



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Written Statement for the Record
of
The American Psychological Association

Submitted by:
Arthur C. Evans, Jr., PhD
Chief Executive Officer

Before the
House Committee on Energy and Commerce
Subcommittee on Health

Combating the Opioid Crisis:
Improving the Ability of Medicare and Medicaid to Provide Care for Patients

April 11, 2018

Chairman Burgess, Ranking Member Green, and distinguished members of the House Energy and Commerce Subcommittee on Health, thank you for the opportunity to submit written testimony on behalf of the American Psychological Association for your hearing on how Medicaid and Medicare can better address our nation's opioid crisis. The American Psychological Association and the American Psychological Association Practice Organization comprise nearly 115,700 members and associates who are clinicians, researchers, educators, consultants, and students.

Psychological services are key to both preventing and treating opioid addiction, including through behavioral and services research and direct provision of services. Psychologists are primary developers and providers of psychotherapeutic services, including cognitive behavioral interventions, that are preferred alternatives to the use of opioids for treating chronic pain, including back pain, arthritis, fibromyalgia, migraine, and neuropathic pain. Psychologists also provide psychosocial interventions that are integral to medication-assisted treatment (MAT), a provenly effective form of treatment for opioid addiction.

We urge the committee to support policy changes commensurate with the scale of the opioid crisis. More than 63,000 Americans died from a drug overdose in 2016, a 21% increase over the number of overdose fatalities in 2015. Given the White House Council of Economic Advisers' estimate of the economic cost of the opioid crisis at more than \$500 billion a year, new federal investments in prevention and treatment on the order of \$3 billion per year are unlikely to be sufficient. Similarly, we believe policymakers should regard the opioid crisis as an opportunity

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD



Please Recycle

www.apa.org

to dramatically improve prevention and treatment services for all substance use disorders, not just opiate addiction, especially in light of the high rates of poly-substance use.

Both Medicaid and Medicare must be updated and strengthened to adequately respond to the opioid crisis. Medicaid covers nearly one quarter of nonelderly adults with an opioid addiction, helping save thousands of lives. Medicaid beneficiaries with an opioid use disorder are more likely to receive treatment than privately insured adults with an opioid disorder. After the state of Kentucky expanded Medicaid eligibility, there was a 700% increase in the number of Medicaid beneficiaries accessing substance use treatment services. In states that expanded eligibility for their Medicaid programs under the Affordable Care Act, rates of opioid-related hospitalizations of those without insurance dropped almost 80% after expansion.

Research suggests that more than 40% of people being treated for addiction to prescription painkillers have a co-occurring mental health disorder, such as depression or anxiety. Thus, to effectively address the opioid crisis, it is critical to increase access to mental health services. Given that Medicaid is the single largest payor for mental health services in the U.S., providing a quarter of all funding for treatment, any effective strategy must include strengthening and expanding the Medical program across the nation.

The Medicare program is an equally important area of focus in addressing the opioid crisis, as Medicare beneficiaries have among the highest and fastest-growing rates of diagnosed opioid use disorder. Chronic pain is one of the most prevalent symptoms among older adults, affecting this population more than any other age group. Despite the fact that older adults experience age-related decline in drug metabolism, the use of multiple prescriptions—including opioids, benzodiazepines, and other central nervous system drugs—is especially common in this population, and rates of polypharmacy appear to be rising. Consequently, even Medicare beneficiaries prescribed moderate amounts of opioids may be placed at risk due to the effects of interactions between opioids and other prescriptions. Unfortunately, a significant proportion of psychotropic drugs is prescribed for older adults in the absence of a diagnosed mental health disorder.

Curtailing the opioid epidemic among the Medicaid and Medicare populations will require improving beneficiary access to both substance use and mental health treatment services generally, as unaddressed mental health issues frequently contribute to, and complicate, addictive behaviors. As an example, patients with chronic non-cancer pain and comorbid depression are more likely than those without depression to receive opioids, use them for longer periods of time, and misuse or abuse them. At the same time, the use of opioids is associated with an increased risk of depression, even in patients who were free of depression prior to taking opioids.

There are several bills pertaining to Medicaid and Medicare that we believe would help prevent opioid addiction, improve treatment, and reduce the risks associated with clinically appropriate use of opioids. Not all of these bills were referenced in the committee's notice for this hearing.

- **H.R. 3192, the CHIP Mental Health Parity Act**, introduced by Rep. Joseph Kennedy (D-MA), would extend to Children's Health Insurance Program (CHIP) plans the same Affordable Care Act requirement of coverage of essential health benefits that exists for

Medicaid and private insurance plans. This would help ensure that the nearly 9 million children and youth who rely on CHIP for health care coverage have access to substance use and mental health treatment services. We also support **H.R. 4998, the Health Insurance for Former Foster Youth Act**, introduced by Rep. Karen Bass (D-CA), to provide Medicaid coverage continuity for former foster youth up to age 26.

- We support **expanding access to Medicaid health home services for individuals with an opioid use disorder**, as would occur under an untitled legislative proposal before the committee. As with other forms of addiction, the most effective treatment for opioid use disorder encompasses a broad array of patient needs. Medicaid health homes must provide comprehensive care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community and social support services.
- **The Medicare Mental Health Access Act (H.R. 1173)**, introduced by Reps. Kristi Noem (R-SD) and Jan Schakowsky (D-IL), would allow clinical psychologists to practice independently in all Medicare-covered treatment settings, without the need for prior certification or approval by a physician. This would help prevent opioid abuse by increasing beneficiary access to non-opioid treatment for chronic pain and facilitating the implementation of integrated pain management programs. Psychologists' services are also helpful in addressing potential opioid dependency risks associated with surgery. The legislation would make psychologists eligible for the same 10% bonus payments for services provided in mental health professional shortage areas that are now paid only to psychiatrists and other physicians, encouraging psychologists' participation in the program in rural and underserved areas. By improving access to psychologists, it would also improve the diagnosis and treatment of substance use disorders, the provision of psychotherapy and behavioral health services as part of MAT, and the diagnosis and treatment of comorbid mental disorders and cognitive impairments.
- **The Behavioral Health Information Technology Act (H.R. 3331)**, introduced by Rep. Lynn Jenkins (R-KS), would authorize a health information technology (IT) demonstration program within the Centers for Medicare and Medicaid Innovation for mental health and addiction treatment providers, including public or private psychiatric hospitals, community mental health centers, accredited residential or outpatient opioid treatment facilities, clinical psychologists, and clinical social workers. Unfortunately, due to the limited eligibility of previous electronic health record incentive payments, health IT infrastructure is often lacking within behavioral health settings.
- We support untitled legislation to allow **Medicaid coverage of services for substance use disorder treatment provided in institutions for mental diseases (IMDs)**, as defined under the law, for up to 90 days per calendar year. Similarly, we also support H.R. 2687, the **Medicaid Coverage for Addiction Recovery Expansion Act**, introduced by Rep. Bill Foster (D-IL). This bill would amend Medicaid's IMD exclusion to allow state coverage of substance abuse treatment services provided in certain inpatient facilities and establish a grant program for states to expand and establish youth addiction treatment facilities under Medicaid or CHIP. We also support the proposal to **provide**

Medicaid coverage protections for pregnant and post-partum women receiving inpatient treatment for a substance use disorder.

- Individuals in the grip of an opioid addiction often become involved in the juvenile or criminal justice system. Effective treatment can help prevent reentry into these systems, enabling an individual with an opioid or other substance use disorder to resume being a productive member of their family and community. We endorse two bills before the committee that would help secure coverage for these populations: **H.R. 1925, the At-Risk Youth Medicaid Protection Act**, introduced by Rep. Tony Cárdenas (D-CA), and **H.R. 4005, the Medicaid Reentry Act**, introduced by Rep. Paul Tonko (D-NY).
- We support initiatives to **improve Medicare beneficiary awareness of issues associated with opioid use and of non-opioid treatments for chronic pain**, as provided under the draft legislation to add resources on these topics to the Medicare Handbook, within Medicare Part D prescription drug plans, and as part of initial preventive physical examinations for new Medicare enrollees.

Thank you for the opportunity to comment on significant steps the committee can take to help address the opioid crisis and its effect on Medicaid and Medicare beneficiaries. We applaud the committee's work on this vitally important issue and encourage you to view the American Psychological Association as a resource to the committee for further information or research.