

ALCEE L. HASTINGS
20TH CONGRESSIONAL DISTRICT
FLORIDA

COMMITTEE ON RULES
SENIOR MEMBER

UNITED STATES
HELSINKI COMMISSION
RANKING DEMOCRATIC MEMBER

FLORIDA DELEGATION
CO-CHAIRMAN

SENIOR DEMOCRATIC WHIP



Congress of the United States
House of Representatives
Washington, DC 20515-0920

PLEASE RESPOND TO:

- 2353 RAYBURN BUILDING
WASHINGTON, DC 20515-0923
TELEPHONE: (202) 225-1313
FAX: (202) 225-1171
 - 2701 W. OAKLAND PARK BOULEVARD
SUITE 200
FT. LAUDERDALE, FL 33311
TELEPHONE: (954) 733-2800
FAX: (954) 735-9444
 - TOWN OF MANGONIA PARK
MUNICIPAL CENTER
1755 EAST TIFFANY DRIVE
MANGONIA PARK, FL 33407
TELEPHONE: (561) 469-7048
- www.alceehastings.house.gov

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Statement of the Honorable Alcee L. Hastings

On Member Day: Testimony and Proposals on the Opioid Crisis for the Subcommittee on Health of the House Energy and Commerce Committee

M. Chairman, thank you for holding this important hearing about how the opioid epidemic is affecting communities nationwide. Today, I would specifically like to discuss the importance of repealing or reforming the Medicaid Institutions for Mental Diseases exclusion, which is a barrier to residential treatment for low-income people.

Unfortunately, M. Chairman, one of my counties, Palm Beach County, Florida, saw nearly 600 fatal overdoses last year, mostly related to opioids. The number of fatal opioid overdoses has gone up 230 percent in the past two years overwhelming police, firefighters, hospitals, and morgues. In fact, the Opioid crisis has been declared a public health emergency by Florida Governor Rick Scott.

Recovering drug users are flocking to South Florida from everywhere - drawn by a world-renowned drug treatment industry. Some find good centers and a path to recovery. Others fall victim to corrupt operators and wind up homeless, without money, and in the most tragic cases, dead.

Substance use disorder (SUD) plagues the United States both socially and economically. The cost of substance abuse and drug addiction to our health care system totals \$705 billion annually, where the emotional costs of drug addiction, on family, friends and those battling addiction, cannot be calculated.

An estimated 23.1 million Americans ages 12 or older needed treatment for substance abuse in 2012; however, only 2.5 million of them actually received treatment. This shortfall is due primarily to the limited availability of substance use disorder services, particularly for those in need of residential care to address chronic addiction.

Last year, I introduced a bill to amend title XIX of the Social Security Act and remove the exclusion of coverage for services in institutions of mental diseases (IMD) under Medicaid. My legislation is designed to enable more Americans who suffer from SUD to gain equal access to the treatment necessary for their long-term recovery.

Under current law, Medicaid beneficiaries are barred access to community-based residential treatment for severe conditions due to the IMD exclusion that prohibits reimbursement care of patients at facilities with more than 16 beds. This nonsensical exclusion has effectively deterred facilities from serving those in dire need of care.

Eliminating the IMD exclusion will allow those who suffer from severe substance use disorders to have equal access to treatment, to achieve stable, long-term recovery, and to become productive members of society. The IMD elimination will also reduce the health, public safety, and economic consequences associated with addiction.

Addiction must be treated like any other chronic disease in this country, with a full continuum of treatment options based on the person's level of need. Current Medicaid policy hinders states' efforts to make this continuum available to Medicaid patients. My legislation would remove this federal payment prohibition for behavioral health services provided in residential settings. Such a removal would improve access to substance use treatment services for millions of Americans across the country.

The President's Commission on Combating Drug Addiction and the Opioid Crisis Interim Report recommended that all 50 states be granted waiver approvals to eliminate barriers resulting from the IMD exclusion. Providing health care services and treatment resources to those who suffer from substance abuse is critical. In the face of this opioid epidemic, our nation cannot afford to continue to bear the unintended constraints of 50-year old provision under Medicaid, which severely impedes availability and access to treatment.

Once again Mr. Chairman, I want to thank you for holding this critically important hearing today, and greatly appreciate the opportunity to testify for your Subcommittee.