

# **Senators introduce bipartisan bill to expand access to substance abuse treatment under Medicaid**

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WASHINGTON – U.S. Senators Dick Durbin (D-IL), Rob Portman (R-OH), Sherrod Brown (D-OH), Shelley Moore Capito (R-WV), Angus King (I-ME), and Susan Collins (R-ME) today introduced the *Medicaid Coverage for Addiction Recovery Expansion (Medicaid CARE) Act*, which would expand access to substance abuse treatment for tens of thousands of Medicaid beneficiaries across the country. The *Medicaid CARE Act* would increase addiction treatment services to help combat the heroin and prescription opioid epidemic by modifying the Medicaid Institutions for Mental Disease (IMD) Exclusion – an arcane policy created in 1965 that limits Medicaid coverage for substance abuse treatment to facilities with less than 16 beds. The *Medicaid CARE Act* would lift this outdated barrier by expanding Medicaid coverage to pay for up to 40 treatment beds at larger substance abuse treatment facilities.

“The opioid epidemic impacts every community across Illinois and the U.S. – urban, suburban, and rural. And every day, 91 people die from an opioid overdose. But we can help. By offering treatment for people suffering from addiction – rather than simply arresting them or turning them away from help – we can reduce crime, improve health, and save lives,” said Durbin. “Unfortunately, as the result of a decades-old Medicaid policy, I’ve seen patients wait for weeks on end to desperately access care. The *Medicaid CARE Act* is a vital piece of legislation that builds off gains made from the Affordable Care Act’s Medicaid expansion and would help save the lives of so many individuals currently in the throes of addiction. I will work tirelessly with my partners Senators Portman, Brown, and King to see it through.”

We have a heroin and prescription drug crisis in our state and this bipartisan bill would remove an unnecessary barrier that is limiting access to residential treatment in Ohio,” said Portman. “This measure will build on the work of CARA and CURES to expand options for Ohioans seeking substance abuse treatment by allowing residential facilities to treat more than 17 people under Medicaid. This is a necessary change and I’m urging the full Senate to act on this issue as quickly as possible.”

“Red tape shouldn’t keep Ohioans from needed treatment and this simple fix will provide real relief to those struggling with addiction,” said Brown. “Ohioans on the frontlines of the opioid epidemic tell me lack of beds at these facilities is the number-one barrier to getting folks on the path to recovery. Medicaid expansion has already helped hundreds of thousands in Ohio receive treatment, and we need to build off that success to make sure all treatment options are on the table for all Ohioans, regardless of their insurance.”

“West Virginia has been hit hard by the opioid epidemic. It’s a crisis that affects families and communities across our state, and we need to make sure all West

Virginians have access to critical treatment and rehabilitation resources,” Capito said. “The Medicaid CARE Act will help ensure individuals struggling with addiction have the care they need to fight and overcome it.”

“Expanding access to treatment facilities is critical to helping Maine people struggling with addiction. It’s no exaggeration to say that an available bed at a treatment facility could mean difference between life and death. In fact, one of the most tragic circumstances is when someone is ready to seek help and they’re turned away because of a lack of resources,” King said. “Today, outdated federal rules are limiting the availability of treatment and standing in the way of these potentially lifesaving opportunities. By increasing this decades-old cap, this legislation will allow treatment facilities to do what they do best – extend a helping hand to more people who are in need of it.”

“Our nation’s opioid and heroin epidemic has devastated countless families and communities across the country and has hit Maine particularly hard,” said Collins. “As we look for ways to address this burgeoning public health crisis, we must identify and correct outdated policies like the IMD exclusion that unintentionally block access to lifesaving substance abuse treatment. By improving access to treatment opportunities, our legislation will help provide hope and healing to those struggling with addiction.”

The IMD Exclusion prohibits the use of federal Medicaid funding for any care provided to patients 22-64 years old in residential mental health or substance abuse facilities larger than 16 beds. This policy was created over 50 years ago to discourage the mass warehousing of those with mental illness. But as understanding and treatment options for addiction have improved, this outdated rule continues to pose a barrier. It also violates substance use disorder treatment parity requirements by unfairly discriminating against Medicaid beneficiaries. This policy is no longer justified, and stakeholders, such as the Surgeon General and National Governors Association, agree that this policy poses a burden to care.

The *Medicaid CARE Act* modifies the IMD Exclusion to allow Medicaid coverage for up to 40 beds in appropriately accredited “residential addiction treatment facilities” for up to 60 consecutive days for adults with substance use disorders. The bill allows individuals receiving addiction treatment in such a facility to maintain Medicaid coverage for other medical services, which are currently ineligible under the IMD Exclusion. In Illinois, the most recent data available indicates that the *Medicaid CARE Act* would expand access to more than 535 residential addiction treatment beds across 18 facilities that are larger than the 16 bed limit and therefore presently ineligible for Medicaid payments.

The legislation also establishes a new \$50 million youth inpatient addiction treatment grant program to fund facilities that provide substance use disorder treatment services to underserved, at-risk Medicaid beneficiaries who are younger than age 21, with an emphasis on rural communities. In addition, the bill would increase flexibility for pregnant and postpartum women who are seeking treatment, and would allow them to access the services they need to ensure positive birth outcomes. This legislation builds off a letter that Sens. Durbin, Collins, King, Portman, Brown, Capito and 23 other bipartisan Senators sent in August 2016 to the Centers for Medicare and Medicaid Services (CMS) pushing for greater flexibility on IMD Exclusion to expand access to treatment.

U.S. Representative Bill Foster (D-IL) will be introducing the House companion version of this bill.

"I am looking forward to working with my colleagues in the Senate on this important issue in Illinois and across the country. Too many families know the suffering that opioid and heroin addiction causes and the extensive treatment it takes to overcome it." Foster said. "This legislation will allow treatment centers to provide better care for individuals who need it."

The bill is endorsed by the National Council for Behavioral Health, Treatment Communities for America, Mental Health America, National Association of City and County Health Officials, Commission on Accreditation for Residential Facilities, and Joint Commission.

Over the past 25 years, the number of opioid pain relievers dispensed in the United States has skyrocketed—from 76 million prescriptions in 1991 to more than 245 million prescriptions in 2014. The increase in opioid-related overdose deaths has mirrored the dramatic rise in opioid prescribing, with more than 33,000 deaths in 2015, a nearly three-fold increase since 2002. In Illinois, there were 1,835 overdose deaths in 2015, a 16 percent increase in just two years. At the same time, according to the U.S. Surgeon General's Report, *Facing Addiction in America*, only 10 percent of the 21 million Americans suffering with a substance use disorder receive specialty care.