



Rhode Island Executive Office of Health and Human Services  
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VIA EMAIL: [opioids@finance.senate.gov](mailto:opioids@finance.senate.gov)

The Honorable Orrin Hatch  
104 Hart Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
221 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for offering us the opportunity to share our insights, work, and recommendations on opioid use disorder (OUD) and other substance use disorders (SUDs). We join the Committee in recognizing the ongoing need and urgency to coordinate and strengthen our nation's efforts in tackling the opioid epidemic.

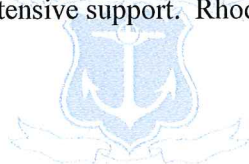
The Rhode Island Executive Office of Health & Human Services (EOHHS) coordinates and supports the delivery of programs and services across Rhode Island's health and human service agencies and divisions: Medicaid; R.I. Department of Health (RIDOH); R.I. Department of Human Services (DHS); R.I. Department of Children, Youth, and Families (DCYF); and R.I. Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). We also coordinate closely with our state health insurance exchange, HealthSource Rhode Island (HSRI), and Office of the Health Insurance Commissioner (OHIC). We are collectively guided by our values of access, equity, system transformation, and continuous improvement – and take our charge seriously in promoting health, protecting children, and nurturing people's quality of life.

Combating the opioid crisis is one of Rhode Island's most urgent tasks – critical to the health of our economy, communities, and families. Under Governor Raimondo's leadership, and through the support of our federal and community partners, we set ambitious goals to reduce opioid overdose deaths, which have declined 7 percent over the first 10 months of last year compared to the year before. And we've continued to champion investments in prevention, treatment, rescue, and recovery. Below is a summary of our efforts, by category:

### ***Innovative Policies***

Rhode Island has been working towards the goal of eliminating barriers to ensure our beneficiaries receive the necessary treatment they need for OUD and other SUDs. For example, Rhode Island provides medication assisted treatment (MAT) to individuals awaiting trial and adjudicated individuals prior to release. This demonstrates the effectiveness of a thoughtful approach which can reduce overdose in a vulnerable population, in addition, reduce relapse, encourage recovery, and potentially impact recidivism. Unfortunately, state general revenue dollars cannot be expected to sustain this effort alone. Engaging with our federal partners, especially Medicaid, is essential for continuity of care upon release.

Rhode Island has created access to all forms of MAT through Centers of Excellence (COE). These COEs are supported by Medicaid with a bundled rate for intensive services for OUDs. COEs are intended to collaborate with community providers for transfer of stabilized patients, act as a resource to primary care physicians, maintain appropriate clinical and recovery supports for transferred patients, and offer rapid re-admission for patients who need more intensive support. Rhode Island is committed to improving



outcomes for individuals receiving MAT by incorporating psychiatric services for individuals with co-occurring disorders within COEs and Opioid Treatment Programs (OTPs). In addition, Rhode Island is expanding access to MAT in the community by increasing a supportive staffing models, such as inclusion of nurse care managers in primary care practices. The creation of these services was supported by the availability of federal grants. Furthermore, incorporating policies that prohibit discrimination of individuals receiving MAT should be considered.

### ***Insurance Coverage***

Among the most beneficial investments that are made by the federal government to help us address the opioid crisis is promoting access to affordable health insurance. Health insurance, through the Affordable Care Act provisions for Medicaid expansion, subsidies and tax credits, has provided a strong foundation for the provision of necessary community treatment services.

Access to comprehensive health care coverage, including Medicaid, is a crucial component in the promotion of non-opioid therapies. Treatment programs that are all inclusive, specifically residential treatment programs for women or families with dependent children, are critical in preventing or mitigating adverse impacts from OUD or SUD. We would welcome the support of the federal government to expand comprehensive coverage to include family therapy, play therapy, social skills training, parental training, access to school-based services and after-school care.

Medicare coverage does not take into consideration an older population in long term recovery for OUD or SUD. If a patient on Medicare needs a prescription for an opioid, but does not want to trigger their past addiction, they may not have coverage for buprenorphine products. Expanding Medicare coverage to buprenorphine products would be beneficial to ensure the older population has comprehensive coverage that addresses their needs. In addition, another area of coverage that Medicare should expand is their coverage for MAT.

Maintaining the federal support for affordable coverage is essential to our state's work to help fight this disease and its tragic consequences. The Affordable Care Act is working in Rhode Island, and we respectfully request that its comprehensive consumer investments, benefits, and protections be maintained. For many individuals, the battle against opioid use disorder will be lost if they lose health insurance coverage.

### ***Mental Health and Substance Use Disorder Parity***

Rhode Island has benefited from the learning opportunities provided through the US Department of Health and Human Services' Mental Health Parity Academy. This initiative offered a number of states the tools needed to define, measure, and monitor insurer compliance with parity statutes. Continuation of similar efforts will enhance the ability of insurance regulators to more fully engage and regulate their health insurers in this important work. State regulation supplements any role of the US Department of Labor (DOL) to launch investigations of health insurers for parity violations. DOL may need increased authority and resources to conduct such investigations.





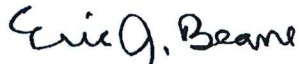
## ***Grants***

Rhode Island has benefited from several federal grant programs addressing the opioid epidemic. The State Innovation Model (SIM) program for example, which our state is using to enhance health care system transformation work, has focused on the integration of behavioral health care with other health services – a critical strategy for expanding access to mental health care and SUD treatment. While we are working on sustainability of the model projects funded through SIM, we recognize the need for federal funding to bring the most impactful investments to scale as a way to ensure improved outcomes.

Rhode Island's health and human services agencies are motivated to continue our ongoing efforts to work towards improving access and quality of treatment in our community. This is not an easy task, and we welcome the opportunity to work with our federal partners on policy recommendations that would benefit those suffering from OUD and other SUDs.

We would be happy to discuss our work in more detail. I encourage you to contact Tom Coderre, Senior Advisor to the Governor, at [tom.coderre@governor.ri.gov](mailto:tom.coderre@governor.ri.gov) for further information on Rhode Island's work to address the opioid crisis.

Sincerely,



Eric J. Beane,  
Secretary, Executive Office of Health and Human Services



Marie Ganim,  
Commissioner, Office of the Health Insurance Commissioner



Rebecca Boss,  
Director, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals



Nicole Alexander Scott  
Director, Department of Health



Patrick Tighe,  
Director, Medicaid Program

