



The SUPPORT Act: New Tools in Medicaid to Address the Opioid Epidemic

Manatt Health
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Agenda

○ Background

- The SUPPORT Act
- The opioid epidemic
- Medicaid's role in combatting the opioid epidemic

○ SUPPORT Act Medicaid Provisions

- Reducing opioid prescriptions
- Expanding access to the full continuum of care for substance use disorder services
- Expanding treatment capacity
- Other provisions

Background

The SUPPORT Act

On October 24, 2018, President Trump signed the “SUPPORT Act” to address the opioid epidemic from multiple perspectives

Today's focus

Medicaid and CHIP	<ul style="list-style-type: none"> ▪ Limiting opioid prescribing ▪ Increasing treatment ▪ Expanding provider capacity
Medicare	<ul style="list-style-type: none"> ▪ Expanding telehealth services ▪ Supporting prevention and treatment programs ▪ Promoting drug monitoring programs
Other Health Provisions	<ul style="list-style-type: none"> ▪ Establishing grant programs (e.g., emergency departments and comprehensive opioid recovery centers) ▪ Promoting data sharing (e.g., annual notification to health care providers regarding permitted disclosures of health information to family members and others during emergencies such as overdose) ▪ Providing additional training for first responders
Law Enforcement	<ul style="list-style-type: none"> ▪ Limiting the flow of illicit drugs ▪ Curbing the overprescribing of prescription opioids

- The Congressional Budget Office (CBO) estimates increases direct spending outlays by ~\$3 billion over 10 years
- The law also authorizes, but does not appropriate, funding for a wide variety of new grant programs

Source: [SUPPORT for Patients and Communities Act](#), October 2018; [Estimated Direct Spending and Revenue Effects of H.R. 6, SUPPORT for Patients and Communities Act](#), Congressional Budget Office, September 2018

The Opioid Epidemic Continues to Devastate the Country



More than 115 Americans die each day from opioid overdoses



11.4 million Americans misused prescription opioids in 2016



The total "economic burden" of prescription opioid misuse alone in the U.S. is estimated at \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement

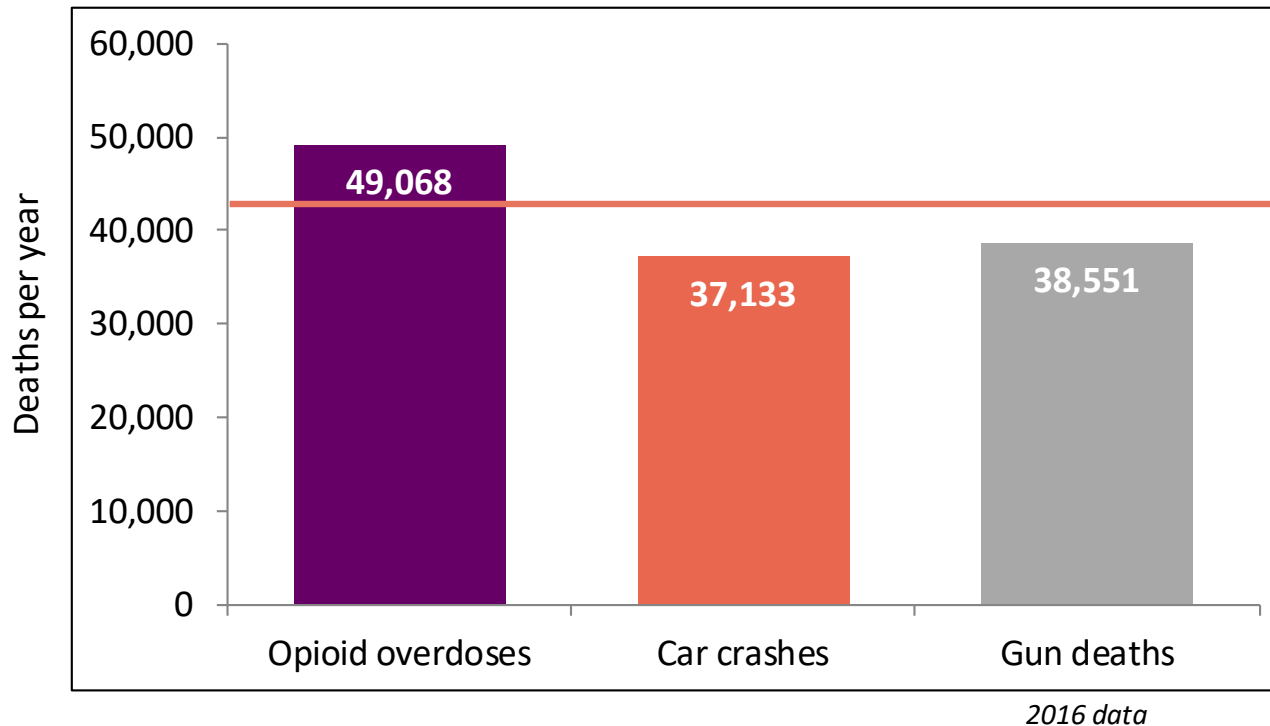
Source: [Opioid Overdose Crisis](#) NIDA, [What is the U.S. Opioid Epidemic](#) HHS,

Prescription Opioid Overdose Death Rates Vary



Opioid Overdoses Are a Leading Cause of Death

In 2017, deaths due to opioid-related overdoses, including prescription opioids, other synthetic opioids and heroin rose from 42,000 to 49,000 surpassing other leading causes of accidental deaths, and even deaths due to HIV/AIDS at its peak in 1995



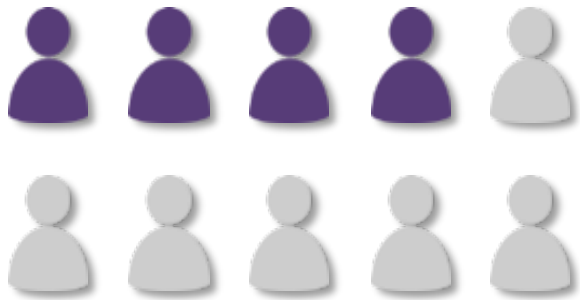
43,115 deaths due to HIV/AIDS in 1995

Preliminary CDC data from December 2017-March 2018 indicate the pace of the increase in total drug overdose deaths may be slowing

Source: [Overdose Death Rates](#), National Institute for Drug Abuse, August 2018; [Traffic Safety Facts Research Notes](#), National Highway Safety Administration, October 2018; [Firearm Mortality by State](#), Centers for Disease Control and Prevention, January 2018; NBC News, [U.S. Health Chief Says Overdose Deaths Beginning to Level Off](#), September 2018

Medicaid is a Major Source of Treatment for People with Opioid Use Disorders

Medicaid is the largest source of coverage and funding for substance use prevention and treatment



Four in ten adults with an OUD are covered by Medicaid

Medicaid spent 3x

More on services for people with an OUD prior to the Affordable Care Act's Medicaid expansion (\$9.4B) than the entire SAMHSA budget for SUD (\$2.9B) in FFY 2017

50%

of Medicaid spending for individuals with OUD is for physical and behavioral health issues that co-occur with substance use disorders

Medicaid enrollees with OUD were 2x

as likely to receive treatment for an OUD than as those with private insurance or no insurance to receive any OUD treatment

Sources: [Opioid Overdose Deaths by Type of Opioid](#), Kaiser Family Foundation, 2016; [Rapid Growth in Medicaid Spending on Medications to Treat Opioid Use Disorder and Overdose](#), The Urban Institute, June 2017; [The Opioid Epidemic and Medicaid's Role in Facilitating Access to Treatment](#), Kaiser Family Foundation, February 2018; [Medicaid: The Linchpin in State Strategies to Prevent and Address Opioid Use Disorders](#), Robert Wood Johnson Foundation & Manatt Health, March 2018.

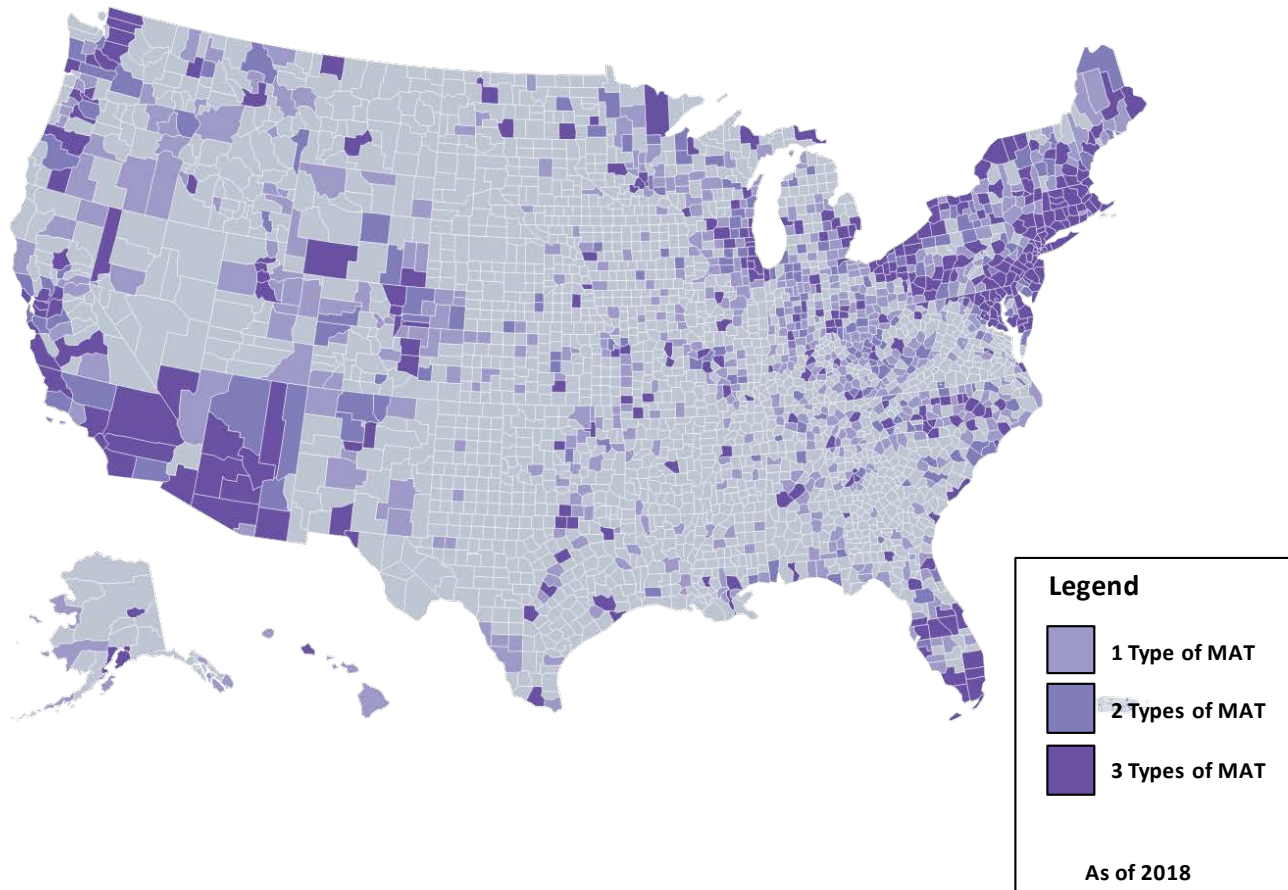
Medicaid Is A Significant Payer for Medication-Assisted Treatment (MAT)

- As of February 2018, Medicaid programs in all states and Washington D.C. cover at least one form of MAT, and most states cover all three
 - Buprenorphine: 51 states
 - Methadone: 36 states
 - Naltrexone: 49 states
- Most Medicaid spending for OUD prescriptions is on buprenorphine
 - In 2016, Medicaid paid for **24%** of buprenorphine prescriptions; nearly **double** that amount in some states
 - In Ohio, nearly **50%** of buprenorphine prescriptions were paid by Medicaid
- Medicaid spending on MAT drugs has more than **doubled** over the past five years, to nearly **\$1 billion** in 2016
- Spending growth for MAT has been highest in states that **expanded Medicaid**

MAT pairs medication with psychosocial therapies and remains the gold standard for treating people with OUDs

Sources: [Rapid Growth in Medicaid Spending on Medications to Treat Opioid Use Disorder and Overdose](#), The Urban Institute, June 2017; [Medicaid: The Linchpin in State Strategies to Prevent and Address Opioid Use Disorders](#), Robert Wood Johnson Foundation & Manatt Health, March 2018. [Medicaid's Role in Addressing the Opioid Epidemic](#), Kaiser Family Fund, February 2018; [Where Multiple Modes Of Medication-Assisted Treatment Are Available](#), Health Affairs, January 2018; [The Case for Medication-Assisted Treatment](#), Pew Charitable Trusts, February 2017

Access to Facilities Providing MAT That Accept Medicaid Varies Widely Across the U.S.



- Among facilities that offer at least one form of MAT, 67.6% accept Medicaid
- 14 states do not have a facility offering all three forms of MAT that also accepts Medicaid
- 53% of U.S. counties do not have a physician with the special waiver required to prescribe buprenorphine

Sources: [Where Multiple Modes Of Medication-Assisted Treatment Are Available](#), Health Affairs, January 2018; [Facilities Providing Some Medication Assisted Treatment and Accepting Medicaid](#), AmfAR, 2018

SUPPORT Act Medicaid Provisions

Medicaid Provisions of the SUPPORT Act

SUPPORT includes a number of Medicaid and CHIP provisions that either permanently or temporarily authorize Medicaid funding to address coverage gaps and to promote access for people with or at risk for substance use disorders (SUDs)



Reducing opioid prescriptions



Expanding access to the full continuum of care for SUD services



State option to provide SUD treatment in IMDs



Expanding treatment capacity



Other provisions

Source: [SUPPORT for Patients and Communities Act](#), October 2018; [Estimated Direct Spending and Revenue Effects of H.R. 6, SUPPORT for Patients and Communities Act](#), Congressional Budget Office, September 2018

Reducing Opioid Prescriptions



Prescription drug monitoring program (PDMP) provisions

- Require Medicaid providers to check the state's Prescription Drug Monitoring Programs (PDMP) to assess a patient's history of using controlled substances prior to issuing or refilling an opioid prescription
- Provide states with 100% federal funding in FYs 2019 and 2020 for PDMPs to strengthen them, including by ensuring that they have data sharing agreements with all contiguous states



Mandatory requirements for drug utilization review programs

- Implement automatic safety edits on opioid refills, making it harder for consumers to receive more than a single prescription in the absence of a careful review of necessity
- Establish limits on maximum daily morphine equivalent usage
- Monitor concurrent prescribing of opioids and other drugs such as benzodiazepines that dramatically increase the risk of overdose and death
- Implement retrospective drug use review programs to identify and address inappropriate prescribing and billing practices that indicate abuse or excessive utilization

Source: [SUPPORT for Patients and Communities Act](#), October 2018.

Expanding Access to SUD Services



Standardizing coverage of MAT

- From fiscal year 2020-2025, all state Medicaid programs are required to cover MAT, including all drugs and biological products approved by the Food and Drug Administration (FDA) to treat opioid use disorders, as well as related counseling and behavioral health services, providers or facilities providing MAT



Additional enhanced funding for SUD health homes

- The Affordable Care Act allows states to implement health homes to coordinate care for people with chronic conditions, including SUDs; the federal government assumes 90% of the cost of health home services for the first eight quarters, regardless of states' regular matching rate
- The SUPPORT Act authorizes an additional two quarters (for a total of 10 quarters) of enhanced Medicaid health home matching for new SUD-focused health homes beginning in FY 2018 or later

Source: [SUPPORT for Patients and Communities Act](#), October 2018.

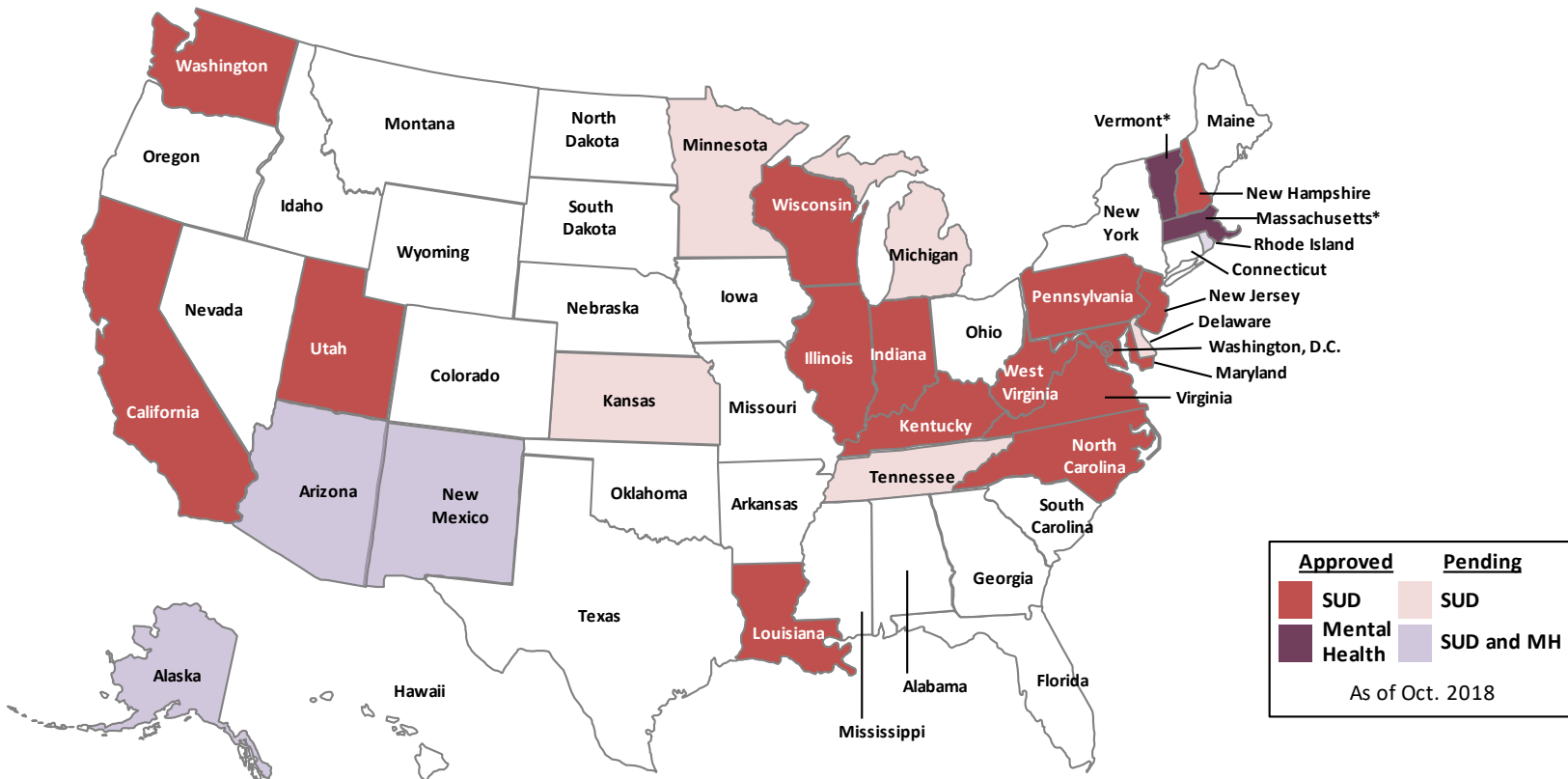
State Plan IMD Option

Under the SUPPORT Act, states now have a state plan option to receive federal matching funds for services provided to individuals in IMDs for substance use disorders

- Section 1905 of the Social Security Act precludes payment for services delivered to individuals ages 21-64 residing in facilities classified as IMDs; this provision of Medicaid law is commonly referred to as the “IMD exclusion”
- The 2016 Medicaid managed care rule permitted states to receive federal matching funds for 15 days or fewer of services delivered in IMDs as an in lieu of service
- CMS issued guidance in November 2017, replacing guidance issued in July 2015, advising states that CMS will grant waivers of the IMD exclusion for services to treat addiction to opioids or other substances if states meet key conditions, including:
 - Proving access to a full continuum of SUD services
 - Ensuring Medicaid enrollees have access to high-quality SUD treatment providers
- The SUPPORT Act includes a **state option** to partially lift the IMD exclusion to allow states to reimburse for services provided in an IMD to individuals with an SUD for up to 30 days over a 12-month period from FY 2019–2023
 - States still can decide to pursue an IMD waiver or to use the 15-day in lieu of service option

State IMD Exclusion Waivers

17 states have obtained waivers of the IMD exclusion, expanding access to residential treatment and withdrawal management services



*Massachusetts and Vermont both have limited waivers of the IMD exclusion for mental health services that were approved during the Obama Administration.

IMD Waiver vs. State Plan IMD Option

	Waivers of the IMD Exclusion	State Plan IMD Option
Coverage Limit	<ul style="list-style-type: none"> No hard limit, though state must aim for a 30 day average length of stay 	<ul style="list-style-type: none"> Hard limit of 30 days within a 12 month period
MAT Coverage	<ul style="list-style-type: none"> IMDs must provide MAT onsite or contract with nearby MAT providers 	<ul style="list-style-type: none"> IMDs must offer at least two types of MAT
Continuum of SUD Services	<ul style="list-style-type: none"> State must offer a full continuum of care 	<ul style="list-style-type: none"> State must offer a full continuum of care
Duration	<ul style="list-style-type: none"> Five year demonstration periods 	<ul style="list-style-type: none"> Only available from 2019-2023
Other State Requirements	<ul style="list-style-type: none"> Design demonstrations that focus on use of evidence-based practices Submit four deliverables (SUD Implementation Protocol, Monitoring Protocol, Evaluation and Midpoint Assessment) 	<ul style="list-style-type: none"> Sustain prior levels of state and local funding for both IMD and outpatient services Notify HHS about how the state will ensure a continuum of services are available in outpatient, inpatient, and residential

Expanding Treatment Capacity



The SUPPORT Act authorizes a demonstration project to increase SUD provider capacity

- CMS, in consultation with the Agency for Healthcare Research and Quality (AHRQ) and SAMHSA, will work with States to conduct a 54-month project to support recruiting, training, technical assistance, and improved reimbursement for Medicaid SUD or recovery support providers
- At least 10 states – which must be geographically diverse and have a prevalence of opioid use disorder that is at or above the national average – will receive 18-month planning grants totaling \$50 million
- Five of those states will receive enhanced federal matching funds to support treatment or recovery services for the remaining 36 months of the demonstration subject to maintenance of effort
- During those 36 months, the federal government will match 80% of the cost of treatment or recovery services that exceed the amount expended during FY 2018 for the same categories of services

Source: [SUPPORT for Patients and Communities Act](#), October 2018.

Other Medicaid Provisions



Medicaid Reentry for Previously Incarcerated Enrollees

- States must suspend – rather than terminate – the Medicaid coverage of beneficiaries under 21 when they are incarcerated
- States must process Medicaid applications submitted by or on behalf of juveniles who were not enrolled in Medicaid before incarceration and cover eligible individuals post release
- HHS must convene a stakeholder group to develop best practices for ensuring continuity of health insurance or Medicaid coverage and relevant social services for individuals who are incarcerated and transitioning to the community
- CMS must issue a State Medicaid Director letter discussing opportunities to design Section 1115 demonstrations that improve care transitions for this population, such as systems for providing assistance, enrollment education and Medicaid services during the transition period prior to release



Health Insurance for Former Foster Care Youth

- Former foster care children who turn 18 on or after January 1, 2023, must remain eligible for Medicaid until they are 26 regardless of which state they resided in when they received foster care
- Currently, states must cover such children only if they received foster care in the same state

Source: [SUPPORT for Patients and Communities Act](#), October 2018.

Medicaid Provisions Represent Two-Thirds of Act's Spending

Select Medicaid-Specific Provisions	CBO Score* (in \$ millions)
State IMD Option	\$1,048
Medicaid Health Homes for SUD Medicaid Enrollees	\$509
Demonstration Project to Increase Substance Use Provider Capacity	\$256
Health Insurance for Former Foster Care Youth	\$171
At-risk Youth Protection	\$75

*From 2019-2028

For context, the Act adds \$2.1 billion to Medicaid over fiscal year from FYs 2019 – 2028, an increase of 0.04% in Medicaid

Source: [Estimated Direct Spending and Revenue Effects of H.R. 6, SUPPORT for Patients and Communities Act](#), Congressional Budget Office, September 2018

Thank You

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