



# Addressing the Opioid Crisis: Bill Summary and Impacts

October 2018

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## SUPPORT for Patients and Communities Act Sections of Special Interest

Congress has passed, and President Trump has signed into law the SUPPORT for Patients and Communities Act, a comprehensive opioid prevention, treatment and recovery bill. Below are some sections of special interest.

### TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS

- **Sec. 1001 At-risk youth Medicaid protection.**
  - **Impact on Organization:** This provision requires state Medicaid programs to suspend, as opposed to terminate, a juvenile’s medical assistance eligibility when a juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance.
  - **Netsmart Capabilities:** When applicable, we will provide guidance to Netsmart clients using our Electronic Health Records (EHRs) on how to accurately assign eligibility to juveniles for Medicaid medical assistance under this provision.
  
- **Sec. 1002 Health insurance for former foster youth.**
  - **Impact on Organization:** This provision requires states to ensure that former foster youth are able to keep their Medicaid coverage across state lines until the age of 26. Requires states to adopt this policy in calendar year 2023 for individuals attaining the age of 18 that year, although a state may continue to adopt the policy sooner at state option. This section also requires HHS to issue guidance within one year of enactment regarding best practices to enroll former foster youth in coverage.
  - **Netsmart Capabilities:** Health insurance for former foster care recipients will help ensure that Netsmart clients’ partners providing services to former foster youth can continue to bill Medicaid for young adults up to age 26, even across state lines. We will provide guidance on using your EHR to track/monitor foster youth that remain Medicaid eligible.
  
- **Sec. 1006. Medicaid health homes for substance-use-disorder Medicaid enrollees**
  - **Impact on Organization:** This provision extends the enhanced matching rate for qualified activities for Medicaid health homes targeted towards Medicaid beneficiaries with substance use disorders from eight quarters to 10 quarters. This incentive is targeted at new SUD health home activities. It also includes a requirement for state Medicaid programs to provide coverage for medication-assisted treatment.
  - 10 yr. Congressional Budget Office (CBO) Cost Estimate: \$509 million

- **Netsmart Capabilities:** Medication Assisted Treatment (MAT) is considered the “gold standard” for treating Opioid Use Disorder (OUD). Our two flagship EHRs for behavioral health and substance use provide solutions for facilities adhering to MAT and recovery models of treatment. The MAT module has been enhanced in anticipation of a more rapid expansion of MAT. We want to ensure our clients can operate as an OTP as well as an OBOT. As hub-and-spoke models continue to expand among states, it is important that you can operate as a hub, spoke or both, managing the three FDA-approved MAT medications.

**Information about Netsmart addictions and substance use disorders solutions, [myAvatarAM](#) and [myEvolvAM](#).**

- **Sec. 1009 Medicaid substance use disorder treatment via telehealth.**
  - **Impact on Organization:** This provision directs CMS to issue guidance to states on options for providing services via telehealth that address substance use disorders under Medicaid. Requires guidance to cover state options for federal reimbursement for substance use disorder services and treatment using telehealth including services addressing high-risk individuals, provider education through a hub-and-spoke model, and options for providing telehealth services to students in school-based health centers. This section also directs GAO to evaluate children’s access to Medicaid services to treat substance use disorders, including options to improve access through telehealth. Additionally, it directs CMS to issue a report to Congress identifying best practices and potential solutions to barriers to furnishing services to children via telehealth to compare services delivered via telehealth to in-person.
  - **Netsmart Capabilities:** Utilizing a comprehensive network of providers to bring live healthcare visits to the consumer not only has the potential to improve health outcomes, but also lower costs by empowering providers to deliver care in the lowest acuity setting possible. Our partnership allows organizations to join a virtual, connected healthcare community, enabling collaboration across a network of more than 200 million consumers, 600,000 providers and more than 25,000 organizations.

**Information about our [telehealth solution](#).**

- **Sec. 1012 Help for moms and babies.**
  - **Impact on Organization:** This provision modifies the “IMD exclusion” for pregnant and postpartum women to address a subset of the prohibition on Medicaid from paying for otherwise coverable Medicaid services for certain adults while in institutions for mental disease (IMD). Modifies Section 1905(a) of the Social Security Act to ensure that pregnant and postpartum women receiving care for substance use disorders in an IMD can continue to receive other Medicaid-covered care outside of the IMD, such as prenatal services.
  - **Netsmart Capabilities:** Our EHRs and related solutions support the full spectrum of care delivery and management in inpatient mental health and substance use treatment settings. We also support continuity of care and the complex billing and claims processes involved when transitioning to and from community-based providers.

- **TITLE II—MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS**

- **Sec. 2001. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.**

- **Impact on Organization:** This provision expands the use of telehealth services by eliminating certain statutory originating site requirements for telehealth services furnished to Medicare beneficiaries for the treatment of substance use disorders and co-occurring mental health disorders, beginning July 1, 2019. It would allow payment for those services furnished via telehealth at originating sites, including a beneficiary's home, regardless of geographic location. A separate facility fee would not be provided if the originating site is the beneficiary's home.
- 10 yr. CBO Cost Estimate: \$18 million.
- **Netsmart Capabilities:** Utilizing a comprehensive network of providers to bring live healthcare visits to the consumer not only has the potential to improve health outcomes, but also lower costs by empowering providers to deliver care in the lowest acuity setting possible. Our partnership allows organizations to join a virtual connected healthcare community, enabling collaboration across a network of more than 200 million consumers, 600,000 providers and more than 25,000 organizations.

**Information about our telehealth solution.**

- **Sec. 2002. Comprehensive screenings for seniors.**

- **Impact on Organization:** This provision increases screening for opioid use disorder and other substance use disorders among Medicare beneficiaries, during Medicare wellness and preventive care visits, facilitating early detection and treatment. It would require that the Medicare Initial Preventive Physical Examination (also known as the "Welcome to Medicare" visit) and annual wellness visits include a review of the beneficiary's current opioid prescriptions and screening for potential substance use disorders, including a referral for treatment as appropriate.
- 10 yr. CBO Cost Estimate: \$13 million
- **Netsmart Capabilities:** Our Medical Note for Primary Care is designed to provide an efficient workflow for practitioners who deliver primary care services. In addition to providing an evaluation management (E/M) solution, Medical Note supports different visit types, such as pediatric wellness and adult wellness visits.

**Information about our integrated care solution.**

- **Sec. 2003. Every prescription conveyed securely.**

- **Impact on Organization:** This provision deters prescription fraud and the diversion of opioids through the use of e-prescribing for opioids. Prescriptions for a Schedule II, III, IV, or V Controlled Substance covered under a Part D prescription drug plan or Medicare Advantage Prescription Drug Plan (MA-PD) are required to be transmitted in accordance with an electronic prescription drug program starting by January 1, 2021. The Secretary may waive this requirement in certain defined cases, such as reasonable technological limitations. It requires the Drug Enforcement Administration to update its regulations pertaining to how prescribers authenticate prescriptions using biometrics to keep up with changing technology.
- 10 yr. CBO Cost Estimate: \$250 million

- **Netsmart Capabilities:** Our e-prescribing solution is 21 CFR 1311-certified, supporting the requirement for prescribers to exchange e-prescriptions for controlled substances (EPCS).

**Information about our e-prescribing solution.**

- **Sec. 2005. Medicare coverage of certain services furnished by opioid treatment programs.**

- **Impact on Organization:** This provision expands Medicare coverage to include Opioid Treatment Programs (OTPs) for the purposes of delivering Medication-Assisted Treatment (MAT) to expand access to treatment options for Medicare beneficiaries. Currently, OTPs are not recognized as Medicare providers, meaning that beneficiaries receiving MAT at OTPs for their opioid use disorders must pay out-of-pocket. In 13 states, the highest rate of opioid-related inpatient stays is among the over 65 population. Under the provision Medicare will pay the outpatient OTPs through bundled payments made for wholistic services, including necessary medications, counseling, and testing.
- 10 yr. CBO Cost Estimate: \$250 million
- **Netsmart Capabilities:** Our EHRs and related solutions support OTPs and the processes required for the implementation of this expanded coverage, including bundled payments and other value-based payment models that promote or require “wholistic” services as mentioned above. Medication Assisted Treatment (MAT) is considered the “gold standard” for treating Opioid Use Disorder (OUD). Our two flagship EHRs for behavioral health and substance use provide solutions for facilities adhering to MAT and recovery models of treatment. The MAT module has been enhanced in anticipation of a more rapid expansion of MAT. We want to ensure our clients can operate as an OTP as well as an OBOT. As hub-and-spoke models continue to expand among states, it is important that you can operate as a hub, spoke or both, managing the three FDA-approved MAT medications.

**Information about Netsmart addictions and substance use disorders solutions, myAvatarAM and myEvolvAM.**

- **TITLE V—OTHER MEDICAID PROVISIONS**

- **Sec. 5001 Mandatory reporting with respect to adult behavioral health measures.**

- **Impact on Organization:** This provision would amend title XI of the Social Security Act to require state Medicaid programs to report on the behavioral health measures that are included in the CMS Core Set of Adult Health Care Quality Measures for Medicaid.
- **Netsmart Capabilities:** Our web-based reporting tool calculates measures using EHR-specific data, enabling providers to report on quality measures required by various pay-for-performance programs, including the Medicaid 1115 Waiver program.

- **Sec. 5042 Medicaid providers are required to note experiences in record systems to help in-need patients.**
  - **Impact on Organization:** These provisions require Medicaid providers to check relevant prescription drug monitoring programs (PDMPs) before prescribing a Schedule II controlled substance. The policy also encourages Medicaid providers to integrate PDMP usage into a Medicaid provider's clinical workflow and establishes standard criteria that a PDMP must meet to be counted as a qualified PDMP. Finally, sections 5041 and 5042 require state Medicaid programs to report to CMS on PDMP data and information.
  - **Netsmart Capabilities:** PDMP information is often shared with the clinical treatment team by the prescribing physician helping to inform psychosocial interventions aimed at moving patients through stages of change and recovery. Our e-prescribing solution enables providers to check PDMP information before prescribing a Schedule II controlled substance and integrate that information into the provider's workflow.

**Information about our e-prescribing solution.**

- **Sec. 5052. State option to provide Medicaid coverage for certain individuals with substance use disorders who are patients in certain institutions for mental diseases.**
  - **Impact on Organization:** These provisions provide state Medicaid programs with the option to cover care in certain Institutions for Mental Diseases (IMD), which may be otherwise non-federally-reimbursable under the IMD exclusion, for Medicaid beneficiaries aged 21 to 64 with a substance use disorder for fiscal years 2019 to 2023. By allowing for payment in IMDs for eligible individuals, state Medicaid programs may receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals. In order to qualify for the state option, state Medicaid programs must meet certain requirements including covering certain outpatient and inpatient levels of care, maintaining certain state spending requirements, and abiding by other reporting and notification rules. Nothing in the provision would otherwise prevent a state from conducting or pursuing an approved section 1115 demonstration project to improve access to and quality of substance use disorder treatment for eligible populations.
  - 10 yr. CBO Cost Estimate: \$1.048 billion
  - **Netsmart Capabilities:** Our EHRs support provider implementation of the payment processes described above for IMDs and 1115 waiver programs.

**Information about Netsmart addictions and substance use disorders solutions, [myAvatarAM](#) and [myEvolvAM](#).**

- **TITLE VI—OTHER MEDICARE PROVISIONS**

- **Sec. 6001 Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.**
  - **Impact on Organization:** This provision promotes the testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology through the Center for Medicare and Medicaid Innovation (CMMI).

- **Netsmart Capabilities:** We were a leading advocate for this program on behalf of our clients and providers nationwide. See these [FAQs](#) for additional information.

- **Sec. 6042 Opioid use disorder treatment demonstration program.**

- **Impact on Organization:** This provision creates a demonstration project to increase access to comprehensive, evidence-based outpatient treatment for Medicare beneficiaries with opioid use disorders. The provision would require demonstration participants to provide both medication as well as psychosocial supports, care management, and treatment planning for opioid use disorders for eligible beneficiaries. The model also includes the development of measures to evaluate the quality and outcomes of treatment, and rewards participants for performance on such quality measures.
- 10 yr. CBO Cost Estimate: \$107 million
- **Netsmart Capabilities:** Our EHRs and related solutions facilitate provider implementation of all aspects of this Medicare outpatient demonstration project. This includes evidence-based treatment and treatment planning; interaction with PDMPs; care management; population health management; and development and reporting of quality and outcomes measures.

**Information about Netsmart addictions and substance use disorders solutions, [myAvatarAM](#) and [myEvolvAM](#).**

**Information about our [data and analytics](#), [population health management](#), [consumer and alumni engagement](#), and [e-prescribing solutions](#).**

- **Sec. 6062 Electronic prior authorization for covered Part D drugs**

- **Impact on Organization:** This provision requires the Secretary of HHS to establish a standard, secure electronic prior authorization system no later than January 1, 2021. Fax, proprietary payer portals that do not meet standards defined by the Secretary, and electronic forms will not be treated as an electronic submission for the purpose of electronic prior authorization.
- 10 yr. CBO Cost Estimate: \$75 million
- **Netsmart Capabilities:** Our EHRs already support secure electronic prior authorization. We will monitor this item as the parameters are further defined.

- **TITLE VII — Public Health Provisions**

- **Sec. 7081. Program to support coordination and continuation of care for drug overdose patients**

- **Impact on Organization:** This provision provides resources for hospitals and other entities to develop protocols on discharging patients who have presented with an opioid overdose. These protocols would address the provision of an overdose reversal medication, such as naloxone, upon discharge, connection with peer-support specialists, and the referral to treatment and other services that best fit the patient's needs.

- **Netsmart Capabilities:** Coordinated referrals are essential to assuring effective transitions of care. Netsmart facilitates electronic referrals to streamline the acceptance/rejection process, manage referral workflows, and provide consistent and reliable operational, financial and performance reporting.

**Information about our [interoperability solution](#).**

- **Sec. 7161, 7162. Preventing overdoses of controlled substances; Prescription drug monitoring program.**
  - **Impact on Organization:** This provision authorizes CDC's support for states and localities to improve their Prescription Drug Monitoring Programs (PDMPs), collect public health data, and implement other evidence-based prevention strategies. It also encourages data sharing between states and supports other prevention and research activities related to controlled substances, including education and awareness efforts.
  - **Netsmart Capabilities:** Netsmart technology platforms support secure, comprehensive data collection and sharing requirements for state, county and local public sector agencies.

**Information about our [interoperability solution](#).**

- **TITLE VIII — Miscellaneous**

- **Sec. 8081 Supporting family-focused residential treatment.**
  - **Impact on Organization:** This provision would require HHS to develop and issue guidance to states identifying opportunities to support family-focused residential substance abuse treatment programs.
  - **Netsmart Capabilities:** Netsmart clients nationwide use our EHRs and other technology in their residential SUD treatment programs. We will monitor this item as the parameters are further defined.
- **Sec. 8082 Improving recovery and reunifying families.**
  - This provision provides \$15 million to HHS to replicate a "recovery coach" program for parents with children in foster care due to parental substance abuse, which has been shown to reduce the length of time children spend in foster care. This will allow HHS to determine whether the program can be replicated in another state and yield the same results. This provision also contains language clarifying that the provision of new prevention services paid for through the Family First Prevention Services Act will not supplant services funded by other programs.
  - **Netsmart Capabilities:** Our EHRs promote recovery and resiliency models of care utilizing a multi-disciplinary team approach that includes recovery coaches as part of the care team and promotes whole person care. Our whole person model is a two-generation approach of coordinating care for both the parent experiencing addiction and the child placed in foster care.

- **Sec. 8083 Building capacity for family-focused residential treatment.**
  - **Impact on Organization:** Beginning in FY 2019, states are eligible for federal matching funds for maintenance costs when an at-risk child is placed in family-focused residential treatment, as well when the child is placed in foster care. In FY 2020, states will also be eligible to receive funding to provide evidence-based substance abuse prevention and treatment services to families with children at risk of entering foster care, even if the child is not placed in, or eligible for, federally-funded foster care. This provision authorizes \$20 million in funding for HHS to award to states to develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under Family First Prevention Services Act.
  - **Netsmart Capabilities:** Our solutions support evidence-based treatment in residential SUD treatment programs, including foster care settings. We will monitor this item as the parameters are further defined.

For more information:

[Complete section-by section-summary](#)

[Full bill text by section](#)

As with most legislation, programs authorized in the SUPPORT Act are subject to further Congressional appropriation of funds, with the exception of the CMMI EHR incentive demonstration program, where the funding amount is determined by CMMI.