



OFFICE of INSPECTOR GENERAL
NATIONAL RAILROAD PASSENGER CORPORATION

SAFETY AND SECURITY:

Expanded Random Drug Testing Could Help Further Detect and Deter Prescription Opioid Misuse


OIG-A-2021-003 | October 27, 2020

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Memorandum

To: Qiana Spain
Executive Vice President/Chief Human Resources Officer

From: Jim Morrison 
Assistant Inspector General, Audits

Date: October 27, 2020

Subject: *Safety and Security: Expanded Random Drug Testing Could Help Further Detect and Deter Prescription Opioid Misuse (OIG-A-2021-003)*

Millions of Americans use prescription opioids to manage pain from surgery, injury, or illness.¹ These types of drugs can be an effective treatment but can also cause impairment and lead to dependence, addiction, and overdose. In 2018, prescription opioids contributed to nearly 15,000 overdose deaths nationwide. Amtrak (the company) recognizes that its employees may use these prescriptions. Employees who work while impaired, however, may react slowly in emergencies, potentially leading to injuries or fatalities that could result in financial losses and reputational damage for the company. In 2016, for example, a company train collided with a backhoe near Chester, Pennsylvania, resulting in two employee fatalities and injuries to 39 passengers and train crew. One of the deceased employees, a track supervisor, had prescription codeine and morphine in his system.²

Accidents like this punctuate the seriousness with which the company views drug-related safety risks. The company restricts employees in some safety-related positions, such as locomotive engineers and conductors, from taking medications that could impair them before or during work. In addition, the company quickly implemented the recommendations we made in a March 2019 report and further strengthened its controls over illicit and prescription drug and alcohol use.³ For example, the company changed its policy from requiring employees to self-report their use of any prescription drugs to the Human Resources department—an inherently weak control that few

¹ Examples include hydrocodone (Vicodin®), hydromorphone (Dilaudid®), and oxycodone (Percocet® and OxyContin®).

² National Transportation Safety Board, *Amtrak Train Collision with Maintenance of Way Equipment: Chester, PA, April 3, 2016* (NTSB/RAR-17/02), November 14, 2017.

³ *Safety and Security: Opportunities to Improve the Effectiveness of Controls for Detecting Drug- and Alcohol-Related Issues of Employees in Safety-Sensitive Positions* (OIG-A-2019-005), March 13, 2019.

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employees followed and the company had difficulty enforcing—to publishing a restricted medication list to inform employees about their responsibilities for avoiding potentially impairing drugs before or during work.

Given the prevalence and significance of prescription opioid misuse nationwide, as well as the company’s new guidelines, our objective for this report is to assess (1) the extent to which the company’s employees who perform safety-related work are at risk for prescription opioid impairment and misuse and (2) the company’s efforts to detect and deter this risk. Although the company is shifting focus on some priorities in response to the COVID-19 pandemic, safety programs such as drug and alcohol testing remain a top priority.

For the purposes of our analysis, we focused on 11,356 company employees who performed safety-related work:

- all positions regulated by the Department of Transportation (DOT), such as locomotive engineers, conductors, maintenance-of-way employees, and train dispatchers
- most other positions covered by collective bargaining agreements, such as sheet metal mechanics, train attendants, and yardmasters⁴

To assess the extent to which these employees are at risk of potential impairment or misuse of these drugs, we analyzed their prescription and medical claims from fiscal year (FY) 2019. To ensure that the data could not be linked back to a specific employee, we used “de-identified” claims data that did not include individually identifiable

⁴ Because the company does not have an official definition of safety-related work, we defined a series of safety-related positions based on interviews with Human Resources officials and transportation safety experts, federal regulations, comparable industry practices, and one of the company’s occupational safety screening policies. The company agreed that this approach was reasonable. For more information on how we defined safety-related positions, see Appendix A.

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health information such as employee names, birthdates, or social security numbers.⁵ The claims data we used included only those employees who were enrolled in the company's health benefits plan, which covered approximately 90 percent of employees in safety-related positions.

To assess the company's actions to detect and deter misuse, we focused on two main tools the company has available: its random drug testing program and the capabilities that its health benefit administrators have to monitor prescription patterns of members and prescribing health care providers. Both have broad reach and play integral roles in maintaining a safe work environment. For additional details on our scope and methodology, see Appendix A. Although we limited our scope to employees in safety-related positions, we are also providing analyses of prescription opioid use for all company employees to offer the company a broader perspective of the extent of the issue. For these analyses, see Appendix B.

SUMMARY OF RESULTS

We found that, in FY 2019, a total of 113 employees in positions we defined as safety-related filled opioid prescriptions in ways that indicate they may be at risk for misuse.⁶ This includes 42 employees who had prescriptions for the equivalent of at least 10 tablets per day of Vicodin[®] for at least 3 months, which, according to the Centers for Disease Control and Prevention (CDC), doubles a patient's risk of an overdose. In addition, the company's random drug testing program does not effectively identify all employees who pose such drug-related safety risks—both to themselves and others. Furthermore, nearly 10 percent of employees in safety-related positions

⁵ We used prescription and medical claims data that were de-identified under 45 C.F.R. § 164.514(a) and (b). That is, the information we received did not contain any of the 18 types of identifiers provided under 45 C.F.R. § 164.514(b)(2)(i), and there was no ability to identify a specific individual under § 164.514(b)(2)(ii) based on the data provided. Under the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, "de-identified data" are not considered to be individually identifiable health information and are not bound by HIPAA regulations and restrictions under 45 C.F.R. 164.502(d). Nonetheless, the data provided during this audit met the "minimum necessary" standard under 45 CFR 164.502(b) and 164.514(d). As a result, the audit team did not use, possess, or analyze any protected health information at any time. See Appendix A for details on how we complied with federal requirements for using protected health information.

⁶ We based this analysis on the CDC's *Guideline for Prescribing Opioids for Chronic Pain*, March 2016.

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(1,157 employees) filled opioid prescriptions while they were in active service.⁷ Any of these employees who did not follow the company's restrictions on when they can use these prescriptions were at risk of impairment while on duty.

The company does not know the extent to which prescription opioids pose safety risks because it limits its random drug testing program to DOT's minimum requirements for determining which employees to test and which drugs to include. DOT permits rail carriers to test more employees and test for more drugs than its regulations require. The company, however, has not assessed its workforce to determine which additional positions it deems to be safety-related, whether to add these positions to its testing, or whether it is testing for the most relevant prescription opioids.

Company managers told us they see value in expanding the random testing program but said that doing so would require union approval for any positions covered by collective bargaining agreements. These agreements will become eligible for renegotiation in 2021, and the company is in the process of developing a negotiating strategy. Including an effective strategy for negotiating expanded drug testing in this process is a key step toward advancing the company's efforts to mitigate the safety risks that employees misusing opioids pose to themselves, their coworkers, and the traveling public.

The Benefits group in the company's Human Resources department⁸ does not require its health benefit administrators, including CVS/Caremark and Aetna, to report key information it could use to supplement the company's other programs to detect and deter prescription opioid misuse. The company's benefit administrators have data identifying employees who are at risk for misuse and abuse, but federal law prohibits them from providing these data to the company.⁹ Benefit administrators, however, are able to provide detailed summary data and metrics, such as prescription patterns they detect, trends in specific opioid risk factors, and the number and status of interventions

⁷ We removed employees whose opioid prescriptions fell entirely within a leave of absence periods from our analysis because employees with these prescriptions were not reporting to work and did not present a safety risk to the company. For our full scope and methodology, see Appendix A.

⁸ The Benefits group in the Human Resources department operates the company's health benefits plan. The health benefit administrators have the capability to report to this group under the constructs of applicable regulatory and fiduciary requirements including HIPAA, Department of Labor, and the Employee Retirement Income Security Act of 1974.

⁹ HIPAA prevents health insurers from sharing members' protected health information with employers, such as the identity of members who are prescribed opioids or those who are at risk for opioid use disorder or overdose.

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the administrators have taken. Access to this information would allow the Benefits group to provide useful information and guidance to the company as it makes decisions on how to strengthen its own efforts to detect and deter misuse.

Accordingly, we recommend that the company assess its workforce and identify all positions in which employees' use of prescription opioids could impair their ability to safely perform job-related tasks. We also recommend that the company identify whether additional prescription opioids are of substantial concern for safety-related work. We recommend that the company then develop a strategy to negotiate with unions to expand its random drug testing program to cover these additional positions and any additional opioids. In addition, we recommend that the Benefits group identify and require benefit administrators to provide additional data, subject to U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, that would help support effective decision-making.

In commenting on a draft of this report, the Executive Vice President/Chief Human Resources Officer agreed with our recommendations and identified specific actions the company plans to complete by December 31, 2021, to implement them. These include identifying all positions the company considers to be safety-related, identifying whether additional prescription opioids are of substantial concern for safety-related work, and developing a strategy to negotiate with unions to expand random drug testing to cover these additional positions and any additional opioids. In addition, the Benefits group will establish regular meetings with the company's benefit administrators to discuss industry trends and insights from their prescription opioid and substance abuse initiatives to support company efforts to detect and deter prescription opioid misuse. For management's complete response, see Appendix C.

BACKGROUND

Physicians often prescribe opioids for short-term treatment of pain following surgery or injury. In recent years, they have increasingly prescribed opioids to treat chronic pain, such as lower back pain and arthritis. Most patients who use these prescriptions to treat chronic pain use them responsibly; however, the National Institute on Drug Abuse reports that about 25 percent of patients misuse them, and 10 percent develop an opioid use disorder—a problematic pattern of use leading to misuse, abuse, dependence, and addiction. The extent to which patterns in the general population are mirrored in the company's employee population would present safety risks.

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The main tool the company uses to detect and deter drug use is its drug testing program, which the Human Resources department administers. Key pillars of this program are the company's "zero tolerance" policy for impairment in the workplace and its practice of terminating any active employee who tests positive for illicit drug use.¹⁰ The company also restricts some employees in safety-related positions from using prescription opioids within 8 or 12 hours before reporting to work, depending on the medication, or while working, in order to help ensure that they are free from any potential impairment.

The random drug testing program also serves as an important tool for detecting employees whose use of these prescriptions poses safety risks. Because these prescriptions have legitimate medical purposes, the company's Medical Review Officer—an independent licensed physician—reviews any employee drug test that shows opioid use to determine whether the employee's use was medically appropriate. If an employee tests positive for a substance and does not have a medically valid prescription, the Medical Review Officer will report the positive test to the company. Depending on the purpose of the test, the company may either terminate that person or refer them for substance abuse assessment, treatment, require them to undergo follow-up testing.¹¹ In addition, if the officer determines that an employee's use is medically appropriate but still presents a safety risk, the company requires the officer to notify the company. For example, the officer will send a letter to the company identifying an employee who meets any of the following criteria:

- The employee tests positive for multiple prescription drugs at once.
- The employee has an opioid concentration that is inconsistent with the prescription the employee provides.
- The employee provides an outdated prescription.

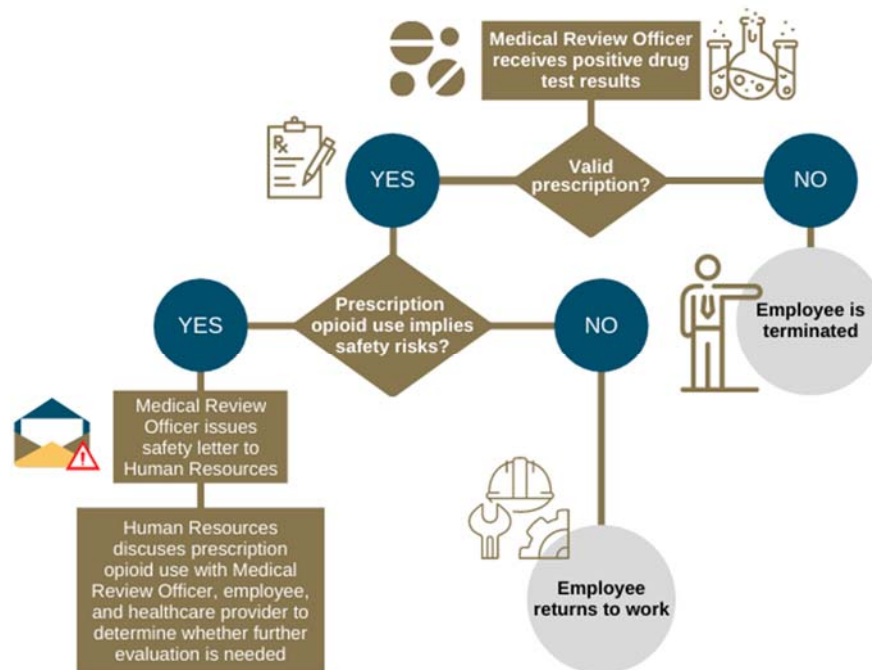
The company can then follow up with the Medical Review Officer, employee, and employee's physician to determine whether to take further actions to mitigate any safety risks. This could include referring the employee to the company's Employee Assistance Program or recommending that the employee undergo an external medical evaluation. Figure 1 shows this process.

¹⁰ *Drug- and Alcohol-Free Workplace Program*, P/I 7.3.5, January 1, 2020.

¹¹ Return to Duty tests required after a medical leave of absence do not result in termination after a first offense.

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Figure 1. Steps the Medical Review Officer and Company Take When an Employee Tests Positive for Prescription Opioids



Source: OIG analysis of interviews with company officials

The company's random drug testing program must comply with the requirements in DOT's regulations for rail carriers. These regulations require all rail carriers to randomly test their employees in several safety-related positions, including locomotive engineers, conductors, train dispatchers, and maintenance-of-way employees.¹² The regulations also require rail carriers to test these employees for certain prescription opioids—codeine, morphine, hydrocodone, hydromorphone, oxycodone, and oxymorphone—and other substances.¹³ DOT permits rail carriers to expand their random drug testing programs to include employees in non-regulated positions and additional drugs. If the company chooses to expand any aspect of its random testing program to agreement employees—either the employees it tests or the drugs it tests for—it must negotiate those changes with the affected unions. But the company can unilaterally implement new drug testing rules for management employees, who are not

¹² In 2017, DOT updated its regulations to require testing of maintenance-of-way employees (49 CFR Part 219).

¹³ In 2018, DOT added hydrocodone, oxycodone, hydromorphone, and oxymorphone to the screening panel. *Department of Transportation 5 Panel Notice*, effective January 1, 2018.

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covered by union agreements, and it has developed and implemented a separate random testing program for management employees who administer the company's safety programs.

In addition to its detection and deterrence efforts, the company operates a multi-pronged substance abuse prevention program to help maintain a safe and drug-free work environment while protecting employees' health. This program incorporates research-supported prevention practices, responsible employee decision making, and a nationwide network of trained peer volunteers. The company encourages employees to seek information, education, and resources to prevent the consequences associated with drug misuse.

The Benefits group in the Human Resources department also manages the company's health benefits plan, which covers prescription drugs. The company contracts with Aetna to administer its health benefits and CVS/Caremark to administer its pharmacy benefits for most employees in safety-related positions.¹⁴ As part of their services to members (company employees and their dependents), Aetna and CVS/Caremark have programs that detect potential misuse and abuse among members and deploy interventions when they see red flags such as concurrent opioid prescriptions from multiple health care providers or combinations of drugs that raise the risk of overdose. Interventions can include sending letters to members and health care providers to better coordinate care or encouraging providers to adhere to safer prescribing practices.

SOME EMPLOYEES ARE AT RISK FOR PRESCRIPTION OPIOID MISUSE, OVERDOSE, AND IMPAIRMENT

Some employees in positions we identified as safety-related filled opioid prescriptions in ways that heighten their risk for misuse and overdose. Our analysis of prescription and medical claims data found that, in FY 2019, a total of 113 of the 11,356 employees in safety-related positions filled these prescriptions in ways that CDC guidelines indicate could put them at risk for misuse, including developing an opioid use disorder,

¹⁴ The company also contracts with Cigna to administer health benefits for management employees and with Tufts Health Plan to administer health benefits for agreement employees who live in Massachusetts.

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or overdose.¹⁵ For example, one conductor in the northeast overdosed on opioids at the beginning of FY 2019; CDC guidelines suggest that this put the employee at risk for a future overdose. In the same year, that conductor filled seven subsequent prescriptions for oxycodone—one of the most potent prescription opioids available. Because we were using de-identified data, we could not assess the actions, if any, that the employee’s health care providers or benefit administrators took to mitigate the risk of another overdose or any of the risks associated with the indicators below. When we asked CDC officials about this example, however, they told us it is highly unusual for someone to receive subsequent prescriptions for a drug like oxycodone following an overdose.

¹⁵ CDC developed its guidelines for physicians to consult before prescribing opioids, but we did not have access to the information necessary to verify whether a physician consulted the guidelines or a health benefit administrator detected potential misuse and intervened. In addition, we removed 38 employees with diagnoses for cancer or sickle-cell anemia from our analysis because these illnesses are generally associated with different prescribing patterns. For our full scope and methodology, see Appendix A.

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These 113 employees met one or more of the following CDC indicators for potential prescription opioid use disorder or overdose:¹⁶



Co-prescriptions with benzodiazepines. We found that 68 employees also had prescriptions for benzodiazepines. Benzodiazepines, which physicians often prescribe for anxiety and insomnia, are regularly detected with opioids in overdose deaths.¹⁷ CDC recommends that physicians avoid prescribing these drugs together whenever possible.



High dosages. We found that 42 employees had prescriptions for the equivalent of at least 10 tablets per day of Vicodin® for at least 3 months, which CDC suggests doubles a patient's risk of an overdose. The prescribing guidelines state that physicians should carefully assess the risks and benefits before prescribing high doses.



Naloxone prescription. We found that 14 employees who received opioid prescriptions also had prescriptions for naloxone, which reverses the effects of an overdose.¹⁸ CDC recommends that physicians consider prescribing naloxone to patients who present elevated overdose risks; these prescriptions suggest that a physician considered the 14 employees to be at risk.



Long durations for acute pain. We found that five employees had prescriptions for more than seven days, even though they were not diagnosed with a condition that indicates chronic pain. CDC recommends that physicians prescribe the lowest effective dose for the shortest duration possible—which should rarely exceed seven days—following acute events like surgery or dental procedures.

¹⁶ Totals do not add to 113 employees because some employees exhibited more than one risk factor.

¹⁷ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, August 30, 2019; Food and Drug Administration, *Drug Safety Communication: FDA Warns About Serious Risks and Death When Combining Opioid Pain or Cough Medicines with Benzodiazepines; Requires its Strongest Warning*, August 2016; and National Institute on Drug Abuse, *Benzodiazepines and Opioids*, March 2018.

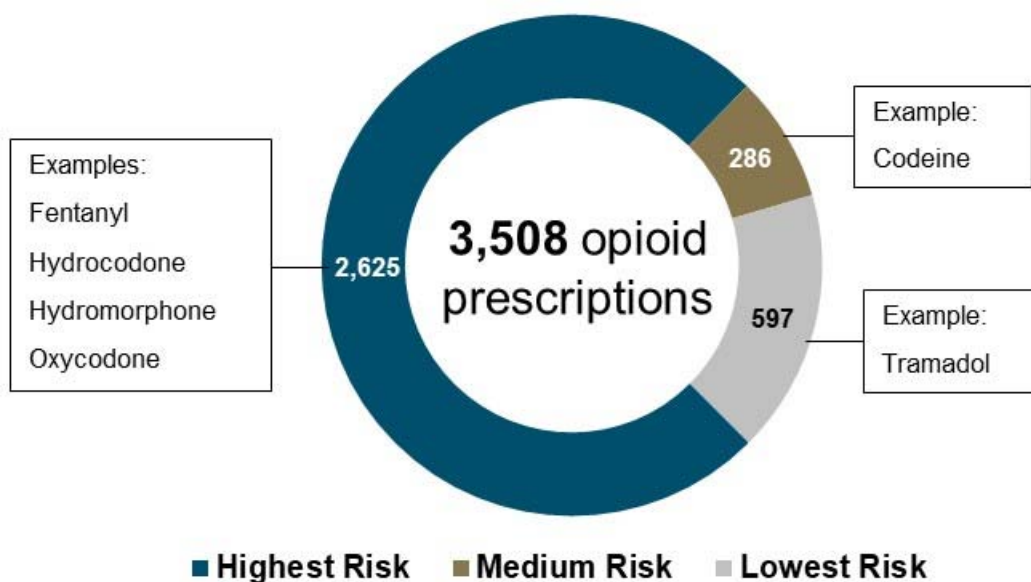
¹⁸ Buprenorphine/naloxone is a combination drug that is sometimes prescribed as part of a medication-assisted opioid abuse treatment program. We removed employees who filled prescriptions containing this compound without filling any additional opioid prescriptions to exclude individuals who appear to be actively seeking to reduce opioid-related risks through treatment.

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In addition, some employees in safety-related positions filled opioid prescriptions in ways that heighten their risk for impairment at work. Our analysis of prescription drug claims data shows that, in FY 2019, about 10 percent of employees in safety-related positions (1,157 employees) filled a prescription while they were in active duty—that is, not on a leave of absence—meaning they were at risk for being impaired while at work.

Further, most of these employees' prescriptions were for the opioids that pose the highest risks for developing an opioid use disorder. Our analysis shows that the most common prescriptions were oxycodone and hydrocodone, which are in a category of prescription drugs that the Drug Enforcement Administration (DEA) designates as having the greatest potential for abuse and dependence. These two drugs accounted for about 70 percent of these employees' opioid prescriptions. Figure 2 shows the prescriptions these employees filled in each of the DEA's risk groups for abuse and dependence.

Figure 2. Employee Opioid Prescriptions by DEA Risk Group, FY 2019



Source: OIG analysis of prescription drug claims data for employees in safety-related positions

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RANDOM DRUG TESTING PROGRAM EXCLUDES SOME SAFETY-RELATED POSITIONS AND COMMON PRESCRIPTION OPIOIDS

The company does not know the extent to which prescription opioid use poses safety risks, partly because it has not taken the following three key steps:

Assessing its workforce and identifying safety-related positions. The company applies its random drug testing to the approximately 8,300 employees in safety-related positions that DOT regulates. The company employs about 4,000 additional workers, however, in positions we considered safety-related for the purposes of our analyses but are not subject to DOT regulations.¹⁹ Using this categorization, the company is testing only about 70 percent of the employees in safety-related positions.²⁰

The company has not used its authority to expand its testing program in part because it has not performed a comprehensive workforce assessment to determine which other employees perform safety-related work and should be tested. Although the company does not have a definitive list of positions it considers to be safety-related, one of its workplace policies includes a list of 25 safety-related positions, and Human Resources officials told us there are more than that. For example, we identified sheet metal mechanics and onboard services staff as safety-related positions that DOT's rules do not cover; therefore, the company does not subject them to random drug testing.²¹ Figure 3 identifies the safety-related positions that are subject to random testing and examples of those that are not.

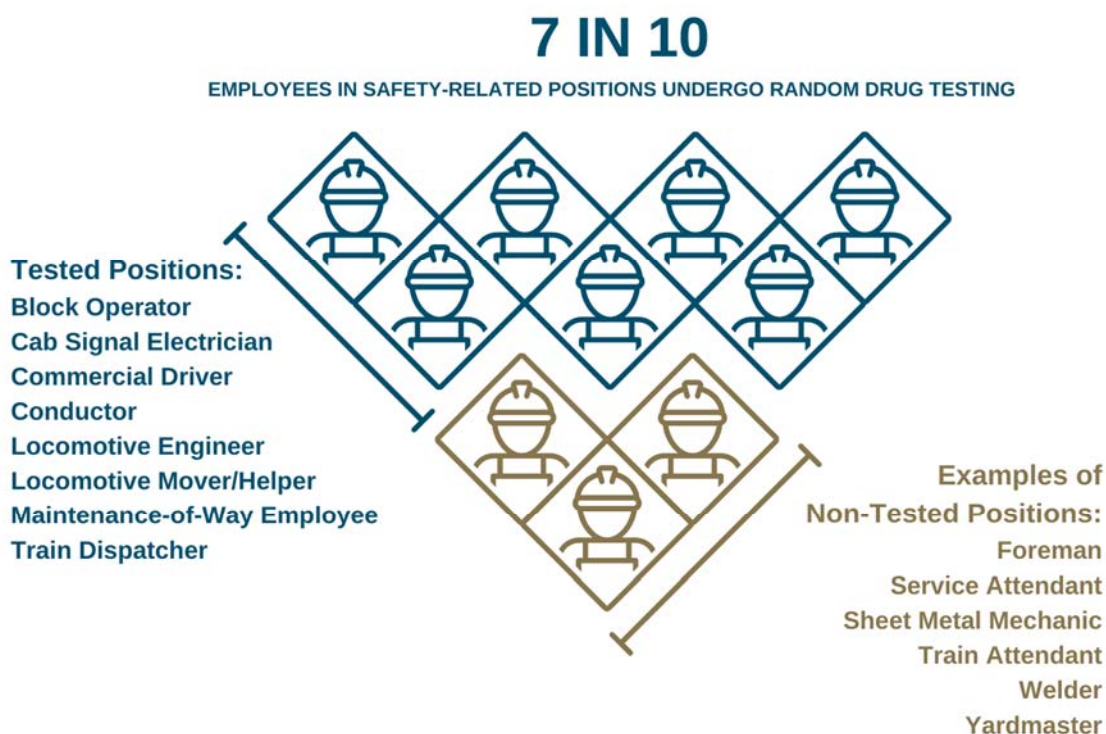
¹⁹ The SUPPORT for Patients and Communities Act, enacted on October 24, 2018, directs the Secretary of Transportation to revise its regulations to cover all employees of rail carriers who perform mechanical activities. Pub. L. No. 115-271, § 8102, 132 Stat. 3894, 4104. The rule is still in development; as of October 2020, the company's mechanical employees are not subject to DOT's regulations.

²⁰ These 4,000 employees include most agreement employees except janitorial and clerical staff. The population also excludes positions that DOT regulates.

²¹ Sheet metal mechanics inspect, test, and maintain systems on rolling stock equipment, and onboard services staff include train attendants who ensure a safe journey for passengers.

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**Figure 3. Safety-Related Positions That Are and Are Not Subject
 to Random Drug Testing**



Source: OIG analysis of federal regulations and company policies

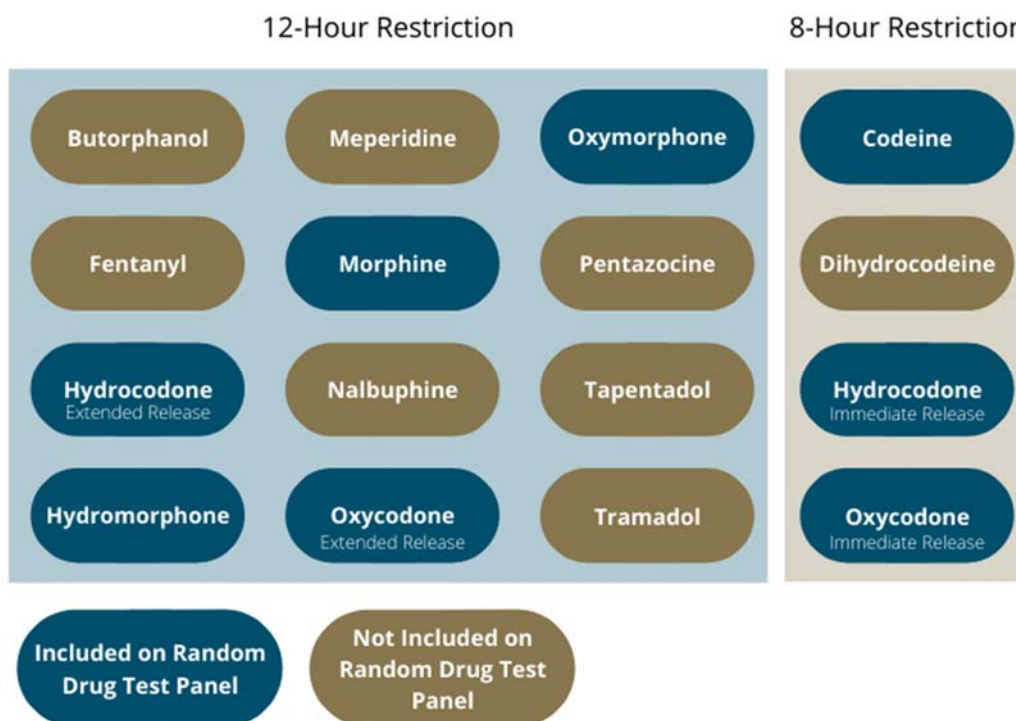
Expanding random drug testing to these additional 4,000 employees would put the company on par with other transportation industry practices and would likely have safety benefits. For example, an impaired sheet metal mechanic may make errors when repairing equipment, and impaired onboard services staff may not be able to effectively communicate critical safety information to the locomotive engineer or conductor. Airlines randomly test aircraft maintenance employees and flight attendants, who have similar duties to the company's sheet metal mechanics and onboard services staff, respectively. The National Transportation Safety Board recommends randomly testing all employees in positions that could affect the safety of themselves or others. To its credit, the company randomly tests some management employees who supervise safety-related workers, establishing a precedent for expanding testing beyond the DOT-designated positions.²²

²² Management employees are not represented by unions; therefore, the company can expand safety requirements for these employees without their consent.

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Identifying prescription opioids of substantial concern. The company randomly tests for the six prescription opioids that DOT regulates. The company has identified an additional eight prescription opioids as potentially impairing. It restricts employees in certain safety-related positions from using them while working or within 8 or 12 hours before reporting to work but does not include them in its random drug testing. Human Resources officials told us the company has not recently assessed whether the tests are consistent with current trends in opioid use. Figure 4 shows which restricted prescription opioids are and are not included in the company's tests.

Figure 4. Prescription Opioids Included on the Restricted Medications List



Source: OIG analysis of DOT regulations and company policy

Note: Although the company has different restrictions for the immediate release and extended release versions of hydrocodone and oxycodone, both versions are included in the same drug test.

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Of note, the company does not test for tramadol and fentanyl, which transportation safety experts told us could pose serious safety risks. Tramadol, which is commonly abused and has potentially impairing side effects, accounted for nearly 17 percent of opioid prescriptions filled by employees in safety-related positions in FY 2019.²³ More than 200 of these employees received tramadol outside of a leave of absence. Fentanyl is 50 to 100 times more potent than morphine, and a single .25 mg dose can be fatal. Another four employees filled outpatient prescriptions for fentanyl.

Including expanded testing in the union negotiation strategy. Before the company could expand its random drug testing program to any agreement positions, it would need to gain union buy-in. These buy-ins are generally pursued as part of a formal negotiation process with each union and can be complex. The next round of formal union negotiations is scheduled to begin in January 2021, and the company is in the process of developing a comprehensive strategy for these negotiations. Without first assessing and identifying all positions that are safety-related and additional prescriptions of substantial concern, however, the company cannot develop an effective strategy for including expanded testing in its negotiations. Developing this strategy would advance the company's efforts to mitigate the safety risks employees using prescription opioids pose to themselves, their coworkers, and the traveling public.

We recognize that developing and implementing a new process to randomly test additional agreement employees and expanding the testing panel would create additional costs, which could be especially challenging in light of the losses in ridership and revenue resulting from the COVID-19 pandemic. Using company data, we estimate that expanding random drug testing to about 4,000 additional agreement employees would cost about \$285,000 annually.²⁴ In addition, company officials told us that testing for tramadol would increase the cost of each random drug test by \$6.50, and testing for fentanyl would increase the cost by \$11.50—a total increase of about \$345,000 in annual costs.

²³ Recognizing the risk of tramadol, DOT has required rail carriers to test for it after accidents since 2015 but does not require random testing (49 CFR Part 219).

²⁴ We based our estimate on using an annual testing rate of 80 percent, which is the rate the company uses for randomly testing employees in the safety-related positions that DOT regulates. We also assumed that each random drug test would cost \$87.50, which is what company officials told us they expect to spend in FY 2021. This estimate does not include the costs of administering the program or lost productivity associated with testing activities.

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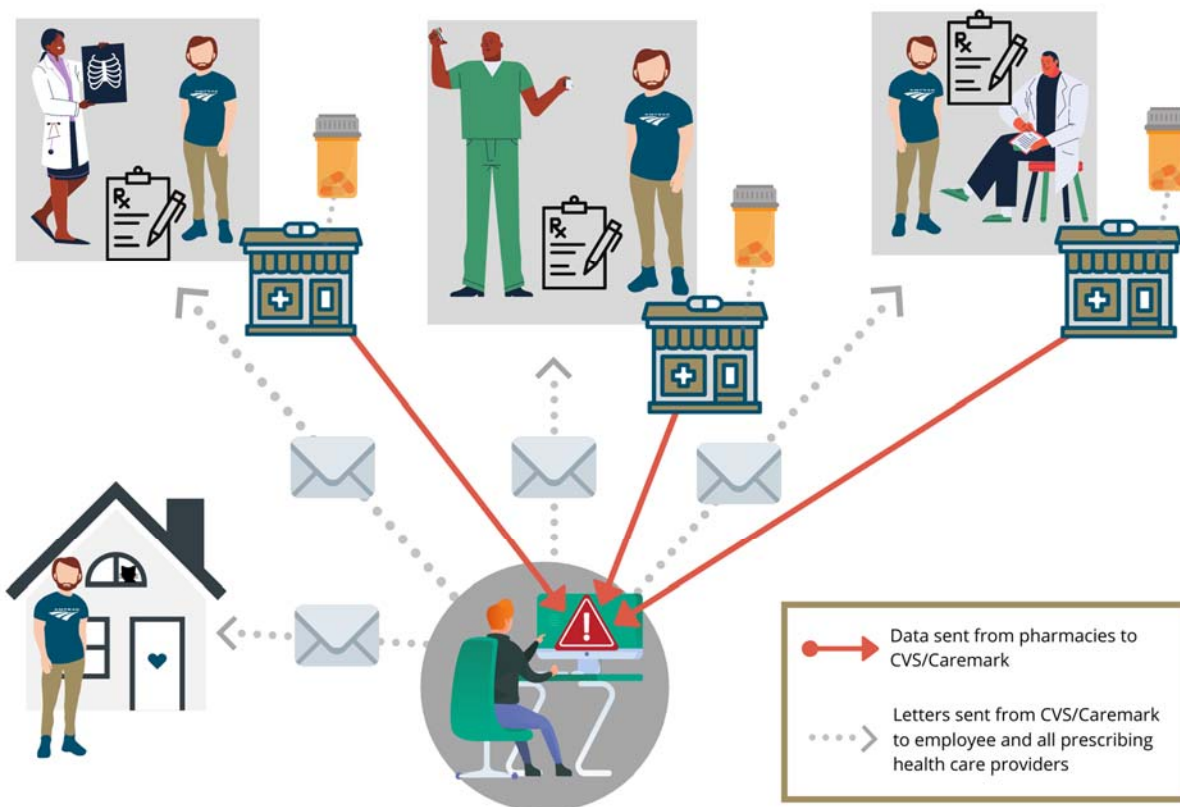
THE COMPANY'S BENEFITS GROUP UNDERUTILIZES AVAILABLE PRESCRIPTION OPIOID DATA

The Benefits group in the Human Resources department does not require the company's benefit administrators—CVS/Caremark and Aetna—to report key information to the Benefits group that they gain through their opioid monitoring tools. This information could aid the company's decision-making about its own efforts to detect and deter opioid misuse. Both CVS/Caremark and Aetna have monitoring programs to analyze prescription and medical claims data to detect potential misuse and abuse among their members, including company employees and their dependents. Although federal law prohibits them from disclosing protected health information such as the employees' names to the company, they can intervene directly with members and providers to deter opioid misuse and help connect employees with treatment options if they require further assistance. It was outside our scope to evaluate the effectiveness of CVS/Caremark and Aetna's monitoring and intervention programs, but they provided documents suggesting that their programs have reduced the overprescribing of opioids.

CVS/Caremark's primary strategy for detecting opioid use disorder—informed in part by the CDC prescribing guidelines—employs a computer algorithm that identifies members whose use of these prescriptions could be problematic. Staff pharmacists review flagged behavior, such as filling high-dose prescriptions or obtaining concurrent prescriptions from multiple physicians or pharmacies and send letters to members and their prescribing health care providers to better coordinate care. For example, Figure 5 shows how CVS/Caremark receives and reviews data from pharmacy transactions to initiate communication with a member and their prescribing health care providers when the member fills multiple concurrent opioid prescriptions.

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Figure 5. CVS/Caremark's Intervention Process



Source: OIG analysis of CVS/Caremark documents

CVS/Caremark officials told us that interventions have been successful in encouraging members to visit fewer providers and fill fewer prescriptions. They added that CVS/Caremark has rarely needed to take more restrictive actions, such as limiting coverage to opioid prescriptions filled in a single pharmacy or prescribed by a single health care provider.

Aetna focuses its efforts on preventing members from developing opioid use disorder by identifying health care providers in its network who are inappropriately prescribing opioids and taking actions to encourage them to improve these practices.²⁵ For example, Aetna circulates letters that publicly rank providers who prescribe the highest quantities against their peers and encourages them to follow CDC prescribing

²⁵ Inappropriate prescribing patterns include prescribing opioids to patients with opioid use disorder, co-prescriptions with benzodiazepines, a history of overdose, or prescriptions for more than seven days after an acute event.

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guidelines. Aetna officials told us that, based on a reduction in monthly opioid prescriptions, they believe that these letters are effective at changing the prescribing behavior of health care providers. Additionally, Aetna offers financial incentives to health care providers who participate in its educational programs about prescribing practices and addiction treatment.

Because CVS/Caremark and Aetna can detect and provide support to their members who are at risk for opioid use disorder or overdose—including employees in safety-related positions whose prescriptions exhibit the same risk indicators we cited earlier²⁶—they supplement the company’s other programs, including its random testing program, to detect and deter misuse. Although CVS/Caremark and Aetna cannot disclose the names of the individual employees their algorithms identify or the actions they take in response, they can—and CVS/Caremark currently does—provide high-level summary reports to the company’s Benefits group. This group does not, however, require the benefit administrators to provide more detailed summary statistics to demonstrate whether the programs are achieving their goals. Further, the Benefits group does not require them to convey other metrics that could help inform company decision-making consistent with management control standards in the public and private sectors. Such metrics could guide the company’s education about prescription opioid use and alternative treatments and might include trends in specific opioid risk factors, the prevalence of alternative treatments for chronic pain, the status of any interventions underway, and other emerging trends.

Although Human Resources officials agreed that more safety metrics would be useful, the Benefits group has not pursued these data, partly because it has not sought to identify HIPAA-compliant analyses that would be useful in informing company opioid education, outreach, and resource efforts. These metrics could be included in the next round of contract negotiations with its benefit administrators. Without identifying useful analyses and requiring helpful, lawful, and actionable data on employees’ prescription opioid use, the Benefits group cannot provide guidance to the company that would allow it to strengthen efforts to detect and deter misuse.

²⁶ Because of HIPAA restrictions, we were unable to determine whether the 113 employees whose opioid prescription claims indicated the potential for misuse or overdose were also flagged by benefit administrators through their monitoring programs.

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CONCLUSIONS

The company can strengthen its ability to detect and deter prescription opioid misuse by employees in safety-related positions. Key steps the company could take include identifying all positions that are safety-related and assessing the full range of prescription opioids that present safety risks. Additionally, the Benefits group could require relevant data from benefit administrators to support informed decision-making. The company could take these steps as it develops strategies for negotiating its collective bargaining agreements and its contracts with its benefit administrators. By taking these key steps, the company can enhance its ability to detect and deter employees from using these prescriptions in ways that put themselves or others in danger and put the company at risk. In addition, these steps will help the company develop resources, education, and policies that ensure employees have access to programs and resources to help them address opioid misuse.

RECOMMENDATIONS

To enhance its ability to detect and deter prescription opioid misuse by employees in safety-related positions, we recommend that the company take the following actions:

1. Identify all positions in which employees' use of prescription opioids could impair their ability to safely perform job-related tasks.
2. Identify whether additional prescription opioids are potentially impairing and of substantial concern for safety-related work.
3. Develop a strategy to negotiate with unions to expand its random drug testing program to cover these additional positions and any additional prescription opioids.
4. Work through the Benefits group to identify and require relevant data from benefit administrators, in compliance with HIPAA privacy laws, that would provide helpful, lawful, and actionable information to support efforts to detect and deter misuse.

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MANAGEMENT COMMENTS AND OIG ANALYSIS

In commenting on a draft of this report, the company's Executive Vice President/Chief Human Resources Officer agreed with our recommendations and described the company's planned actions to address them, which we summarize below.

- **Recommendation 1:** Management agreed with our recommendation to identify all positions the company considers to be safety-related. The target completion date is December 31, 2020.
- **Recommendation 2:** Management agreed with our recommendation to identify whether additional prescription opioids are potentially impairing and of substantial concern for safety-related work. Management stated that the company will review industry data and practices to help ensure that its random drug testing program covers the full range of opioids that present safety risks. The target completion date is August 31, 2021.
- **Recommendation 3:** Management agreed with our recommendation to develop a strategy to negotiate with unions to expand the company's random drug testing program. Management stated that most of the company's collective bargaining agreements are open for amendment effective January 1, 2022, and negotiations will begin in 2021. During these negotiations, the company will propose expanding random drug testing to cover additional positions and any additional prescription opioids that are potentially impairing and of substantial concern for safety-related work. The target completion date is December 31, 2021.
- **Recommendation 4:** Management agreed with our recommendation to work through the Benefits group to identify and require detailed summary statistics and other metrics from the benefit administrators, in compliance with HIPAA privacy laws, to support company efforts to detect and deter prescription opioid misuse. Management stated that the Benefits group will meet regularly with the benefit administrators to discuss industry trends and insights from their prescription opioid and substance abuse initiatives. The target completion date is January 30, 2021.

For management's complete response, see Appendix C.

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APPENDIX A

Objective, Scope, and Methodology

Our objective was to assess (1) the extent to which the company's employees who perform safety-related work are at risk for prescription opioid impairment and misuse and (2) the company's detection and deterrence efforts. The scope of our work focused on analyzing de-identified prescription and medical claims data from FY 2019 and evaluating the company's random drug testing program. We performed our work from December 2019 through October 2020 in Washington, D.C.

To assess the extent of potential impairment and misuse of these drugs by employees in safety-related positions, we obtained and analyzed de-identified prescription drug claims data from CVS/Caremark and medical claims data from Aetna, which provides medical insurance for the company's agreement workforce. Our analysis assumed that all prescriptions were taken as prescribed, including the dosage level and duration, because we had no way to confirm actual consumption. We were working with de-identified data; therefore, we could not follow up with employees to ask about actual use of opioids or their prescribers regarding consideration of CDC guidelines.

Because the company does not have an official definition of safety-related work, we defined a series of safety-related positions for the purposes of our analyses. We developed our definition based on interviews with Human Resources officials and transportation safety experts, federal regulations,²⁷ comparable industry practices, and one of the company's occupational screening policies that applies broadly to workers who perform a range of duties that affect workplace and passenger safety.²⁸ Our definition included the following:

- all DOT-regulated positions, such as locomotive engineers, conductors, maintenance-of-way employees, and train dispatchers
- most other positions covered by collective bargaining agreements, such as sheet metal mechanics, train attendants, and yardmasters

It did not include agreement employees in unions that represent janitorial or clerical staff, whose primary job duties we did not view as being related to safety. The company agreed that this approach was reasonable. We used this definition for the purposes of

²⁷ 49 CFR Part 219.

²⁸ *Sleep Apnea and Other Sleep Disorders*, P/I 7.46.0, May 9, 2017.

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our analyses, but we do not think the company needs to adopt the same definition for its purposes.

Except for positions that DOT regulates, our most granular level for analysis was at the union level because we determined that any analysis below this level could result in subpopulations too small to protect the identities of individuals. The de-identification process also required us to group some unions together into a combined “Other” category for similar reasons. We excluded this Other group of employees, which included several members of each union and all members of the Fraternal Order of Police, because we could not extract employees who performed safety-related work. In addition, because of our safety-related focus, we removed employees whose prescription opioid claims fell entirely within a leave of absence. Our analysis included only those employees who were active at some point in FY 2019.

To help develop our methodology for determining how many employees in safety-related positions were at risk for opioid use disorder or overdose, we interviewed officials and reviewed documents from the Department of Health and Human Services Office of Inspector General (HHS OIG) and CDC. We used the HHS OIG methodology for using claims data to calculate prescription levels and establish the number of employees at risk of opioid use disorder or overdose. In addition, we adapted the *CDC Guidelines for Prescribing Opioids for Chronic Pain*. We limited our analysis to the CDC guidelines that can be analyzed using prescription and medical claims data; we did not review the CDC guidelines that focus on human interventions.²⁹ Based on CDC suggestions that the guidelines do not apply to individuals with cancer, we excluded employees with cancer diagnoses from our analysis. In addition, based on guidance from HHS OIG, we removed employees diagnosed with sickle cell anemia.

We analyzed de-identified prescription and medical claims data for employees who received an opioid prescription in FY 2019 to determine the following:

- **The number of employees with a history of opioid overdose.** We analyzed the de-identified medical claims data based on the diagnosis codes that health insurers use to determine how many employees had an opioid overdose in FY 2019.

²⁹ We could not assess the medical considerations or conversations between physicians and employees to determine whether the guidelines were followed. Instead, we analyzed the claims data for prescriptions that the guidelines suggest could indicate the potential for developing opioid use disorder or overdose.

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- **The number of employees who received co-prescriptions with benzodiazepines.** We analyzed the prescription fill dates to determine how many employees had overlapping prescriptions for these medications for at least one day outside of a leave of absence.
- **The number of employees who received a high dose of opioid prescriptions.** We used the HHS OIG methodology to standardize prescription dosages and calculate the highest daily average for any 90-day period in FY 2019. This methodology uses CDC morphine milligram equivalents to standardize dosage measurements across prescriptions. We determined the number of employees who received a daily average of at least 50 morphine milligram equivalents, which is the equivalent of at least 10 tablets of Vicodin. According to CDC, an average daily dose equivalent to 50 milligrams of morphine doubles the risk for overdose.
- **The number of employees who filled a naloxone prescription.** We examined prescription drug claims data for employees who had filled a naloxone prescription.
- **The number of employees who received long-duration prescriptions for acute pain.** Based on CDC guidance, we removed employees who had diagnosis codes that indicate chronic pain from our analysis. We also removed employees who did not fill an opioid prescription within the first 60 days of FY 2019 or had at least 60 days between prescriptions. We determined the number of remaining employees whose prescription duration exceeded seven days, which is rarely needed to treat acute pain.

To assess the company's random drug testing program, we interviewed and reviewed documents from Human Resources officials, the company's Medical Review Officer (University Services), the Department of Transportation, Federal Railroad Administration, National Transportation Safety Board, National Safety Council, and Business Group on Health. We also reviewed academic literature and government reports on the safety risks that employees in safety-related positions who are impaired by prescription opioids pose to themselves and others. To understand the logistics involved with negotiating union agreements to expand the random drug testing program, we interviewed managers from Labor Relations. To assess the opioid management strategies that the company's health benefit administrators provide,

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we interviewed officials and reviewed summary-level reports and other documents from CVS/Caremark, Aetna, and Cigna, and we interviewed Human Resources officials.

For our audit, we used de-identified data as defined by the HIPAA Privacy Rule.³⁰ Under the Privacy Rule, de-identified data that meet the standard and implementation specifications under 45 C.F.R. § 164.514(a) and (b) are not considered to be individually identifiable health information; therefore, these data are not bound by the HIPAA regulations and restrictions under 45 C.F.R. § 164.502(d). Nonetheless, the data that was provided during this audit met the “minimum necessary” standard under 45 CFR 164.502(b) and 164.514(d). The Privacy Rule permits this standard to be met by either an expert determination or through the “safe harbor” method. The data that were used in our audit were de-identified using the safe harbor method under 45 C.F.R. § 164.514(b)(2). Medical and prescription drug claims data were de-identified by removing any of the specified 18 types of identifiers, such as name, social security number, and date of birth.

The de-identified data we used for this audit included individual-level health care information, such as an individual’s prescription history and diagnoses for chronic pain or cancer but masked the identity of the individual. The records were assigned a randomized numerical value, or token, to allow the medical and prescription drug claims data to be analyzed along with administrative data to ascertain the extent to which risks for prescription opioid impairment, misuse, or overdose exist in the safety-related workforce. Finally, we implemented safeguards and procedures to ensure that the audit team could not re-identify the data in accordance with 45 C.F.R. § 164.514(c). As a result, the audit team did not use, possess, or analyze protected health information.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our

³⁰ The Amtrak Office of Inspector General (OIG) is not a “covered entity” under HIPAA and is not subject to HIPAA requirements, but we complied with the de-identification standards under HIPAA (45 C.F.R. § 164.502(a)). Although we did not use or analyze any protected health information during this audit, we may receive access to protected health information through our status as a “health oversight agency.” 45 C.F.R. § 164.512(d) permits health oversight agencies to have access to protected health information for activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure and disciplinary actions; civil, administrative, and criminal proceedings and actions; and other activities necessary for the appropriate oversight of the health care system.

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findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Internal Controls

We assessed the internal control components and underlying principles, and we determined that three of the five internal controls components were significant to our audit objective:

- **Control activities.** Control activities are the actions that management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system.
 - **Principle 12.** The organization deploys control activities through policies that establish what is expected and procedures that put policies into action.
- **Risk assessment.** Having established an effective control environment, management assesses the risks facing the entity as it seeks to achieve its objectives.
 - **Principle 6.** The organization specifies objectives with sufficient clarity to enable the identification and assessment of risks relating to objectives.
- **Information and Communication.** Management uses quality information to support the internal control system.
 - **Principle 13.** Management should use quality information to achieve the entity's objectives.

We developed our audit work to ensure that we assessed internal control significant to our audit objective. This included reviewing the company's Drug- and Alcohol-Free Workplace policy and interviewing officials from the company and the organization that provides Medical Review Officer services.³¹ We also reviewed documentation from Aetna and CVS/Caremark about their risk mitigation strategies and interviewed officials responsible for their monitoring processes. Because our review was limited to the internal control components and underlying principles relevant to our audit

³¹ *Drug- and Alcohol-Free Workplace Program*, P/I 7.3.5, January 1, 2020.

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objective, we may not have disclosed all internal control deficiencies that existed at the time of this audit.

We determined that information technology controls were significant to our audit objective. To assess the design, implementation, and operating effectiveness of the controls, we reviewed the System and Organization Controls reports from Aetna and CVS/Caremark.³² These reports did not identify any deficiencies in the control objectives relevant to our audit objective for the information systems that these organizations use. We also did not identify any user entity controls at the company related to these systems. In addition, we reviewed documentation of the conclusions of the information technology audit that the company's independent auditor performed on the company's SAP system (Human Resources module). The audit did not identify any deficiencies in the design, implementation, and operating effectiveness of controls for the system for the control objectives relevant to our audit objective.

Computer-processed Data

We obtained computer-processed data from various information systems. As discussed above, we obtained the following types of data:

- **SAP Master Employee data.** Because of safeguards designed for the protection of the de-identified data, staff outside the audit team conducted tests to determine the reliability of SAP data and provided the audit team with reports that confirmed data accuracy. The audit team took additional steps to ensure data reliability by examining statistical distributions, verifying that employees were not double counted, and assessing the reasonableness of non-numeric data.
- **Medical and prescription drug claims data from the company's health care claims administrators.** Staff outside the audit team performed initial data reliability steps, such as validating the summary information of the de-identified claims data. The audit team also examined statistical distributions, assessed the reasonableness of the data, and identified and removed claims outside of the audit scope.

³² Independent auditors prepare System and Organization Controls reports to help organizations that provide services to other entities build confidence in their controls.

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- **Benefits enrollment data.** The company provided the audit team with de-identified benefits enrollment data. Although the team could not verify the accuracy of the de-identification process, we assessed the reliability of data by examining statistical distributions, checking for missing data, and removing observations with missing data. We found that 104 active employees had medical or prescription drug claims but did not appear in the benefits enrollment file, suggesting that the benefits enrollment file was not fully complete. To mitigate this issue, we considered these employees as having been enrolled in the company's health plan for our analysis purposes. We determined that this methodological decision would have no material impact on our findings because these 104 employees accounted for only 0.5 percent of the employee population we analyzed.
- **CDC Morphine Milligram Equivalent Conversion Factors.** To ensure the reliability of these data, we confirmed that each drug code contained the proper number of digits, removed observations with missing information, and ensured that the description fields included only prescription opioids and no other types of drugs.

We determined that all of the data we used were reliable for the purposes of this audit.

Prior Reports

The following reports were relevant to our work:

Amtrak OIG:

- *SAFETY AND SECURITY: Opportunities to Improve the Effectiveness of Controls for Detecting Drug- and Alcohol-Related Issues of Employees in Safety-Sensitive Positions* (OIG-A-2019-005), March 13, 2019

Other Organizations:

- Department of Health and Human Services OIG, *Toolkit for Calculating Opioid Levels and Identifying Patients at Risk of Misuse or Overdose: R and SQL Programming Code* (OEI-02-17-00561), May 2020
- National Transportation Safety Board, *Amtrak Train Collision with Maintenance of Way Equipment: Chester, PA April 3, 2016* (NTSB/RAR-17/02), November 14, 2017

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APPENDIX B

Analyses of Employees' Prescription Opioid Claims Data

This appendix provides analyses of prescription opioid claims data for all employees enrolled in the company's health benefits plan to offer a broader perspective on the extent to which they were at risk for misuse or overdose in FY 2019.³³ These analyses include employees in safety-related positions we highlighted in the body of this report.

Agreement employees' opioid use patterns by union. All but one union had members who filled prescriptions in ways that indicate the potential for misuse or overdose, as Table 1 shows on the following page.

³³ The analyses are based on prescription claims outside of a leave of absence. We analyzed claims using CDC guidelines to determine which prescriptions indicated the potential for misuse or overdose.

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Table 1. Agreement Employees with Opioid Prescriptions by Union, FY 2019

Union	Number of Employees		
	Enrolled in Benefits	Filled Opioid Prescription	Potential for Misuse or Overdose
Other Union ^a	2,656	343	46
Brotherhood of Maintenance-of-Way Employees	2,319	230	29
International Association of Sheet Metal, Air, Rail, and Transportation Workers	2,446	274	26
Joint Council of Carmen, Helpers, Coach Cleaners, and Apprentices	1,568	181	20
Amtrak Service Workers Council	1,646	199	16
Brotherhood of Locomotive Engineers and Trainmen	1,314	127	11
International Association of Machinists	472	50	9
International Brotherhood of Electrical Workers	1,008	101	8
International Railway and Airway Supervisors Association	695	70	4
Brotherhood of Railroad Signalmen	658	38	4
American Train Dispatchers Association	186	15	2
Transportation Communications International Union	414	52	1
National Conference of Firemen and Oilers	222	14	1
Total	15,604	1,694	177

Source: OIG analysis of company data and prescription and medical claims data for agreement employees

Note:

^aBecause of safeguards designed for the protection of the de-identified data, we removed union designations for some employees if that information could potentially be used in combination with other information—such as geographic area or company department—to identify them.

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Agreement employees' opioid behaviors by department. The company's largest departments had the most employees who filled prescriptions in ways that indicate the potential for misuse or overdose, as shown in Table 2.

Table 2. Agreement Employees with Opioid Prescriptions by Department, FY 2019

Department	Number of Employees		
	Enrolled in Benefits	Filled Opioid Prescriptions	Potential for Misuse or Overdose
Transportation	5,669	626	49
Mechanical	3,820	414	45
Engineering	3,581	329	39
Stations and Customer Service	1,390	187	22
Amtrak Police	374	41	9
Commercial, Marketing and Strategy	401	55	7
Administration	274	31	5
Other Department ^a	95	11	1
Total	15,604	1,694	177

Source: OIG analysis of company data and prescription and medical claims data for agreement employees

Note:

^aBecause of safeguards designed for the protection of the de-identified data, we removed department names for some employees if that information could potentially be used in combination with other information—such as geographic area or union—to identify them.

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DOT-regulated employees' opioid behaviors by craft. Maintenance-of-way workers accounted for almost half of the employees who filled prescriptions in ways that indicate the potential for misuse or overdose, as Table 3 shows.

Table 3. Employees in DOT-Regulated Positions with Opioid Prescriptions by Craft, FY 2019

Position	Number of Employees		
	Enrolled in Benefits	Filled Opioid Prescriptions	Potential for Misuse or Overdose
Maintenance-of-Way	2,709	271	35
Conductor	2,081	227	19
Engineer	1,291	125	10
Signalman	621	43	4
Locomotive Mover/Helper	247	17	4
Cab Signal/Automatic Train Stop Electrician	347	29	3
Commercial Driver	251	19	2
Train Dispatcher	175	16	1
Undesignated Position ^a	168	12	0
Total	7,890	759	78

Source: OIG analysis of company data and prescription and medical claims data for employees in DOT-regulated positions

Note:

^aThis category includes employees whose DOT-regulated position is either not designated or is designated as a position other than those listed above.

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Management employees' opioid behaviors by department. Although the scope of our audit focused on agreement employees who perform safety-related work, we recognize that prescription opioid use can also impact management employees' work. Public health and workplace safety research suggest that employees who misuse prescription opioids can be less productive or take more unplanned time off from work, potentially increasing costs for employers. The number of management employees who filled prescriptions in ways that indicate the potential for misuse or overdose varied by department, as Table 4 shows.

**Table 4. Management Employees with Opioid Prescriptions
 by Department, FY 2019**

Department	Number of Employees		
	Enrolled in Benefits	Filled Opioid Prescriptions	Potential for Misuse or Overdose
Mechanical	304	42	8
Engineering	344	23	5
Administration	271	22	4
Transportation	350	47	3
Information Technology	323	37	2
Safety, Health, and Environment	141	15	2
Other Department ^a	153	13	1
Stations and Customer Service	58	6	1
Office of Inspector General	53	3	1
Commercial, Marketing, and Strategy	251	21	0
Finance	152	18	0
Total	2,400	247	27

Source: OIG analysis of company data and prescription and medical claims data for management employees

Note:

^aBecause of safeguards designed for the protection of the de-identified data, we removed department names for some employees if that information could potentially be used in combination with other information—such as geographic area—to identify an employee.

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APPENDIX C
Management Comments

Memo



Date	October 16, 2020	From	Qiana Spain, CHRO <i>Qiana Spain</i>
To	James Morrison, Assistant Inspector General, Audits	Department	Human Resources
		cc	Eleanor Acheson, EVP General Counsel Thomas Bloom, Deputy General Counsel William Flynn, President & CEO Stephen Gardner, EVP CCO Roger Harris, EVP, Marketing & Revenue Scot Naparstek, EVP COO Denyse Nelson-Burney, AVP People Solutions & HR Delivery Dennis Newman, EVP, Strategy & Planning Steven Predmore, EVP CSO Mark Richards, Sr Director Amtrak Risk & Controls Tracie Winbigler, EVP, CFO Christian Zacariassen, EVP CIO
Subject	Management Response to SAFETY AND SECURITY: Expanded Random Drug Testing Could Help Further Detect and Deter Prescription Opioid Misuse (Project code 003-2020).		

Thank you for your work on this draft report entitled, “*SAFETY AND SECURITY: Expanded Random Drug Testing Could Help Further Detect and Deter Prescription Opioid Misuse*”. Amtrak recognizes the potential impact of drug and alcohol misuse. To that end, it has enhanced the Drug and Alcohol-Free Workplace Program to include random drug and alcohol testing of regulated employees at significantly higher rates than Department of Transportation regulations require, random drug testing of some non-regulated employees, and adoption of a “zero tolerance” posture for any on-duty employee with a positive drug or alcohol test. We appreciate the opportunity to respond to the recommendations from the Office of Inspector General (OIG) relative to possible enhancement of the Program to further detect and deter prescription opioid misuse.

To enhance Amtrak’s ability to detect and deter prescription opioid misuse by employees in safety-related positions, the OIG recommends the following:

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Recommendation 1:

Identify all positions in which employees' use of prescription opioids could impair their ability to safely perform job-related tasks.

Management Response/Action Plan:

By its very nature, railroading is a constantly demanding and sometimes hazardous industry. While most positions may be described as "safety-related", in the context of random drug testing, Management agrees to identify positions which are safety-sensitive, that is, where impairment would pose an immediate risk of serious physical harm to the employee or others.

Responsible Amtrak Official(s):

Denyse Nelson-Burney, AVP, People Solutions & HR Delivery and Scot Naparstek, EVP, Chief Operations Officer

Target Completion Date:

Amtrak targets December 31, 2020 as the date by which safety-sensitive positions will be identified and communicated to the OIG.

Recommendation 2:

Identify additional prescription opioids that are potentially impairing and of substantial concern.

Management Response/Action Plan:

Amtrak notes that, in 2016, it expanded its drug panel (for tests performed under company authority) to include hydrocodone, hydromorphone, oxycodone, and oxymorphone. Two years later, in 2018, the Department of Transportation adopted a similar opiate testing regimen. Management agrees to review current industry data and practice to identify and consider for testing additional prescription opioids which raise substantial concern of potential impairment.

Responsible Amtrak Officials:

Denyse Nelson-Burney, AVP, People Solutions & HR Delivery and Scot Naparstek, EVP, Chief Operations Officer

Target Completion Date:

Amtrak targets August 31, 2021 (following the first meeting with its Benefits administrators as stated in our response to Recommendation #4 below) as the date by which additional prescription opioids that are potentially impairing and which raise substantial concern will be identified and communicated to the OIG.

Recommendation 3:

Develop a strategy to negotiate with unions to expand its random drug testing program to cover these additional positions and prescription opioids

Management Response/Action Plan:

The Department of Transportation requires Amtrak to have a random drug and alcohol testing plan for regulated employees. Implementing random drug and alcohol testing of employees in non-regulated crafts

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or positions will require Amtrak to reach agreement with the associated unions, as would the implementation of additional prescription opioid random testing for regulated employees. The majority of Amtrak's collective bargaining agreements are open for amendment effective January 1, 2022, and negotiations will begin in calendar year 2021. Among several other important topics to be discussed, Management agrees to propose implementation of random drug and alcohol testing for non-regulated union employees who occupy positions deemed to be safety-sensitive, as well as additional prescription opioid random testing for regulated employees. Subject to agreement on the terms and conditions associated with implementing such expanded random testing, Amtrak will consider expanding its random drug testing program to cover the additional positions and prescription opioids as determined based on Recommendations 1 and 2 above.

Responsible Amtrak Officials:

Andrea Gansen, Vice President Labor Relations and Scot Naparstek, EVP, Chief Operations Officer

Target Completion Date:

Amtrak targets December 31, 2021 as the date by which Amtrak will propose at the bargaining table the implementation of random drug and alcohol testing for non-regulated union employees who occupy positions deemed to be safety-sensitive, as well as additional prescription opioid random testing for regulated employees (as determined in accordance with Recommendations 1 and 2 above).

Recommendation 4:

Identify and require relevant data from benefit administrators, in compliance with HIPAA privacy laws, that would provide helpful, lawful, and actionable information to support efforts to detect and deter misuse

Management Response/Action Plan:

Amtrak believes its Benefits administrators play an important role in supporting the company's efforts to mitigate the misuse of prescription opioids. Amtrak agrees to engage our key benefit administrators by establishing a cadence of regular meetings between the administrators and Amtrak Benefits and Employee Health & Wellness teams to review insights based on their broader book-of-business, trends they observe across their book-of-business as well as their learnings and experiences relative to opioid and substance abuse initiatives.

Responsible Amtrak Official:


Qiana Spain, Chief Human Resources Officer, Sr. Manager Benefits Lakisha Gordon and Corporate Medical Director Dr. Ann Kuhnen

Target Completion Date:

Amtrak targets January 30, 2021 as the date by which Amtrak and its benefit administrator partners will identify a regular cadence of meetings, the first of which will occur no later than June 30, 2021.

Thank you for bringing these findings to our attention and we look forward to reviewing the OIG's full report.

Sincerely,



Qiana Spain, Chief Human Resources Officer

Amtrak Office of Inspector General
**Safety and Security: Expanded Random Drug Testing Could Help
Further Detect and Deter Prescription Opioid Misuse**
OIG-A-2021-003, October 27, 2020

APPENDIX D

Acronyms and Abbreviations

CDC	Centers for Disease Control and Prevention
DEA	Drug Enforcement Administration
DOT	Department of Transportation
FY	fiscal year
HHS OIG	Department of Health and Human Services Office of Inspector General
HIPAA	Health Insurance Portability and Accountability Act of 1996
OIG	Amtrak Office of Inspector General
the company	Amtrak

Amtrak Office of Inspector General
**Safety and Security: Expanded Random Drug Testing Could Help
Further Detect and Deter Prescription Opioid Misuse**
OIG-A-2021-003, October 27, 2020

APPENDIX E

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OIG MISSION AND CONTACT INFORMATION

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The Amtrak OIG's mission is to provide independent, objective oversight of Amtrak's programs and operations through audits and investigations focused on recommending improvements to Amtrak's economy, efficiency, and effectiveness; preventing and detecting fraud, waste, and abuse; and providing Congress, Amtrak management, and Amtrak's Board of Directors with timely information about problems and deficiencies relating to Amtrak's programs and operations.

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