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TrumpCare and the Opioid Epidemic

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TrumpCare and the Opioid Epidemic

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Executive Summary

President Trump and Congressional Republicans claim they are committed to fighting the opioid epidemic ravaging the country. On the campaign trail, President Trump spoke regularly about addressing the crisis. In New Hampshire, he stated, “[W]e will help all of those people so seriously addicted get the assistance they need to unchain themselves. ... We have to solve this crisis.”¹ In Ohio, he announced, “We’re going to take all of these kids—and people, not just kids—that are totally addicted and they can’t break it. We’re going to work with them, we’re going to spend the money, we’re gonna get that habit broken.”² Senate Majority Leader Mitch McConnell authored an op-ed just last month declaring, “[T]ogether, we can do more to fight back, and I will continue to assist those in Kentucky who are working to fight the epidemic.”³ Speaker of the House Paul Ryan announced earlier this year, “[W]e have to have a full-front war against this opioid epidemic.”⁴

Yet, Republicans are rushing to pass a TrumpCare bill that would have disastrous consequences for individuals seeking treatment for substance use disorders (SUDs), including opioid use disorders (OUDs). TrumpCare would remove critical protections and slash expanded Medicaid coverage provided under the Affordable Care Act (ACA) that dramatically increased access to health care services for those with mental health conditions and SUDs. The bill contains a grossly insufficient \$2 billion opioid fund, which experts predict would cover under 2% of the cost of lost coverage under TrumpCare over ten years.⁵ A \$45 billion fund has been raised in negotiations; it would cover only 25% of projected costs and still leave millions without coverage.⁶ Experts have widely summarized the proposal as woefully inadequate and another “illogical” move by Republicans.⁷ The residents of states that have fared the worst in the opioid epidemic – including West Virginia, Kentucky, Ohio, and Pennsylvania – would likely suffer the most under the TrumpCare bill, which would cut off access to critical services.

¹ <https://web.archive.org/web/20170504001021/https://www.donaldjtrump.com/press-releases/donald-j.-trump-remarks-in-portsmouth-nh>

² <https://www.statnews.com/2016/08/01/donald-trump-heroin-opioids-addiction/>

³ <https://www.usatoday.com/story/opinion/contributors/2017/05/23/mcconnell-fighting-opioid-epidemic/337930001/>

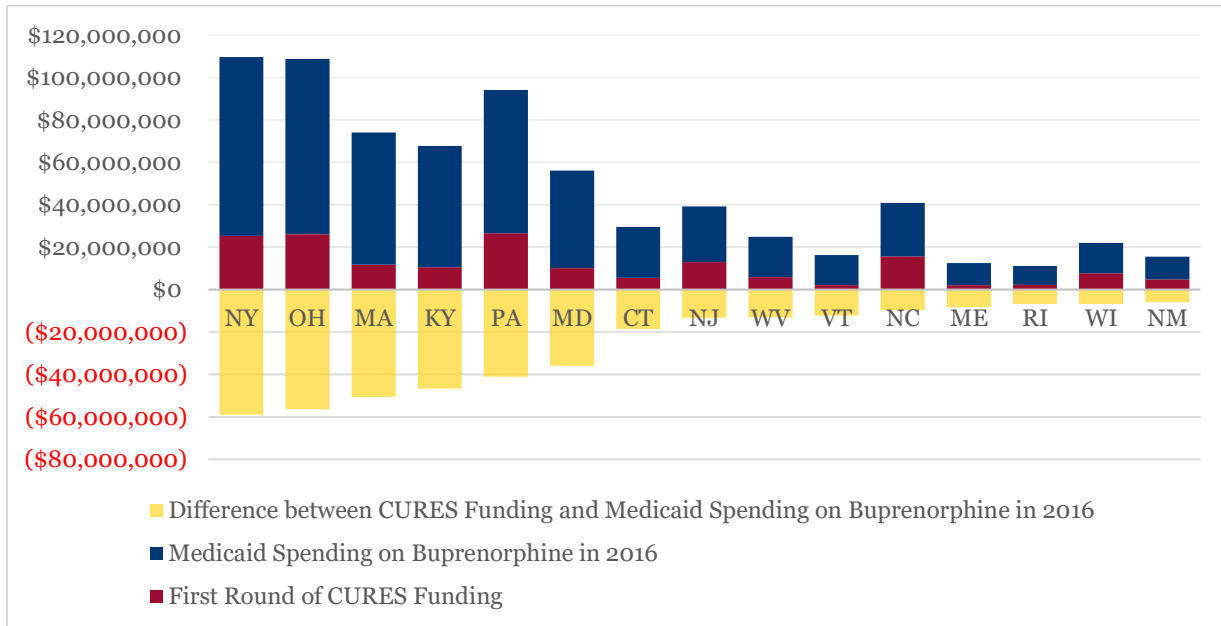
⁴ <http://transcripts.cnn.com/TRANSCRIPTS/170112/se.01.html>

⁵ <http://thehill.com/blogs/pundits-blog/healthcare/338579-ending-medicare-expansion-will-leave-people-struggling-with>

⁶ <http://www.politico.com/story/2017/06/28/health-care-opioids-money-240077>; <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

⁷ <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

Medicaid Spending on Buprenorphine in 2016 Compared to the First Round of Cures funding to combat Opioid Addiction in 15 states across the U.S.



Even members of President Trump’s Commission on Combatting Drug Addiction and the Opioid Crisis have warned about what TrumpCare would mean for those with opioid addiction. At a meeting on June 16, Commission member and North Carolina Governor Roy Cooper stated, “We’re kidding ourselves if we don’t think that what is happening over in Congress regarding issues of health care matters to this issue. If we make it harder and more expensive for people to get health care coverage, it’s going to make this crisis worse.”⁸ Former Congressman Patrick Kennedy warned, “[A]ny repeal of Medicaid is a repeal of coverage that we currently have out there.”⁹

President Trump and Republicans are aiming to jam TrumpCare through Congress within a matter of weeks. For President Trump, this represents a broken promise to families he said he would help on the campaign trail, and for Congressional Republicans—especially those in states hardest-hit by the opioid epidemic—it represents a stunning failure to advocate for the best interests of the people they came to Washington to represent.

⁸ <https://www.youtube.com/watch?v=oyon2E3HH-Q>

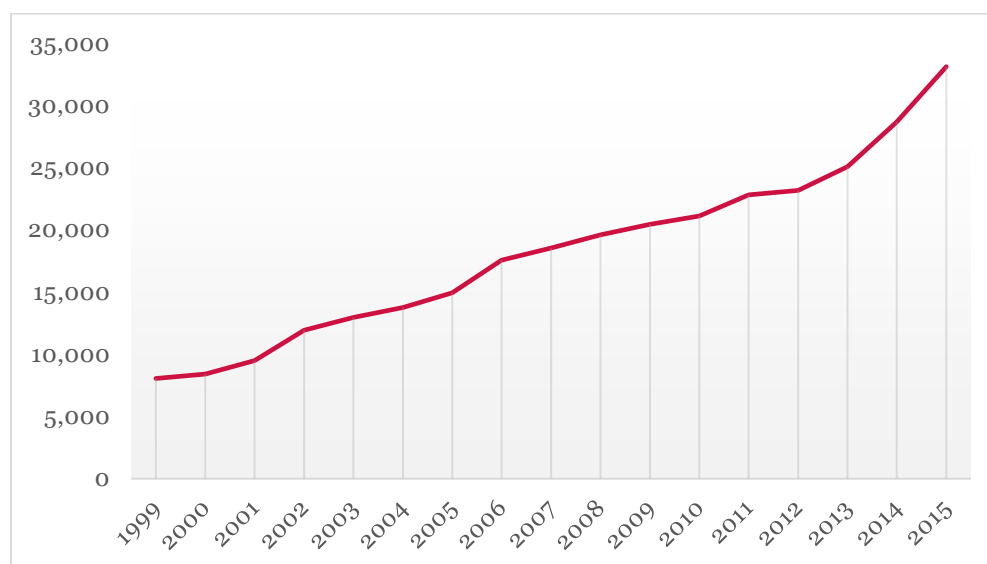
⁹ <https://www.youtube.com/watch?v=oyon2E3HH-Q>

Section 1: Background

The magnitude of the opioid epidemic

With opioid overdoses causing more than 90 deaths in the United States every day and more than 33,000 deaths in 2015 alone—an increase of nearly 4,400 from 2014—the opioid epidemic is a nationwide public health crisis.¹⁰ In 2015, 12.5 million people misused prescription opioids, and two million people had a prescription opioid use disorder (OUD).¹¹ Deaths from prescription opioids have more than quadrupled since 1999.¹²

Figure 1. Number of Deaths from Opioid Drugs, 1999-2015



Source: National Center on Health Statistics, CDC Wonder

Overdose deaths involving heroin and synthetic opioids like fentanyl have skyrocketed in recent years.¹³ Heroin-related overdose deaths increased by over 20% from 2014 to 2015, killing nearly 13,000 people in 2015.¹⁴ Since 2010, heroin-related overdose deaths have more than quadrupled.¹⁵ Synthetic opioid-related overdose deaths increased by 72.2% from 2014 to 2015.¹⁶ This rapid increase in overdose deaths is likely driven by illicitly-manufactured drugs like fentanyl.¹⁷

¹⁰ <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis#one>;
https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm?s_cid=mm655051e1_w

¹¹ <https://www.hhs.gov/sites/default/files/2017-opioids-infographics.pdf>

¹² <https://www.cdc.gov/drugoverdose/epidemic/index.html>

¹³ <https://www.cdc.gov/drugoverdose/data/analysis.html>

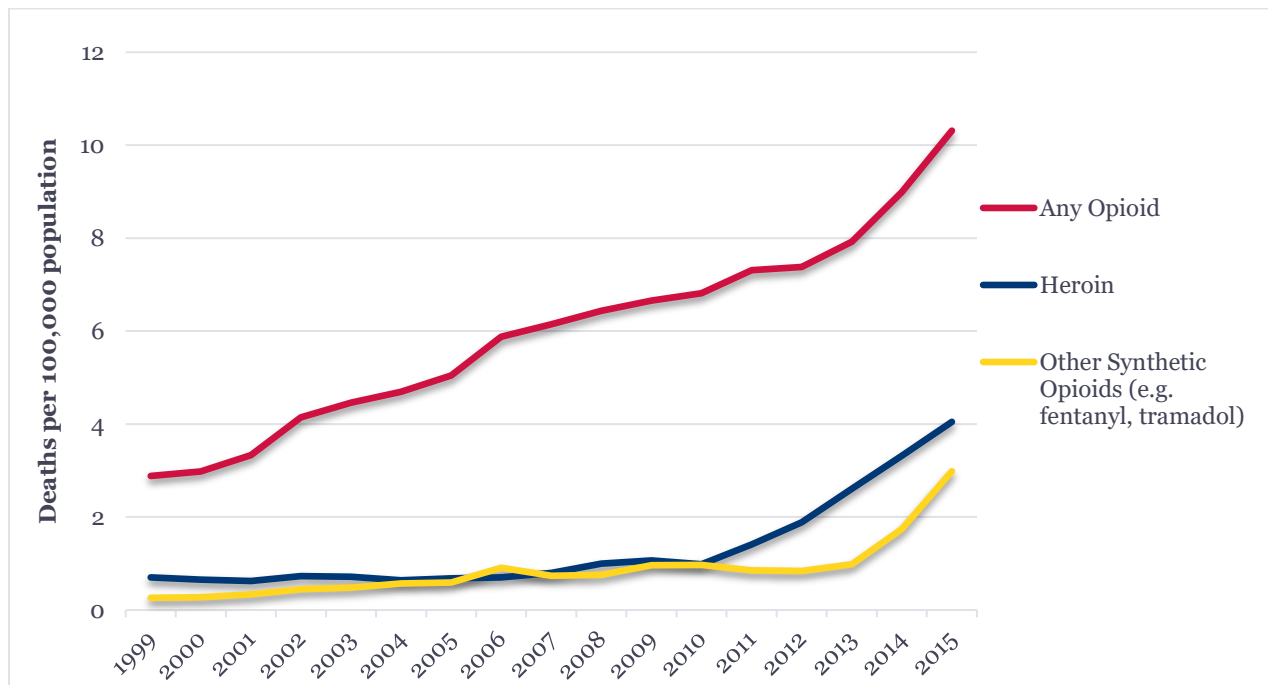
¹⁴ <https://www.cdc.gov/drugoverdose/data/heroin.html>

¹⁵ <https://www.cdc.gov/drugoverdose/data/heroin.html>

¹⁶ <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

¹⁷ <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

Figure 2. Overdose Deaths Involving Opioids, by type of Opioid, United States, 2000-2015



Source: National Center on Health Statistics, CDC WONDER

Individuals with a mental health disorder are more likely than those without mental health disorders to experience substance use disorders (SUDs).¹⁸ According to the 2015 National Survey on Drug Use and Health, nearly 20% of all adults with mental illness were also suffering with a SUD.¹⁹ Among the nearly 20 million adults with a SUD, 8.1 million surveyed in 2015 -- over 40% -- had a mental illness.²⁰ Additionally, the opioid epidemic does not discriminate by gender. According to a recent report from the Agency for Healthcare Research and Quality (AHRQ), women and men are both being hit hard by the opioid epidemic. Opioid-related hospitalizations for women grew by 75% from 2005 to 2014, while the hospitalization rate for men grew by 55% in the same time period.²¹

The financial burden of the opioid epidemic

The health care costs associated with OUDs are tremendous. The costs of treating opioid overdoses in emergency rooms amount to \$3,397 per visit or \$29,497 if the patient requires hospitalization.²² There are also substantial costs beyond the treatment of opioid overdose. The cost of caring for babies born with opioid withdrawal, or neonatal abstinence syndrome, is \$66,700 per birth, and the cost of treating HIV and Hepatitis C associated with the rising opioid epidemic is increasing.²³ Beyond just these medical costs, the Centers for Disease Control and Prevention (CDC) currently estimate that the impact of the

¹⁸ <https://www.samhsa.gov/disorders/co-occurring>

¹⁹ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

²⁰ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

²¹ <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>

²² <https://www.americanprogress.org/issues/healthcare/news/2017/06/20/434708/senates-opioid-fund-cannot-substitute-health-coverage/>

²³ <https://www.cdc.gov/mmwr/volumes/66/wr/mm6609a2.htm>; <https://www.cdc.gov/hepatitis/featuredtopics/youngpwid.htm>

epidemic in the United States has reached \$78.5 billion annually—accounting for the cost of treatment, the loss in productivity, and the impact on the criminal justice system.²⁴

Medication-assisted treatment (MAT) is the most effective intervention for opioid use disorder (OUD).

Government officials, health care experts, and advocates across the country have worked together to develop effective responses to the opioid crisis. In a working group housed within the Centers for Medicare & Medicaid Services (CMS), experts concluded that medication-assisted treatment (MAT) is “the most effective known intervention for long term recovery from opioid use disorder.”²⁵ There are three medications approved to treat opioid dependence and addiction: methadone, buprenorphine, and naltrexone.²⁶ Naloxone, an injectable drug, is also approved to prevent an opioid overdose.²⁷

In one study, 80% of patients who continued to receive MAT for 18 months reported avoiding the non-medical use of opioids, compared to only 36.6% of patients who did not receive MAT.²⁸ MAT has been shown to reduce opioid use, increase treatment retention, and reduce criminal activity and HIV rates.²⁹

In addition to improving health outcomes, SUD treatment – particularly MAT – has proven effective at reducing costs. For every \$100,000 spent on SUD treatment, \$487,000 of health care costs and \$700,000 of crime costs can be avoided.³⁰ A growing body of evidence has found that spending on MAT resulted in savings; one study showed methadone treatment yielded \$37.72 in benefits for each \$1 in cost over a lifetime, while another study showed that every dollar spent on methadone treatment resulted in \$4.87 offset in reduced health care costs.³¹

Some officials in the Trump Administration, including Attorney General Jeff Sessions, still argue that those with OUD are better served by the criminal justice system than by treatment and recovery programs. In a 2016 floor speech on the bipartisan Comprehensive Addiction and Recovery Act (CARA), then-Senator Sessions stated, “We can talk about making sure we have treatment and recovery for people who have been addicted, although many people never ever recover from addiction--except by the grave. ... Law enforcement is prevention.”³² In 2014, Sessions said, “You have to be able to arrest people and then you’re intervening in their destructive habit.”³³ However, treatment of OUD is not only highly effective – it’s also much less expensive than incarceration, underscoring the importance of ensuring access to quality, affordable care. One year of methadone maintenance amounts to \$4,700 per patient, while one year of imprisonment costs \$24,000.³⁴

²⁴ <https://www.ncbi.nlm.nih.gov/pubmed/27623005>

²⁵ <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>

²⁶ <https://www.samhsa.gov/medication-assisted-treatment/treatment>

²⁷ <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

²⁸ <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>

²⁹ <http://www.countyhealthrankings.org/policies/access-medication-assisted-treatment-opioid-use-disorder>

³⁰ <http://store.samhsa.gov/shin/content/SMA14-4854/SMA14-4854.pdf>

³¹ <http://store.samhsa.gov/shin/content/SMA14-4854/SMA14-4854.pdf>

³² <https://www.gpo.gov/fdsys/pkg/CREC-2016-03-07/html/CREC-2016-03-07-pt1-PgS1303-3.htm>

³³ <http://thehill.com/blogs/pundits-blog/crime/317593-jeff-sessions-will-double-down-on-failed-drug-war>

³⁴ <https://www.jec.senate.gov/public/index.cfm/democrats/2017/3/medicaid-plays-key-role-in-fight-against-opioid-and-heroin-epidemic>

Section 2: TrumpCare would reverse the progress made in increasing access to OUD treatment.

The ACA, including the Medicaid expansion and improvements to consumer protections, expanded access to SUD treatment - especially for low-income individuals.

Medicaid Expansion

The ACA included an option for states to expand their Medicaid programs (Medicaid expansion) to cover people with annual incomes below 138% of the federal poverty level (FPL). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly 30% of individuals covered through Medicaid expansion have a mental illness or SUD.³⁵ For individuals newly eligible for Medicaid (Medicaid expansion enrollees), states are required to cover the 10 Essential Health Benefits (EHBs) through Medicaid Alternative Benefit Plans (ABPs). EHBs include mental health and SUD services. Consequently, Medicaid expansion dramatically increased access to treatment for those with OUDs. An additional 1.6 million Americans with SUDs have access to these newly available substance services.³⁶ As a result, Medicaid expansion reduced the unmet need for SUD treatment among low-income adults by 18.3%.³⁷

Medicaid expansion also increased the use of MAT in treating SUDs.³⁸ In the 26 states that expanded Medicaid by 2014, Medicaid-covered buprenorphine prescriptions increased by 70%, and Medicaid spending on buprenorphine increased by 50%.³⁹ By comparison, prescriptions and spending in non-expansion states did not see a significant increase.⁴⁰

Thanks to Medicaid expansion, Medicaid has established itself as the nation's primary payer for opioid addiction and SUD services. As of 2014, Medicaid paid for over 21% of treatment for SUDs and about 25% of MAT for opioid and heroin addictions.⁴¹

Consumer protections in the individual insurance market expanded access to services for those with SUDs.

Before the ACA, insurance companies provided limited coverage for SUD treatment in plans offered in the individual market. Some health insurance plans did not cover SUD treatment at all. According to a January 2017 report by the Department of Health and Human Services (HHS), approximately 34% of individual market policies did not cover SUD treatment prior to the ACA.⁴² Plans that did cover treatment placed tight constraints on what they covered and the duration of that coverage.⁴³

³⁵ <https://www.usatoday.com/story/news/politics/2017/01/08/obamacare-repeal-jeopardizes-mental-health-addiction-coverage/96199628/>

³⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308192/>

³⁷ <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

³⁸ <http://www.businessinsider.com/obamacare-medicare-expansion-suboxone-ahca-2017-3>

³⁹ <http://www.businessinsider.com/obamacare-medicare-expansion-suboxone-ahca-2017-3>

⁴⁰ <http://www.businessinsider.com/obamacare-medicare-expansion-suboxone-ahca-2017-3>

⁴¹ https://www.jec.senate.gov/public/_cache/files/2ebb740a-abd1-49e6-9d91-623368314bbc/medicaid-and-suds-20170324-formatted-final-002-.pdf

⁴² <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

⁴³ <http://www.cbpp.org/research/health/aca-repeal-would-jeopardize-treatment-for-millions-with-substance-use-disorders>

The ACA required that non-grandfathered health plans in the individual and small group markets cover EHBs, including treatment for “mental health and substance use disorders.”⁴⁴ All state EHB rules require coverage of some inpatient and outpatient behavioral health services and SUD treatment, although there is variation among specific services and treatments covered in each state.⁴⁵ Plans must cover three categories of drugs, including drugs to treat OUD and opioid harm reduction medications.⁴⁶ Plans must also cover naloxone.⁴⁷

Aside from establishing consumer protections and defining EHBs, the ACA expanded the Mental Health Parity Law of 2008. This required most health insurers to cover mental and behavioral health conditions at the same level as physical health conditions.

The ACA’s consumer protections, EHB requirements, and expansion of mental health parity achieved the following gains in mental health services: 1) limited the ability of insurers to place financial and treatment restrictions on SUD services, 2) eliminated annual and lifetime limits on behavioral health services, 3) prevented insurance companies from discriminating against individuals with pre-existing conditions, and 4) prohibited higher co-pays for behavioral health services.

Access to MAT has improved dramatically since 2014.

Reduced Hospitalizations, Uncompensated Care, and Uninsurance Rates

Since enactment of the ACA, access to SUD services dramatically improved. Based on a survey of 17 states, the share of hospitalizations for substance use or mental health disorders in which the patient was uninsured fell from 21% at the end of 2013 to 11% in late 2015.⁴⁸ With increased access to health insurance, individuals with SUDs reaped the benefits of mental health parity protections as well.

In addition, the ACA helped limit the costs of the opioid crisis for hospitals and taxpayers. Among states that expanded Medicaid, hospitalizations for substance use and mental health disorders for uninsured patients fell from 20% in the fourth quarter of 2013 to 5% by mid-2015.⁴⁹ Since enactment of the ACA, the cost of uncompensated care also fell dramatically. This was particularly true in expansion states. In the first two years following expansion, the cost of uncompensated care fell by nearly 25%.⁵⁰

⁴⁴ <https://www.cms.gov/ccio/resources/data-resources/ehb.html>

⁴⁵ <http://chirblog.org/repealing-aca-worsen-opioid-epidemic/>

⁴⁶ <http://chirblog.org/repealing-aca-worsen-opioid-epidemic/>

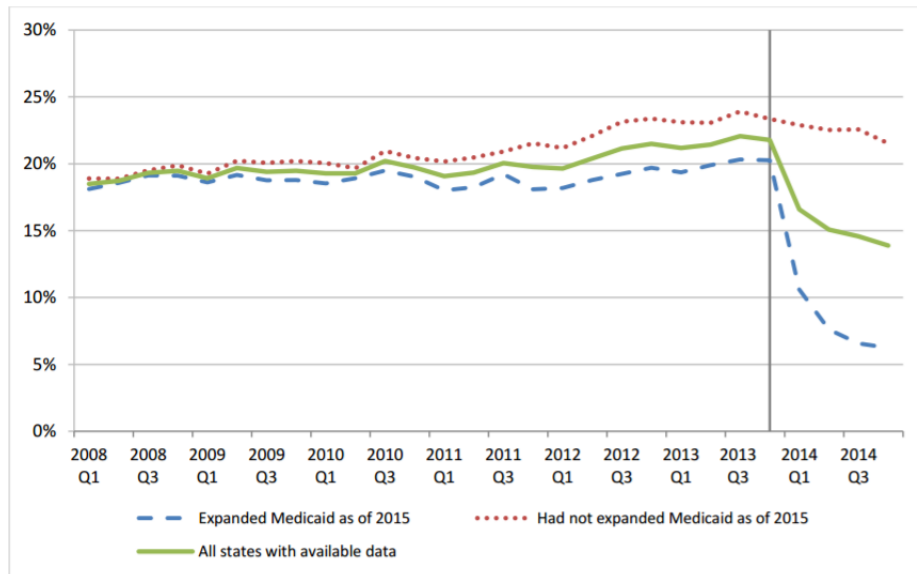
⁴⁷ <http://chirblog.org/repealing-aca-worsen-opioid-epidemic/>; <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

⁴⁸ <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

⁴⁹ <https://www.jec.senate.gov/public/index.cfm/democrats/2017/3/medicaid-plays-key-role-in-fight-against-opioid-and-heroin-epidemic>

⁵⁰ <https://www.jec.senate.gov/public/index.cfm/democrats/2017/3/medicaid-plays-key-role-in-fight-against-opioid-and-heroin-epidemic>, calculating data from <http://www.aha.org/content/16/uncompensatedcarefactsheet.pdf>.

Figure 3. Adult Uninsured Hospitalizations as a Share of Total Hospitalizations for Substance Abuse/Mental Health Disorders, 2008-2014



Source: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation

Progress has been particularly pronounced in states with the worst of the opioid crisis.

The ACA’s gains for SUD treatment can be seen most clearly in the states hit hardest by the opioid epidemic. Thanks to Medicaid expansion, Ohio, Kentucky, West Virginia, and Pennsylvania serve over 295,000 people with mental illness and SUDs.⁵¹ Furthermore, because of Medicaid expansion under the ACA, Pennsylvania has been able to insure 670,000 new people and has provided substance-use treatment, including MAT, to 63,000 of those new enrollees.⁵² Analysis of the burden of the opioid epidemic on these states makes it clear that they would be hit especially hard if TrumpCare were passed.

OHIO

Ohio is tied for the third-highest drug-overdose death rate in the country, with 3,310 fatalities from drug overdoses in 2015.⁵³ That year, 828 opioid and 69 MAT prescriptions per 1,000 people were filled in the state.⁵⁴ In Ohio, Medicaid pays for 49.5% of all MAT using buprenorphine.⁵⁵ Under Medicaid expansion,

⁵¹ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3corrected.pdf>; Data from Richard Frank, summarized in <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

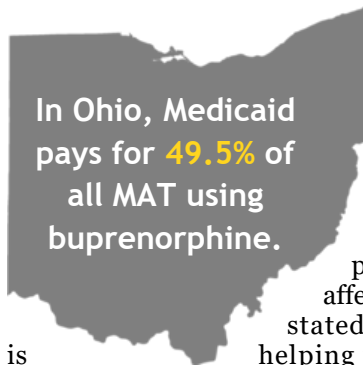
⁵² <http://www.prnewswire.com/news-releases/pennsylvania-insurance-commissioner-responds-to-majority-leaders-request-stresses-importance-of-protecting-consumers-300386477.html>;

<https://www.hcp.med.harvard.edu/sites/default/files/Interpretation%20of%20Tables%20SMI-SUD%20162016%20v2.pdf>

⁵³ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁵⁴ Richard Frank data, summarized in <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

⁵⁵ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3corrected.pdf>



In Ohio, Medicaid pays for 49.5% of all MAT using buprenorphine.

an additional 702,000 adults received health insurance coverage,⁵⁶ including at least 151,257 Ohioans with mental health conditions or SUDs.⁵⁷ Of these new Medicaid enrollees with OUD, 75% reported improved overall access to care, 83% reported improved access to prescription medications, and 59% reported improved access to mental health care.⁵⁸

Ohio’s Republican elected officials have expressed concern with the House-passed TrumpCare proposal to repeal Medicaid expansion, particularly as it affects OUD treatment. In January, Republican Governor John Kasich stated, “Thank God we expanded Medicaid because that Medicaid money is helping to rehab people.”⁵⁹ More recently, Gov. Kasich expressed his, “...deep concerns with details in the U.S. Senate’s plan to fix America’s health care system and the resources needed to help our most vulnerable, including those who are dealing with drug addiction, mental illness, and chronic health problems and have nowhere else to turn.”⁶⁰ And beyond Governor Kasich, the bipartisan Ohio Mayors Alliance has expressed significant concerns with cuts to Medicaid included in the Senate TrumpCare proposal, writing, “As mayors on the front lines, we know that Medicaid has proven to be a critically important weapon in this fight. We can’t arrest our way out of this crisis. We need treatment options for those who succumb to addiction and Medicaid is one of the single largest sources of treatment funding.” In a statement following passage of the House TrumpCare bill, Ohio Sen. Rob Portman stated:

I’ve already made clear that I don’t support the House bill as currently constructed because I continue to have concerns that this bill does not do enough to protect Ohio’s Medicaid expansion population, especially those who are receiving treatment for heroin and prescription drug abuse. We have an opioid crisis in this country, and I’m going to continue to work with my colleagues on solutions that ensure that those who are impacted by this epidemic can continue to receive treatment.⁶¹

Yet, the Senate TrumpCare bill fails to protect Ohio’s Medicaid expansion population and those with OUD. It would end the Medicaid expansion, beginning a three-year phase out of the program in 2021.⁶² Furthermore, the bill provides only a \$2 billion opioid fund to replace the funding provided through Medicaid on opioid treatment. Medicaid covered 70 percent of the \$939 million the state invested in the opioid epidemic last year.⁶³ Experts have said even more than \$45 billion won’t work to ensure those impacted can continue to receive treatment.⁶⁴

⁵⁶ <http://medicaid.ohio.gov/Portals/o/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

⁵⁷ Richard Frank data, summarized in <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>; <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OUD%20v3corrected.pdf>

⁵⁸ <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

⁵⁹ https://www.nytimes.com/2017/02/10/health/addiction-treatment-opioids-aca-obamacare.html?_r=0

⁶⁰ <https://twitter.com/JohnKasich/status/877970102053883904>

⁶¹ <https://www.clevescene.com/scene-and-heard/archives/2017/05/05/heres-what-sherrod-brown-and-rob-portman-have-said-about-the-houses-healthcare-vote-as-senate-takes-up-ahca>

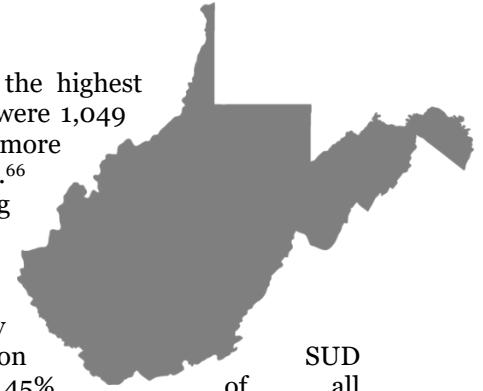
⁶² <https://www.budget.senate.gov/imo/media/doc/SENATEHEALTHCARE.pdf>

⁶³ <https://www.brown.senate.gov/newsroom/press/release/video-brown-presses-top-health-official-on-opioid-resources>

⁶⁴ <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

WEST VIRGINIA

West Virginia has the country's highest drug overdose death rate and the highest percentage of adults aged 19-64 on Medicaid.⁶⁵ As of June 2016, there were 1,049 opioid prescriptions filled per 1,000 people, amounting to an average of more than one opioid prescription for every single person living in West Virginia.⁶⁶ In 2015, 725 West Virginians died by drug overdose,⁶⁷ resulting in a drug overdose death rate of 41.5 deaths per 100,000.⁶⁸



In a state ravaged by the opioid epidemic, the benefits of Medicaid expansion are evident. Today, 29% of people in West Virginia are covered by Medicaid, and the Medicaid program spends \$9,000 per person per year on treatment for approximately 12,000 beneficiaries.⁶⁹ Medicaid also pays for 45% of all buprenorphine treatment in the state.⁷⁰ Through Medicaid expansion, West Virginia covers 22,500 people with mental illnesses and SUD.⁷¹ Within just one year of the enactment of Medicaid expansion, the uninsured share of substance use and mental health disorder hospitalizations in West Virginia fell from 23% at the end of 2013 to just 5% at the end of 2014.⁷² Repealing the ACA would triple the uninsured rate in West Virginia.⁷³

When asked in an interview earlier this year whether Medicaid expansion would be preserved in TrumpCare, West Virginia Sen. Shelley Moore Capito said, "It better be."⁷⁴ She went on to say, "I have been very forceful in repeatedly saying that the expansion of Medicaid is tremendously important to 184,000 West Virginians." After passage of the House TrumpCare bill, she stated, "I've seen a lot of benefits to the Medicaid expansion in our state, particularly in the mental health and opioid and drug abuse area. I think we need to make sure these folks have access permanently, either under this or some other kind of way."⁷⁵

Yet, the Senate TrumpCare bill fails to protect West Virginia's Medicaid expansion population and those with OUD. It would end the Medicaid expansion, beginning a three-year phase out of the program in 2021.⁷⁶ Furthermore, the bill provides only a \$2 billion opioid fund to replace the funding provided through Medicaid on opioid treatment.

KENTUCKY

In 2015, 1,273 Kentuckians died as a result of overdoses associated with OUD.⁷⁷ With drug overdose deaths on the rise in Kentucky, the effects of Medicaid expansion in the state are striking: SUD treatment

⁶⁵ <http://www.reuters.com/article/us-usa-healthcare-westvirginia-idUSKBN18101U>

⁶⁶

https://www.imshealth.com/files/web/IMSH%20Institute/Reports/Healthcare%20Briefs/IIHI_Use_of_Opioid_Recovery_Medications.pdf; <https://www.hcp.med.harvard.edu/sites/default/files/Interpretation%20of%20Tables%20SMI-SUD%20162016%20v2.pdf>

⁶⁷ https://www.jec.senate.gov/public/_cache/files/6c604f91-3d90-4boe-bdec-25780bfc9167/state-opioid-epidemic-fact-sheets.pdf

⁶⁸ <https://www.jec.senate.gov/public/index.cfm/democrats/2017/3/medicaid-plays-key-role-in-fight-against-opioid-and-heroin-epidemic>

⁶⁹ https://www.jec.senate.gov/public/_cache/files/6c604f91-3d90-4boe-bdec-25780bfc9167/state-opioid-epidemic-fact-sheets.pdf; see also Richard Frank data, summarized in <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>;

<http://www.dhhr.wv.gov/bms/News/Documents/WV%20Proposed%20Medicaid%20SUD%20Waiver%20Application.pdf>

⁷⁰ http://www.healthlaw.org/storage/documents/PDF_Fact_Sheets/AHCA-Opioids_Fact_Sheet_WV.pdf

⁷¹ <https://www.hcp.med.harvard.edu/sites/default/files/Interpretation%20of%20Tables%20SMI-SUD%20162016%20v2.pdf>

⁷² <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

⁷³ <http://healthaffairs.org/blog/2017/01/30/repealing-the-aca-could-worsen-the-opioid-epidemic/>

⁷⁴ <http://www.cnn.com/2017/03/03/politics/shelley-moore-capito-medicaid-cnntv/index.html>

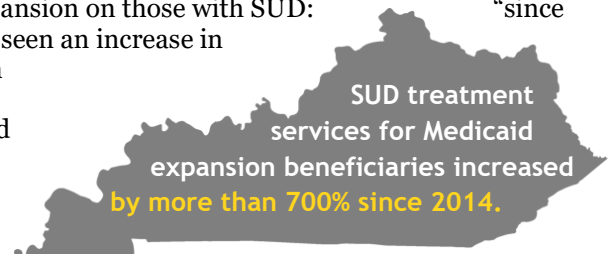
⁷⁵ <https://morningconsult.com/2017/05/09/for-some-senators-the-opioid-crisis-is-at-the-heart-of-the-senates-medicaid-debate/>

⁷⁶ <https://www.budget.senate.gov/imo/media/doc/SENATEHEALTHCARE.pdf>

⁷⁷ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

services for Medicaid expansion beneficiaries increased by more than 700% since 2014.⁷⁸ Of the 440,000 newly covered Kentuckians under Medicaid expansion,⁷⁹ 40,770 individuals reported having a mental illness or SUD,⁸⁰ and approximately 11,000 received substance use treatment services in 2016—up from just 1,500 in 2014.⁸¹ About half of these expansion enrollees (223,700) live in rural areas, the most of any state.⁸² Additionally, Medicaid pays for 44.2% of MAT using buprenorphine provided in Kentucky.⁸³

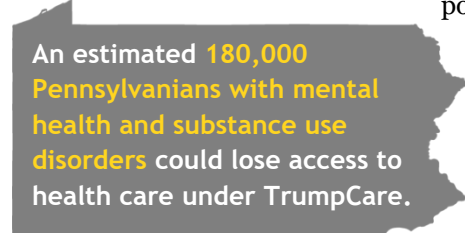
Former Kentucky Governor Steve Beshear, whose state chose to adopt the Medicaid expansion in Kentucky, testified earlier this year about the effect of expansion on those with SUD: “since the implementation of Medicaid expansion Kentucky has seen an increase in preventive care and substance abuse treatment utilization by Medicaid enrollees and a drop of 78.5% in uncompensated care (inpatient and outpatient charity and self-pay from rural and urban hospitals, 2013-15). The increase in substance abuse treatment is critically important in Kentucky, which has suffered more than most states from the opioid epidemic.”⁸⁴



PENNSYLVANIA

Pennsylvania has the sixth highest drug-overdose death rate in the country.⁸⁵ Because of Medicaid expansion under the ACA, Pennsylvania has been able to insure 855,000 new people and has provided substance-use treatment, including MAT, to 63,000 of those new enrollees.⁸⁶ Many of these Medicaid recipients are now able to take advantage of the new 45 Centers of Excellence throughout Pennsylvania that were created to work with those suffering from mental health and substance use disorders.⁸⁷

TrumpCare would reverse this progress in Pennsylvania. According to a recent report, an estimated 180,000 people with mental health and substance use disorders could lose access to health care under TrumpCare.⁸⁸ Pennsylvania Governor Tom Wolf wrote a letter to Speaker Paul Ryan to emphasize this point. “Cutting funding to Medicaid would just force states like Pennsylvania into a horrible choice of which vulnerable populations to give access to care and which to leave helpless,” wrote Wolf. “My greatest fear is that cuts to Medicaid and rationing of access to treatment by the federal government will set us back even further and more people will die as a result. This is not hyperbole – access to treatment through Medicaid is keeping Pennsylvanians alive who might otherwise face overdoses or worse.”⁸⁹



⁷⁸ https://www.healthy-ky.org/res/images/resources/Full-Substance-Use-Brief-Final_12_16-002-.pdf

⁷⁹ <http://kypolicy.org/house-health-repeal-plan-worsen-kentuckys-drug-problems/>

⁸⁰ Data from Richard Frank, summarized in <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

⁸¹ <http://www.nkytribune.com/2016/12/substance-use-treatment-covered-by-medicaid-expansion-jumped-740-percent-in-ky-in-2-5-years/>

⁸² <http://www.cbpp.org/research/health/house-passed-bill-would-devastate-health-care-in-rural-america>

⁸³ <http://kypolicy.org/house-health-repeal-plan-worsen-kentuckys-drug-problems>

⁸⁴ <https://www.help.senate.gov/imo/media/doc/BeshearTestimony.pdf>

⁸⁵ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁸⁶ <http://www.prnewswire.com/news-releases/pennsylvania-insurance-commissioner-responds-to-majority-leaders-request-stresses-importance-of-protecting-consumers-300386477.html>;

<https://www.hcp.med.harvard.edu/sites/default/files/Interpretation%20of%20Tables%20SMI-SUD%20162016%20v2.pdf>;

http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_257436.pdf

⁸⁷ <https://www.governor.pa.gov/to-fight-opioid-epidemic-wolf-administration-implements-25-additional-centers-of-excellence-locations/>

⁸⁸ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3.pdf>

⁸⁹ <https://www.governor.pa.gov/governor-wolf-urges-speaker-ryan-to-consider-impact-of-aca-repeal-on-opioid-epidemic-extends-invite-to-visit-treatment-center/>

Section 3: TrumpCare would remove tools that are critical to addressing the opioid crisis.

Republicans claim to be committed to responding to the opioid crisis.

President Trump and Congressional Republicans have consistently emphasized the importance of deploying tools to combat the opioid crisis, even characterizing this fight as a bipartisan issue.⁹⁰ President Trump spoke regularly about the opioid crisis on the campaign trail. He characterized opioid abuse in the United States as “a crippling problem” and a “tremendous epidemic.”⁹¹ He has stated that “we have to solve” opioid abuse, and promised that he will solve it.⁹² He has stated on multiple occasions that his administration “will expand treatment” for individuals battling substance abuse disorders, that these individuals will receive “the help they need,” and that this assistance “will make them better.”⁹³ He also committed to “dramatically expand access to treatment slots” for opioid addiction.⁹⁴ He described the CARA, signed into law in July 2016, as an “important” “first step” and stated that he would “support” it.⁹⁵

Congressional Republicans have similarly underscored the need to address the opioid epidemic. Republican leadership, including Majority Leader Mitch McConnell and Senator John Thune, have described the opioid epidemic as “a bipartisan issue.”⁹⁶ Majority Leader McConnell supported CARA and the 21st Century Cures Act, describing them as “a comprehensive legislative response to the prescription opioid and heroin epidemic” and as “an important step in helping foster solutions... [for] opioid addiction” respectively.⁹⁷

Senator Lamar Alexander, Chairman of the Health, Education, Labor and Pensions (HELP) Committee, has also championed these proposals.⁹⁸ In an op-ed last year praising CARA, he wrote, “I hear about the challenges of dealing with the opioid epidemic at home in Tennessee, particularly in East Tennessee. The human costs of this epidemic are too high, and this new law is a landmark victory for all those suffering the effects of opioid addiction.”⁹⁹ Senator Alexander recently described the \$14 million distributed to Tennessee under the 21st Century Cures Act’s initial disbursement as “just one example of the real help this bill is delivering to Tennessee families.”¹⁰⁰

⁹⁰ <http://thehill.com/blogs/blog-briefing-room/news/289864-gop-applauds-bipartisan-opioids-bill>;
<https://morningconsult.com/2016/02/02/opioid-abuse-is-bringing-white-house-congress-together/>;
<https://www.casey.senate.gov/newsroom/releases/casey-bipartisan-senate-partners-introduce-bill-to-protect-drug-dependent-infants-clears-committee-unanimously>

⁹¹ <https://www.whitehouse.gov/the-press-office/2017/03/29/remarks-president-trump-listening-session-opioids-and-drug-abuse> ;
<https://www.youtube.com/watch?v=OfWidZHoxBs>

⁹² <http://www.presidency.ucsb.edu/ws/index.php?pid=119172> ; <https://www.whitehouse.gov/the-press-office/2017/05/18/remarks-president-trump-and-president-santos-colombia-joint-press> ;
<https://www.youtube.com/watch?v=OfWidZHoxBs>

⁹³ <https://www.whitehouse.gov/the-press-office/2017/02/28/remarks-president-trump-joint-address-congress> ;
<http://www.presidency.ucsb.edu/ws/index.php?pid=119172> ; [Trump Campaign Press Release 10/28/2016];
<https://www.youtube.com/watch?v=OfWidZHoxBs> .

⁹⁴ <http://www.presidency.ucsb.edu/ws/index.php?pid=119172>

⁹⁵ <http://www.presidency.ucsb.edu/ws/index.php?pid=119172> ; [Trump Campaign Press Release 10/28/2016]

⁹⁶ <http://thehill.com/policy/healthcare/243010-lawmakers-sound-alarm-on-drug-overdose-deaths>;
<https://morningconsult.com/2016/02/02/opioid-abuse-is-bringing-white-house-congress-together/>

⁹⁷ <https://www.mcconnell.senate.gov/public/index.cfm/pressreleases?ID=20AB72AD-C3FE-4779-B3BF-4E5B493EC039> ;
<https://www.mcconnell.senate.gov/public/index.cfm/pressreleases?ID=47AF8FD8-63E2-4656-867F-BA0DE7B4340D>

⁹⁸ <https://www.alexander.senate.gov/public/index.cfm/2016/12/alexander-president-signs-christmas-medical-miracle-that-will-help-virtually-every-american-family> ; <https://www.alexander.senate.gov/public/index.cfm/pressreleases?ID=C337D3AD-3A58-41DC-8282-7F62299331AA>

⁹⁹ <http://www.lebanondemocrat.com/Opinion/2016/07/18/Lamar-Alexander-Opioids-legislation-is-landmark-victory-for-Tennessee>

¹⁰⁰ <https://www.alexander.senate.gov/public/index.cfm/pressreleases?ID=21C3C703-DED4-4848-9B8D-AE1FC6A1604E>

TrumpCare would reduce access to SUD treatment.

Despite their stated commitment to combat the opioid crisis, President Trump and Congressional Republicans are prepared to pass a TrumpCare bill that would roll back Medicaid expansion and undo many of the consumer protections that preserve access to SUD treatment. Specifically, the plan would allow states to waive the requirements for health plans in the individual and small group markets to offer coverage of EHBs, including access to SUD treatment.¹⁰¹ TrumpCare would reverse any progress that has been made in combatting the opioid crisis and providing Americans battling OUD with access to treatment.

TrumpCare would result in a dramatic increase in the number of uninsured individuals; the latest estimate from the Congressional Budget Office (CBO) estimates that it would leave 22 million people without health insurance by 2026.¹⁰² This would eliminate access to behavioral health treatment for SUD for millions of people.¹⁰³ CBO estimated that roughly \$772 billion would be cut from federal Medicaid spending and 15 million people would lose Medicaid coverage by 2026.¹⁰⁴

Former HHS Assistant Secretaries for Planning and Evaluation Dr. Richard Frank and Dr. Sherry Glied have estimated that 2.8 million Americans with SUDs, including approximately 220,000 Americans with OUDs, would lose some or all of their insurance coverage if major provisions of the ACA were repealed.¹⁰⁵ They estimate that repealing the mental health and substance use disorder provisions of the ACA would result in cuts of at least \$5.5 billion for treatment of low-income people with mental health and substance use disorders.¹⁰⁶

Many of the states where the opioid crisis is the most severe would lose the most in insurance coverage under TrumpCare.¹⁰⁷ States such as Kentucky, Ohio, and West Virginia have seen their uninsured rates drop dramatically since implementation of the ACA's coverage provisions in 2014.¹⁰⁸ Rolling back the ACA's coverage provisions would at least double the uninsured rate in these states. In Kentucky, New Hampshire, and West Virginia – the three states with the highest drug overdose deaths – rolling back ACA protections would roughly triple the uninsured rate.¹⁰⁹ Ohio would see its uninsured rate increase by 15%.¹¹⁰ 300,000 Ohioans, over 160,000 Kentuckians, and nearly 40,000 West Virginians would lose private insurance coverage under TrumpCare.¹¹¹ This would cut off access to critical SUD treatment services for those who need them most. Furthermore, states like West Virginia, with a \$400 million budget shortfall, would be hard-pressed to find the money to fund new coverage options for those who would lose coverage because of TrumpCare.¹¹²

These states would face enormous economic burdens as well. Estimates suggest that West Virginia, Ohio, Pennsylvania, and Kentucky could face costs of \$351 million, \$2.2 billion, \$1.6 billion, and \$852 million, respectively, by 2026 to cover individuals with OUDs.¹¹³

¹⁰¹ <http://www.cbpp.org/blog/senate-republican-funds-to-address-opioid-epidemic-cant-offset-medicare-expansion-repeal>

¹⁰² <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>

¹⁰³ <http://www.cbpp.org/blog/senate-republican-funds-to-address-opioid-epidemic-cant-offset-medicare-expansion-repeal>

¹⁰⁴ <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>

¹⁰⁵ <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

¹⁰⁶ <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

¹⁰⁷ <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

¹⁰⁸ <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

¹⁰⁹ <http://chirblog.org/repealing-aca-worsen-opioid-epidemic/>

¹¹⁰ <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

¹¹¹ https://www.jec.senate.gov/public/_cache/files/6c604f91-3d90-4boe-bdec-25780bfc9167/state-opioid-epidemic-fact-sheets.pdf

¹¹² <http://www.theintelligencer.net/news/top-headlines/2017/01/30-percent-of-w-v-a-families-on-medicare/>

¹¹³ <https://www.americanprogress.org/issues/healthcare/news/2017/06/20/434708/senates-opioid-fund-cannot-substitute-health-coverage/>

The Senate bill’s opioid fund is absurdly insufficient to address the opioid epidemic.

The Senate’s TrumpCare bill contains a \$2 billion opioid fund to “provide grants to States to support substance use disorder treatment and recovery support services for individuals with mental or substance use disorders.”¹¹⁴ This fund would cover barely a fraction of the staggering financial burden of OUDs across the country.¹¹⁵ Dr. Frank has estimated that lost coverage under the AHCA will cost more than \$183 billion over ten years due to the opioid epidemic.¹¹⁶ The Senate’s opioid fund would provide less than 2% of that projected cost.

Senate Republicans and the Trump Administration have proposed a \$45 billion opioid fund as they negotiate a revised TrumpCare bill.¹¹⁷ This fund would still fail to cover SUD services for those in need, amounting to less than 25% of the projected cost of the opioid epidemic over ten years.¹¹⁸ Furthermore, it does not account for the rapid growth of the opioid epidemic. Dr. Frank sharply criticized the Republican proposal saying it assumes “that there’d be no cost increase with that \$45 billion—and the cost increases are huge.”¹¹⁹ Dr. Corey Waller, chair of the legislative advocacy committee of the American Society of Addiction Medicine, was even more pointed calling the proposal “illogical at every level.”¹²⁰

In 2016, Congress enacted bipartisan legislation to increase the federal government’s tools to combat the opioid epidemic—CARA and the 21st Century Cures Act (Cures). Both of these bills funded separate opioid grants. An analysis of this legislation provides insight into whether a separate opioid fund would achieve the same gains as the ACA in combatting the opioid epidemic.

CARA authorized funding for competitive grant programs for public health and preventive efforts, such as improving prescription drug monitoring programs and training first responders on the use of naloxone, to combat the epidemic alongside the delivery of SUD treatment.¹²¹ While these grant programs support valuable activities, they can only support states in combating the opioid epidemic if they operate alongside affordable, comprehensive coverage for SUD treatment. For example, grant programs that support states in training first responders to administer naloxone could reduce death rates from overdoses; however, comprehensive coverage for SUD treatment is needed to help individuals achieve and sustain recovery, reducing the incidence of these overdoses overall. Also, funds for grant programs authorized in CARA will only reach states if Congress chooses to allocate discretionary dollars to them each year.

Cures provides an infusion of \$500 million in each of fiscal years 2017 and 2018 to support states in expanding their capacity to administer SUD prevention and treatment.¹²² This legislation offers short-term funding boosts to support states in building out the capacity of their existing treatment delivery infrastructure to better meet the needs of their residents with SUDs.

Although the funding infusion from Cures and grant programs established in CARA are important steps in fighting the epidemic, they cannot even begin to serve as substitutes for more than \$7 billion by which spending on behavioral health treatment for beneficiaries increased each year under the ACA.¹²³ The sheer dollar amount provided by Cures and CARA cannot compare to the funds that more than half of all states receive through Medicaid-funded services. According to the Urban Institute, Medicaid spending in

¹¹⁴ <https://www.budget.senate.gov/imo/media/doc/SENATEHEALTHCARE.pdf>

¹¹⁵ <http://thehill.com/blogs/pundits-blog/healthcare/338579-ending-medicare-expansion-will-leave-people-struggling-with>

¹¹⁶ <http://thehill.com/blogs/pundits-blog/healthcare/338579-ending-medicare-expansion-will-leave-people-struggling-with>

¹¹⁷ <http://www.politico.com/story/2017/06/28/health-care-opioids-money-240077>

¹¹⁸ <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

¹¹⁹ <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

¹²⁰ <http://www.mcclatchydc.com/news/nation-world/national/article157211624.html>

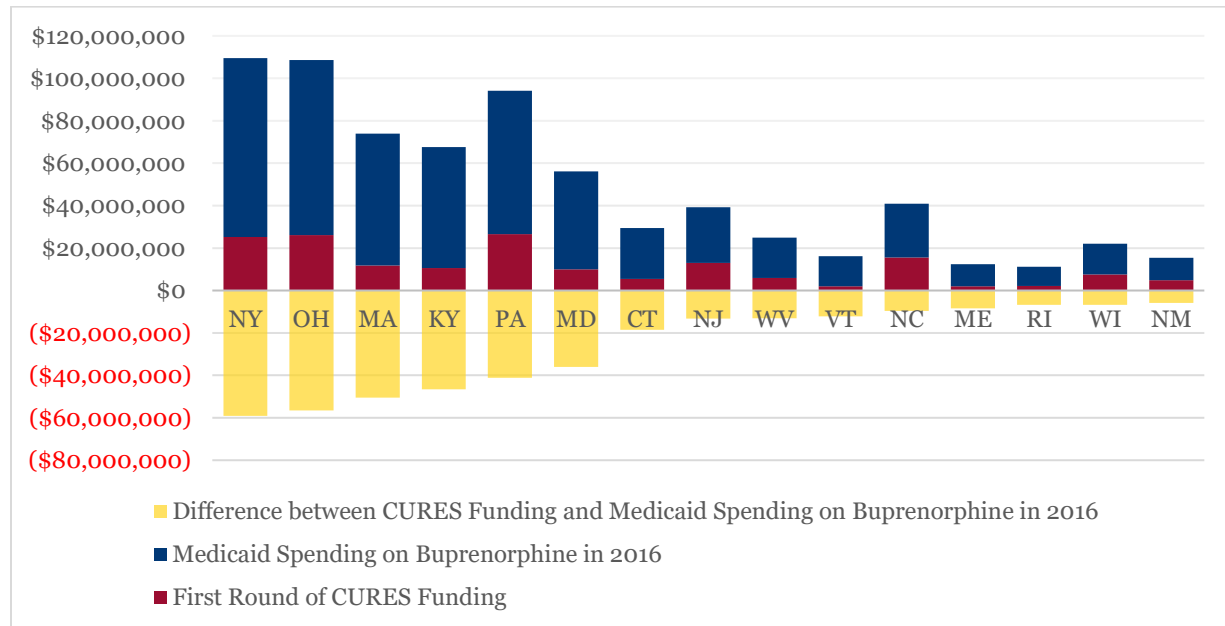
¹²¹ <https://www.asam.org/advocacy/issues/opioids/summary-of-the-comprehensive-addiction-and-recovery-act>

¹²² <https://www.samhsa.gov/newsroom/press-announcements/201612141015>

¹²³ <http://www.cbpp.org/blog/senate-republican-funds-to-address-opioid-epidemic-cant-offset-medicare-expansion-repeal>

states on MAT alone exceeded Cures spending by more than \$273 million. Medicaid expenditures on buprenorphine prescriptions exceeded Cures allotments in 28 states overall and by more than \$253 million in Ohio, Pennsylvania, Kentucky, New York and Massachusetts, collectively.

Figure 4. Medicaid Spending on Buprenorphine in 2016 Compared to the First Round of Cures funding to combat Opioid Addiction in 15 states across the U.S.



Furthermore, Medicaid covers a broad spectrum of critical services necessary for individuals struggling with SUDs. OUD-targeted funding would be too narrow and would fail to address the primary care and behavioral health needs that support individuals combating opioid addiction. In response to the Republican plan to create a separate opioid treatment fund in the TrumpCare bill, Carl Schmidt, Executive Director of the AIDS Institute said, “I would rather they [Senate Republicans] focus on helping to improve Medicaid for everyone instead of singling out a population.”¹²⁴ Thanks to Medicaid, beneficiaries with OUD have access to networks of providers and clinics that can adequately address their addiction needs. A separate funding mechanism for opioid treatment would retract efforts to integrate care for Medicaid beneficiaries. It would be costly, insufficient, and ineffective to fund opioid addiction services through a separate grant program.

¹²⁴ “Separate Opioid Funding Could Limit Care For Addicts, Experts Warn Inside Health Reform”, Inside Health Reform, June 21, 2017.

Conclusion: Trump and Republicans will be responsible for cutting off access to OUD treatment.

If President Trump and Congressional Republicans pass TrumpCare, they will be responsible for undermining America's ability to respond to the opioid epidemic. There is no possibility of a robust response to this crippling epidemic if they roll back Medicaid expansion, erode consumer protections, and roll back progress the ACA has achieved to fight the opioid epidemic. Senate Republicans—especially those who represent Ohio, West Virginia, Kentucky, and Pennsylvania—should take a hard look in the mirror before they vote on a bill that would only worsen a devastating public health crisis that is ravaging the nation.