

United States Senate

WASHINGTON, DC 20510

March 21, 2017

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20515

Majority Leader McConnell:

We write to express significant concerns with the “American Health Care Act” and its impact on individuals and families who are struggling with opioid use, misuse, and use disorders. This bill – including the recently released manager’s amendment – which purports to replace the Affordable Care Act (ACA), is rapidly progressing through the House of Representatives with the support of the President and will have a demonstrably negative effect on our country’s continued battle against the opioid crisis.

Each day, 91 Americans die of an opioid overdose.¹ Unfortunately, this trend is only on the rise as nineteen states, including Kentucky, saw a statistically significant increase in overdose deaths between 2014 and 2015.² Synthetic opioids, including fentanyl (which is 50 to 100 times more potent than morphine), are quickly becoming a national threat, contributing to an increase in overdose deaths by nearly 80 percent between 2013 and 2014. In addition to hurting families and communities, the opioid epidemic profoundly impacts our economy, costing more than \$75 billion per year.³

Recognizing the importance of this public health epidemic, the Senate made essential strides in the 114th Congress to fight the opioid crisis. We passed legislation to authorize new mental health and substance use disorder programs, enhanced funding to states in the throes of the opioid epidemic, and worked with the previous Administration to increase access to medication-assisted treatment. It is incumbent upon us to not allow the new healthcare replacement proposal to detract from the progress we have made, or worse, exacerbate this public health and economic threat.

This is particularly salient with House Republicans’ desire to end Medicaid as we know it through the American Health Care Act. Medicaid, which was enhanced and expanded through passage of the ACA, is a lifeline to millions of Americans battling substance use disorders. It is the largest payer of mental health and substance use disorder care in the country, with 12 percent of adult Medicaid beneficiaries living with some form of a substance use disorder,⁴ including an

¹ <https://www.cdc.gov/drugoverdose/epidemic/>

² <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

³ <https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

⁴ <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/reducing-substance-use-disorders/reducing-substance-use-disorders.html>

estimated 76,000 Kentuckians.⁵ In fact, between 2014 and mid-2016, Kentucky's Medicaid expansion population increased its utilization of substance use disorder services by 740 percent.⁶ Medicaid also finances one-third of the medication-assisted treatment administered for opioid and other substance use disorders in the country. Many states have been fortunate to use provisions in the ACA to increase access to treatment for those with opioid use disorders. For example, Kentucky used Medicaid expansion to increase access to opioid use disorder treatments, and currently, Medicaid pays for 44 percent of the medication-assisted treatment provided in Kentucky.⁷

People with opioid use disorders have benefited greatly from a provision in the ACA that requires Medicaid alternative benefit plans to include the ten essential health benefits, including mental health and substance use disorder services. However, the American Health Care Act would end this requirement for millions of enrollees, including those eligible under the Medicaid expansion. This comes in addition to ending the Medicaid expansion as we know it today. Repealing the essential health benefits requirement for Medicaid alternative benefit plans would abandon the 1.3 million Americans who access behavioral health care services through Medicaid expansion.⁸ Repeal of the Medicaid expansion would also cut \$4.5 billion in funding for these services, interrupting treatment and inhibiting access for Americans trying to obtain the care they need and deserve.

Further, fundamentally changing Medicaid into a per capita cap system will result in irreparable cuts to the program. States will be left holding the bag, forced to raise taxes or cut services like mental health and substance use disorder treatment. Per capita caps are also fundamentally incapable of responding to new public health threats, like a spike in opioid-related overdoses or new blockbuster treatments or cures with exorbitant price tags. Indiana, for example, was able to help mitigate the impact of a 2015 HIV outbreak, caused by needle sharing between intravenous opioid users in Scott County, through enrolling Hoosiers into the state's expanded Medicaid program.⁹ Per capita caps, if they had been in place at the time, would have prevented the state from drawing down additional resources from the federal government to help address this outbreak and ensure individuals affected could access the critical care they needed.

In addition, the American Health Care Act loosens consumer protections and reduces the quality of coverage available in the individual market. The bill removes the requirement that insurers provide minimum levels of coverage for the cost of covered services, which will mean that consumers will have to pay more out-of-pocket for their health care needs. This, coupled with insufficient premium tax credits, the repeal of the cost-sharing subsidies, and high-risk pools, will substantially hinder access to care for those with mental health and substance use disorders. Given that lack of insurance coverage and an inability to afford care often result in individuals

⁵ Calculations based on citation 4 and second quarter 2016 enrollment number from <https://www.healthy-ky.org/res/images/resources/Quarterly-Snapshot-6-FINAL.pdf>

⁶ <http://www.nkytribune.com/2016/12/substance-use-treatment-covered-by-medicaid-expansion-jumped-740-percent-in-ky-in-2-5-years/>

⁷ https://www.washingtonpost.com/news/wonk/wp/2017/03/09/gop-health-care-bill-would-drop-mental-health-coverage-mandate-covering-1-3-million-americans/?utm_term=.e557ca99ba6b

⁸ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3corrected.pdf>

⁹ <http://www.politico.com/story/2017/02/mike-pence-obamacare-indiana-hiv-235153>

forgoing substance use disorder treatment, this proposal could very literally translate into a death spiral for those with opioid use disorders.

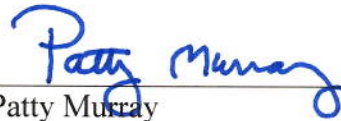
During his campaign, President Trump promised to help individuals struggling with addiction by “expanding access to treatment and prevention options.”¹⁰ The American Health Care Act blatantly breaks this promise. Any healthcare legislation that we consider in the Senate must ensure that those living with opioid use disorders are getting affordable, comprehensive care to manage their disease. Anything less would not only be antithetical to the actions this body took in the 114th Congress to fight the opioid epidemic, but would also be a grave disservice to the individuals, families, and communities battling this scourge each day.

We urge you to not take up any legislation that will further harm Americans suffering from substance use disorders. We cannot turn our backs on them now.

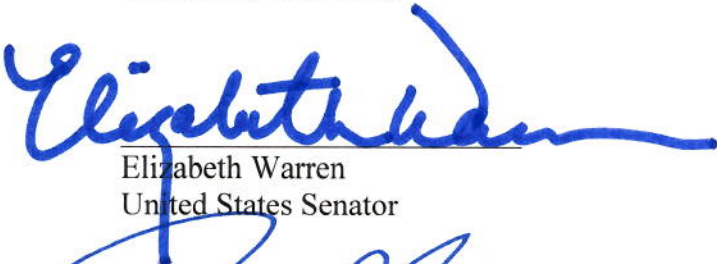
Sincerely,



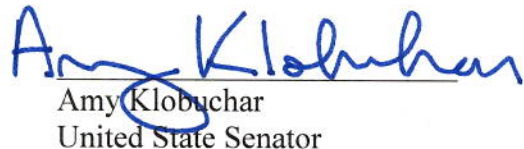
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United States Senator



Patty Murray
United States Senator



Elizabeth Warren
United States Senator



Amy Klobuchar
United State Senator



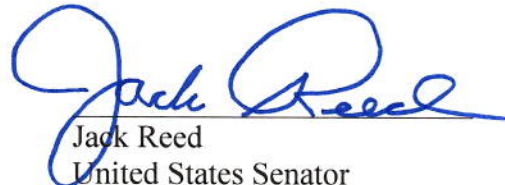
Joe Manchin III
United States Senator



Tammy Baldwin
United State Senator



Patrick Leahy
United States Senator

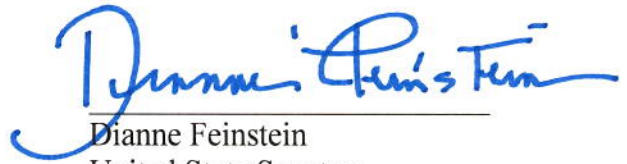


Jack Reed
United States Senator

¹⁰ <https://www.donaldjtrump.com/press-releases/donald-j.-trump-remarks-in-portsmouth-nh>



Sherrod Brown
United States Senator



Dianne Feinstein
United State Senator



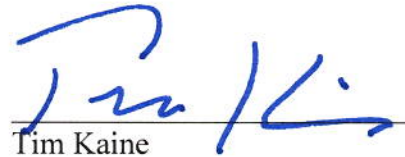
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