

## Curbing the Impact of the Nation's Opioid Crisis

*As front-line physicians treating patients with substance use disorders (SUDs) every day, psychiatrists are increasingly concerned about the impact the opioid crisis is having on patients, families, and communities. To reach the estimated 20.1 million Americans suffering from untreated SUDs, we must build upon the scientific evidence that shows this is a chronic disease of the brain that can be effectively treated. We are committed to a comprehensive approach that includes education, improved access to quality care, and addressing the stigma of addiction while not impeding patients' access to medications needed to treat chronic pain.*

*Below are recommendations to address the country's opioid crisis.*

- **Increase access to evidence-based treatment approaches through improved coverage and reimbursement for substance use disorder treatment.** Research shows that medication and therapy together may be more effective than either treatment method alone. However, providers of mental health and opioid use disorder (OUD) services continue to experience disparities in reimbursement and patients experience disparities in coverage for these services. The Food and Drug Administration has approved methadone, buprenorphine, and naltrexone for OUD treatment. Despite the proven success of these medications, several states currently do not reimburse for medication-assisted treatment (MAT)-related services through their Medicaid plans and Medicare has no comprehensive SUD treatment benefit, including reimbursement for services delivered or drugs dispensed by an opioid treatment program. According to a recent Milliman report, insurers in 46 states and the District of Columbia offered plans with higher rates for primary care office visits than for behavioral health office visits, while patients seeking behavioral health services were four times more likely to receive treatment from out-of-network providers than those seeking medical or surgical services.
- **Reduce the administrative burden associated with providing patients effective treatment.** The process of obtaining prior authorization for services and/or dispensing of medications for an OUD is burdensome and delays treatment to life-saving care. It also causes physician burnout and takes away patient-focused time to complete required paperwork. Some private insurers – such as Aetna, Anthem, Cigna, and United Health Group – have lifted prior authorizations for MAT.
- **Incentivize more providers to treat substance use disorders.** The ability to turn the tide of the opioid crisis depends on an adequate supply of providers. This includes creating a pipeline of addiction professionals to create a robust behavioral health workforce by incentivizing careers focused on treatment of patients with SUDs. To alleviate the current workforce shortage and mitigate the stigma associated with treatment, it is critical that we expand effective models of care, such as the use of telehealth and effective integrated care models. Treatment of SUD via telepsychiatry demonstrates similar—and in some cases, superior—outcomes to in-person care, particularly amongst rural communities and certain cultural groups (such as Native American communities). Meanwhile, evidence-based, integrated care models such as Project Echo, Hub and Spoke, and the Collaborative Care Model provide support for primary care providers treating patients with SUDs while allowing patients to receive treatment in settings where they may feel most comfortable.

- **Align patient privacy laws to better treat the whole health of patients with substance use disorders.** 42 CFR Part 2, Confidentiality of Privacy Records for Substance Use Disorders, is an ongoing barrier to meet the whole health needs of patients with SUDs and improve access to treatment for individuals impacted by the opioid crisis. As a means of beginning to overcome these barriers, we recommend aligning Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of health care treatment, payment, and operations (TPO) and strengthen protections against the use of SUD records in criminal proceedings.
- **Ensure fair, appropriate treatment for individuals in the criminal justice system or those facing prosecution and move upstream in addressing the opioid crisis.** According to the Bureau of Justice Statistics, more than half of those in the criminal justice system suffer from a mental illness, while between one-half and three-quarters of inmates suffer from a substance use disorder. Jails and prisons should make available quality mental health and/or OUD treatment to all inmates who qualify for such treatment. Additionally, child traumatic stress is a serious public health problem that affects millions of children, including those with parents struggling with an OUD, and costs our country billions of dollars each year. Decades of research, including the Adverse Childhood Experiences (ACE) Study, provide substantial evidence for the lifelong health consequences of trauma and the importance of investing in programs to address it.
- **Advance research that offers alternatives treatment options for individuals with pain.** National Institutes of Health (NIH) should be provided with the tools and flexibility to support innovative medical research to combat the opioid crisis, including innovative research on alternatives to opioid analgesics.
- **Reduce stigma related to substance use disorders.** Stigma should be addressed with a national prevention strategy, including a public awareness campaign to educate the public and healthcare providers about addiction as a chronic brain disease that can be effectively treated with evidence-based interventions. Experience with HIV, hepatitis, and other epidemics has demonstrated the capacity of the federal government, if leveraged properly, to raise public awareness.