



June 15, 2017

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The Honorable Chris Christie
Chair, President's Commission on Combating Drug Addiction and the Opioid Crisis
Eisenhower Executive Office Building
1650 Pennsylvania Ave NW
Washington, DC 20502

Dear Governor Christie:

I am writing on behalf of the American Psychiatric Association (APA), the medical specialty society representing over 37,000 physicians who specialize in the treatment of mental illnesses, including substance use disorders, to provide input into the recommendations being developed by the President's Commission on Combating Drug Addiction and the Opioid Crisis. Like many Americans, our members are concerned with the dramatic increase in heroin use and prescription drug abuse in recent years. Heroin use has more than doubled since 2007, while the number of unintentional overdose deaths involving opioid pain relievers has more than quadrupled since 1999. Further, the stigma of addiction, and those who treat it, continues to deter patients from seeking appropriate, evidence-based care.

Last Congress, policymakers took great strides to improve effective drug treatment services and break down the stigma associated with addiction by passing the *Comprehensive Addiction and Recovery Act (CARA)* and the *21st Century Cures Act*. These laws expand access to appropriate prevention, treatment, and recovery support services and represent a comprehensive approach to addressing opioid misuse and overdose. We strongly recommend for this balanced approach to be incorporated into the Commission's recommendations and built on in the years to come, along with the scientific evidence showing substance use disorders are a chronic disease of the brain that can be effectively treated. It is also time to move upstream in addressing the opioid crisis through the development, research, and dissemination of evidence-based prevention and early intervention strategies for youth at high risk for opioid use and other substance use disorders.

Below are specific strategies we recommend be considered by the Commission:

- **Facilitate and increase access to medication assisted treatment (MAT) of opioid use disorders.** Federal support for physician training on evidence-based treatment strategies is critically important. In addition, there is a need to both incentivize physicians to provide substance use disorder treatment, particularly those in areas of highest need, as well as assure patient access to appropriate treatments like MAT. More work should also be done to improve network adequacy for MAT. Specifically, by facilitating the review and oversight with all federal agencies with jurisdiction of public and private health plan provider networks to make sure patients with substance use disorders have access to the full range of essential treatments.

- **Support important research into the science of opioid addiction through investment in the National Institute on Drug Abuse (NIDA).** Investment in basic research by the federal government through the National Institutes of Health (NIH) leads to exciting healthcare and biomedical discoveries every day. NIDA has two critical components: strategic addiction research across a broad range of disciplines and ensuring the rapid and effective translation of research into improved prevention and informed federal policy.
- **Enhance resources for critical community addiction treatment services provided to states.** The Substance Abuse Prevention and Treatment Block Grant, administered by the Substance Abuse and Mental Health Services Administration, provides funding and technical assistance to states, territories, and tribal entities. Grantees use these funds to plan, implement, and evaluate activities that prevent and treat opioid abuse. Strong support for these activities and resources is needed. Support should also be provided for a national surveillance system to help states and communities identify and nimbly respond to emerging drug trends based on reporting from emergency departments.
- **Support the use of evidence-based integrated care models, including the Collaborative Care Model (CoCM).** Over 80 randomized controlled trials have shown the CoCM to be more effective than care as usual. Under the CoCM, primary care providers treating patients with common behavioral health problems (e.g., anxiety, depression, substance use disorders) are supported by a care manager and a psychiatric consultant who help implement effective, evidence-based treatment for common behavioral health problems in the primary care setting. Properly integrating behavioral and medical care has the potential to save between \$26 - \$48 billion each year.¹
- **Step up enforcement of the landmark bipartisan Mental Health Parity and Addiction Equity Act (MHPAEA).** MHPAEA, and subsequent expansion of this law in the Affordable Care Act, barred most health plans from discriminatory coverage or treatment limitations for individuals suffering from substance use disorders. While the passage of the parity act was monumental, much work remains to enforce parity and implement the bill's provisions, especially concerning compliance with parity rules regarding network adequacy. APA supports strengthening parity through better coordination of enforcement activities, requiring relevant federal agencies to make important disclosures on compliance investigations, and strengthening pre-and post-market oversight on insurers including timely implementation of the parity requirements included within the *21st Century Cures Act*.
- **Ensure fair, appropriate treatment for individuals in the criminal justice system or those facing prosecution.** Drug courts, driving-while-intoxicated courts, and veteran courts should be available to all who qualify and should include high-quality, culturally, and gender-relevant evaluation, treatment, and monitoring for adults and juveniles.

¹ Milliman, Inc. "Economic Impact of Integrated Medical-Behavioral Healthcare. Implications for Psychiatry." April 2014.

Thank you for your efforts to address the opioid crisis and improve care for people with a substance use disorder. If you have any questions, or if we can be of further assistance, please contact Michelle Dirst, Director of Practice Management and Delivery Systems Policy, at mdirst@psych.org or 703-907-8586.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, M.D., M.P.A." in a cursive style.

Saul Levin, M.D., M.P.A.
CEO and Medical Director