Care New England

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United States Senate
Committee on Finance
Washington, DC 20510-6200

To the Committee:

I am writing on behalf of Rhode Island-based Care New England Health System to share our thoughts on ways to improve access to high-quality treatment for individuals and families struggling with opioid use disorder (OUD) and substance abuse disorder (SUD). We appreciate the opportunity to provide input on such an important issue. While there are no easy answers, we are hopeful that some common ground can be developed to help address this growing epidemic in a bipartisan fashion.

We believe that both acute intervention and long-term chronic care have significant and complex barriers under a fee-for-service model. Given that initial contact with providers is often during a crisis, however, the approach to long-term recovery needs to be viewed under its own umbrella. The complexity of these issues and the range of socio-economic factors involved (transportation, uninsured, undocumented) requires a seamless and individualized method to care best suited to a case management model allowing for innovative approaches backed by evidence-based outcomes. Our clinicians also discussed the concept of being able to apply for "emergency certification" status in situations where a hospital stay might provide a better chance to engage patients in a preliminary recovery plan.

Included below are more detailed thoughts, numbered to correlate with the questions outlined in your original letter.

Thank you for your attention to this important issue.

Regards,

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President and Chief Executive Officer

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2) Limits on the number of annual visits for non-pharmaceutical therapies for chronic pain are a common barrier. Medicare could explore how it might eliminate these limits for patients who have "long-term chronic pain." CMS might encourage state Medicaid programs to do the same once the effect of eliminating these limits was demonstrated in Medicare.

3) Medicaid and Medicare should explore how they might support bundled payment approaches that support the delivery of treatment and recovery support services working together.

3) Medicaid should promote allowing participants to receive and organizations employing certified peer recovery specialists to provide recovery support services, including recovery coaching, without prior authorization.

3) Medicare should examine how it might change its requirements for the credentials of staff who can provide treatment and case management services to Medicare recipients. Currently, only MDs and LICSWs can bill for case management and treatment services.

3) Medicare should examine how it should broaden the range of medication-assisted treatment (MAT) options it makes available. Currently, methadone is not covered by Medicare Part D. MAT is an evidence-based treatment option. Limiting the medications covered limits treatment options for patients.

7) Some innovation outreach, secondary prevention, and recovery support programs are best supported through grant-like funding structures. Medicaid should encourage states to support such innovative models by sharing funding strategies that, for example, take small per member-per month allocations and aggregate them to support programs that cannot be launched using traditional service reimbursement as a funding mechanism.

8) Typical child welfare programs focus on children of families affected by SUD and OUD only perinatal and after the child has been found to be at-risk. Medicaid should encourage states to support programs that provide treatment and support to the whole family unit and that include medication-assisted treatment when appropriate. These services should be provided regardless of whether the family is "intact." Treatment and recovery services for both mother and father will benefit healthy family and child development. Partnerships between Medicaid and state child welfare agencies might be a way to develop these innovative programs.

8) State Medicaid program should be encouraged to incorporate reimbursement for housing stabilization services. These services could potentially be targeted to families affected by SUD or OUD.