

May 23-24, 2017

Promoting Continued Action to Address the Epidemic of Opioid Use

Congress should continue to fund vital opioid and substance use treatment programs at levels authorized by the Comprehensive Addiction and Recovery Act of 2016 and the 21st Century Cures Act. Members of Congress should oppose allowing states to waive the current law requirements that all insurers and Medicaid cover substance use disorder treatment as proposed in the House-passed American Health Care Act, as explained below in the “What is ACP Asking of Congress” section.

What’s it all about?

Opioid use continues to extract a terrible toll on our society. According to the Centers for Disease Control and Prevention (CDC), the rate of overdose deaths involving opioids increased 2,000 percent from 2000 to 2014. In 2014, sixty-one percent of drug overdose deaths involved some form of opioid. On average, 78 Americans die daily from overdoses of heroin and painkillers. Researchers find prescription opioid use serves as a gateway to heroin use, as 80 percent of heroin initiates previously misused prescription drugs. Data from the National Institute on Drug Abuse show increasing numbers of high school students and young adults using OxyContin.

- ✓ [View](#) ACP policy paper on *Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs*.

What’s the current status?

With the strong support of ACP, the 114th Congress passed and President Barack Obama signed into law the Comprehensive Addiction and Recovery Act (CARA) of 2016, P.L. 114-198. Passed with overwhelming bipartisan support, CARA contains the following provisions that ACP believes to be of particular significance: the development of an interagency task force to review, modify, and update, as appropriate, best practices for pain management and prescribing pain medication, grants to states to expand awareness of physicians, patients, and health care providers regarding the risks associated with the misuse of opioids, a comprehensive Prescription Drug Monitoring Program to track the dispensing of controlled substances, an increase in the availability of opioid overdose reversal drugs, alternatives to incarceration for individuals who misuse opioid drugs and other substances to manage their pain, an increase in the availability of partial fills to allow patients to receive a portion of an opioid prescription and an increase in the availability of entities to dispose of unwanted medications.

Although the CARA legislation authorized \$180 million in FY2018 in new programs designed to treat substance use addiction, Congress must subsequently approve and appropriate the actual funds in other legislation. Last year, in legislation to keep the federal government funded, Congress included \$7 million in funding for CARA-authorized programs and included an additional \$500 million in FY2017 from enactment of the 21st Century Cures Act for opioid addiction programs, some of which went to CARA-authorized programs. Finally, Congress also included \$150 million to combat the opioid crisis (of which \$20 million was directed to CARA-authorized programs) in the final FY 2017 Omnibus Appropriations bill that was signed into law on May 5, 2017.

In response to the worsening opioid crisis, the CDC issued revised guidelines for the prescribing of opioids. In January, 2016, ACP [commented](#) on the proposed guidelines noting that the guideline development was “both timely and necessary to help effectively address the increasingly clear public health problem of inappropriate opioid use and its related adverse consequences.” In November, 2016 former Surgeon General Vivek Murthy released his office's first-ever [report](#) on opioids and addiction, which included tools and recommendations collected from more than a year of research. On March 29, 2017, President Trump signed an executive order creating a high-level opioids commission which is housed in the newly-created White House Office of American

Innovation. The Commission is led by former New Jersey Governor Chris Christie, who has spoken about the need to prioritize treatment for opioid addiction.

In March of this year, the new Secretary of Health and Human Services (HHS) and former member of Congress from the state of Georgia, Dr. Tom Price, announced grants to states to combat the opioid crisis. HHS will administer grants totaling \$485 million to all 50 states. Funding will support a comprehensive array of prevention, treatment, and recovery services depending on the needs of recipients. States and territories were awarded funds based on rates of overdose deaths and unmet need for opioid addiction treatment. To combat the ongoing opioid crisis, HHS has prioritized five specific strategies: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research. The Secretary subsequently sent a letter to governors whose states are receiving grants and outlined his and the administration's firm commitment to address the opioid crisis as each state and territory across the country works to address the significant health, social, and economic consequence. [View](#) grant funding amounts for each state.

Why should the 115th Congress address it?

Although the 114th Congress took an important step by enacting CARA last year, it is essential that the 115th Congress continue to provide funding for opioid and substance use treatment at levels authorized in the CARA legislation. Equally important is the need for Congress to not jeopardize this progress to date by striking key current-law coverage provisions under the Affordable Care Act. Regrettably, the American Health Care Act, which passed the House on May 4, would allow states to obtain waivers to eliminate the ACA's requirement that Medicaid and plans sold in the individual insurance market include coverage of substance use disorder treatment as a required essential health benefit (EHB). It would also allow waiver states to permit insurers to impose annual and lifetime caps on benefits for substance use disorder treatment by removing substance use treatment as a mandated essential benefit. Finally, according to the Wall Street Journal, "Under the [AHCA], large employers could choose the benefit requirements from any state... By choosing a waiver state, employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the [AHCA]... with the result that millions of patients will be at risk of losing coverage for essential services like... substance use disorder treatments..."

Allowing states to eliminate the EHB will threaten our nation's fight against the opioid epidemic. A [study](#) concluded that with repeal of the ACA, "approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, of whom about 222,000 have an opioid disorder, would lose some or all of their insurance coverage."

- ✓ [View](#) ACP letter to House and Senate leaders explaining why it opposes the American Health Care Act
- ✓ [View](#) a joint letter to House leadership voicing opposition to the American Health Care Act

What is ACP asking of Congress?

Fully fund the \$180 million authorized under CARA for FY2018, and the additional \$500 million for FY2018 as called for under the 21st Century Cures Act.

Reject allowing states to waive current requirement that Medicaid and insurers cover substance use disorder treatment and that large employers include such coverage, as proposed by the American Health Care Act.

Who can I contact to learn more?

advocacy@acponline.org

Digital version of this issue brief can be found at: <https://www.acpservices.org/leadership-day/policy-priority-issues>