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ONE HUNDRED FIFTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
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May 2, 2018

Mr. David Guth
CEO and Co-founder
Centerstone America
44 Vantage Way
Nashville, TN 37228

Dear Mr. Guth:

Thank you for appearing before the Subcommittee on Health on April 11, 2018, to testify at the hearing entitled "Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on May 15, 2018. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Michael C. Burgess, M.D.

1. Individuals who are opioid dependent often have complex social, physical, or behavioral health comorbidities. For example, six out of 10 people with a substance use disorder also suffer from another form of mental illness and could benefit from increased care management. What kinds of benefits does a SUD Health Home offer to a Medicaid beneficiary that would not be available outside of the model? Can you provide details on how states have taken the concept of team-based care, which includes: wrap-around services such as comprehensive care management, care coordination, and support services and put that into practice using the health home waiver?

2. One goal of Health Homes is to provide care in primary care settings and help participants effectively manage their conditions by increasing preventive care. For example, South Dakota's Health Home has increased access to primary care: is this something you are seeing across your Health Homes?

3. The National Association of Boards of Pharmacy reports that 39 states already mandate use of PDMPs. What has your experience been in using PDMPs to combat the opioid crisis? What is your sense on how providers and dispensers view the usefulness of PDMPs?

4. Numerous studies have found that Medicaid enrollees have excessive burdens of chronic pain and are at a much higher risk of substance use disorders compared to populations with other types of insurance. Similar studies have found that Medicaid enrollees are thus at heightened risk for prescription opioid misuse and were five to six times as likely to die from opioid-related overdose compared to populations with other types of insurance. Because of this, according to the authors of one such study, which I quote: "reducing the number of unsafe prescriptions of opioids in the Medicaid population should be a priority for any drug control policies." I believe that we have several bills before us today that will help achieve that goal. Our Pharmacy Home Bill, our PDMP Bill, and our DUR bill for example. Do you believe that these policies will help to advance the important goal of reducing the number of opioids in the Medicaid population?

5. The Medicaid HUMAN CAPITAL Act would provide enhanced funding for states to recruit highly-experienced Medicaid directors, Chief Information Officers, and Chief Financial Officers. In Mr. Douglas's testimony, he discusses the importance of strengthening Medicaid's role as a payer in combatting opioid misuse. He notes "Congress should implement policies that support state recruitment and retention of strong Medicaid executive leadership," because as he explains, a stable and strong state leadership will be best equipped to respond to the opioid crisis and further public health crises." In your opinion, is it helpful to improving Medicaid's role in addressing the opioid epidemic and other public health challenges by helping states secure the most talented, innovative, and experienced leadership possible?

6. I am interested in the draft that proposes a demonstration project to increase provider capacity in Medicaid for treating substance use disorder. States could apply to use the funds to recruit or train current or new providers. However, I do have several concerns with the idea. Given all the funds that Congress has authorized to support provider capacity such as GME as well as grants from HRSA, SAMSHA, and CDC. Is this idea duplicative? I am also unclear why we would start a new program when those are well established and have staff that understand workforce capacity. Can you comment on that?

The Honorable Frank Pallone, Jr.

1. How does Centerstone use telehealth as part of its comprehensive addiction care model? How can telehealth be used to deliver the supportive services that are crucial to long-term recovery?

2. How do site restrictions under the Medicare program affect patients' access to telehealth services for substance abuse disorders?

3. Provider shortages in the field of behavioral health services field create continuing challenges for those seeking treatment. How can telehealth help to fill this gap?

4. How can better coverage of psychotherapy and behavioral health services delivered via telehealth expand access to psychosocial treatment that is necessary to promote long term recovery from opioid use disorders?

5. At present, providers utilize a variety of interventions for opioid use disorders and lack a standardized approach for treatment. In some instances, patients may receive only medication treatment or behavioral treatment, while other providers offer comprehensive care for opioid use disorder.

    a. Why is this problematic in our efforts to fight the opioid epidemic?

    b. While we know the best treatment for opioid use disorders combines medication-assisted treatment and behavioral health therapy, no value-based models exist to incentivize this standard of treatment. Is there a need for value-based payment models for the treatment of opioid use disorder, and how might such payment models improve the quality of care for patients?

    c. What measures of quality should be considered in the development of a value-based payment model for opioid use disorder?