



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 – SUPPPORT 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

H.R. 6 – SUPPPORT for Patients and Communities Act

- 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 – SUPPPORT 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.

H.R. 6 – SUPPPORT for Patients and Communities Act

- 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 – SUPPPORT 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

H.R. 6 – Medicare and Medicaid Regulatory Provisions

- 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*).

H.R. 6 – Medicare and Medicaid Regulatory Provisions

- 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

H.R. 6 – Medicare and Medicaid Regulatory Provisions

- 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

H.R. 6 – Medicare and Medicaid Regulatory Provisions

- 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 anesthetists, 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.

H.R. 6 – Medicare and Medicaid Regulatory Provisions

- 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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