



February 15th, 2018

The Honorable Orrin Hatch
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Improving Access to Substance Use Disorder (SUD) Treatment

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for this opportunity to share our views on the critical, timely issue of SUD treatment. Medicaid plays a critical role in treating people living with mental illness or addiction. In 2014, Medicaid spending accounted for 21% of all substance use disorder expenditures in the nation. Nearly one-third of people that gained coverage through the expansion of Medicaid under the Affordable Care Act have a mental disorder, a substance use disorder or both. Many states with the highest opioid overdose death rates have used Medicaid to expand access to medication-assisted treatment.

In a recent letter to Medicaid Directors, CMS encouraged states to expand evidence-based treatment for opioid abuse disorders including intensive outpatient, medication assisted treatment, and medically supervised withdrawal treatment. Intensive outpatient substance abuse programs can require up to 20 hours of treatment per week with initial treatment required five days per week.

Medicaid's non-emergency medical transportation benefit (NEMT) was designed based on the premise that if you cannot get patients to and from healthcare treatment, the program will not be successful. Research shows that third-party provided transportation can increase retention in outpatient drug abuse treatment programs¹ and the CMS-recommended American Society of Addiction Medicine recommend Medicaid-paid transportation to address the scarcity of Medicaid practitioners that provide Medication Assisted Treatment².

¹ Transportation and retention in outpatient drug abuse treatment programs. Friedmann, Peter D et al. Journal of Substance Abuse Treatment, Volume 21, Issue 2 , 97 - 103

² Advancing Access to Addiction Medications: Implications for Opioid Addiction Treatment. The American Society of Addiction Medicine. June 2013. Available at https://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final



Despite this evidence, CMS has approved waivers in Indiana, Iowa and Kentucky that eliminate the non-emergency medical transportation (NEMT) benefit in Medicaid 1115 demonstration waivers. Kentucky even received approval to waive NEMT for methadone treatment services that are required daily for all Medicaid beneficiaries enrolled in this treatment regimen.

Eliminating transportation benefits through 1115 waivers for Medicaid beneficiaries undermines the administration's commitment to addressing the opioid epidemic and guarantees that a portion of the population will go unserved.

To address this oversight, the Committee should:

- Amend Title XI of the Social Security Act to prohibit 1115 waivers that eliminate NEMT or other Medicaid mandatory benefits to ensure that patients have access to transportation for substance abuse treatment services.
- Amend Title XVIII to provide targeted managed NEMT benefits to Medicare beneficiaries receiving substance abuse treatment benefits.

Thank you for considering our comments. If you have any questions or need any further information, please contact Marsha Simon (msimon@mjsimonandcompany; 202-204-4707), President of Simon&Co.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Simon'.

Marsha Simon
President
Simon&Co.

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