CARA 2.0 Priorities

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.

That is why a CARA 2.0 package must strike the right balance between incenting high quality prevention and treatment services, while simultaneously allowing for the requisite flexibility in patient centered treatment planning. Legislation must help erode the status-quo of health IT siloes and fragmented care - in favor of an integrated, whole-person, outcomes-based approach to care.

Establish And Incent A Gold Standard Of Addiction Treatment

Lawmakers should take steps to ensure that federal dollars are not misused by inadvertently flowing federal funds to “MAT pill mills,” which offer suboptimal care to patients and may even exacerbate the problem that dedicated providers are aiming to fix. Congressional leaders can proactively guard against this bad outcome by incenting a “gold standard” for comprehensive addiction treatment. To meet this “gold standard,” providers would need to demonstrate use of evidence-based interventions, linkages to a full continuum of recovery oriented care, and report on patient centered outcomes. Below legislation would help move our Nation towards more consistent, high-quality addiction treatment standards.

- **The Comprehensive Opioid Recovery Centers Act of 2018, (H.R. 5327)** authored by Rep. Brett Guthrie (R-KY). This bill would establish Comprehensive Opioid Recovery Centers (CORCs) that would serve as models for comprehensive treatment and recovery. CORCs would utilize the full range of FDA-approved medications and evidence-based treatments, have strong linkages with the community, generate meaningful outcomes data, and dramatically improve the opportunities for individuals to establish and maintain long-term recovery as productive members of society.

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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
Overcome The Nation’s Healthcare Behavioral Health Workforce Shortage

“By the year 2025, workforce projections estimate that there will be a workforce shortage in the fields of substance abuse and mental health treatment of approximately 250,000 providers across all disciplines.” According to the National Rural Health Association, there are “30 million people living in rural counties where treatment is unavailable” today. With immense gaps in treatment access and fatal opioid-related overdoses at an all-time high, it is imperative that accelerate the effective utilization of our workforce now.

- **The Mental Health Access Improvement Act of 2017 (H.R. 3032/S. 1879)** would allow marriage and family therapist (LMFT) services and mental health counselor (LMHC) services to be reimbursed by Medicare. LMFTs and LMHCs are mental health counselors holding licensure on par with licensed clinical social workers (LCSW), yet their exclusion under Medicare is somewhat arbitrary. As a result of this workforce gap, providers face significant barriers when recruiting within the limited allowable provider types, particularly in rural areas. This shortage in eligible workers also results in wait times that can be 4 times higher amongst Medicare patients, as opposed to under Medicaid, which permits for reimbursement of LMHC and LMFT services in some of our sites. This bill would enable faster access to care for Medicare and some commercial patients, as well as optimize our current workforce to operate at the top of their licensure.

- **The Substance Use Disorder Workforce Loan Repayment Act of 2018 (H.R. 5102)** authored by Reps. Katherine Clark (D-MA) and Hal Rogers (R-KY), will create a loan repayment program for SUD treatment providers. Specifically, the bill will offer student loan repayment of up to $250,000 for participants who agree to work as a SUD treatment professional in areas most in need of their services. The program will be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.

Modernize America’s Health IT System To Promote Patient-Centered Care

Congress can help break down regulatory barriers to fast, efficient, whole-person care by incenting our healthcare industry to harness the value of data and modern technologies. To advance our Nation’s healthcare delivery system, we recommend the following:

- **Overdose Prevention and Patient Safety Act (OPPS Act), (H.R. 3545)/Protecting Jessica Grubb’s Legacy Act (Legacy Act), (S.1850)**. These bills would allow providers to disclose patient protected health information (PHI) for the purposes of “treatment, payment, health care operations” (TPO), as is currently allowed under HIPAA. Without a full patient history, providers may do more harm than good in treating individuals with current or past substance use disorders. These bills would also reinforce and expand existing prohibitions on the use of these records in criminal proceedings.

- **Improving Access to Behavioral Health Technology Act, (H.R. 3331/ S.1732)**. Behavioral health providers have historically lagged far behind their medical/surgical counterparts in their adoption and use of modern technologies. This bill would authorize CMMI to distribute incentive payments to behavioral health providers, such as psychiatric hospitals, Community Mental Health Centers, psychologists, social workers, and addiction treatment providers, for adopting and using certified EHR technology to improve care-coordination.

- **Prescription Drug Monitoring Act of 2017, (H.R.1854/S.778)/ CARA 2.0 Act of 2018, (S.2456/H.R.--)**. These bills would help create a national standard for an interoperable, real time prescription drug monitoring program (PDMP). PDMPs are crucial sources of data in curbing the rates of opioid abuse and overdose. Improving interoperability and the timely addition of information into PDMPs will allow providers the ability to check patient prescription histories, alert providers to individuals with patterns indicative of misuse, help identify practitioners prescribing opioids outside acceptable rates, and prevent patient doctor shopping.

  - When evaluating a PDMP standard, we suggest capitalizing on existing technologies and leveraging them to become more than simply data-gathering tools. **Thus, we recommend adding an SBIRT function to the PDMP to help providers not only identify, but then also refer patients to meaningful treatment.**

Appropriations Asks

- Fully fund CARA and 21st Century Cures Act to strengthen evidence-based behavioral health services, including intensive outpatient therapy, supportive employment, peer supports, telehealth, housing, and building capacity for recovery oriented care.

About Centerstone

Centerstone is a not-for-profit healthcare 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 services 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 over 60 years, Centerstone has responded to the behavioral health care needs of individuals and families, regardless of age or the severity of challenges. Our broad range of professional services is designed to ensure that sensitive, individualized care is available to everyone seeking help. For more information, visit www.centerstone.org.

Contact Information

Lauren McGrath, MSSW, MFT-A
Vice President of Public Policy
101 W. Muhammad Ali Blvd.
Louisville, KY 40202
Office: (502) 589-8615, ext. 2459
Lauren.mcgrath@centerstone.org

Monica Nemec, JD, MPP
National Policy Associate
Washington, D.C.
Direct: (510) 703-5000
Monica.nemec@centerstone.org

www.centerstone.org