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The Honorable Tim Murphy
Chairman, Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairman Murphy,

Thank you for the opportunity to appear before the Subcommittee on Oversight and Investigations on Thursday, March 26, 2015 to testify at the hearing entitled “Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives.” This letter is in response to additional questions related to my testimony by the **Honorable Larry Bucshon**.

What changes in Medicare and Medicaid policies are needed to expand access to medication-assisted treatment (MAT)?

Under the current Medicare system and most Medicaid programs, there are significant barriers to the provision of MAT. The most significant barrier involves payment to providers of MAT. An issue that is sweeping the country involves providers who refuse to accept Medicare or Medicaid as payment for treatment because the reimbursement is inadequate to cover the comprehensive treatment required for recovery. An effective and comprehensive treatment program must cover the office visit with the prescriber, urine drug screening, and psychotherapy with a licensed addiction counselor. As I noted in my testimony, the medication is an important part of the treatment program, but it **MUST** be accompanied by the other key components of therapy for a patient to reach long-term recovery. Medicare does not cover services provided by licensed professional counselors. Providing this reimbursement for services would greatly expand access to care with qualified therapists needed in the comprehensive treatment for addiction.

Access to comprehensive outpatient MAT programs is challenging for patients with addiction across the country. Changes should be considered to the Drug Addiction Treatment Act of 2000 to expand prescription authority to mid-level providers under the supervision of addiction specialists. For example, The College of Psychiatric and Neurologic Pharmacists and the American College of Clinical Pharmacy have urged Congress to enact legislation to provide

Medicare patients with coverage for comprehensive medication management (CMM) within the Part B medical benefit. This direct patient care service, provided by qualified clinical pharmacists working as members of the patient's health care team, has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients. Board Certified Psychiatric Pharmacists are uniquely qualified to provide provision of CMM to patients with the disease of addiction in collaboration with prescribers. Changes should be considered to the DATA 2000 to allow board certified psychiatric pharmacists operating under a collaborative drug therapy management agreement or with prescriptive authority under state law the ability to prescribe, adjust, and monitor buprenorphine therapy as part of the comprehensive outpatient management of opioid addiction.

With regard to changes in Medicaid program, California's Medicaid program is providing care "outside the box" through an 1115 Demonstration Waiver. The final version of the demonstration waiver is currently under review by CMS. With a state population of close to 40 million (12 million in Medicaid) this project will set the new standard for addiction treatment through the Medicaid system across the country. The last draft of the waiver that the state has made publically available can be located online at <http://www.dhcs.ca.gov/provgovpart/Documents/2nd-Draft-STCs-for-stakeholders.pdf> .

Counties that opt in to the demonstration waiver will be required to provide critical MAT services such as methadone maintenance which is lacking in many rural areas. This may be through traditional methadone clinics or office-based opioid treatment-methadone sites which are geographically distinct. Buprenorphine, naltrexone and naloxone will also be prescribed at the sites. Through the waiver, pharmacists are identified as eligible providers similar to the way they are in mental health.

Many Medicaid state policies have very tight restrictions on drugs like buprenorphine that provide coverage for only short-term basis. Short-term treatment has not been shown to result in long-term recovery for the vast majority of patients. CMS, as the federal partner paying large dollar amounts into the Medicaid system, should demand progress in access to critical MAT drugs and substance abuse services. The same applies for Medicare Part D formularies and Medicare's reimbursement for substance abuse services.

An example of challenges in the Medicaid system in providing MAT can be seen in Virginia. There are six Virginia Medicaid managed care companies and each have differing policies regarding payment of buprenorphine. It would be optimal if these companies developed a single unified policy that pays for comprehensive services that get patients into recovery and decreases long-term expenses that result from continued illicit drug use. For example, one company will not pay for urine drug screens or office visits. Another company allows payment for urine drug screens only every 3 months. Many companies require prior authorization for medication with every prescription or for every counseling session. It is clear why medical offices refuse to

accept Medicaid or Medicare for MAT when the plans are so difficult to work with and reimbursement for services is so little.

Should access to medical therapy including methadone, naltrexone, and buprenorphine all be available at federally funded substance abuse clinics?

Yes. Methadone, buprenorphine , and naltrexone are all FDA-approved for the treatment of opioid dependence and should be available as a treatment option at federally funded substance abuse clinics. Selection of the best medication option depends on patient-specific factors and having all three treatment options available will not only expand access to appropriate treatment, but make sure the individual patient is receiving the best medication for their treatment needs. In addition to the provision of these medications, the federally funded substance abuse clinics should closely follow the Federal Guidelines for Opioid Treatment Programs by the Substance Abuse and Mental Health Services Administration, located at <http://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/All-New-Products/PEP15-FEDGUIDEOTP> .

Please feel free to contact me for any clarifications or further questions.

Sincerely,



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