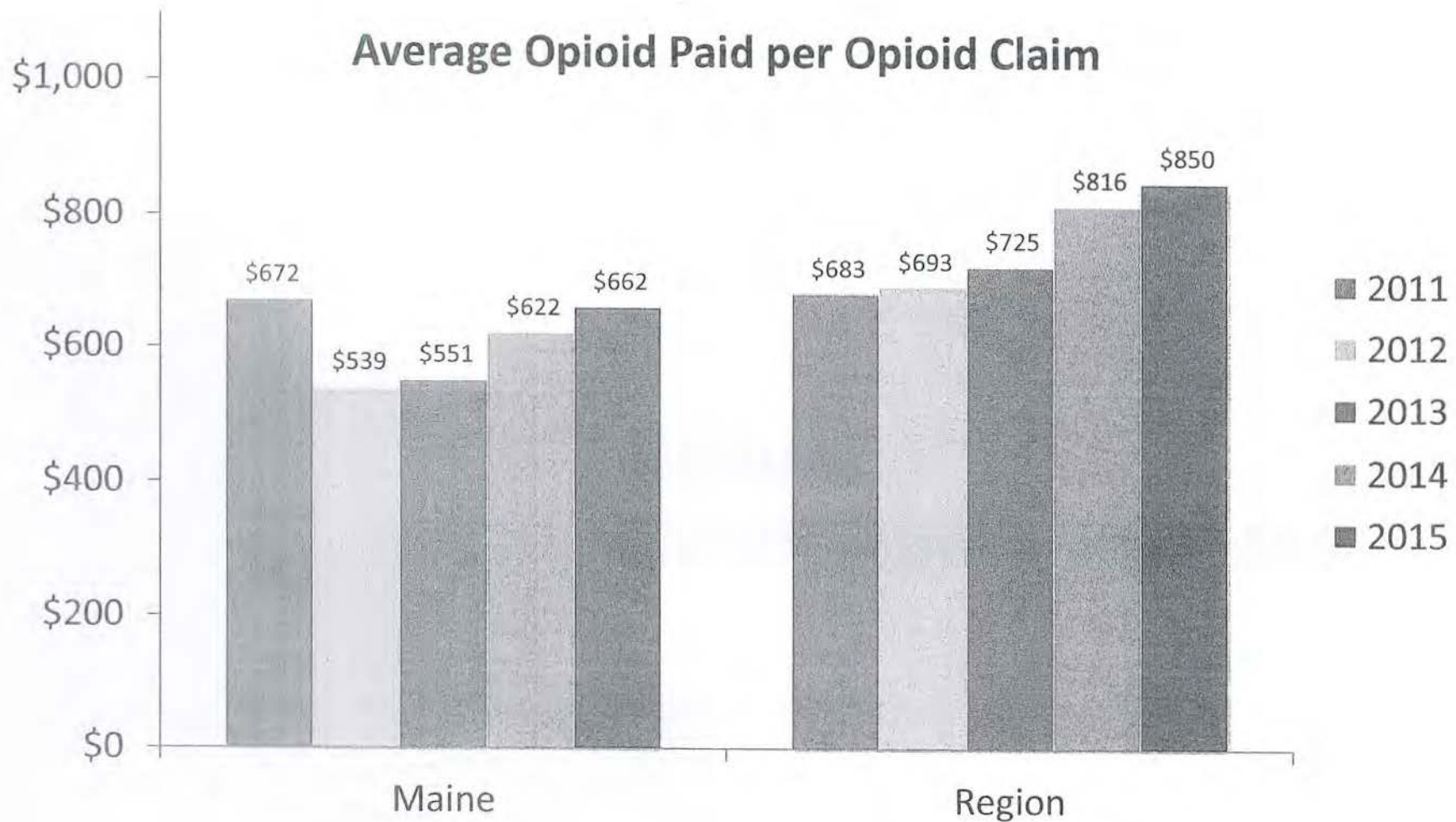
- For claimants with an opioid script about 42% of drug dollars were for opioids.
- For claimants with a benzo script about 31% of drug dollars were for benzos.



## **Comparison with the Region**

# Changes Over Time by Service Year

## Maine vs. Region



**Note:** The region contains states CT, NH, RI, and VT.

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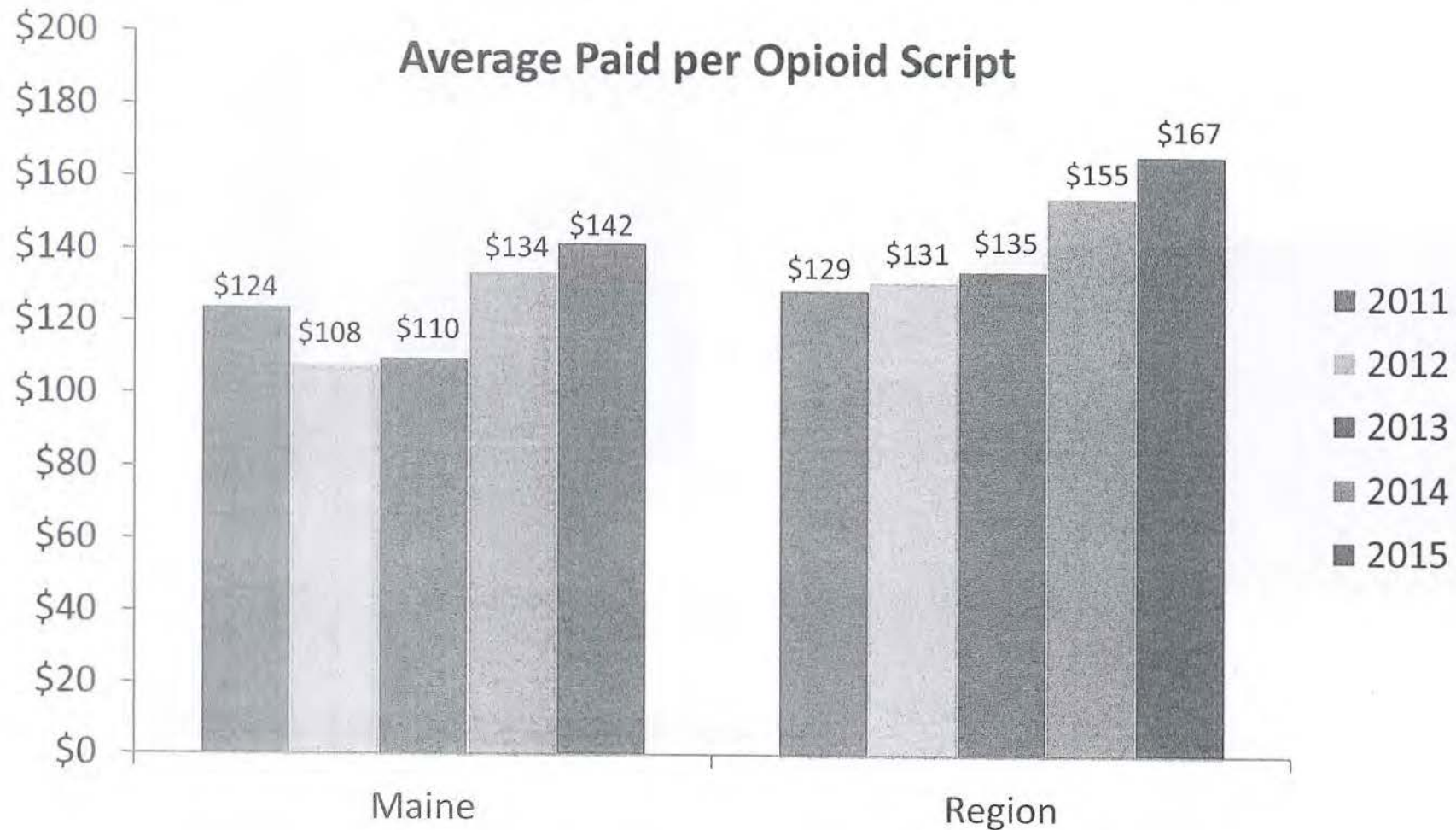
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# Changes Over Time by Service Year

## Maine vs. Region



**Note:** The region contains states CT, NH, RI, and VT.

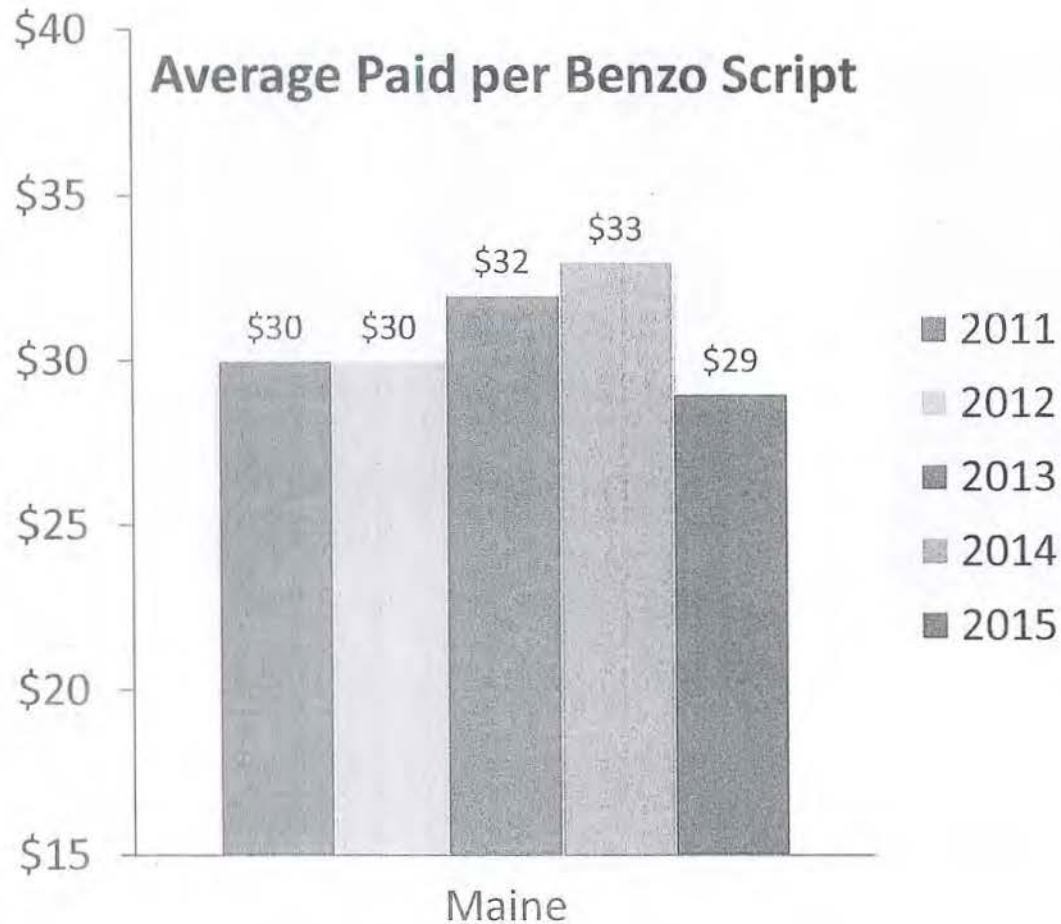
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# Changes Over Time by Service Year

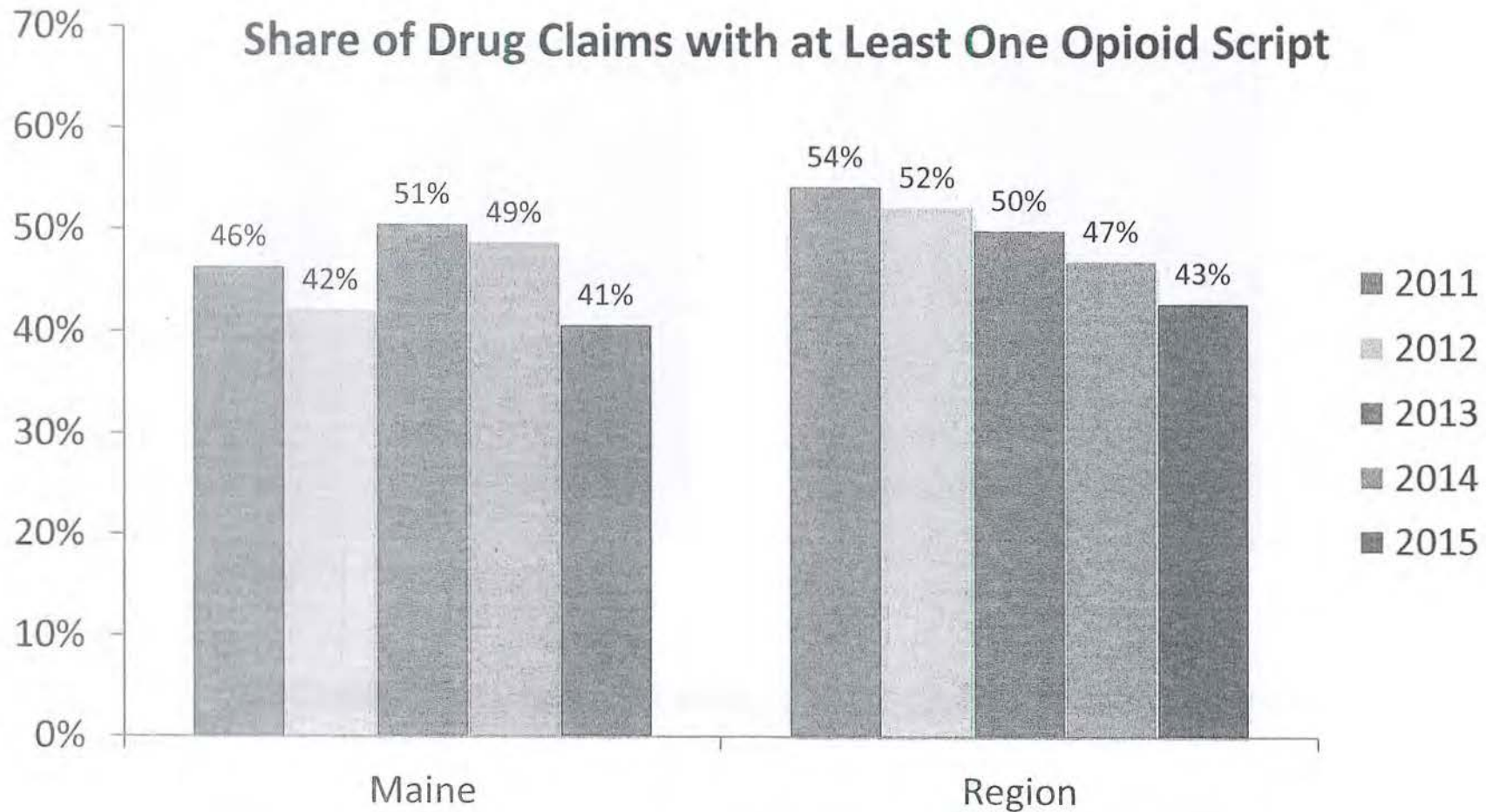
Average Paid per Script



■ The average cost of benzos shows a different pattern when compared with opioids.

# Utilization Changes

Maine vs. Region



**Note:** The region contains states CT, NH, RI, and VT.

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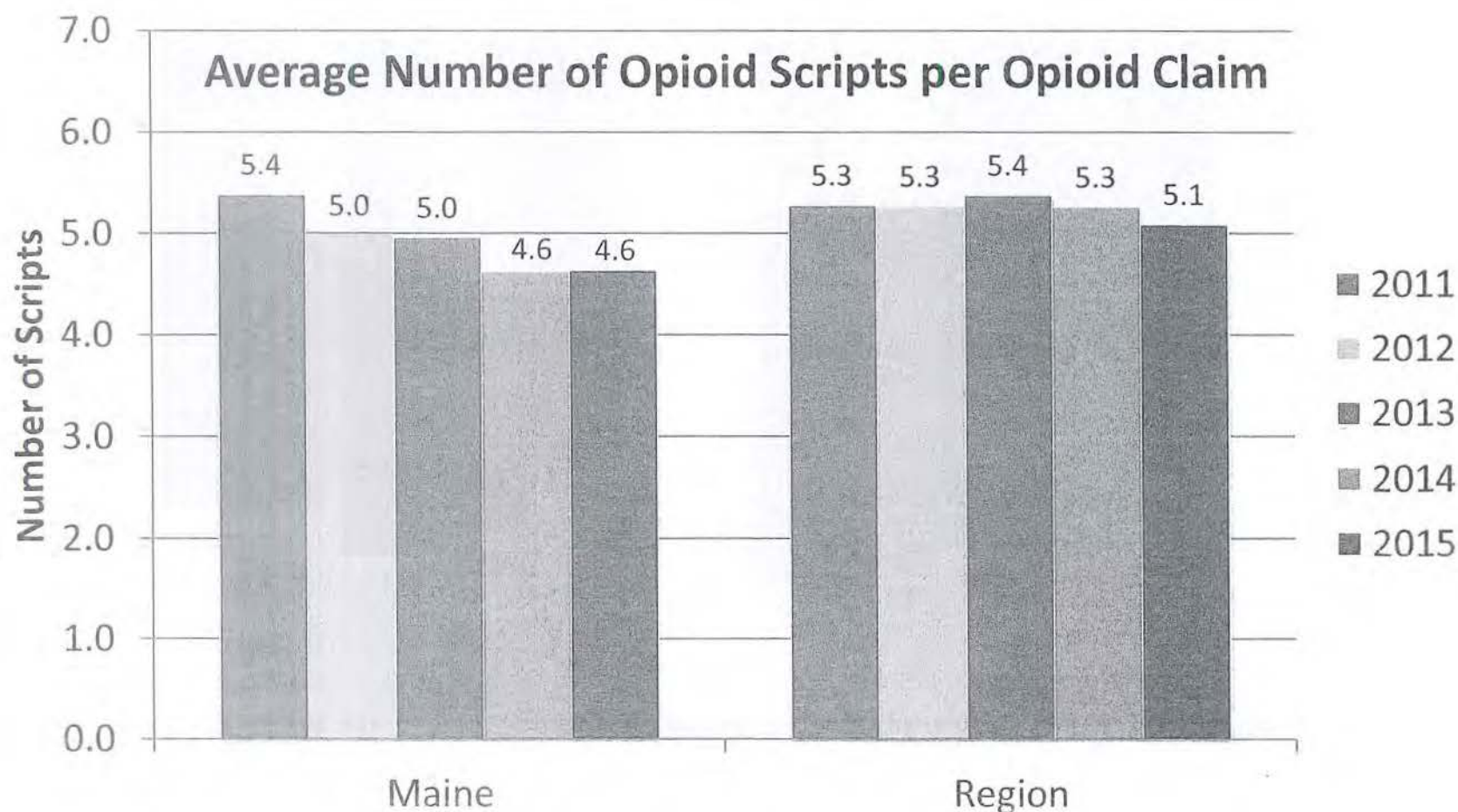
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# Utilization Changes

Maine vs. Region



**Note:** The region contains states CT, NH, RI, and VT.

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# Comparisons

## Maine vs. Region

Service Year 2015	Maine	Region (CT, NH, RI, VT)
1) Share of claims with at least one opioid	41%	43%
<i>Share of Scripts for an opioid</i>	33%	32%
2) Share of claims with at least one benzo and one opioid script	4%	5%
<i>Share of total opioid and benzo scripts received</i>	21%	29%
3) Average opioid paid per opioid claim	\$662	\$850

- In Maine, claimants receiving at least one benzo and one opioid receive proportionally less scripts, possibly lowering the risk of overdose.
- In the past 4 years, the average opioid paid per opioid claim in Maine is approximately 30% below the regional average.

# Utilization Changes

## Concurrent use of Opioids and Benzos

- According to a report published by the British Medical Journal (BMJ) “benzodiazepines enhance the effects of opioid painkillers, which means this drug combination has a high potential for abuse.”
- “The BMJ study found that, of 2,400 veterans in the study’s population who died because of a drug overdose while taking opioid painkiller prescriptions, 49 percent had been concurrently prescribed benzodiazepines.”

Source: <http://americanaddictioncenters.org/prescription-drugs/dangers-of-mixing/>

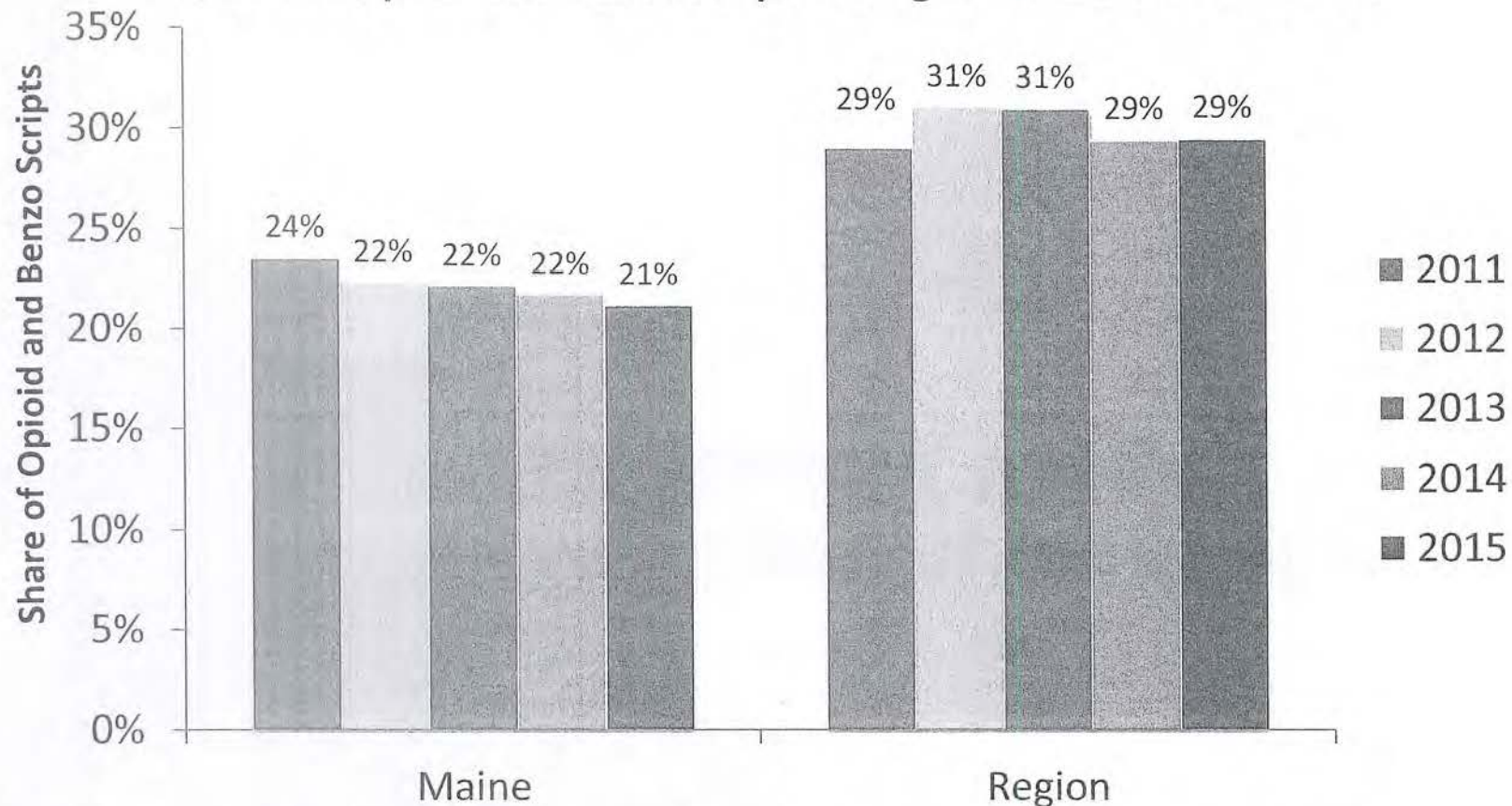




# Utilization Changes

Maine vs. Region

## Share of Opioid and Benzo Scripts Going to Claims that Had Both



**Note:** On average, for those who are prescribed both, those in Maine were prescribed proportionally fewer opioids and benzos relative to other drugs that were prescribed.

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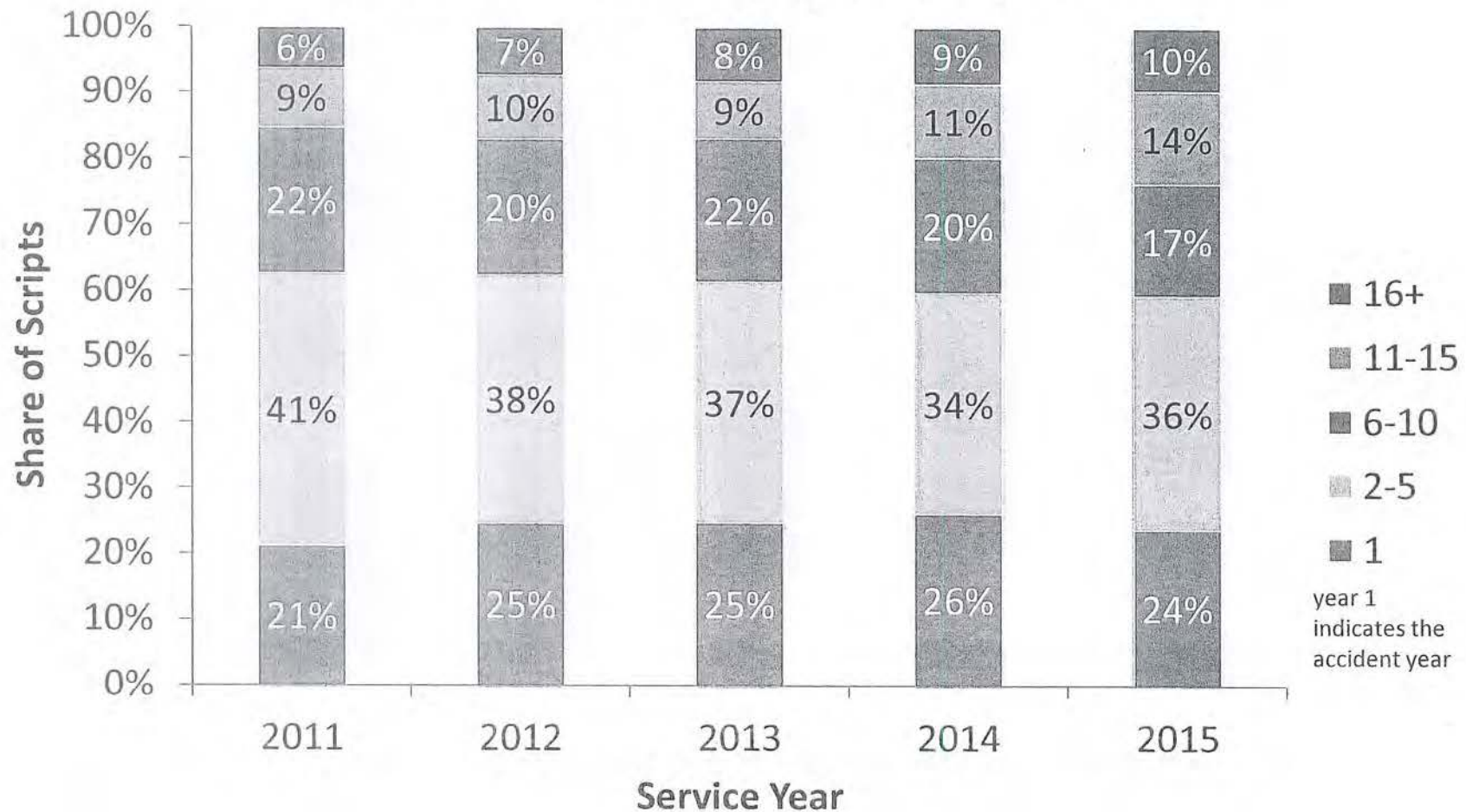


# Development of Opioid Usage

# Utilization Changes by Claim Age

Share of Scripts

## Distribution of Scripts by Age of Opioid Claim



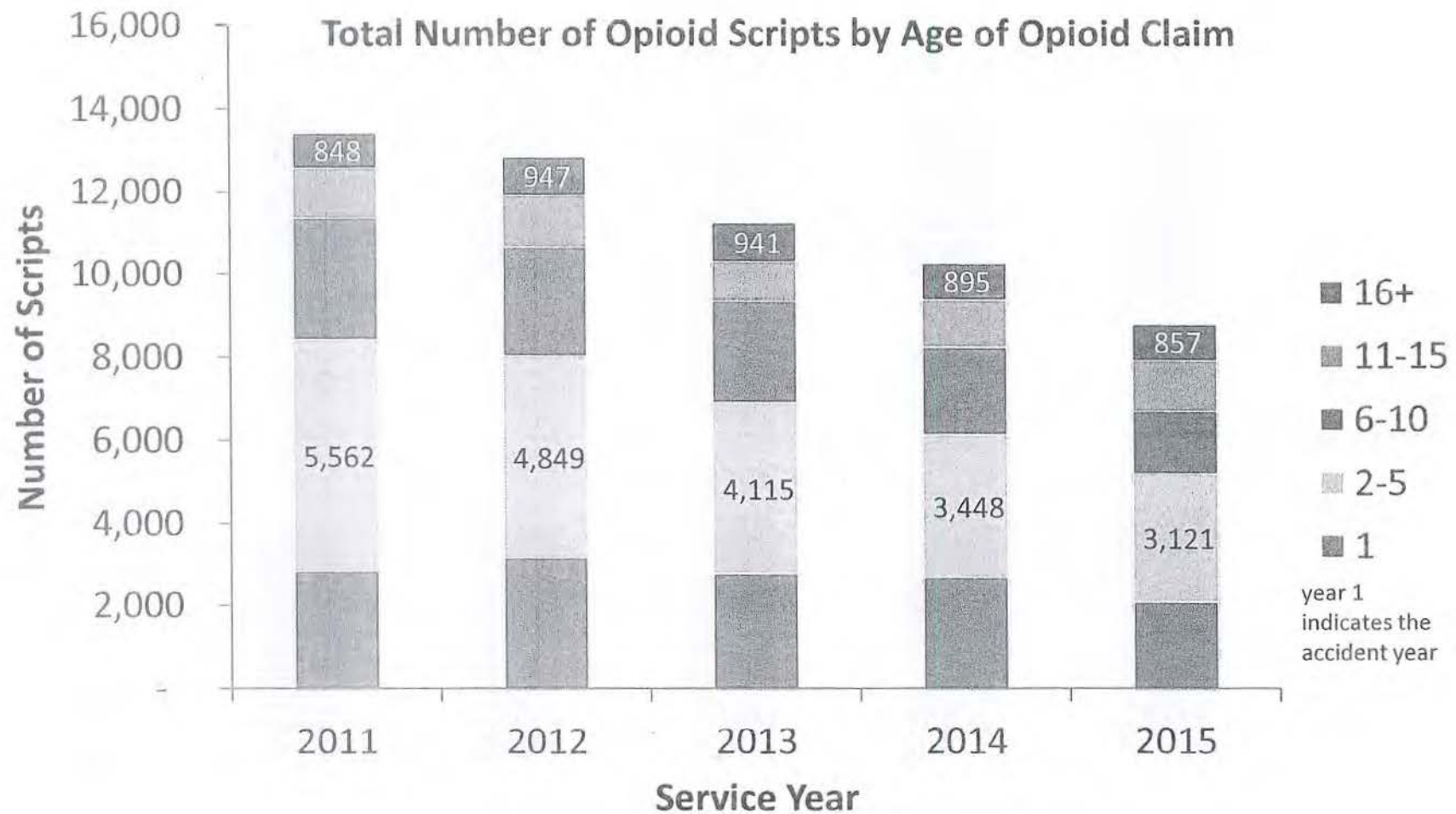
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# Utilization Changes by Claim Age



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# Utilization Changes by Claim Age

Share of Paid Dollars

Distribution of Paid by Age of Opioid Claim



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## Concluding Remarks

- According to the script data the utilization of opioids in Maine's workers compensation system is on a mild decline.
  - The bulk of this decline is from claims that are within 2-10 years old.
- Maine has been paying about 30% less for opioids than the region in Service Years 2011 to 2015.
- Those who take opioid and benzos together, on average receive less opioids and benzos than those in the region.



## References

- Smith, Elizabeth C. "Will The New Maine Opiate Control Law Impact the Workers." Will The New Maine Opiate Control Law Impact the Workers' Compensation System? - Lexology. Verrill Dana LLP, 19 Sept. 2016. Web. 16 Nov. 2016.
- "Dangers of Mixing Opiates & Benzos: Vicodin, Xanax, Oxycodone, Valium." *American Addiction Centers*. N.p., n.d. Web. 16 Nov. 2016.

