



1081 Kanawha Blvd., E., Suite 1100
Charleston, WV 25301
P: 304.558.0530
F: 304.558.0532

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May 4, 2015

Brittany Havens
Legislative Clerk
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Ms. Havens,

Please find below my response to the request for additional information that was sent to me by Tim Murphy on April 16, 2015. It was a privilege to testify before the Subcommittee on Oversight and Investigations at the March 26, 2015 hearing entitled "Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives." I appreciate the Subcommittee's interest in this area and hope this additional information is useful in your work.

Request from The Honorable Paul Tonko:

During the hearing I asked you about barriers and resources, specifically for those wishing to get help for opioid addiction and whether or not they have sufficient access to effective treatment programs. We also discussed those in rural areas where addiction specialists might be hard to find. Please provide additional information to the subcommittee on this topic.

West Virginia continues to face large obstacles in providing treatment to our many residents who have substance use disorders, especially those addicted to opiates. In December 2011, the West Virginia Governor's Council on Substance Abuse reported that 152,000 of our citizens were in need of treatment. While much work has been done to address this need, barriers still exist. The state does not have enough residential treatment beds, and many who can be treated on an outpatient basis have trouble accessing services. Many of the physicians who are licensed to provide medication assisted treatment are at full capacity. In addition, finding counselors with training and expertise in addiction can be challenging. As a result, many treatment providers in West Virginia report that they have long waiting lists for services.

In rural areas, accessing treatment services can be especially difficult. Even when services are available, transportation is a significant barrier to care. Another barrier for patients is navigating through the process. Even in areas where treatment is available, community members do not know where and how to access the services. The lack of community support groups available to those who are on medication assisted treatment presents other problems. For example, most comprehensive treatment programs require that their patients attend NA or AA meetings. Yet, these types of groups rely on an abstinence-based model and are not always welcoming to those who are on buprenorphine as part of their treatment. This can become a barrier to care when participants have trouble meeting all the requirements of their treatment program.

As noted, West Virginia has implemented a number of initiatives to address these and other barriers to care. Notably, on September 6, 2011, Governor Earl Ray Tomblin established the Governor's Advisory Council on Substance Abuse (GACSA) and six (6) Regional Task Forces. These groups meet regularly and have developed priorities, including building the capacity and competency of our substance abuse workforce and increasing access to prevention, early identification treatment and recovery management.

Specific strategies to address access to treatment in West Virginia include:

- Medicaid reimbursement for Suboxone and Vivitrol is available. In August 2011, a new Subutex /Suboxone /Vivitrol policy was issued by the state that mandates adequate therapy services, strict documentation requirements, drug screening requirements, and treatment guidelines.
- Legislation passed in 2012 that required physician prescriber education, supported improvements to the Prescription Drug Monitoring Program system and reporting guidelines, increased coordination and oversight and further regulation of Opioid Treatment Programs and pain clinics, and provided \$7.5 million in additional state revenue for additional treatment based on regionally identified need.
- The Governor's decision to expand Medicaid services in West Virginia, made on May 2, 2013, provided insurance coverage for a large number of individuals who have substance abuse and behavioral health needs, allowing the State to draw down federal funds to treat these problems that were currently addressed with State and Federal Block Grant funds.
- Telemedicine, based on model policies developed by the American Psychiatric Association, is being expanded in rural areas due to transportation and workforce barriers. The Bureau for Medical Services (Medicaid agency) has worked to ensure that payment codes are in place for providers to be able to bill for services that are commonly provided face to face.
- A treatment by county locator has been established on the Bureau for Behavioral Health and Health Facilities website to link communities and providers with services and resources, <http://www.dhhr.wv.gov/bhhf>. The GACSA has recommended funding

for a Behavioral Health Referral & Outreach Call Center, a statewide, centralized point of entry, 24-hour call center, providing resources and referral support for those seeking behavioral health services. The Call Center will maintain a “real time, live” data base which will be updated daily and be connected to regional and local service providers. Anyone that contacts the call center will be offered education on behavioral health and information on service options in their region, as well as a facilitated referral to an appropriate level of care based on the individuals need in coordination with providers.

I hope this answers your questions. This is a complex problem and I appreciate the opportunity to work with policymakers at both the federal and state levels on seeking strategies to address these issues. If you have any other questions or need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Stefan Maxwell MD". The signature is written in a cursive style and is enclosed within a faint, light-colored rectangular border.

Stefan R. Maxwell, M.D.
Chair, West Virginia Perinatal Partnership
CAMC Women and Children’s Hospital, Medical Director, NICU
MEDNAX Medical Group