COMMUNITY CATALYST

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Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden,

We appreciate the commitment of the Senate Committee on Finance to address opioid misuse and other substance use disorders and we thank you for the opportunity to recommend strategies to address this public health emergency. We have outlined below several suggestions for your consideration during continued committee deliberations.

Community Catalyst is a national non-profit advocacy organization that partners with national, state and local consumer organizations, policymakers, and foundations, providing leadership and support to change the health care system so it serves everyone – especially vulnerable members of society. Our substance use disorders project works to foster health and strengthen communities by ensuring all people have access to the integrated services – from prevention and treatment to community supports and housing – they need to address problematic use of drugs and alcohol and lead healthier lives.

3. How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives for beneficiaries to access evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes?

Incentivize early detection of and early intervention for substance use among young people to prevent addiction. Youth-prevention initiatives are a crucial part of addressing addiction because early drug and alcohol use contributes to a significant increase in the likelihood of addiction later in life. Payment incentives can increase the use of evidence-based early detection and intervention strategies, such as SBIRT – screening, brief intervention and referral to treatment. SBIRT involves asking people a few validated questions about their drug and alcohol use and providing brief counseling or referring young people to treatment if a problem exists.

SBIRT is currently implemented broadly with youth and adults in health care and community settings, with positive results. There are validated National Quality Forum (NQF) measures for SBIRT – Unhealthy Alcohol Use: Screening & Brief Counseling. Also, Oregon's Medicaid program included SBIRT as an incentive measure to reward coordinated care organizations for providing SBIRT to adolescents (ages 12-17) and adults (age 18+). This incentive measure resulted in the increases of drug and alcohol assessments and brief interventions in primary care settings.

Improve quality measures to better reflect consumer outcomes. Currently, there are few measures that can determine true effectiveness of treatments for the complex and recurring illness of substance use. To help ensure that consumers are getting evidence-based treatment, quality measures should be tied to consumer outcomes, and not just process measures. For example, pay-for-performance measures could be tied to surveys from consumers who received hospitalization or residential treatment for substance use disorder to learn whether the treatment was appropriate, provided in the quantity needed, and had a positive effect on their life. Using quality measures tied to consumer outcomes would help CMS and state Medicaid programs invest in effective services and hold providers to higher standards.

4. Are there changes to Medicare and Medicaid prescription drug program rules that can minimize the risk of developing OUD and SUDs while promoting efficient access to appropriate prescriptions?

Require providers to provide education and conduct risk assessment when prescribing an opioid drug. Prior to issuing a prescription for an opioid drug, a provider could assess the patient's risk for substance misuse by using SBIRT – screening, brief intervention and referral to treatment. The provider would then integrate the evaluation of risk factors into the treatment plan and discuss with the consumer the potential for developing a dependence on the controlled substance and offer alternative treatments that may be available.

6. What can be done to improve data sharing and coordination between Medicare, Medicaid, and state initiatives, such as Prescription Drug Monitoring Programs?

We respectfully ask that the Committee prioritize privacy protections for consumers when establishing recommendations related to data sharing. We support efforts to improve data sharing in a targeted way in order to facilitate the sharing of health information when needed to provide quality care, but we firmly believe that consumers must retain the power to decide when and to whom their records are disclosed. Consumers must be assured that their addiction treatment records are protected. If consumers believe their records can be accessed in order to criminally investigate or prosecute an individual, deny them a job or be used against them in a divorce or child custody proceeding, they will be afraid to enter treatment.

7. What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?

Expand recovery and peer supports offered to Medicare beneficiaries. There has been significant progress made by state Medicaid plans to cover recovery services, including peer providers who have lived experience with mental health or substance use disorders. Medicare could better support consumers with substance use disorders by implementing recovery-oriented systems of care that include peer coaches, supportive housing, and job training, etc. These person-centered community supports help beneficiaries sustain recovery.

8. What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?

States should be required to have explicit plans of safe care for substance-exposed newborns. States should develop plans that:

- Address the mother's need for treatment for substance use disorders and any mental health issues
- Offer appropriate care for the infant who may be experiencing withdrawal symptoms from prenatal substance exposure
- Include services and supports that strengthen parents' capacity to nurture and care for the infant
- Prioritize the infant's continued safety and well-being and establish a process for continued monitoring of the family

Extend early intervention eligibility for all babies exposed to substances – including but not limited to opioids – to a full three years. Early intervention is important because it provides a system of services that helps babies and toddlers with developmental delays or disabilities. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life. These services are crucial for helping substance exposed newborns thrive.

Increase the number of inpatient mother-child treatment beds and require universal mother-child bonding protocols in hospital settings. In New Hampshire, Dartmouth-Hitchcock Medical Center revamped their model for caring for substance-exposed newborns and now prioritize the mother-infant unit, keeping families together instead of caring for infants in a separate intensive care unit. This new focus has yielded tremendous results, including shorter hospital stays, reduced reliance on morphine for treatment, and lower costs.

Address the unique needs of women of reproductive age with substance use disorders. OB/GYNs can play a crucial role in addressing opioid use disorders in pregnant women through both prenatal and postpartum care. For example, family planning should be a routine part of substance use disorders care among women of reproductive age, and universal screening should be part of early prenatal care. Reproductive health providers are also uniquely positioned to identify behavioral health needs and make appropriate referrals for health care and resources addressing social determinants that promote wellness and recovery.

In addition to the specific suggestions above, we strongly recommend against any barriers to Medicaid coverage, such as work requirements, drug testing, or enrollment time limits. Consumers with substance use disorders already struggle to access treatment and recovery supports, and the road to recovery for people with substance use disorders often includes recurrence and multiple episodes of treatment. Throughout this process, consumers need to keep their Medicaid coverage and remain connected to the health care system in order to get and stay healthy.

We would be happy to discuss these issues further or provide additional information to support you as you continue conversations with your colleagues about addressing opioid misuse and other substance use disorders. Please contact me at adembner@communitycatalyst.org or at 617-275-2880.

Sincerely,

Alice Dembner
Program Director
Substance Use Disorders
and for Justice-Involved Populations