

PROVIDE MEDICARE BENEFICIARIES WITH CLINICALLY AND COST-EFFECTIVE TREATMENT FOR OPIOID USE DISORDER

The Problem

Nearly one-third of Medicare Part D enrollees used prescription opioids in 2015. So, it is not surprising that Medicare beneficiaries have the highest and fastest growing rate of opioid use disorder (OUD). In fact, more than 300,000 beneficiaries suffer from OUD. The financial fallout is significant as Medicare hospitalizations due to complications caused by opioid abuse or misuse increased 10 percent every year from 1993 to 2012.

Unfortunately, Medicare does not cover what NIH deems as the “most effective of all treatments for opioid addiction” – medication-assisted treatment (MAT) in the opioid treatment program (OTP) setting. Instead, Medicare will pay for “treatment” with more expensive medications in a less-effective setting.

The Solution

Senators Cassidy, Nelson, and Cardin have introduced the *Comprehensive Opioid Management and Bundled Addiction Treatment (COMBAT) Act* (S. 2875) which would provide Medicare beneficiaries with access to MAT in the OTP setting. Specifically, S. 2875 would allow SAMSHA-certified and accredited OTPs to bill Medicare for MAT including counseling, toxicology screening, and medication beginning in 2020. OTPs would be paid a bundled rate for their services and medication. CBO estimates that this lifesaving benefit would cost \$243 million.

Status in the Senate

The Finance Committee favorably reported S. 3120 which would create a five-year demonstration program that would allow 2,000 Medicare beneficiaries to receive MAT in the OTP setting. While we appreciate this development, we strongly support adding OTP coverage to the Medicare benefit.

Respectfully, experts already know that MAT received in OTPs works. It does not need to be studied further as it has been the gold standard for treating OUD for the last 50 years. Consider one study that showed 90 percent of patients receiving treatment at an OTP for more than one year tested negative for opioids and oxycodone in their most recent drug screen. Further, another study found that 73 percent of patients in treatment more than one year are currently employed, enrolled in school, or disabled.

The Ask

We respectfully urge the Senate to include S. 2875 in any opioid legislation it considers on the floor and to pass it without delay. This policy was included in H.R. 6 which passed the House 396-14. We have identified more than \$3.5 billion in bipartisan Medicare and Medicaid offsets to help offset the cost of this legislation.