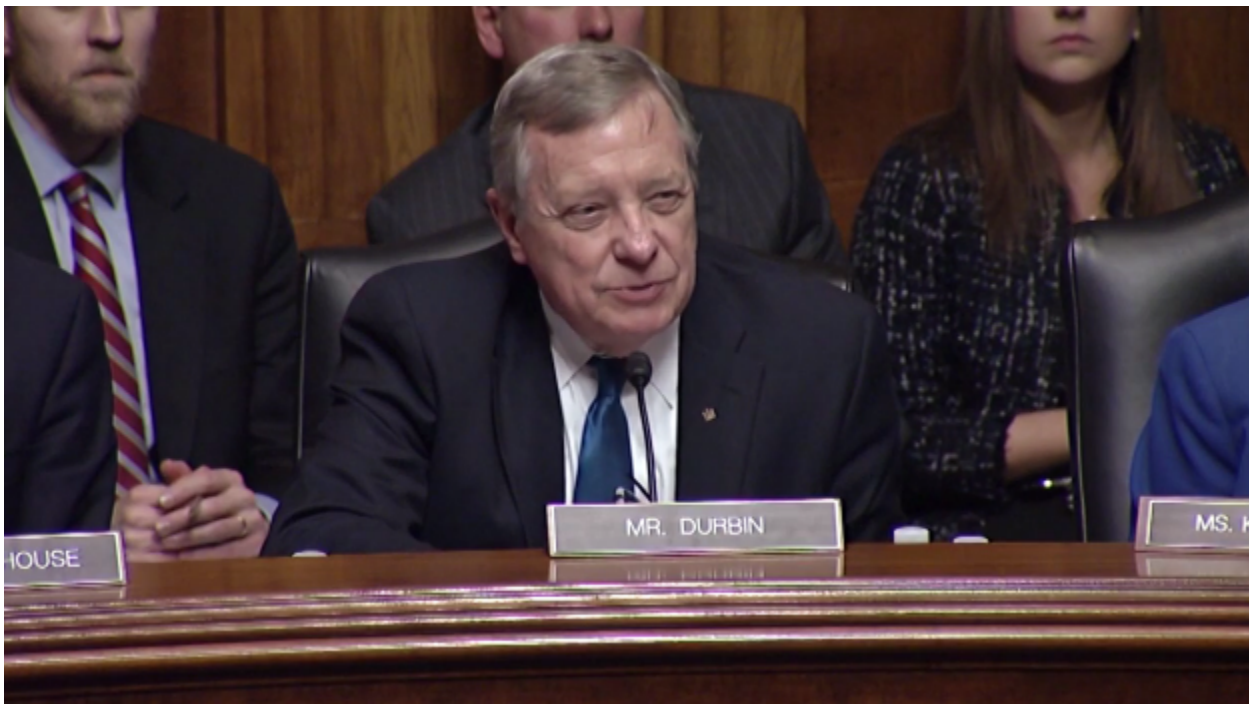


# Following announcement of national opioid emergency, Durbin, others, press Trump to expand access to treatment

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WASHINGTON – U.S. Democratic Senators Dick Durbin (IL), Sherrod Brown (OH), Joe Manchin (WV), and Cory Booker (NJ), Independent Senator Angus King (ME), and Republican Senators Rob Portman (OH), Shelley Moore Capito (WV), and Susan Collins (ME) today urged President Trump to lift the Medicaid Institutions for Mental Disease (IMD) Exclusion for residential substance use disorder treatment as part of his opioid emergency declaration. In May, the senators introduced the bipartisan *Medicaid Coverage for Addiction Recovery Expansion (Medicaid CARE) Act*, which would increase addiction treatment services to help combat the heroin and prescription opioid epidemic by modifying the 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 The *Medicaid CARE Act* would lift this outdated barrier by expanding Medicaid coverage to pay for up to 40 treatment beds within larger substance abuse treatment facilities. In July, the President's Commission on Combating Drug Addiction and the Opioid Crisis issued a preliminary report calling for an emergency waiver from the IMD Exclusion, calling it "the single fastest way to increase treatment availability across the nation."

**"Every day, 91 Americans die from an opioid overdose, impacting every community across the states we represent – urban, suburban, and rural – and the entire U.S. But we can help. Now that the President has declared the opioid crisis a national emergency, we hope he will implement the policies of our bipartisan bill, the *Medicaid CARE Act*, which is a vital piece of legislation that would help save the lives of so many individuals currently in the throes of addiction,"** said the members. **"The IMD Exclusion policy was created over 50 years ago to discourage the mass warehousing of those with mental illness. But today, it stands as an outdated barrier to addiction treatment and undermines insurance parity requirements by unfairly discriminating against Medicaid beneficiaries. We urge the President to use his emergency authorities to lift this policy, which the President's own commission, the former Surgeon General, and the National Governors Association agree blocks access to treatment in the height of the nation's worst-ever drug overdose epidemic. By maximizing Medicaid coverage gains and offering treatment for people suffering from addiction – rather than simply arresting them or turning them away from help – we can reduce crime, save money, improve health, and save lives."**

The *Medicaid CARE Act* modifies the IMD Exclusion to allow Medicaid coverage for up to 40 beds within larger 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, as well as allowing current facilities constricted to just 16 beds to expand their treatment capacity.

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, Booker and 22 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.

The bill is endorsed by more than 40 substance use disorder advocacy groups, including the Mental Health Liaison Group, the National Council for Behavioral Health, Treatment Communities for America, Mental Health America, the American Medical Association, the American Society of Addiction Medicine, the National Alliance on Mental Illness, the National Association of State Mental Health Program Directors, and the National Association of City and County Health Officials.

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.