



Legislative Priorities to Accelerate Solutions to the Addiction Crisis

Help Frontline Practitioners Provide Safe, Effective Care

Today, drug overdoses are the leading cause of death for Americans under the age of 50. Continuing to treat addiction differently than other brain disorders or chronic diseases inhibits our Nation's ability to truly address the drug crisis and provide patients with the highest quality treatment and the safest possible care. Similarly to other chronic diseases, substance abuse and mental health disorders require comprehensive, evidence-based treatment in order to achieve positive outcomes and build toward recovery.

Addiction is the most prevalent and costliest of neuropsychiatric disorders and the leading cause of premature, preventable deaths and disability in the United States. ²

Steps to Advance the Behavioral Health

Today, Medicare is the largest single-payer for opioid overdose hospitalizations. Medicare pays for one-third of opioid-related hospital stays and Medicare has seen the largest annual increase in the number of these stays over the past 2 decades. Through accelerating the behavioral health workforce, we can better serve the 77 million people living in mental health professional shortage areas AND the 50% of rural counties in America that have no clinicians (psychiatrists, psychologists, or social workers) to address peoples' mental health or substance use disorders.

- **Mental Health Access Improvement Act (S. 286/H.R. 945)** would recognize mental health counselors (MHC) and marriage and family therapists (MFT) as covered Medicare providers to address the serious gaps in care for Medicare beneficiaries and rapidly increasing hospital costs. The addition of MHCs and MFTs will save Medicare money over time. Timely and easy access to care promotes health and is critical in properly addressing mental health and substance use disorders. Our proposal would pay MHCs and MFTs only 75% of the psychologist's rate for mental health services, thereby saving money when the lower cost provider is accessed.

Advance Access to Quality, Evidence Based Care

Today, there is a 17-year science to service gap in behavioral health. However, Certified Community Behavioral Health Clinics (also known as “CCBHCs”) can play a role in changing this. These clinics provide a comprehensive range of evidence-based addiction and mental health services to vulnerable populations, helping to deliver care that meets people where they are. In return, CCBHCs receive a Medicaid reimbursement based on their anticipated costs.

Excellence in Mental Health and Addiction Treatment Expansion

Act (S. 824/ H.R. 1767): Over the course of the two-year, eight-state demonstration program, the CCBHC model has proved to be a significant opportunity for improvement in the field of behavioral health. This bill would bring CCBHCs to eleven new states and would add two more years for the eight states already participating in the CCBHC. Early results have demonstrated that:

- Created more jobs for behavioral healthcare providers
- Increased access to services for clients in need
- Shortened wait times for services
- Expanded Opioid Treatment
- Created additional partnerships with criminal justice system

Revise Telemedicine Regulations and Reimbursement Policies

“Across all U.S. counties, 38% did not have a treatment facility for SUD in 2016. Ten percent of large central metro counties did not have an SUD treatment facility. Among the most rural counties, 55% did not have a substance use treatment facility.”³ These percentages more than double if calculating how many counties have no SUD treatment facilities with opioid treatment programs. To modernize our current health care delivery system, Congress should reimburse innovative care delivery models in Medicare and Medicaid, and the administration should knock down regulatory barriers to providing treatment virtually.

That’s why we support:

- Fully leverage telehealth via extending lower cost care options such as peer support specialists and recovery coaches to provide substance use disorder treatment options via technology enabled care
- Incentivize cross state licensing through allowing more provider types to deliver services across state lines without significant regulatory burdens
- Provide health IT incentives to behavioral health providers to expand tech-enabled care options



CENTERSTONE

centerstone.org •      

Appropriations Asks

Fully fund:

- STR and SOR grants to combat the opioid epidemic
- Comprehensive Opioid Recovery Centers (CORCs)
- Promoting Integration of Primary and Behavioral Health Care
- Screening Brief Intervention & Referral to Treatment (SBIRT) grants
- Certified Community Behavioral Health Clinics (CCBHCs)
- The Healthy Start Program

About Centerstone

Centerstone is a not-for-profit health care organization dedicated to delivering care that changes people’s lives. We provide mental health and substance abuse treatment, education and support to communities in Florida, Illinois, Indiana, Kentucky, and Tennessee and additionally offer individuals with intellectual and developmental disabilities life skills development, employment and housing services. Nationally, we have specialized programs for service members, veterans and their loved ones, and develop employee assistance programs for businesses of all sizes. Our research institute improves behavioral healthcare through research and technology, and our foundation secures philanthropic resources to support our work. For more information, visit www.centerstone.org.

Contact Information

Lauren Conaboy, MSSW
Vice President of National Policy
Lauren.conaboy@centerstone.org