



February 16, 2018

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of Acadia Healthcare I appreciate the opportunity to provide feedback on how to improve Medicare and Medicaid to respond to the opioid epidemic. Headquartered in Franklin, Tennessee, Acadia Healthcare was established in January 2005 to develop and operate a network of behavioral health facilities. Acadia provides mental health and substance abuse services to its patients in a variety of settings, including inpatient psychiatric hospitals, specialty treatment facilities, residential treatment centers, outpatient clinics and therapeutic school-based programs. Acadia operates over 575 facilities in 39 states, Puerto Rico, and the United Kingdom.

Within our outpatient substance abuse division, Acadia operates 114 Comprehensive Treatment Centers (CTCs) across the United States providing treatment to almost 60,000 patients a day. CTCs are highly-regulated, highly-structured, comprehensive treatment programs that provide Medication-Assisted Treatment (MAT) with a complete suite of wrap-around services. Our goal is to provide the highest quality care embracing the values of integrity, compassion, responsibility, and clinical excellence. Our comprehensive treatment approach delivers a seamless system of affordable services that supports and encourages the lowest possible relapse rate. Acadia is the nation's leading provider of MAT, which is the most effective solution to treat opioid use disorder (OUD). MAT is the integration of medication and psychosocial services to provide individualized care that will have the highest likelihood of helping people with OUD transition to recovery and lead healthy, productive lives. Acadia's CTCs provide medication, and full wrap-around services including individual and group counseling, random drug testing and other supportive services such as case management, primary care, mental health services, and HIV and Hepatitis C testing.

For more than 50 years, scientific evidence has proven the benefits of MAT yet Medicare and Medicaid coverage of these services is severely lacking. Medicare does not cover methadone for the OUD treatment and about 15 Medicaid programs fail to cover all three approved medications. Medication alone generally does not lead to recovery because the medication simply stabilizes the patient. These patients also need wrap-around services to ensure successful outcomes so it is critical that these services are also covered by Medicare and Medicaid.



Acadia Healthcare supports the National Association of Psychiatric Hospital Systems and the OTP Consortium which have provided detailed responses to the Committee. We would like to summarize and highlight a few of their recommendations.

Medicare Coverage of Medication Assisted Treatment

Medicare does not cover the full suite of wrap around services in the specialty care setting that are so important to recovery. Additionally, no single medication works for all people so having access to all three FDA-approved medications is essential to recovery. We support the adoption of a bundled payment methodology where all MAT-related services and medications provided in the specialty setting are reimbursed under a unified, fair capitated rate. The bundled model has proven to be successful and could be quickly implemented across the country – ensuring timely access to life-saving treatment for Medicare beneficiaries.

Medicaid Coverage of Medication Assisted Treatment

We fully endorse President Trump's FY19 budget proposal to require state Medicaid programs cover all FDA-approved Medication Assisted Treatments for opioid use disorder, including counseling in the appropriate treatment settings. Requiring Medicaid cover all FDA-approved medications in the MAT setting would ensure that patients suffering from OUD have access to the form of treatment that is most likely to lead to recovery. Additionally, Medicaid coverage of wrap around services is essential to recovery.

Prescription Drug Monitoring Programs

We understand the power of data so we support collecting data on those providing treatment for patients suffering from OUD. This data will inform providers and policymakers as to the type of OUD treatment being provided and whether or not they are producing successful health outcomes. All providers administering opioids to Medicare and Medicaid beneficiaries should be required to check the prescription drug monitoring program (PDMP) before issuing the prescription. Ensuring that all providers access PDMPs would significantly reduce the number of inappropriate prescriptions that have largely contributed to the OUD epidemic.

State PDMPs should be interoperable so that patients cannot bypass prescription limits by filling prescriptions in neighboring states. Congress could encourage such efforts by tying interoperability to Medicaid FMAP reimbursement.

Repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion

Since 1965, the IMD exclusion has prohibited federal payments to states for services to adult Medicaid beneficiaries between the ages of 21 and 64 who are treated in facilities that have more than 16 beds, and that provide inpatient or residential behavioral health treatment.

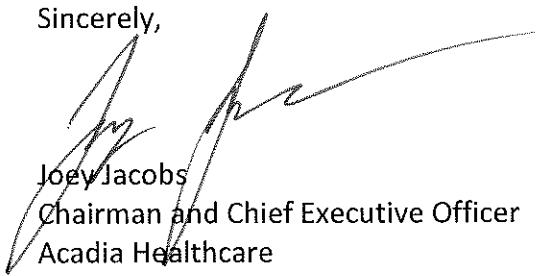


Repeal the Medicare 190 Life-time Limit

Medicare beneficiaries have a lifetime limit of only 190 days of inpatient care in a psychiatric hospital. No other lifetime limits exist in Medicare for any other type of inpatient care. Repealing the 190-day lifetime limit will further Congress' efforts to address mental health parity and increase access to care for the most seriously ill patients.

We appreciate your consideration of these comments and look forward to working with the Committee on these issues going forward. If we can provide any additional information, data or serve as a resource, please do not hesitate to contact Bryan Kaegi at (615) 861-7478 or Bryan.Kaegi@acadiahealthcare.com.

Sincerely,



Joey Jacobs
Chairman and Chief Executive Officer
Acadia Healthcare