

# The National Association of State Alcohol and Drug Abuse Directors

## Public Policy Update

### June 28, 2013

#### Highlights

- **215 Organizations Sign-on to a Letter in Support of the SAPT Block Grant-** *Sign-on letter is attached*
- **House and Senate Appropriations Update-** [House](#), [Senate](#)
- **NASADAD Holds 2013 Annual Meeting in Bethesda, MD-** [NASADAD Webpage](#)
- **Senate Homeland Security and Government Affairs Committee Holds Hearing on Curbing Prescription Drug Abuse in Medicare-** [Senate Homeland Security and Government Affairs Committee Webpage](#)
- **HHS Announces Re-launch of Healthcare.gov Website-** [Healthcare.gov](#)
- **ASAM Releases Report on the Effectiveness of Medications for Opioid Addictions** (*Taken from ASAM Press Release*)

#### Legislative News

##### **215 Organizations Sign-on to a Letter in Support of the SAPT Block Grant**

Over two hundred organizations released a sign-on letter in support of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The letter discusses the important role the SAPT Block Grant plays in funding prevention, treatment, and recovery programs in every State. On average, the SAPT Block Grant makes up 42 percent of spending on substance abuse treatment and 64 percent on substance abuse prevention activities in the States. In all, exactly 215 organizations joined in this effort, including 31 national organizations and organizations in 40 States and the District of Columbia, as well as the U.S. Virgin Islands.

The SAPT Block Grant Support Letter with signatures is attached

##### **House and Senate Appropriations Update**

The House and Senate released their annual subcommittee funding allocation levels for FY14, known as 302(b) allocations. These funding levels represent the parameters the Appropriations subcommittees can work within to appropriate funds across the federal government. The Senate and House are marking up appropriations bills at different top-line levels for discretionary spending. Chairwoman Mikulski (D-MD) has decided to mark up at \$1.058 trillion and Chairman Rogers (R-KY 5<sup>th</sup>) has decided to mark up at the post-sequester level of \$967 billion. The Senate funding level assumes sequestration for FY14 will be replaced, and the House level assumes sequestration for FY14 will stay in place. On June 20<sup>th</sup>, the Senate Appropriations Committee approved the funding allocations in a 15-14 vote. On May 21<sup>st</sup>, the House approved their 302 (b) funding allocations. Below is a comparison of the allocations for the Labor-Health and Human Service-Education subcommittees, for reference the FY13 Pre-Sequester, FY13 Post-Sequester, and the FY14 Obama Budget Request Labor-Health and Human Services-Education numbers are included:

- FY13 Pre-Sequester- \$156.547 billion
- FY13 Post-Sequester- \$149.640 billion

- FY14 Obama Budget Request- \$165.801 billion (Assumes sequestration caps for FY14 and beyond will be replaced)
- FY14 Senate 302(b) Allocation- \$164.330 billion (Assumes sequestration caps for FY14 and beyond will be replaced)
- FY14 House 302(b) Allocation- \$121.797 billion
  - **18.6% reduction from FY13 Post-Sequester level**
  - **25.8% less than the FY14 Senate 302(b) Allocation**

For additional information, see [Senate Appropriations Committee](#) and [House 302\(b\) Funding Allocations](#)

## News

### **NASADAD Holds 2013 Annual Meeting in Bethesda, MD**

NASADAD held its 2013 Annual Meeting from Monday, June 17<sup>th</sup> to Wednesday June 19<sup>th</sup> in Bethesda, Maryland. The meeting was attended by NASADAD members, federal partners, and other non-government stakeholders. Panel sessions were held on a variety of key topics, including financing and provider readiness, working with Public Health Agencies and primary care systems, the use of evidence-based practices and reimbursement, issues in substance abuse prevention, federal agency and Hill perspectives, substance abuse services for criminal justice populations, and using performance and quality data to improve services. A more detailed update regarding the meeting – including winners of awards, the results of elections and more – will be released next week.

### **ASAM Releases Report on the Effectiveness of Medications for Opioid Addictions (*Taken from ASAM Press Release*)**

On Thursday, June 20<sup>th</sup>, the American Society of Addiction Medicine (ASAM) held a press conference at the National Press Club to release a report on the effectiveness of medications for opioid addictions and how access to these FDA-approved medications is being restricted by State government and insurance company policies. The report indicates that a lack of physician training in the use of these medications also contributes to the problem. Drug overdoses now kill more Americans than car crashes, an epidemic led by misuse of opioid pain medication and use of heroin. Yet, safe and effective medications to treat opioid addiction are seriously under-utilized, resulting in preventable suffering and death. NASADAD President Mark Stringer and Board Member Barbara Cimgalio participated on a panel following the press conference to discuss the report and the use of medication assisted treatment in their respective States.

For more information, see the [full report](#) and [full press release](#) from ASAM

### **Senate Homeland Security and Government Affairs Committee Holds Hearing on Curbing Prescription Drug Abuse in Medicare**

On Monday, June 24<sup>th</sup>, the Senate Homeland Security and Government Affairs Committee held a hearing on prescription drug abuse in Medicare. The panel testifying on the issue included Joseph Rannazzisi, Deputy Assistant Administrator in the Office of Diversion Control at the Drug Enforcement Administration (DEA); Jonathan Blum, Acting Principal Deputy Administrator and Director of the Center for Medicare, Centers for Medicare and Medicaid Services (CMS); Gary Cantrell, Deputy Inspector General for Investigations, Office of Inspector

General (OIG) at the Department of Health and Human Services (HHS); Stuart Wright, Deputy Inspector General for Evaluation and Inspections, OIG at HHS; and Alanna Lavelle, Director of Special Investigations at WellPoint, Inc. The hearing was called in response to an HHS OIG report on prescribing practices in Medicare Part D that indicated that 736 general care physicians across the country had questionable prescribing practices that cost CMS \$352 million in 2009. Mr. Rannazzisi discussed the scope of the prescription drug abuse problem, highlighting the 2013 Drug Abuse Warning Network (DAWN) study that showed a 153 percent increase in emergency room visits for prescription drug abuse between 2004 and 2011. He also emphasized the need for Prescription Drug Monitoring Programs (PDMP) to have interstate interoperability to effectively monitor doctor shopping and abnormal prescribing practices. Mr. Blum expressed support for Congress to create new tools to limit fraud and abuse among prescribing physicians in Medicare Part D, including legislation that would lock certain beneficiaries into using only one pharmacy to fill prescriptions. He also indicated that CMS would be issuing new regulations to expand the scope of the Part D contractor, MEDIC, to investigate fraud and conduct compliance reviews to find outlier prescribing practices.

Mr. Wright discussed the report that the OIG released this year, which included recommendations for CMS to expand basic checks of prescribing practices into a routine protocol. He also recommended that CMS strengthen Part D oversight and monitoring by requiring additional fraud reporting from MEDIC. Ms. Lavelle discussed the activities WellPoint has undertaken to prevent prescription drug abuse within its networks, which includes a controlled substances monitoring program, a program that restricts beneficiaries that have received prescriptions from three or more prescribers or has used three or more pharmacies or had 10 prescriptions without an underlying health condition in a three-month period to a single pharmacy, and a pre-payment provider review program for those with abnormal prescribing practices. She provided four recommendations for action from CMS: implement a restrictive access program for those suspected of abuse, lock dual eligible beneficiaries with a history of constantly shifting Managed Care programs into one Managed Care plan, increase coordination with private health plans on streamlining waste and abuse efforts, and include health insurer's investigative activities in the Medical Loss Ratio calculation. Senator Coburn (R-OK) secured promises from Mr. Blum that CMS would share its prescribing outliers list with all Part D plans and that the agency would send reports every three months for the next year on its progress in increasing oversight and monitoring of prescription drug abuse within the Medicare Part D program.

For full video and written testimony from the hearing, see [Senate Homeland Security and Government Affairs Committee hearing on prescription drug abuse in Medicare](#)

### **HHS Announces Re-launch of Healthcare.gov Website**

On Monday, June 24<sup>th</sup>, NASADAD staff participated on a conference call hosted by HHS to announce the re-launch of their Healthcare.gov website in preparation for the new Health Insurance Marketplace (“Exchanges”) open enrollment season. Julie Bataille, Director of Communications at CMS, discussed the new version of Healthcare.gov as the consumer interface for the Health Insurance Marketplaces, which will include a 24/7 call center to address consumer questions and assistance in English and Spanish, as well as translations in 150 other languages. Dr. Mandy Cohen, Senior Advisor to the Administrator at CMS, mentioned that healthcare.gov

has new resources for community leaders to help educate the eligible population about enrollment. She also emphasized that the focus of the website is to serve as the one stop shop for enrollment in the new Health Insurance Marketplaces.

For more information, see [Healthcare.gov](http://Healthcare.gov)

### **Brookings Hosts Briefing on Health Insurance Marketplaces**

On Tuesday, June 25<sup>th</sup>, the Brookings Institution hosted a briefing titled “The New Health Insurance Marketplaces: A Status Report.” The briefing was moderated by Brookings Senior Fellow Mark McClellan, and the panel included former Utah Governor Michael Leavitt, Dr. Mandy Cohen from CMS, and the Director of the Center for Consumer Information and Insurance Oversight (CCIIO) at CMS Gary Cohen. Mr. Cohen discussed the enrollment process as one that won’t take place overnight, but will resemble the Medicare Part D enrollment process. He also talked about the different rates that are coming out for the Marketplaces, indicating that States with more competition are seeing lower rates. He also noted that there are a number of new insurance carriers entering the Federally Facilitated Exchanges (FFE). He highlighted a recent study published by Avalere Health that looked at nine States and found that rates are coming in lower than expected by the Congressional Budget Office (CBO). He discussed that implementation will build on the traditional role of the States in insurance, but noted that non-discrimination and network adequacy review are requirements to be performed by the States. CMS will also be working with the Small Business Administration (SBA) to do outreach with their natural small business constituencies regarding enrollment in the Small Business Health Insurance Options Plan (SHOP).

Dr. Mandy Cohen discussed outreach and enrollment activities. She noted that there are 41 million eligible uninsured and CMS is trying to figure out how to target this population with information in a manner that they like to receive it. In particular, they are prioritizing outreach to the 18-35 demographic. CMS is doing outreach in 29 States with either an FFE or a Partnership Exchange in which the State is not doing the outreach portion. She indicated that they will spend the most time in the States with the highest uninsured rate, which includes Texas, Florida, and Michigan. Mr. Leavitt discussed the similarities and differences between implementation of the Marketplaces and the Medicare Part D program. He talked about the need for physical enrollment during implementation of Part D, but noted that that need is no longer as important in enrollment for the Marketplaces.

For the full video of the briefing, see [Brookings Health Insurance Marketplaces Update briefing](#)

### **Senate Finance Committee Holds Hearing on Health Care Quality**

On Wednesday, June 26<sup>th</sup>, NASADAD’s Andrew Whitacre attended a Senate Finance Committee hearing titled “Health Care Quality: The Path Forward.” The panel of witnesses including Dr. Mark McClellan, former Commissioner of the Food and Drug Administration (FDA) and former Administrator of CMS; Dr. Christine Cassel, President and CEO of the National Quality Forum (NQF); Dr. David Lansky, President and CEO of the Pacific Business Group on Health; and Dr. Elizabeth McGlynn, Director of the Kaiser Permanente Center for Effectiveness and Safety Research. Chairman Baucus (D-MT) and Ranking Member Hatch (R-UT) both discussed the need to identify key quality measures and align those measures across

payers, highlighting the unorganized and burdensome nature of the current set of measures. Hatch mentioned the need to streamline the measures to the point that they are simply an outgrowth of a physician's routine workflow. Dr. McClellan offered four recommendations, including: transitioning payment systems to the patient level or person-centered care, developing case and personalized quality measures in public programs, additional support for the NQF and a more streamlined quality measure approval process, and increased support for collaboration using data systems.

Dr. Cassel discussed the need for the NQF to develop more measures that fill the current gaps, to make the quality measure system more understandable for the general public (i.e. Medicare Advantage Five Star rating system), increase public knowledge and awareness around measures, utilize electronic systems, and expand the review process to include more stakeholders. Dr. Lansky highlighted the need to focus on developing measures that help better understand quality of life outcomes like length of recovery and work productivity following surgery. He also recommended that the Office of the National Coordinator for Health Information Technology (ONC) develop a framework to measure outcomes for patients over time. Dr. McGlynn recommended that key government agencies focus on educating the public about health quality. She noted that a more informed public will hold providers accountable for measuring health outcomes and they would be more likely to choose providers that can demonstrate better outcomes.

For full video and testimony from the hearing, see [Senate Finance Committee hearing on health care quality](#)

#### **NIDA Announces National Drug Facts Week (*Taken from NIDA Press Release*)**

On Thursday, June 27<sup>th</sup>, the National Institute on Drug Abuse (NIDA) announced the National Drug Facts Week, which will take place from January 27<sup>th</sup> to February 2<sup>nd</sup>, 2014. In 2013, there were over 500 events in 50 States during National Drug Facts Week. In order to help assist the development of events, NIDA has provided a toolkit to help plan events.

For the NIDA toolkit, see [NIDA National Drug Facts Week Toolkit](#)

#### **SAMHSA Announces a Call for Nominations to Service to Science Initiative (*Taken from SAMHSA Press Release*)**

SAMHSA announced a *Call for Nominations* to its Service to Science Initiative. Service to Science is a national initiative dedicated to enhancing the evaluation capacity of innovative programs and practices that aim to prevent substance abuse and related mental and behavioral health problems or the underlying factors associated with increased risk. Implemented by SAMHSA's Center for the Application of Prevention Technologies (CAPT), Service to Science assists local program developers, implementers, and evaluators in applying more rigorous evaluation methodologies to their work. The initiative supports State prevention efforts by increasing the number of local programs that meet evidence-based standards.

In order to participate in Service to Science, programs must be nominated by their Single State Agency (SSA) or National Prevention Network (NPN) representative and must focus on substance abuse prevention. SAMHSA encourages interested programs to contact their SSA or

NPN to seek nominations for participation. For more information, contact the CAPT Service to Science lead in your CAPT Service Area. **The deadline for nominations is July 26<sup>th</sup>, 2013.**

For more information, see the full SAMHSA announcement attached

*Should you have any questions or concerns, do not hesitate to contact Michelle Dirst, Director of Public Policy, at [mdirst@nasadad.org](mailto:mdirst@nasadad.org) or Andrew Whitacre, Public Policy Associate, at [awhitacre@nasadad.org](mailto:awhitacre@nasadad.org)*