Tribal Policy Development for Substance Abuse & Opioid Use Disorders

MSPI/DVPI Workgroup Meeting
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Federal Response – H.R. 6

- Tribes have long advocated for substance use disorder and behavioral health policies and funding to assist Tribal communities. H.R. 6 delivers on many of those requests.
- The opioid crisis was a top priority of the 115th U.S. Congress. On 9/28/18, the House of Representatives passed H.R. 6 – SUPPORT for Patients and Communities Act – by a vote of 396-14.
- The Senate also passed H.R. 6 by a wide bipartisan margin of 98-1.
- It was signed into law by President Trump on October 24, 2018.
Federal Response – IHS Appropriations

- Tribes continue to advocate for substance use disorder and behavioral health funding for Tribal communities through Indian Health Service (IHS) Appropriations.
- President Trump signed the Fiscal Year 2019 Conference Agreement on 2/15/19, funding several federal agencies until 9/30/19.
- IHS received $5.8 billion, a $266.4 million (4.8%) increase over FY2018. It includes $17.7 million for Alcohol/Substance Abuse and $5.38 million for Mental Health.
H.R. 6 – SUPPORT for Patients and Communities Act

MAJOR ACCOMPLISHMENTS:

- Directs $4 billion in FY 2019 for prevention, treatment, interdiction and law enforcement, new research into abuse-deterrents and non-addictive pain management.
- Regulatory changes to Medicare and Medicaid to ease treatment access and enhance quality patient care.
- Reauthorizes State Targeted Opioid Response (STOR) grants for two years. Now includes a 5% set aside for Tribal Nations.
Lifts restrictions on types of providers who can prescribe medication-assisted treatments (MAT).

Delivers trainings and resources for first responders with more access to overdose-reversing drugs.

Directs federal authorities to examine gaps in treatment and prevention for Medicare and Medicaid beneficiaries.

Addresses cross-cutting considerations such as exposure to trauma, affordable housing and children in foster care.
H.R. 6 – SUPPORT for Patients and Communities Act

- Expands telehealth services to treat patients with substance use disorders (SUD).
- Increases law enforcement resources to better track and intercept illegal drug shipments.
- Provides resources for federal, tribal, and state public health surveillance and reporting of addiction and overdose rates.
- Initiates new outreach and education for healthcare workers and patients on the dangers of opioid misuse and dependence.
While H.R.6 does not authorize much new funding, it includes significant wins for Tribes and Tribal organizations:

- Tribal set asides
- Language encouraging states to prioritize delivering care to AI/AN
- Honors Tribal data sovereignty
- Includes Tribes as eligible entities for most funding streams
H.R. 6 – SUPPPORT for Patients and Communities Act

- H.R.6 reauthorized funding and expanded eligibility to Tribes/Tribal organizations for competitive grants:
  - First Responder Training
  - Prenatal and Postnatal Health (CDC)
  - Plans of Safe Care *(3% Tribal Set Aside)*
  - Programs for Healthcare Workforce
  - Continuation of Care for Overdose Patients *(Preference for Tribes with high burden of overdose mortality)*
H.R. 6 – SUPPORT for Patients and Communities Act

- Emergency Department Alternatives to Opioids *(HHS reqd. to share best practices IHS/638 hospitals)*
- Youth Prevention and Recovery
- Comprehensive Opioid Recovery Centers *(Preference for organizations serving Tribes)*
- National Child Traumatic Stress Initiative
- Grants to Improve Trauma Support Services *(SAMHSA - Tribal consultation required)*
- Surveillance and Education on Opioid-Related Infectious Diseases (CDC)
- Building Communities of Recovery
H.R. 6 – SUPPPORT for Patients and Communities Act

• Preventing Overdoses of Controlled Substances (CDC)
• State Targeted Opioid Response Grants (5% Tribal Set-Aside)
• Addressing Economic and Workforce Impacts (DOL)
• Building Capacity for Family-focused Residential Treatment
• Comprehensive Opioid Abuse Grant Program (DOJ)
• Drug-Free Communities Program (ONDCP)
• High-Intensity Drug Trafficking Area (ONDCP)
• Drug Court Program
• Sobriety Treatment and Recovery Teams

- Amends SSA to permit coverage suspension while youth incarcerated.
- Appropriates $55 million in grants to state Medicaid agencies to support recruitment and retention of providers, to improve reimbursement and increase number of providers with MAT certifications.
- Amends SSA to include MAT as “medical assistance” and requires state Medicaid plans to provide coverage of MAT. *(State may request exemption if there’s a shortage of providers).*

- States may request FMAP for health home services for SUD patients with an approved SUD-specific state plan amendment (SPA).
- Requires CMS to issue guidance on federal reimbursement options for SUD treatment and counseling services via telehealth.
- Amends SSA to allow Medicaid payment for outside services (i.e., prenatal care) provided to pregnant and postpartum women receiving SUD treatment at an institution for mental disease (IMD).

- Data sharing requirements between each states’ Medicaid agency and Prescription Drug Monitoring Programs (PDMP)
- Authorizes $10 million for the prevention and treatment of SUD among children and youth (competitive grants)
- Amends Medicare Part B – An individual’s home may be the originating site for delivering SUD services via telehealth. Eliminates the facility fee if the service is at the patient’s home.
- Amends Medicare Part D - Requires all controlled medications to be submitted

- MAT - Increases the total number of patients a provider can prescribe MAT to from 100 to 275.
- MAT providers now include nurse practitioners and physician assistants.
- MAT providers now include clinical nurse specialists, nurse anesthetics, and midwives.
- U.S. Attorney General must finalize rules on special registration for providers to issue controlled medications via telemedicine.
- Amends SSA to ensure coverage of mental health and SUD services for mothers and children under CHIP.

- Medicaid providers required to check the state PDMP in a timely manner prior to prescribing controlled medications. (Allows exemptions)
- States may submit SPA’s for medical services for SUD patients aged 21-64 in an IMD.
- Requires an HHS action plan to address policy barriers to effective SUD treatment under Medicare and Medicaid.
- Establishes Medicare Demonstration Project for SUD services at hospital outpatient departments, FQHC’s, rural health clinics, community mental health centers.
- Requires CMS to issue guidance to hospitals that receive Part A funds on pain management strategies and OUD prevention strategies.
Federal Response – IHS Appropriations

- Fiscal Year 2019 - President Trump signed the FY2019 Conference Agreement on 2/15/19.
- Overall IHS received $5.8 billion, a $266.4 million (4.8%) increase over FY2018. It includes $17.7 million for Alcohol/Substance Abuse and $5.38 million for Mental Health.
- Congress restored cuts proposed by the Administration - CHR, Health Education & HCFC, although the Tribal Leaders had recommended $6.4 billion for IHS in 2019.
Federal Response – IHS Appropriations

• FY 2019 Enacted Budget includes $10 million for a Special Behavioral Health Pilot Program for Indians modeled after the Special Diabetes Program for Indians. This program has been a priority for NCAI, NIHB, Tribes and Urban Indian Organizations fighting the opioid epidemic.
Federal Response – IHS Appropriations

- The President’s FY 2020 IHS Budget Request was released to the U.S. Congress on 3/11/19. It proposes $5.945 billion for IHS, a $140 million increase over FY 2019.

- **Increases:** Hospitals & Clinics, PRC, Mental Health and Alcohol/Substance Abuse. (Pay Costs, Inflation, Population Growth, Staffing at 3 New Facilities)

- **Increases:** $25 million for HIV screening/Hepatitis C prevention and treatment.

- **Decreases:** Health Education, CHR, Urban, IHS Professions, Tribal Management Grants, Self-Governance and all IHS Facilities’ line items.
Tribal Leader advocacy has effectively addressed policies and budget cuts that negatively effect AI/AN People!

THANK YOU,

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