

# Policy Focus: Access to Effective Treatment

On average, 130 Americans die every day from opioid overdose. Annually, only 10% of people with an alcohol or substance use disorder receive treatment.<sup>2</sup> Federal policy should see opioid use disorder as a public health problem, applying the best available evidence to save lives. In doing so, policy should aim to build sustainable systems that can prevent future crises from occurring. And while progress has been made, there remains work to be done.<sup>2</sup>

## ACCESS TO EFFECTIVE TREATMENT

Most Americans do not have access to evidence-based treatments for substance misuse and addiction (regardless of insurance) and very few have access to the full continuum of effective services. For example, while the proportion of SUD facilities that offer medication increased from 20% in 2007 to 36% in 2016, only 6.1% of facilities offer all three FDA-approved medications.<sup>3</sup>

## ACTION ITEMS

- The federal government should **encourage the use of evidence-based treatments**, including Medication-Assisted Treatment (MAT).
- All physicians should **receive training on addiction** in medical school and should be able to **prescribe MAT without separate training and waiver**. This would require a reform to the DATA 2000 waiver.
- The federal government should amend the Medicaid and Medicare statutes to substantially **strengthen access to effective substance use treatments**. Medicare and Medicaid should

cover the full range of effective substance use treatments. These treatments should be mandatory benefits in Medicaid, which would build on the addition of MAT as a mandatory Medicaid benefit in the SUPPORT Act. The federal government should clarify how these treatments are covered under the Essential Health Benefits, which apply to exchange and Medicaid expansion, and parity for commercial plans. The federal government should also work with states that have not expanded Medicaid to identify solutions for ensuring coverage of low-income individuals.<sup>4,5,6</sup>

- On the private insurance side, the federal government should **enact new protections for MAT** by requiring health plans to cover FDA-approved medication for SUD if medically necessary.

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1 Hefei Wen, Tyrone F. Borders, and Janet R. Cummings, "Trends In Buprenorphine Prescribing By Physician Specialty," Health Affairs 38, no. 1 (January 1, 2019): 24-28, 28A-28B, <http://dx.doi.org/10.1377/hlthaff.2018.05145>; Laura A. Schmidt, "Recent Developments in Alcohol Services Research on Access to Care," Alcohol Research: Current Reviews 38, no. 1 (2016): 27-33; Greg Allen, "Cost Of U.S. Opioid Epidemic Since 2001 Is \$1 Trillion And Climbing," National Public Radio, February 13, 2018, <https://www.npr.org/sections/health-shots/2018/02/13/585199746/cost-of-u-s-opioid-epidemic-since-2001-is-1-trillion-and-climbing>.

2 "Trump Administration Announces \$1.8 Billion in Funding to States to Continue Combating Opioid Crisis," HHS Press Office. (September 4, 2019). <https://www.hhs.gov/about/news/2019/09/04/trump-administration-announces-1-8-billion-funding-states-combating-opioid.html>

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4 The Editorial Board, "States Show the Way on the Opioid Epidemic," The New York Times, August 24, 2018, sec. Opinion, <https://www.nytimes.com/2018/08/24/opinion/opioid-epidemic-states.html>.

5 Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, "State Variation in Medicaid Prescriptions for Opioid Use Disorder from 2011 to 2018" August 21, 2019 <https://www.urban.org/research/publication/state-variation-medicoid-prescriptions-opioid-use-disorder-2011-2018>

6 Colleen M. Grogan et al., "Survey Highlights Differences In Medicaid Coverage For Substance Use Treatment And Opioid Use Disorder Medications," Health Affairs 35, no. 12 (December 10, 2016): 2289-96, <http://dx.doi.org/10.1377/hlthaff.2016.0623>.

## Policy Focus: Access to Effective Treatment



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- The federal government should **eliminate the limit on the number of patients clinicians can treat with MAT**, like buprenorphine.<sup>7</sup>
- CMS should create an **expedited application process for coding MAT drugs** with the Healthcare Common Procedure Coding System to streamline activities/oversight.<sup>8</sup>
- The federal government should also **make MAT more accessible** by directing the Health Services and Resources Administration to ensure that MAT is offered at all Federally Qualified Health Centers (FQHCs) and require all FQHCs clinicians to get DATA 2000 waivers to prescribe buprenorphine.
- The federal government should allocate additional funding and authorize use of existing federal funding to support different stakeholders in **forming, joining, and sustaining community coalitions** focused on improving addiction and overdose outcomes. This should include Medicare and Medicaid, as is currently being piloted with the Accountable Health Communities Model.
- The federal government should direct the Centers for Medicare and Medicaid Services to issue an order that **all state Medicaid programs must cover FDA-approved MAT drugs without prior authorization.**
- The federal government should direct the Department of Health and Human Services, in consultation with the American Society of Addiction Medicine (ASAM), to **develop model standards for the regulation of SUD treatment programs** based on the Levels of Care standards set forth in the most recent version of The ASAM Criteria and condition receipt of certain federal grants on state adoption.
- The federal government should **remove the legislative and regulatory barriers** that prevent the use of federal funds for syringes used in syringe service programs (SSPs).
- The federal government should direct the National Institute of Health to **provide more grants** to researchers looking into treatment for SUD.
- The federal government should **build multi-stakeholder opioid safety coalitions.** The federal government should support these coalitions by providing grants to states.

<sup>7</sup> Congresswoman Lori Trahan, Congresswoman Lori Trahan Leads Bipartisan Introduction of Medication Access and Training Expansion (MATE) Act, Opioid Addiction Treatment and Training Legislation, With Representatives Bergman, Carter, Trone, Rogers, and Kuster Official Press Release, November 1, 2019. <https://trahan.house.gov/news/documentsingle.aspx?DocumentID=1293>

<sup>8</sup> "Recommendations of Congressman Patrick J. Kennedy to the President's Commission on Combating Drug Addiction and the Opioid Crisis."

## Policy Focus: Limit and Regulate Opioid Prescribing

On average, 130 Americans die every day from opioid overdose. Annually, only 10% of people with an alcohol or substance use disorder receive treatment.<sup>2</sup> Federal policy should see opioid use disorder as a public health problem, applying the best available evidence to save lives. In doing so, policy should aim to build sustainable systems that can prevent future crises from occurring. And while progress has been made, there remains work to be done.<sup>2</sup>

### LIMIT AND REGULATE OPIOID PRESCRIBING

One strategy for reversing the tide of the opioid overdose epidemic is limiting the flow of prescription drugs. Providers still need to be able to effectively manage pain, but prescription opioid analgesics should be prescribed according to the U.S. Centers for Disease Control and Prevention guidelines as to avoid putting patients at risk.<sup>3</sup> In addition, individuals should have access to a range of alternative pain management treatments. Beyond reducing addiction risk for patients, limiting opioid administration and offering alternative treatments lowers emergency department readmissions and overall costs for hospitals.<sup>12</sup>

### 📍 ACTION ITEMS

- The federal government should limit and regulate opioid prescribing by **making educational grants and funding for medical programs contingent** on their inclusion of safe-prescribing practices in curricula.
- The federal government should address the importance of clinically-indicated and evidence-based utilization management processes for **ensuring that opioids are not inappropriately**

**prescribed in Medicare and Medicaid.**<sup>5</sup> The federal government should also initiate a multi-payer effort to encourage commercial insurers to adopt similar practices.

- The federal government should ensure that **Medicare covers evidence-based alternatives for pain management**, and fund systematic reviews that indicate how such therapies would fit within medical necessity guidelines of commercial plans.<sup>6</sup>
- The federal government should provide incentives in its funding for **health care educational programs to include training on safe prescribing** and related practices for minimizing risk of addiction.
- The federal government should publicize **Take Back Days** or implement permanent Take Back Programs, including funding the installation of permanent drug take-back drop-off boxes in federal facilities located in cities around the country.<sup>7</sup>
- The federal government should encourage states and local governments to **raise awareness of the National Prescription Drug Take Back Day (October 26)** or institute state-wide versions of the same drug-reduction effort.

1 Hefei Wen, Tyrone F. Borders, and Janet R. Cummings, "Trends In Buprenorphine Prescribing By Physician Specialty," Health Affairs 38, no. 1 (January 1, 2019): 24-28, 28A-28B, <http://dx.doi.org/10.1377/hlthaff.2018.05145>; Laura A. Schmidt, "Recent Developments in Alcohol Services Research on Access to Care," Alcohol Research: Current Reviews 38, no. 1 (2016): 27-33; Greg Allen, "Cost Of U.S. Opioid Epidemic Since 2001 Is \$1 Trillion And Climbing," National Public Radio, February 13, 2018, <https://www.npr.org/sections/health-shots/2018/02/13/585199746/cost-of-u-s-opioid-epidemic-since-2001-is-1-trillion-and-climbing>.

2 "Trump Administration Announces \$1.8 Billion in Funding to States to Continue Combating Opioid Crisis," HHS Press Office. (September 4, 2019). <https://www.hhs.gov/about/news/2019/09/04/trump-administration-announces-1-8-billion-funding-states-combating-opioid.html>

3 "CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain." Center for Disease Control April 24, 2019. <https://www.cdc.gov/media/releases/2019/s0424-advises-misapplication-guideline-prescribing-opioids.html>

4 Diomaris E. Jurecska et al., "Pain: The Continuing Epidemic," in Pain Management Yearbook 2012, ed. Joav Merrick, Health and Human Development (Nova Biomedical Books, Hauppauge, NY, 2013), 323-30, Chapter xvii, 460 Pages.

5 "CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016," MMWR. Recommendations and Reports 65 (2016), <https://doi.org/10.15585/mmwr.r6501e1er>.

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# Policy Focus: Overdose Reversal Drugs

On average, 130 Americans die every day from opioid overdose. Annually, only 10% of people with an alcohol or substance use disorder receive treatment.<sup>2</sup> Federal policy should see opioid use disorder as a public health problem, applying the best available evidence to save lives. In doing so, policy should aim to build sustainable systems that can prevent future crises from occurring. And while progress has been made, there remains work to be done.<sup>2</sup>

## OVERDOSE REVERSAL DRUGS

Naloxone is an opioid antagonist that reverses life-threatening central nervous system depression resulting from opioid overdose. It is simple enough to be administered by a minimally trained layperson without harming the person receiving the drug.<sup>3</sup> But, while almost every state has approved laws empowering pharmacists to dispense Naloxone under a standing order and without an individual prescription, people appear to still be under-utilizing the drug.<sup>4</sup>



## 🔗 ACTION ITEMS

- The federal government should **mandate that naloxone be available in all federal facilities** (e.g. post offices).
- Federal laws should be adjusted to **require coverage of naloxone without co-pay** by public and private insurers, and require co-dispensing naloxone with long-term (i.e., longer than a week) opioid prescriptions, which evidence suggests could cut opioid-related emergency visits by half within a year.<sup>5</sup>
- The federal government should make certain funding contingent on states **implementing naloxone training programs for first responders and community members** in relevant funding programs.
- The federal government should **investigate making naloxone have an over the counter (OTC) status**, but at a minimum, have a standard order or protocol in place.

1 Hefei Wen, Tyrone F. Borders, and Janet R. Cummings, "Trends In Buprenorphine Prescribing By Physician Specialty," Health Affairs 38, no. 1 (January 1, 2019): 24-28, 28A-28B, <http://dx.doi.org/10.1377/hlthaff.2018.05145>; Laura A. Schmidt, "Recent Developments in Alcohol Services Research on Access to Care," Alcohol Research: Current Reviews 38, no. 1 (2016): 27-33; Greg Allen, "Cost Of U.S. Opioid Epidemic Since 2001 Is \$1 Trillion And Climbing," National Public Radio, February 13, 2018, <https://www.npr.org/sections/health-shots/2018/02/13/585199746/cost-of-u-s-opioid-epidemic-since-2001-is-1-trillion-and-climbing>.

2 "Trump Administration Announces \$1.8 Billion in Funding to States to Continue Combating Opioid Crisis," HHS Press Office. (September 4, 2019). <https://www.hhs.gov/about/news/2019/09/04/trump-administration-announces-1-8-billion-funding-states-combating-opioid.html>

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